

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2024

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

A For the 2024 calendar year, or tax year beginning 04-01-2024, and ending 03-31-2025

- 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 STREET 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 \$ 91,808,698

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

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

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

J Website: WWW.OXFAMAMERICA.ORG

K Form of organization: Corporation

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

Part I Summary

Table with 3 main sections: 1. Briefly describe the organization's mission (CREATE LASTING SOLUTIONS TO FIGHT INEQUALITY TO END POVERTY AND INJUSTICE). 2. Summary of revenue (Total revenue: 75,339,434). 3. Summary of expenses (Total expenses: 80,086,661). 4. Net assets or fund balances (Total assets: 71,010,015).

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 2025-08-13. Paid Preparer Use Only: Firm RSM US LLP, EIN 42-0714325, Address 80 CITY SQUARE BOSTON, MA 02129.

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 AMERICA (OXFAM OR OA) 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.

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 \$ 23,994,020 including grants of \$ 7,930,527 ) (Revenue \$ )

PROGRAMS TO OVERCOME POVERTY AND INJUSTICE: OXFAM AMERICA WORKS FOR LONG-TERM SOLUTIONS TO CHANGE THE SYSTEMS OF INEQUALITY AT THE ROOT OF POVERTY AND INJUSTICE. IN RESPONSE TO HARMFUL MINING PRACTICES IN SENEGAL, OXFAM AMERICA WORKED WITH LOCAL PARTNERS TO CO-CREATE THE MINING INFORMATION OFFICE. THIS OFFICE WAS DESIGNED TO ADDRESS THE LAND DEGRADATION, WATER POLLUTION, AND FORCED DISPLACEMENT CAUSED BY UNCHECKED MINING EXPANSION. IN 2024, OA PARTNERED WITH NORTHEASTERN RURAL DEVELOPMENT TO HELP COMMUNITIES ALONG THE LOWER MEKONG RIVER IN CAMBODIA TO COMBAT THE GROWING IMPACTS OF CLIMATE CHANGE BY ENSURING CONTINUED ACCESS TO WATER, FOOD, AND INCOME. IN MALAWI, OXFAM AMERICA BACKED MOBILE LEGAL CLINICS TO ADDRESS GENDER-BASED VIOLENCE IN UNDERSERVED AREAS. THESE CLINICS RESOLVED 25 CASES.

4b (Code: ) (Expenses \$ 16,897,032 including grants of \$ 4,099,241 ) (Revenue \$ )

CAMPAIGNING FOR SOCIAL JUSTICE: OXFAM AMERICA CAMPAIGNS TO CHANGE UNJUST POLICIES THAT DEEPEN INEQUALITY AND KEEP PEOPLE TRAPPED IN POVERTY. OXFAM AMERICA CONTINUES TO ADDRESS GLOBAL INEQUALITIES BY INFLUENCING CORPORATE PRACTICES. OXFAM AMERICA PUBLISHED A POLICY PAPER FRAMING INEQUALITY AS A BARRIER TO INTERNATIONAL COOPERATION. ADDITIONALLY, OXFAM AMERICA ADVANCED GENDER JUSTICE IN THE PHILIPPINES AND MALAWI. IN THE PHILIPPINES, OXFAM AMERICA SUPPORTED THE DEVELOPMENT OF THE CARE POLICY SCORECARD, ENGAGING POLICYMAKERS ON UNPAID CARE WORK. THIS EDUCATIONAL EFFORT INFORMED LANDMARK LEGISLATION BENEFITTING APPROXIMATELY 238,000 INDIVIDUALS - THROUGH PUBLIC INVESTMENT IN CARE INFRASTRUCTURE.

4c (Code: ) (Expenses \$ 10,153,178 including grants of \$ 7,937,036 ) (Revenue \$ )

SAVING LIVES - EMERGENCY RESPONSE AND PREPAREDNESS: THROUGH A DUAL-TRACK STRATEGY, OXFAM AMERICA'S HUMANITARIAN WORK ADDRESSED BOTH IMMEDIATE, LIFE-SAVING NEEDS AND STRENGTHENED THE LONG-TERM CAPACITY OF LOCAL PARTNERS. IN EASTERN DRC, OXFAM AMERICA FINANCIAL SUPPORT MADE IT POSSIBLE FOR OVER 400,000 DISPLACED PEOPLE TO RECEIVE CLEAN WATER, FOOD, SANITATION, AND HYGIENE KITS. IN GAZA, FOLLOWING THE JANUARY 2025 CEASEFIRE, OXFAM AMERICA CALLED FOR UNRESTRICTED HUMANITARIAN ACCESS AND COMMERCIAL FLOWS TO PREVENT FAMINE AND ENSURE URGENT AID DELIVERY FOR PALESTINIANS FACING HUNGER, INJURY, AND ILLNESS. IN THE ONGOING WAR IN UKRAINE, OXFAM AMERICA PROVIDED SUPPORT TO OXFAM INTERNATIONAL'S GLOBAL HUMANITARIAN TEAM RESPONSE PARTNERING WITH LOCAL ORGANIZATIONS TO ASSIST NEARLY 2.5 MILLION PEOPLE.

(Code: ) (Expenses \$ 6,396,540 including grants of \$ 0 ) (Revenue \$ )

PUBLIC EDUCATION: IN THE PAST YEAR OXFAM COMMUNICATED TO THE PUBLIC ABOUT ISSUES SUCH AS ECONOMIC JUSTICE, CLIMATE ACTION, GENDER JUSTICE, AND HUMANITARIAN RESPONSES. SPECIFIC EXAMPLES OF THESE ISSUES INCLUDE THE ONGOING CONFLICT IN GAZA, WORKERS' RIGHTS, TAXING THE ULTRAWEALTHY, HOLDING WEALTHY POLLUTERS ACCOUNTABLE, AND GENDER EQUALITY.

4d Other program services (Describe in Schedule O.) (Expenses \$ 6,396,540 including grants of \$ 0 ) (Revenue \$ )

4e Total program service expenses 57,440,770

**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and related party transactions.

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 [ ]

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and gaming winnings.

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

Table with 17 main rows and multiple sub-rows (a, b, etc.). Columns include question text, a grid for 'Yes/No' answers, and a grid for numerical values. Row 2a includes a value of 290. Row 17 includes a reference to Form 6069.

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... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of 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

Table with 3 columns: Question, Yes, No. Rows include: 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. Own website, Another's website, 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 A CRONAN 77 NORTH WASHINGTON STREET SUITE BOSTON, MA 02114 (617) 482-1211

**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			
(1) ALT MARGIE ..... DIRECTOR	1.00 ..... 0.00	X					0	0	0
(2) BEBBINGTON ANTHONY ..... DIRECTOR	1.00 ..... 0.00	X					0	0	0
(3) DALNOOT ASHLEY ..... DIRECTOR	1.00 ..... 0.00	X					0	0	0
(4) FRETT LATANYA ..... DIRECTOR (UNTIL 10/31/2024)	1.00 ..... 0.00	X					0	0	0
(5) GAVISER LESLIE SARA ..... DIRECTOR	1.00 ..... 0.00	X					0	0	0
(6) GREEN-RILEY NAIMA ..... DIRECTOR	1.00 ..... 0.00	X					0	0	0
(7) HAMILTON JOE H ..... DIRECTOR	1.00 ..... 0.00	X					0	0	0
(8) KAKAR YANA AYESHA ..... DIRECTOR	1.00 ..... 0.00	X					0	0	0
(9) KHARAS HOMI ..... DIRECTOR	1.00 ..... 0.00	X					0	0	0
(10) KUMARAIAH DIVYA ..... DIRECTOR	1.00 ..... 0.00	X					0	0	0
(11) MEJIA CARLOS ..... DIRECTOR (AS OF 3/31/2024)	1.00 ..... 0.00	X					0	0	0
(12) MEZOUJI OUSSAMA ..... DIRECTOR	1.00 ..... 0.00	X					0	0	0
(13) MIRCHANDANI BHAKTI ..... DIRECTOR (AS OF 10/27/2024)	1.00 ..... 0.00	X					0	0	0
(14) MUNANA CARL ..... DIRECTOR	1.00 ..... 0.00	X					0	0	0
(15) PAUL ROSHAN ..... DIRECTOR	1.00 ..... 0.00	X					0	0	0
(16) SILBERMAN MICHAEL ..... DIRECTOR	1.00 ..... 0.00	X					0	0	0
(17) TSAI DABIE ..... DIRECTOR (UNTIL 08/17/2024)	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) SHACHOY JAMEY CHAIR	3.50 0.00	X		X			0	0	
(19) JAYAWICKKRAMA SHERINE VICE CHAIR	1.00 0.00	X		X			0	0	
(20) TORRENS TARA TREASURER	2.50 0.00	X		X			0	0	
(21) REGAN JACK SECRETARY	1.00 0.00	X		X			0	0	
(22) MAXMAN ABBY PRESIDENT & CEO	39.90 0.10			X			496,921	0	51,974
(23) CRONAN CYNTHIA CFO / ASST. TREASURER	39.25 0.75			X			209,712	0	21,159
(24) SCRIBNER SHANNON CHIEF OF STAFF / ASST. SECRETARY	40.00 0.00			X			183,245	0	41,375
(25) KURMANN THOMAS VP RESOURCE DEVELOPMENT	40.00 0.00				X		302,543	0	47,234
(26) MUTASAH TAWANDA VP GLOBAL PARTNERSHIPS AND IMPACT	40.00 0.00				X		286,512	0	45,261
(27) CUMMINGS GINA VP ALLIANCES, ADVOCACY, AND POLICY	38.00 2.00				X		285,068	0	47,375
(28) ROONEY ALISSA VP PUBLIC ENGAGEMENT	40.00 0.00				X		249,020	0	11,230
(29) TSONGAS ASHLEY VP, STRATEGY & OPERATIONS	40.00 0.00				X		241,505	0	51,773
(30) TAMIR IRIT SR. DIR. PSD & SENIOR LEGAL ADVISOR	40.00 0.00				X		178,280	0	42,901
(31) LAWSON-LARTEGO LATE CHIEF INNOVATION OFFICER, AGILE	40.00 0.00					X	210,163	0	42,462
(32) CLACK MARK DIR., GOV. RELATIONS & PUBLIC POLICY	40.00 0.00					X	189,439	0	20,145
(33) RAMISETTY ALIVELU - CHIEF GENDER JUSTICE & INCLUSION OFFICER	40.00 0.00					X	189,329	0	30,723
(34) MALLETT KENNETH DIRECTOR, MARKETING STRATEGY	40.00 0.00					X	186,453	0	19,861
(35) ABBAS FARAH SR. DIR. TIM TECH. & INFO MGMT.	40.00 0.00					X	179,802	0	44,542
<b>1b Sub-Total</b>									
<b>c Total from continuation sheets to Part VII, Section A</b>									
<b>d Total (add lines 1b and 1c)</b>						3,387,992	0	518,015	

**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 **102**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
<b>4</b> 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	
<b>5</b> 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
CHONG KOSTER LLC 1640 RHODE ISLAND NW SUITE 600 WASHINGTON, DC 20036	SUPPORTER ENGAGEMENT	1,127,469
BLUE STATE DIGITAL INC 62187 COLLECTIONS CENTER DRIVE CHICAGO, IL 606930621	CONSULTING	976,444
META PLATFORMS INC 15161 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	SUPPORTER ENGAGEMENT	957,342
GIVEBRIDGE INC 550 W VAN BUREN SUITE 1100 CHICAGO, IL 60607	FUNDRAISING	800,685
AB DATA LTD PO BOX 170062 MILWAUKEE, WI 532178000	FUNDRAISING/CONSULTING	468,300

**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 **13**

**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 Amt Similar Amounts				
<b>1a</b> Federated campaigns . . . . .		<b>1a</b>		
<b>b</b> Membership dues . . . . .		<b>1b</b>		
<b>c</b> Fundraising events . . . . .		<b>1c</b>		
<b>d</b> Related organizations		<b>1d</b>		
<b>e</b> Government grants (contributions)		<b>1e</b>		
<b>f</b> All other contributions, gifts, grants, and similar amounts not included above		<b>1f</b>	73,755,295	
<b>g</b> Noncash contributions included in lines 1a - 1f:\$		<b>1g</b>	1,693,919	
<b>h Total.</b> Add lines 1a-1f . . . . .				73,755,295

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

Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		1,446,503		1,446,503	
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties . . . . .		37,456		37,456	
	<b>6a</b> Gross rents	(i) Real				
		(ii) Personal				
		<b>6b</b> Less: rental expenses				
	<b>6c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss) . . . . .					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	16,542,328	18,705		
		(ii) Other				
		<b>7b</b> Less: cost or other basis and sales expenses	16,469,264	0		
		<b>7c</b> Gain or (loss)	73,064	18,705		
	<b>d</b> Net gain or (loss) . . . . .		91,769		91,769	
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>				
		<b>8b</b> Less: direct expenses				
<b>c</b> Net income or (loss) from fundraising events . . . . .						
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>					
	<b>9b</b> Less: direct expenses					
<b>c</b> Net income or (loss) from gaming activities . . . . .						
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>					
	<b>10b</b> Less: cost of goods sold					
<b>c</b> Net income or (loss) from sales of inventory . . . . .						

Other Revenue Misc Amt	<b>11a</b> MISC REVENUE	Business Code			
		900099	8,411		8,411
	<b>b</b>				
	<b>c</b>				
	<b>d</b> All other revenue . . . . .				
<b>e Total.</b>	Add lines 11a-11d . . . . .		8,411		
<b>12 Total revenue.</b>	See instructions . . . . .		75,339,434	0	0
					1,584,139

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	501,753	501,753		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	19,465,051	19,465,051		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	2,915,700	1,429,674	1,085,143	400,883
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	23,192,944	15,669,955	3,300,868	4,222,121
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,171,997	793,691	158,445	219,861
<b>9</b> Other employee benefits	4,142,848	3,013,571	317,467	811,810
<b>10</b> Payroll taxes	1,809,817	1,156,112	301,374	352,331
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	107,558	48,445	58,573	540
<b>c</b> Accounting	359,841		169,512	190,329
<b>d</b> Lobbying	108,100	104,917	3,167	16
<b>e</b> Professional fundraising services. See Part IV, line 17	2,638,748			2,638,748
<b>f</b> Investment management fees				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,708,984	2,507,723	191,708	1,009,553
<b>12</b> Advertising and promotion	168		168	
<b>13</b> Office expenses	1,938,265	37,095		1,901,170
<b>14</b> Information technology	1,809,219	933,366	293,862	581,991
<b>15</b> Royalties				
<b>16</b> Occupancy	1,268,555	1,083,713	68,633	116,209
<b>17</b> Travel	1,405,185	1,253,612	14,236	137,337
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	324,749	253,115	4,587	67,047
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	341,550	12,624	328,926	
<b>23</b> Insurance	173,823	31,580	139,396	2,847
<b>24</b> 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.)				
<b>a</b> OX COLLECTIVE FUND MECH	8,069,809	7,776,385	121,950	171,474
<b>b</b> SUPPORTER ENGAGEMENT	2,461,449	1,026,810		1,434,639
<b>c</b> DESIGN AND PRINT	913,099	26,242	108	886,749
<b>d</b> MAIL AND POSTAGE	591,441			591,441
<b>e</b> All other expenses	666,008	315,336	151,981	198,691
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	80,086,661	57,440,770	6,710,104	15,935,787
<b>26</b> <b>Joint costs.</b> 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
<b>Assets</b>	<b>1</b> Cash-non-interest-bearing . . . . .	11,312,195	<b>1</b>	4,917,094
	<b>2</b> Savings and temporary cash investments		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .	13,139,339	<b>3</b>	7,111,984
	<b>4</b> Accounts receivable, net . . . . .	1,016,226	<b>4</b>	1,594,198
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,463,987	<b>9</b>	2,013,083
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 3,154,567		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 2,285,893	1,164,490	<b>10c</b> 868,674
	<b>11</b> Investments—publicly traded securities . . . . .	45,080,564	<b>11</b>	51,621,596
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	27,997	<b>13</b>	27,997
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	3,955,603	<b>15</b>	2,855,389
<b>16 Total assets:</b> Add lines 1 through 15 (must equal line 33) . . . . .	77,160,401	<b>16</b>	71,010,015	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	6,688,131	<b>17</b>	6,809,535
	<b>18</b> Grants payable . . . . .	6,545,466	<b>18</b>	5,927,955
	<b>19</b> Deferred revenue . . . . .	521,605	<b>19</b>	263,331
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	7,628,959	<b>25</b>	6,562,131
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	21,384,161	<b>26</b>	19,562,952
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	19,747,546	<b>27</b>	22,719,655
	<b>28</b> Net assets with donor restrictions	36,028,694	<b>28</b>	28,727,408
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>32</b> Total net assets or fund balances	55,776,240	<b>32</b>	51,447,063
	<b>33</b> Total liabilities and net assets/fund balances	77,160,401	<b>33</b>	71,010,015

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	75,339,434
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	80,086,661
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-4,747,227
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	55,776,240
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	579,107
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-161,057
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	<b>10</b>	51,447,063

**Part XII Financial Statements and Reporting**

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

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

**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](http://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		
<b>Total</b>						

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	107,251,906	99,879,774	80,530,469	81,728,263	73,755,295	443,145,707
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge. . . . .						
<b>4 Total.</b> Add lines 1 through 3	107,251,906	99,879,774	80,530,469	81,728,263	73,755,295	443,145,707
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						30,413,343
<b>6 Public support.</b> Subtract line 5 from line 4.						412,732,364

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4. . . . .	107,251,906	99,879,774	80,530,469	81,728,263	73,755,295	443,145,707
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	366,990	372,794	599,525	1,198,969	1,483,959	4,022,237
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . . . .	68	15,745	53	122,267	8,411	146,544
<b>11 Total support.</b> Add lines 7 through 10						447,314,488

**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** . . . . .

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

**14** Public support percentage for 2024 (line 6, column (f) divided by line 11, column (f)) . . . . . **14** 92.270 %

**15** Public support percentage for 2023 Schedule A, Part II, line 14 . . . . . **15** 92.340 %

**16a 33 1/3% support test—2024.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support test—2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**17a 10%-facts-and-circumstances test—2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .

**b 10%-facts-and-circumstances test—2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .

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

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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (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) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (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; 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 2024; Row 16: Public support percentage from 2023 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 2024; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17; Row 19a: 33 1/3% support tests-2024; Row 19b: 33 1/3% support tests-2023; Row 20: Private foundation.

**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
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b>	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>b</b>	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b>	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>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b>	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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.		
<b>5a</b>	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 <b>Part VI</b> , 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>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b>	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b>	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).		
<b>8</b>	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).		
<b>9a</b>	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
<b>b</b>	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b>	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
<b>b</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 |
|------------|-----|----|
|            |     |    |
| <b>11a</b> |     |    |
| <b>11b</b> |     |    |
| <b>11c</b> |     |    |
- 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? *If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.*

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

- |          | Yes | No |
|----------|-----|----|
|          |     |    |
| <b>1</b> |     |    |
|          |     |    |
| <b>2</b> |     |    |
|          |     |    |
| <b>3</b> |     |    |
- 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? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 3** By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*

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

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

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

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

- |           | Yes | No |
|-----------|-----|----|
|           |     |    |
| <b>2a</b> |     |    |
|           |     |    |
| <b>2b</b> |     |    |
- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in 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.*

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

- |           | Yes | No |
|-----------|-----|----|
|           |     |    |
| <b>3a</b> |     |    |
|           |     |    |
| <b>3b</b> |     |    |
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI. the role played by the organization in this regard.*

**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)

<b>1</b>	Net short-term capital gain	<b>1</b>		
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>		
<b>3</b>	Other gross income (see instructions)	<b>3</b>		
<b>4</b>	Add lines 1 through 3	<b>4</b>		
<b>5</b>	Depreciation and depletion	<b>5</b>		
<b>6</b>	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)	<b>6</b>		
<b>7</b>	Other expenses (see instructions)	<b>7</b>		
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>		

**Section B - Minimum Asset Amount**

(A) Prior Year

(B) Current Year  
(optional)

<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>		
<b>a</b>	Average monthly value of securities	<b>1a</b>		
<b>b</b>	Average monthly cash balances	<b>1b</b>		
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>		
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>		
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b>	Multiply line 5 by 0.035	<b>6</b>		
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>		
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

**Section C - Distributable Amount**

Current Year

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

- 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
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - provide details in <b>Part VI</b> )	<b>5</b>	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	<b>6</b>	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	<b>8</b>	
<b>9</b> Distributable amount for 2024 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by Line 9 amount	<b>10</b>	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
<b>1</b> Distributable amount for 2024 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2024:			
<b>a</b> From 2019. . . . .			
<b>b</b> From 2020. . . . .			
<b>c</b> From 2021. . . . .			
<b>d</b> From 2022. . . . .			
<b>e</b> From 2023. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2024 distributable amount			
<b>i</b> Carryover from 2019 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2024 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2024 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2020. . . . .			
<b>b</b> Excess from 2021. . . . .			
<b>c</b> Excess from 2022. . . . .			
<b>d</b> Excess from 2023. . . . .			
<b>e</b> Excess from 2024. . . . .			

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

### Facts And Circumstances Test

Return Reference	Explanation

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization OXFAM-AMERICA INC	<b>Employer identification number</b> 23-7069110
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**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 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  
OXFAM-AMERICA INC

**Employer identification number**  
23-7069110

**Part I**

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

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

Name of organization  
OXFAM-AMERICA INC

Employer identification number  
23-7069110

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____

Name of organization OXFAM-AMERICA INC	<b>Employer identification number</b> 23-7069110
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**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**

**Return to Form**

**Software ID:**

**Software Version:**

**Political Campaign and Lobbying Activities**

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://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	<b>Employer identification number</b> 23-7069110
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

<b>1</b>	Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."		
<b>2</b>	Political campaign activity expenditures. See instructions .....	\$	_____
<b>3</b>	Volunteer hours for political campaign activities. See instructions .....		_____

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

<b>1</b>	Enter the amount of any excise tax incurred by the organization under section 4955 .....		
<b>2</b>	Enter the amount of any excise tax incurred by organization managers under section 4955 .....	\$	_____
<b>3</b>	If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....		<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>4a</b>	Was a correction made? .....		<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>b</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).**

<b>1</b>	Enter the amount directly expended by the filing organization for section 527 exempt function activities .....		
<b>2</b>	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities .....	\$	_____
<b>3</b>	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b.....	\$	_____
<b>4</b>	Did the filing organization file <b>Form 1120-POL</b> for this year? .....		<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>5</b>	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-.
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....	17,094													
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	91,006													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....	108,100													
<b>d</b> Other exempt purpose expenditures .....	57,332,670													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....	57,440,770													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....	250,000													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....	0													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....	0													
<b>j</b> 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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
<b>c</b> Total lobbying expenditures	268,004	254,116	121,912	108,100	752,132
<b>d</b> Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
<b>f</b> Grassroots lobbying expenditures	11,202	147,659	11,670	17,094	187,625

**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
<b>1</b> 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:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	<b>3</b>	

**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."**

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures ( <b>do not include amounts of political expenses for which the section 527(f) tax was paid</b> ).		
<b>a</b> Current year .....	<b>2a</b>	
<b>b</b> Carryover from last year .....	<b>2b</b>	
<b>c</b> Total .....	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	<b>3</b>	
<b>4</b> 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? .....	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures. See Instructions .....	<b>5</b>	

**Part IV Supplemental Information**

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

Return Reference	Explanation

**Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

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

**Supplemental Financial Statements**

OMB No. 1545-0047

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

**Open to Public Inspection**

**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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year . . . . .		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .  Yes  No

**Part II Conservation Easements.**

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

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

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

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

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

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .  Yes  No

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

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

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

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

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

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

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

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

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

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

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that 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    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	9,448,554	9,200,603	14,302,870	14,068,717	10,663,523
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses	551,998	674,390	-377,289	270,267	3,439,685
<b>d</b> Grants or scholarships . . . . .	0				
<b>e</b> Other expenditures for facilities and programs . . . . .	525,713	400,000	4,686,507		
<b>f</b> Administrative expenses . . . . .	27,717	26,439	38,472	36,114	34,491
<b>g</b> End of year balance . . . . .	9,447,122	9,448,554	9,200,602	14,302,870	14,068,717

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 12.190 %
  - b** Permanent endowment ▶ 27.870 %
  - c** Term endowment ▶ 59.940 %
- 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 |
|--|------------------|----|
| <b>(i)</b> Unrelated organizations . . . . .   | <b>3a(i)</b> Yes | No |
| <b>(ii)</b> Related organizations . . . . .  | <b>3a(ii)</b>    | No |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>        |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements		2,269,211	1,480,129	789,082
<b>d</b> Equipment . . . . .		885,356	805,764	79,592
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				868,674

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
GIFT ANNUITIES PAYABLE	2,429,744
OTHER LIABILITIES	434,911
OPERATING LEASE LIABILITIES	3,697,476
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	6,562,131

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	76,819,141
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	579,107	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	714,372	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	186,228	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> 1,479,707
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 75,339,434
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b> 0
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .			<b>5</b> 75,339,434

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	81,282,764
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	714,372	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	481,731	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> 1,196,103
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 80,086,661
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b> 0
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .			<b>5</b> 80,086,661

**Part XIII Supplemental Information**

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

Return Reference	Explanation
PART V, LINE 4:	OXFAM UTILIZES A TOTAL RETURN SPENDING POLICY FROM ITS ENDOWMENT TO SUPPORT OPERATIONS. UNDER THE POLICY, UP TO 5% OF THE THREE YEAR ROLLING MARKET VALUE MAY BE UTILIZED. THE MARKET VALUE OF THE ENDOWMENT INCLUDES THE CORPUS OF ENDOWMENT GIFTS PLUS ACCUMULATED UNSPENT GAINS THAT HAVE NOT BEEN APPROPRIATED IN PRIOR PERIODS.
PART X, LINE 2:	OA ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN TAX POSITIONS BASED ON A "MORE LIKELY THAN NOT" THRESHOLD TO THE RECOGNITION OF THE TAX POSITIONS BEING SUSTAINED BASED ON THE TECHNICAL MERITS OF THE POSITION UNDER SCRUTINY BY THE APPLICABLE TAXING AUTHORITY. IF A TAX POSITION OR POSITIONS ARE DEEMED TO RESULT IN UNCERTAINTIES OF THOSE POSITIONS, THE UNRECOGNIZED TAX BENEFIT IS ESTIMATED BASED ON A "CUMULATIVE PROBABILITY ASSESSMENT" THAT AGGREGATES THE ESTIMATED TAX LIABILITY FOR ALL UNCERTAIN TAX POSITIONS. INTEREST AND PENALTIES ASSESSED, IF ANY, ARE ACCRUED AS INCOME TAX EXPENSE. OA HAS IDENTIFIED ITS TAX STATUS AND CLASSIFICATION OF REVENUE AS RELATED OR UNRELATED UNDER THAT STATUS AS ITS ONLY SIGNIFICANT TAX POSITIONS. OA HAS DETERMINED THAT SUCH TAX POSITIONS DO NOT RESULT IN UNCERTAINTIES REQUIRING RECOGNITION. OA IS NOT CURRENTLY UNDER EXAMINATION BY ANY TAXING JURISDICTION AND ITS FEDERAL AND STATE INCOME TAX RETURNS ARE GENERALLY OPEN FOR EXAMINATION FOR THREE YEARS FOLLOWING THE DATE FILED.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS -161,057. OXFAM AMERICA ACTION FUND REVENUE 609,538. ELIMINATION OA:OAAF -262,253.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	OXFAM AMERICA ACTION FUND EXPENSES 743,984. ELIMINATION OA:OAAF -262,253.
PART V, COLUMN (A) AND (B), LINE 1E:	DURING FISCAL YEARS 2025 AND 2024, OXFAM MOVED THE ENDOWMENT SPENDING POLICY FROM LINE 1B TO 1E TO REFLECT THE ENDOWMENT APPRECIATION THAT WAS MOVED INTO OPERATIONS AND PROGRAMMING AS ALLOWED BY THE SPENDING POLICY.
PART V, COLUMN (B), LINE 1C:	AN ADJUSTMENT OF \$133,685 IS INCLUDED IN THE PRIOR YEAR'S NET INVESTMENT EARNINGS LINE ITEM TO REFLECT ENDOWMENT INVESTMENT EARNINGS ALLOCATION BETWEEN WITH AND WITHOUT DONOR RESTRICTIONS.

## **Additional Data**

[\*\*Return to Form\*\*](#)

**Software ID:**  
**Software Version:**

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

**Open to Public Inspection**

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	2	PROGRAM SERVICES	PROGRAMS TO SAVE LIVES AND OVERCOME POVERTY AND INJUSTICE	64,661
(2) SUB-SAHARAN AFRICA	1	27	PROGRAM SERVICES	PROGRAMS TO SAVE LIVES AND OVERCOME POVERTY AND INJUSTICE	3,060,779
(3) SOUTH AMERICA	0	0	GRANTS/PARTNER SUPPORT		1,221,402
(4) EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS/PARTNER SUPPORT		2,269,034
(5) EAST ASIA AND THE PACIFIC	0	0	GRANTS/PARTNER SUPPORT		2,706,927
(6) MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS/PARTNER SUPPORT		2,646,689
(7) SOUTH ASIA	0	1	GRANTS/PARTNER SUPPORT		850,500
(8) NORTH AMERICA	0	0	GRANTS/PARTNER SUPPORT		136,080
(9) SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	0	0	GRANTS/PARTNER SUPPORT		6,149,634
(10) CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	GRANTS/PARTNER SUPPORT		3,484,785
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .	2	30			12,956,072
<b>b</b> Total from continuation sheets to Part I . . . . .	0	0			9,634,419
<b>c Totals</b> (add lines 3a and 3b)	2	30			22,590,491

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

(a) Name of organization	(b) IRS section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of disbursement	(g) Amount of non-cash assistance	(h) Description of assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	GLOBAL ENGAGEMENT AND PARTNERSHIP HUB	46,930	WIRE	0		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	GENDER JUSTICE AND INCLUSION HUB	142,544	WIRE	0		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	GLOBAL ENGAGEMENT AND PARTNERSHIP HUB	240,561	WIRE	0		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	GENDER JUSTICE AND INCLUSION HUB	122,807	WIRE	0		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	GLOBAL ENGAGEMENT AND PARTNERSHIP HUB	263,158	WIRE	0		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	GLOBAL ENGAGEMENT AND PARTNERSHIP HUB	48,000	WIRE	0		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	AID EFFECTIVENESS	51,266	WIRE	0		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	EXTRACTIVE INDUSTRIES	288,277	WIRE	0		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	GLOBAL ENGAGEMENT AND PARTNERSHIP HUB	114,762	WIRE	0		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	PRIVATE SECTOR	20,000	WIRE	0		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	GENDER JUSTICE AND INCLUSION HUB	278,948	WIRE	0		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	EXTRACTIVE INDUSTRIES	15,000	WIRE	0		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	GLOBAL ENGAGEMENT AND PARTNERSHIP HUB	887,465	WIRE	0		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	HUMANITARIAN	965,067	WIRE	0		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	HUMANITARIAN	60,000	WIRE	0		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	HUMANITARIAN	45,000	WIRE	0		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	PRIVATE SECTOR	145,009	WIRE	0		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	HUMANITARIAN	210,894	WIRE	0		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	HUMANITARIAN	40,000	WIRE	0		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	GLOBAL ENGAGEMENT AND PARTNERSHIP HUB	225,000	WIRE	0		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	CLIMATE JUSTICE	40,000	WIRE	0		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	HUMANITARIAN	100,000	WIRE	0		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	GLOBAL ENGAGEMENT AND PARTNERSHIP HUB	89,860	WIRE	0		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	PRIVATE SECTOR	134,505	WIRE	0		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	HUMANITARIAN	48,150	WIRE	0		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	GLOBAL ENGAGEMENT AND PARTNERSHIP HUB	32,288	WIRE	0		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	HUMANITARIAN	681,818	WIRE	0		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	HUMANITARIAN	30,450	WIRE	0		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	CLIMATE JUSTICE	73,966	WIRE	0		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	GLOBAL ENGAGEMENT AND PARTNERSHIP HUB	279,950	WIRE	0		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	GLOBAL ENGAGEMENT AND PARTNERSHIP HUB	64,040	WIRE	0		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	HUMANITARIAN	369,235	WIRE	0		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	KNOWLEDGE FOR IMPACT-LEAD	20,000	WIRE	0		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	HUMANITARIAN	140,096	WIRE	0		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	AID EFFECTIVENESS	57,000	WIRE	0		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	FOOD SYSTEMS	152,230	WIRE	0		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	AID EFFECTIVENESS	105,263	WIRE	0		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	ECONOMIC AND RACIAL JUSTICE	125,000	WIRE	0		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	KNOWLEDGE FOR IMPACT-LEAD	36,364	WIRE	0		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	AID EFFECTIVENESS	30,000	WIRE	0		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	EXTRACTIVE INDUSTRIES	10,000	WIRE	0		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	AID EFFECTIVENESS	15,000	WIRE	0		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	AID EFFECTIVENESS	302,162	WIRE	0		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	HUMANITARIAN	300,000	WIRE	0		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	CLIMATE JUSTICE	50,000	WIRE	0		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	AID EFFECTIVENESS	257,018	WIRE	0		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	HUMANITARIAN	98,005	WIRE	0		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	HUMANITARIAN	234,000	WIRE	0		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	KNOWLEDGE FOR RESEARCH	33,256	WIRE	0		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	GLOBAL ENGAGEMENT AND PARTNERSHIP HUB	35,000	WIRE	0		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	HUMANITARIAN	43,640	WIRE	0		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	AID EFFECTIVENESS	235,000	WIRE	0		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAUDI ARABIA, EGYPT,	KNOWLEDGE FOR IMPACT-LEAD	20,000	WIRE	0		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAUDI ARABIA, EGYPT,	GENDER JUSTICE AND INCLUSION HUB	16,900	WIRE	0		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAUDI ARABIA, EGYPT,	EXTRACTIVE INDUSTRIES	15,000	WIRE	0		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAUDI ARABIA, EGYPT,	HUMANITARIAN	42,955	WIRE	0		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAUDI ARABIA, EGYPT,	GLOBAL ENGAGEMENT AND PARTNERSHIP HUB	50,000	WIRE	0		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAUDI ARABIA, EGYPT,	HUMANITARIAN	1,553,600	WIRE	0		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAUDI ARABIA, EGYPT,	GLOBAL ENGAGEMENT AND PARTNERSHIP HUB	225,000	WIRE	0		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAUDI ARABIA, EGYPT,	ECONOMIC AND RACIAL JUSTICE	282,157	WIRE	0		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAUDI ARABIA, EGYPT,	HUMANITARIAN	227,280	WIRE	0		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAUDI ARABIA, EGYPT,	HUMANITARIAN	227,273	WIRE	0		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	PRIVATE SECTOR	15,000	WIRE	0		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	GENDER JUSTICE AND INCLUSION HUB	25,000	WIRE	0		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	GLOBAL ENGAGEMENT AND PARTNERSHIP HUB	75,000	WIRE	0		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLOMBIA, ECUADOR,	GLOBAL ENGAGEMENT AND PARTNERSHIP HUB	100,000	WIRE	0		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLOMBIA, ECUADOR,	EXTRACTIVE INDUSTRIES	40,000	WIRE	0		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLOMBIA, ECUADOR,	GLOBAL ENGAGEMENT AND PARTNERSHIP HUB	100,000	WIRE	0		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLOMBIA, ECUADOR,	EXTRACTIVE INDUSTRIES	12,000	WIRE	0		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLOMBIA, ECUADOR,	CLIMATE JUSTICE	80,000	WIRE	0		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLOMBIA, ECUADOR,	GLOBAL ENGAGEMENT AND PARTNERSHIP HUB	40,000	WIRE	0		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLOMBIA, ECUADOR,	EXTRACTIVE INDUSTRIES	175,439	WIRE	0		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLOMBIA, ECUADOR,	AID EFFECTIVENESS	50,000	WIRE	0		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLOMBIA, ECUADOR,	AID EFFECTIVENESS	15,000	WIRE	0		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLOMBIA, ECUADOR,	GLOBAL ENGAGEMENT AND PARTNERSHIP HUB	391,630	WIRE	0		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLOMBIA, ECUADOR,	EXTRACTIVE INDUSTRIES	25,000	WIRE	0		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLOMBIA, ECUADOR,	PRIVATE SECTOR	6,000	WIRE	0		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLOMBIA, ECUADOR,	PRIVATE SECTOR	159,833	WIRE	0		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLOMBIA, ECUADOR,	KNOWLEDGE FOR IMPACT-LEAD	20,000	WIRE	0		
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, NEPAL,	HUMANITARIAN	100,000	WIRE	0		
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, NEPAL,	HUMANITARIAN	350,000	WIRE	0		
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, NEPAL,	HUMANITARIAN	5,500	WIRE	0		
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, NEPAL,	HUMANITARIAN	45,000	WIRE	0		
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, NEPAL,	HUMANITARIAN	200,000	WIRE	0		
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, NEPAL,	GENDER JUSTICE AND INCLUSION HUB	50,000	WIRE	0		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLIMATE JUSTICE	19,481	WIRE	0		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PRIVATE SECTOR	18,000	WIRE	0		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	FOOD SYSTEMS	17,544	WIRE	0		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	EXTRACTIVE INDUSTRIES	359,649	WIRE	0		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLIMATE JUSTICE	6,757	WIRE	0		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	ECONOMIC AND RACIAL JUSTICE	6,292	WIRE	0		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	GLOBAL ENGAGEMENT AND PARTNERSHIP HUB	363,363	WIRE	0		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PRIVATE SECTOR	15,901	WIRE	0		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	GLOBAL ENGAGEMENT AND PARTNERSHIP HUB	373,500	WIRE	0		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	HUMANITARIAN	15,000	WIRE	0		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	GENDER JUSTICE AND INCLUSION HUB	15,000	WIRE	0		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	GENDER JUSTICE AND INCLUSION HUB	19,580	WIRE	0		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	GENDER JUSTICE AND INCLUSION HUB	10,000	WIRE	0		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	AID EFFECTIVENESS	614,474	WIRE	0		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	GENDER JUSTICE AND INCLUSION HUB	977,191	WIRE	0		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	HUMANITARIAN	14,584	WIRE	0		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	EXTRACTIVE INDUSTRIES	12,641	WIRE	0		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	EXTRACTIVE INDUSTRIES	8,410	WIRE	0		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	EXTRACTIVE INDUSTRIES	12,500	WIRE	0		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	HUMANITARIAN	12,234	WIRE	0		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	GLOBAL ENGAGEMENT AND PARTNERSHIP HUB	8,475	WIRE	0		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	HUMANITARIAN	8,563	WIRE	0		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PRIVATE SECTOR	9,101	WIRE	0		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	HUMANITARIAN	9,457	WIRE	0		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	KNOWLEDGE FOR IMPACT-LEAD	11,257	WIRE	0		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	ECONOMIC AND RACIAL JUSTICE	10,000	WIRE	0		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PRIVATE SECTOR	7,000	WIRE	0		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	HUMANITARIAN	11,419	WIRE	0		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	HUMANITARIAN	90,745	WIRE	0		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	HUMANITARIAN	20,000	WIRE	0		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	HUMANITARIAN	225,850	WIRE	0		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	GLOBAL ENGAGEMENT AND PARTNERSHIP HUB	225,000	WIRE	0		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	EXTRACTIVE INDUSTRIES	40,000	WIRE	0		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	ECONOMIC AND RACIAL JUSTICE	40,000	WIRE	0		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	FOOD SYSTEMS	40,000	WIRE	0		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	GLOBAL ENGAGEMENT AND PARTNERSHIP HUB	200,000	WIRE	0		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	HUMANITARIAN	250,000	WIRE	0		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	GENDER JUSTICE AND INCLUSION HUB	43,860	WIRE	0		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA,						

**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



## 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](http://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.
- |   |  |
|---|--|
| <b>a</b> <input checked="" type="checkbox"/> Mail solicitations               | <b>e</b> <input checked="" type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input checked="" type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants                |
| <b>c</b> <input checked="" type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events                       |
| <b>d</b> <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  **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 GIVEBRIDGE INC 525 W MONROE STREET SUITE 900 CHICAGO, IL 60661	FUNDRAISING		No	0	1,416,714	0
2 AB DATA LTD PO BOX 170062 MILWAUKEE, WI 53217	FUNDRAISING/CONSULTING		No	0	440,825	0
3 MAL WARWICK DONORDIGITAL 2550 NINTH STREET SUITE 103 BERKELEY, C A 94710	FUNDRAISING		No	0	44,568	0
4 PUBLIC OUTREACH FUNDRAISING LLC 672 S LA FAYETTE PARK PL LOS ANGELES, C A 90057	FUNDRAISING		No	0	222,371	0
5 GLOBALFACES DIRECT 16905 NORTHCROSS DRIVE SUITE 190 HUNTERSVILLE, N C 28078	FUNDRAISING		No	0	399,115	0
6 DVCANVASS LLC 11710 PLAZA AMERICA DRIVE SUITE 200 RESTON, V A 20190	FUNDRAISING		No	0	79,265	0
7 GREEN PLANET SALES COMPANY INC 1526 BERLIN ROAD CHERRY HILL, NJ 08003	FUNDRAISING		No	0	35,500	0
8 TELEFUND LLC PO BOX 120557 BOSTON, MA 02112	TELEMARKETING		No	0	390	0
9						
10						
<b>Total</b>					2,638,748	

**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))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .				
	<b>2</b> Less: Contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .				
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				
	<b>11</b> 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))
		<b>1</b> Gross revenue . . . . .			
<b>Direct Expenses</b>	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> 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	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶					
<b>8</b> 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)**  
  
(Rev. January 2025)  
  
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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**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) 9TO5 NATIONAL ASSOCIATION OF WORKING WOMEN INC 207 E BUFFALO STREET STE 211 MILWAUKEE,WI 53202	34-1246311	501(C)(3)	30,000	0			ACCOUNTABLE GOVERNANCE
(2) AGRICULTURAL MISSIONS INC 475 RIVERSIDE DRIVE SUITE 1500 NEW YORK,NY 10115	13-5562157	501(C)(3)	22,500	0			JUST ECONOMIES
(3) DEMOCRACY IN ACTION 3901 MACARTHUR BLVD UNIT 6452 NEW ORLEANS,LA 70174	92-3267159	501(C)(3)	20,000	0			JUST ECONOMIES
(4) FEDERATION OF SOUTHERN COOPERATIVESLAND ASSISTANCE FUND 2769 CHURCH STREET EAST POINT,GA 30344	58-1026695	501(C)(3)	25,000	0			JUST ECONOMIES
(5) NORTH CAROLINA JUSTICE CENTER 224 S DAWSON STREET RALEIGH,NC 27601	56-1348186	501(C)(3)	32,000	0			JUST ECONOMIES
(6) OCCIDENTAL ARTS AND ECOLOGY CENTER 15290 COLEMAN VALLEY RD OCCIDENTAL,CA 95465	68-0359676	501(C)(3)	20,000	0			JUST ECONOMIES
(7) OXFAM AMERICA ACTION FUND 77 N WASHINGTON STREETSUITE 500 BOSTON,MA 02114	20-1971032	501(C)(4)	262,253	0			AID EFFECTIVENESS
(8) SOUTHERN RURAL BLACK WOMEN'S INITIATIVE FOR ECONOMIC AND SOCIAL JUSTICE PO BOX 11437 JACKSON,MS 39283	82-3532800	501(C)(3)	10,000	0			JUST ECONOMIES
(9) STEP UP LOUISIANA ORGANIZING FUND 2022 ST BERNARD AVE 124B NEW ORLEANS,LA 70116	85-1061102	501(C)(3)	10,000	0			ACCOUNTABLE GOVERNANCE
(10) THE INSTITUTE FOR ENHANCED EQUITY PO BOX 52319 NEW ORLEANS,LA 70152	85-1129350	501(C)(3)	15,000	0			ACCOUNTABLE GOVERNANCE
(11) THE PEOPLES JUSTICE COUNCIL 131 41ST SOUTH BIRMINGHAM,AL 35222	83-0784025	501(C)(3)	10,000	0			JUST ECONOMIES

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 10
- 3** Enter total number of other organizations listed in the line 1 table 1

**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. AUDITS ARE CONDUCTED AT THE DISCRETION OF THE REGIONAL OFFICE AND ARE BASED ON THE REGIONAL DIRECTOR AND COUNTRY DIRECTOR'S DISCRETION. ALL FINANCIALS, CONTRACTS, AND NARRATIVE REPORTS ARE STORED IN OXFAM AMERICA'S GRANT MANAGEMENT SYSTEM.

**Additional Data**

[Return to Form](#)

**Software ID:**  
**Software Version:**

# Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**Open to Public Inspection**

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<br><input type="checkbox"/> Travel for companions<br><input type="checkbox"/> Tax idemnification and gross-up payments<br><input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Housing allowance or residence for personal use<br><input type="checkbox"/> Payments for business use of personal residence<br><input type="checkbox"/> Health or social club dues or initiation fees<br><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<br><input checked="" type="checkbox"/> Independent compensation consultant<br><input checked="" type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Written employment contract<br><input checked="" type="checkbox"/> Compensation survey or study<br><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
<b>1b</b>		
<b>2</b>		
<b>4a</b>		No
<b>4b</b>		No
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		

**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				
<b>1</b> MAXMAN ABBY PRESIDENT & CEO	(i)	450,835	0	46,086	17,250	34,724	548,895	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
<b>2</b> KURMANN THOMAS VP RESOURCE DEVELOPMENT	(i)	274,368	0	28,175	13,959	33,275	349,777	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
<b>3</b> CUMMINGS GINA VP ALLIANCES, ADVOCACY, AND POLICY	(i)	257,924	0	27,144	13,351	34,024	332,443	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
<b>4</b> MUTASAH TAWANDA VP GLOBAL PARTNERSHIPS AND IMPACT	(i)	259,799	0	26,713	13,288	31,974	331,774	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
<b>5</b> TSONGAS ASHLEY VP, STRATEGY & OPERATIONS	(i)	218,169	0	23,336	11,599	40,174	293,278	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
<b>6</b> ROONEY ALISSA VP PUBLIC ENGAGEMENT	(i)	226,494	0	22,526	11,230	0	260,250	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
<b>7</b> LAWSON-LARTEGO LATE CHIEF INNOVATION OFFICER, AGILE	(i)	210,025	0	138	10,758	31,704	252,625	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
<b>8</b> CRONAN CYNTHIA CFO / ASST. TREASURER	(i)	209,316	0	396	10,556	10,603	230,871	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
<b>9</b> SCRIBNER SHANNON CHIEF OF STAFF / ASST. SECRETARY	(i)	182,987	0	258	9,401	31,974	224,620	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
<b>10</b> ABBAS FARAH SR. DIR. TIM TECH. & INFO MGMT.	(i)	179,659	0	143	9,368	35,174	224,344	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
<b>11</b> TAMIR IRIT SR. DIR. PSD & SENIOR LEGAL ADVISOR	(i)	178,022	0	258	9,419	33,482	221,181	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
<b>12</b> RAMISETTY ALIVELU - CHIEF GENDER JUSTICE & INCLUSION OFFICER	(i)	189,071	0	258	9,630	21,093	220,052	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
<b>13</b> CLACK MARK DIR., GOV. RELATIONS & PUBLIC POLICY	(i)	189,043	0	396	9,543	10,603	209,585	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
<b>14</b> MALLETT KENNETH DIRECTOR, MARKETING STRATEGY	(i)	186,057	0	396	9,431	10,430	206,314	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
SCHEDULE J:	<p>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 AFTER-TAX AMOUNT ASSOCIATED WITH THE PROGRAM IS INCLUDED AS REPORTABLE W-2 COMPENSATION IN PART VII, AND IN SCHEDULE J, PART II, COLUMN B (III), OTHER REPORTABLE COMPENSATION.</p>

## **Additional Data**

[Return to Form](#)

**Software ID:**

**Software Version:**

# Noncash Contributions

## 2024

**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](http://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	171	1,693,919	
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
<b>30a</b>		No
<b>31</b>	Yes	
<b>32a</b>		No
<b>33</b>		

- 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 AMOUNT IN COLUMN (B) REPRESENTS THE NUMBER OF GIFTS RECEIVED.

## **Additional Data**

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

(Rev. January 2025)  
 Department of the Treasury  
 Internal Revenue Service

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

**Complete to provide information for responses to specific questions on  
 Form 990 or 990-EZ or to provide any additional information.  
 Attach to Form 990 or 990-EZ.**

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

OMB No. 1545-0047

**Open to Public  
 Inspection**

Name of the organization  
 OXFAM-AMERICA INC

**Employer identification number**

23-7069110

Return Reference	Explanation
FORM 990, PART IX, LINE 24A:	THE AMOUNTS OF THESE TWO LINES DO NOT MATCH BECAUSE THE NUMBER OF EMPLOYEES REPORTED IN PART I, LINE 5 INCLUDES EMPLOYEES IN A FOREIGN BRANCH PLUS US-BASED EMPLOYEES (INCLUDED IN FORM W-3) REPORTED IN PART V, LINE 2A.
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 CHIEF FINANCIAL OFFICER. THE COMPLETED RETURN IS REVIEWED BY OA'S 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 THEY HAVE A CONFLICT OF INTEREST ON A MATTER AT HAND, THEY 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. THE LAST STUDY WAS COMPLETED IN MAY OF 2023. 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 AFTER-TAX AMOUNT ASSOCIATED WITH THE PROGRAM IS INCLUDED AS REPORTABLE W-2 COMPENSATION IN PART VII, AND IN SCHEDULE J, PART II, COLUMN B (III), OTHER REPORTABLE COMPENSATION.
FORM 990, PART VI, SECTION C, LINE 19	FINANCIAL STATEMENTS AND FORMS 990 WITHOUT SCHEDULE B ARE AVAILABLE ON THE OXFAM AMERICA WEBSITE AT <a href="http://WWW.OXFAMAMERICA.ORG">HTTP://WWW.OXFAMAMERICA.ORG</a> IN THE "ABOUT US" SECTION OF THE SITE. FINANCIAL INFORMATION IS ALSO AVAILABLE AT <a href="http://WWW.GUIDESTAR.ORG">WWW.GUIDESTAR.ORG</a> AND <a href="http://WWW.CHARITYNAVIGATOR.ORG">WWW.CHARITYNAVIGATOR.ORG</a> AND MASSACHUSETTS ATTORNEY GENERAL'S WEBSITE. OA WILL PROVIDE COPIES OF ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY UPON REQUEST. THE ORGANIZATION'S FORMS 990 ARE AVAILABLE TO THE PUBLIC FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D).
FORM 990, PART IX, LINE 24A:	AS MEMBERS OF THE OI CONFEDERATION, EACH OXFAM AFFILIATE IS REQUIRED TO MAKE A COLLECTIVE FUNDING MECHANISM (CFM) CONTRIBUTION TO OI ON AN ANNUAL BASIS. THE CFM CONTRIBUTION TO OI ARE UNRESTRICTED RESOURCES THAT FUND CORE OPERATIONS OF OXFAM COUNTRY AND REGIONAL PROGRAM OFFICES AROUND THE WORLD, THE GLOBAL HUMANITARIAN TEAM (GHT) AND THE OPERATIONS OF OI SECRETARIAT. OA PAYMENTS TO OI FOR THE CFM TOTALLED \$7,760,000.
FORM 990, PART XI, LINE 9:	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS -161,057.

## **Additional Data**

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**SCHEDULE R  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

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

OMB No. 1545-0047

**Open to Public  
Inspection**

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	0	0	OXFAM AMERICA
(2) WISE WOMEN'S EMPOWERMENT MANAGEMENT COMPANY LLC 77 NORTH WASHINGTON STREET SUITE 50 BOSTON, MA 02114 00-1125303	MGMT SVCS TO WISE FUND LLC	MA	0	100,052	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 (3)	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.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		No
<b>f</b> Dividends from related organization(s) . . . . .		No
<b>g</b> Sale of assets to related organization(s) . . . . .		No
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	Yes	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	Yes	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		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	370,431	FAIR VALUE
(2) OXFAM AMERICA ACTION FUND	Q	206,012	FAIR VALUE
(3) OXFAM AMERICA ACTION FUND	N	16,448	FAIR VALUE
(4) OXFAM AMERICA ACTION FUND	B	262,253	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. THE WISE FUND WAS CLOSED IN 2023 AND OA IS IN THE PROCESS OF DE-REGISTRATION IN GUATEMALA.

Schedule R (Form 990) (Rev. 1-2025)

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