

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047

**2018**Open to Public  
InspectionA For the 2018 calendar year, or tax year beginning **APR 1, 2018** and ending **MAR 31, 2019**

B Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <b>OXFAM-AMERICA, INC.</b>		D Employer identification number <b>23-7069110</b>
	Doing business as		E Telephone number <b>617-482-1211</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ <b>102,953,801.</b>
	226 CAUSEWAY STREET, 5TH FLOOR		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code <b>BOSTON, MA 02114</b>		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: <b>ABBY MAXMAN</b> <b>SAME AS C ABOVE</b>			H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ <b>WWW.OXFAMAMERICA.ORG</b>			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: <b>1974</b> M State of legal domicile: <b>MA</b>

**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>CREATE LASTING SOLUTIONS TO GLOBAL POVERTY, HUNGER, AND INJUSTICE.</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	<b>21</b>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	<b>21</b>
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	<b>326</b>
	6 Total number of volunteers (estimate if necessary)	6	<b>770</b>
Revenue	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	<b>0.</b>
	b Net unrelated business taxable income from Form 990-T, line 38	7b	<b>191,001.</b>
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	<b>93,371,642.</b>	<b>84,391,623.</b>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>0.</b>	<b>0.</b>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>3,883,804.</b>	<b>4,827,975.</b>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>71,395.</b>	<b>42,095.</b>
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>97,326,841.</b>	<b>89,261,693.</b>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<b>29,203,596.</b>	<b>24,720,095.</b>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
Expenses	16a Professional fundraising fees (Part IX, column (A), line 11e)	<b>32,755,458.</b>	<b>33,899,003.</b>
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>14,084,546.</b>	<b>1,519,803.</b>	<b>1,081,846.</b>
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>28,091,884.</b>	<b>27,608,445.</b>
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>91,570,741.</b>	<b>87,309,389.</b>
	19 Revenue less expenses. Subtract line 18 from line 12	<b>5,756,100.</b>	<b>1,952,304.</b>
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	<b>88,865,539.</b>	<b>90,486,224.</b>
	22 Net assets or fund balances. Subtract line 21 from line 20	<b>18,104,414.</b>	<b>19,532,143.</b>
		<b>70,761,125.</b>	<b>70,954,081.</b>

**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	Date
	<b>ABBY MAXMAN, PRESIDENT &amp; CEO</b>	
Paid Preparer Use Only	Print/Type preparer's name <b>CRAIG KLEIN</b>	Preparer's signature <i>Craig Klein</i>
	Firm's name ▶ <b>CBIZ MHM, LLC</b>	Date <b>08/13/19</b>
	Firm's address ▶ <b>500 BOYLSTON STREET BOSTON, MA 02116</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00734640</b>
		Firm's EIN ▶ <b>26-3753134</b>
		Phone no. <b>617-761-0600</b>

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

☒ Yes ☐ No

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

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

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

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

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

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

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 24,034,763. including grants of \$ 11,739,089.) (Revenue \$ )

**SAVING LIVES - EMERGENCY RESPONSE AND PREPAREDNESS:** OXFAM WORKS HAND IN HAND WITH LOCAL PARTNERS TO HELP PEOPLE AROUND THE WORLD PREPARE FOR, RESPOND TO, AND RECOVER FROM DISASTERS. IN SUDAN, OXFAM REACHED 200,000 PEOPLE AFFECTED BY CONFLICT AND NATURAL DISASTERS PROVIDING SAFE DRINKING WATER, SANITATION, AND HYGIENE, AND TRAINING LOCAL LEADERS TO MAINTAIN AND OPERATE WATER PUMPS AND FACILITIES FOR LONG-TERM SUSTAINABILITY. IN EL SALVADOR AND THE PHILIPPINES, OXFAM PARTNERS CREATE COMMUNITY DISASTER RISK REDUCTION COMMITTEES TO HELP PEOPLE COORDINATE WITH LOCAL GOVERNMENTS, PROTECT THEIR ASSETS, AND BUILD UP ALTERNATIVE LIVELIHOODS TO BE MORE RESILIENT TO EXTREME WEATHER EVENTS THAT REGULARLY AFFECT THOSE AREAS. IN PUERTO RICO, OXFAM CONTINUED TO FOCUS ON RECOVERY FOLLOWING HURRICANE MARIA, PARTNERING WITH LOCAL

**4b** (Code: ) (Expenses \$ 19,013,965. including grants of \$ 5,146,111.) (Revenue \$ )

**CAMPAIGNING FOR SOCIAL JUSTICE:** OXFAM CAMPAIGNS FOR FAIR POLICIES AND PRACTICES THAT ADDRESS THE NEEDS AND RIGHTS OF THE MOST VULNERABLE PEOPLE AROUND THE GLOBE. IN THE PERUVIAN AMAZON, INDIGENOUS COMMUNITIES ARE BEING DEVASTATED BY OIL SPILLS AND HEAVY METAL CONTAMINATION FROM MINING. OXFAM HELPS LOCAL ORGANIZATIONS ADVOCATE FOR THEIR RIGHTS, AND LAST YEAR THE PERUVIAN GOVERNMENT AGREED TO FACILITATE A CONSULTATION PROCESS WITH INDIGENOUS COMMUNITIES, AND TO ALLOCATE \$6M FOR HEALTH CARE IN THE AFFECTED AREA. IN THE US, THE "DECENT WORK" CAMPAIGN ADVOCATES FOR THE RIGHT TO A LIVING WAGE AND DIGNITY AT WORK FOR ALL, ESPECIALLY WOMEN, IMMIGRANTS, AND OTHER MARGINALIZED PEOPLE. OXFAM CALLED ATTENTION TO WORKPLACE INEQUALITIES THROUGH THE 'BEST STATES TO WORK INDEX' MAP AND REPORT, WHICH CALLS OUT HOW WELL INDIVIDUAL STATE

**4c** (Code: ) (Expenses \$ 18,904,617. including grants of \$ 7,780,327.) (Revenue \$ )

**PROGRAMS TO OVERCOME POVERTY AND INJUSTICE:** OXFAM AIMS TO TRANSFORM GENDER POWER RELATIONS AND NORMS AROUND THE WORLD SO THAT PEOPLE OF ALL GENDERS ARE TREATED EQUALLY, HAVE THE SAME OPPORTUNITIES TO SUCCEED, AND ARE ABLE TO LIVE FREE FROM VIOLENCE. IN EL SALVADOR, WHERE GENDER-BASED VIOLENCE IS WIDESPREAD AND ONE OF THE MAIN REASONS MANY WOMEN ARE FLEEING TO THE UNITED STATES, OXFAM'S PARTNERS WORK TO RAISE AWARENESS, TRAIN WOMEN AND GIRLS TO PROTECT AND ADVOCATE FOR THEIR RIGHTS, AND INVOLVE MEN AND BOYS IN CONVERSATIONS ABOUT PREVENTING VIOLENCE. OXFAM ALSO CONTINUES TO PUSH THE EXTRACTIVE INDUSTRIES SECTOR TOWARD GREATER SOCIAL ACCOUNTABILITY THROUGH RESEARCH ON THE ROLE OF PETROLEUM COST AUDITING FOR FAIR TAXATION, HUMAN RIGHTS IMPACT ASSESSMENTS, AND ON THE IMPORTANCE OF INCLUDING WOMEN IN

**4d** Other program services (Describe in Schedule O.)(Expenses \$ 5,026,919. including grants of \$ 54,568.) (Revenue \$ )**4e** Total program service expenses 66,980,264.

**Part IV Checklist of Required Schedules**

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

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

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	X	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	X	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O.

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

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

X

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



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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	326
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: <b>SEE SCHEDULE O</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8882?	7c	X
d	If "Yes," indicate the number of Forms 8882 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
		8	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
<b>10 Section 501(c)(7) organizations.</b> Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11 Section 501(c)(12) organizations.</b> Enter:			
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?			
		12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O.			

Form 990 (2018)

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

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	21	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	21	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	X
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?	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
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	9	X

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

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

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed **MA, AL, AK, AZ, AR, CA, CT, DE, FL, GA, HI, ID**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain 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 **MARK KRIPP - 617-728-2558**  
**226 CAUSEWAY STREET, 5TH FLOOR, BOSTON, MA 02114-2206**

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

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

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SINGH, SMITA CHAIR	3.50 0.00	X		X				0.	0.	0.
(2) HAMILTON, JOE H. VICE CHAIR	3.50 0.00	X		X				0.	0.	0.
(3) SHACHOY, JAMEY TREASURER	2.50 0.00	X		X				0.	0.	0.
(4) REGAN, JACK SECRETARY	1.00 0.00	X		X				0.	0.	0.
(5) ALI, MOHAMAD DIRECTOR	1.00 0.00	X						0.	0.	0.
(6) BAPNA, MANISH DIRECTOR	1.00 0.00	X						0.	0.	0.
(7) FRETTE, LATANYA DIRECTOR	1.00 0.00	X						0.	0.	0.
(8) GARRELS, ANNE L. DIRECTOR	1.00 0.00	X						0.	0.	0.
(9) GLANTZ, GINA DIRECTOR	1.00 0.10	X						0.	0.	0.
(10) OTERO, MARIA DIRECTOR	1.00 0.00	X						0.	0.	0.
(11) SHAH, SONAL DIRECTOR	1.00 0.00	X						0.	0.	0.
(12) TSAI, DABIE DIRECTOR	1.00 0.00	X						0.	0.	0.
(13) WILLIAMS, KIM DIRECTOR	1.00 0.00	X						0.	0.	0.
(14) BEBBINGTON, ANTHONY DIRECTOR	1.00 0.00	X						0.	0.	0.
(15) TORRENS, TARA DIRECTOR	1.00 0.00	X						0.	0.	0.
(16) SINGHAL, ANIL DIRECTOR	1.00 0.00	X						0.	0.	0.
(17) MUNANA, CARL DIRECTOR	1.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LEFEBVRE, DALE DIRECTOR	1.00 0.00	X						0.	0.	0.
(19) SEIDMAN, RICKI DIRECTOR	1.00 0.00	X						0.	0.	0.
(20) SILBERMAN, MICHAEL DIRECTOR	1.00 0.00	X						0.	0.	0.
(21) KHARAS, HOMI DIRECTOR	1.00 0.00	X						0.	0.	0.
(22) SIEGELBAUM, JOSEPH DIRECTOR (UNTIL THE END OF 2018)	1.00 0.00	X						0.	0.	0.
(23) MAXMAN, ABBY PRESIDENT	39.90 0.10			X				336,897.	0.	43,142.
(24) KRIPP, MARK VP OF OPERATIONS & CFO	39.00 1.00			X				246,106.	0.	61,392.
(25) TSONGAS, ASHLEY CHIEF OF STAFF / ASSISTANT CLERK	40.00 0.00			X				148,474.	0.	47,085.
(26) GOODE, SHELLEY VP, RESOURCE DEVELOPMENT	40.00 0.00				X			253,311.	0.	31,315.
<b>1b Sub-total</b>								984,788.	0.	182,934.
<b>c Total from continuation sheets to Part VII, Section A</b>								1,359,897.	0.	345,945.
<b>d Total (add lines 1b and 1c)</b>								2,344,685.	0.	528,879.

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 **48**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
FACEBOOK, INC, 15161 COLLECTIONS CENTER DRIVE, CHICAGO, IL 60693	ADVERTISING/PUBLICITY	509,275.
REDHEAD MEDIA INC. 80 STANDISH AVE., QUINCY, MA 02170	ADVERTISING / PUBLICITY	500,256.
POINT B, INC., 60 STATE STREET, SUITE 700, BOSTON, MA 02109	CONSULTING	464,760.
M&R STRATEGIC SERVICES, 1101 CONNECTICUT AVE., NW 7TH FLOOR, WASHINGTON, DC 20036	FUNDRAISING	407,331.
O'BRIEN GARRETT, 1726 M STREET, NW, SUITE 300, WASHINGTON, DC 20036	FUNDRAISING	389,955.
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 <b>14</b>		

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2018)



## Part VII

Total to Part VII, Section A, line 1c	1,359,897.	345,945.
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**Part VIII** Statement of RevenueCheck 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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a	Federated campaigns .....	1a				
	b	Membership dues .....	1b				
	c	Fundraising events .....	1c				
	d	Related organizations .....	1d				
	e	Government grants (contributions) .....	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above .....	1f	84,391,623.			
	g	Noncash contributions included in lines 1a-1f: \$ .....		1,293,780.			
	h	<b>Total. Add lines 1a-1f</b> .....		84,391,623.			
<b>Program Service Revenue</b>				<b>Business Code</b>			
	2 a						
	b						
	c						
	d						
	e						
	f	All other program service revenue .....					
	g	<b>Total. Add lines 2a-2f</b> .....					
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts) .....		1,074,867.			1,074,867.
	4	Income from investment of tax-exempt bond proceeds .....					
	5	Royalties .....		42,036.			42,036.
	6 a	Gross rents .....	(i) Real	(ii) Personal			
	b	Less: rental expenses .....					
	c	Rental income or (loss) .....					
	d	Net rental income or (loss) .....					
	7 a	Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses .....					
	c	Gain or (loss) .....					
	d	Net gain or (loss) .....			3,753,108.		3,753,108.
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	a				
	b	Less: direct expenses .....	b				
	c	Net income or (loss) from fundraising events .....					
	9 a	Gross income from gaming activities. See Part IV, line 19 .....	a				
	b	Less: direct expenses .....	b				
	c	Net income or (loss) from gaming activities .....					
	10 a	Gross sales of inventory, less returns and allowances .....	a				
	b	Less: cost of goods sold .....	b				
	c	Net income or (loss) from sales of inventory .....					
<b>Miscellaneous Revenue</b>				<b>Business Code</b>			
11 a	MISCELLANEOUS REVENUE .....		900099	59.			59.
b	.....						
c	.....						
d	All other revenue .....						
e	<b>Total. Add lines 11a-11d</b> .....			59.			
12	<b>Total revenue. See instructions</b> .....			89,261,693.	0.	0.	4,870,070.

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	895,381.	895,381.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	23,824,714.	23,824,714.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,942,004.	705,962.	1,204,355.	31,687.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	23,556,691.	18,424,184.	1,788,672.	3,343,835.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,263,321.	1,014,760.	100,819.	147,742.
9 Other employee benefits	5,113,111.	3,688,344.	562,131.	862,636.
10 Payroll taxes	2,023,876.	1,537,483.	208,785.	277,608.
11 Fees for services (non-employees):				
a Management				
b Legal	258,680.	105,904.	135,283.	17,493.
c Accounting	156,050.	48,450.	107,600.	
d Lobbying	236,587.	236,587.		
e Professional fundraising services. See Part IV, line 17	1,081,846.			1,081,846.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	6,638,214.	4,536,642.	642,266.	1,459,306.
12 Advertising and promotion	1,420,183.	484,973.	1,433.	933,777.
13 Office expenses	2,022,499.	247,547.	29,033.	1,745,919.
14 Information technology	1,827,855.	1,209,692.	158,918.	459,245.
15 Royalties				
16 Occupancy	2,972,867.	2,144,999.	382,359.	445,509.
17 Travel	3,057,643.	2,724,672.	163,867.	169,104.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,071,821.	1,028,018.	19,762.	24,041.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	427,890.	336,785.	19,757.	71,348.
23 Insurance	109,745.	33,126.	73,320.	3,299.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEMBERSHIPS/DUES/SUBS.	3,403,828.	2,193,370.	345,377.	865,081.
b PRINTING AND PUBLICATIONS	1,273,489.	107,380.	1,954.	1,164,155.
c POSTAGE AND SHIPPING	531,610.	290.	18.	531,302.
d PARTNER IMPLEMENTATION	286.	286.		
e All other expenses	2,199,198.	1,450,715.	298,870.	449,613.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>87,309,389.</b>	<b>66,980,264.</b>	<b>6,244,579.</b>	<b>14,084,546.</b>
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing	5,791,280.	1	8,791,367.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	15,710,151.	3	17,761,408.
	4 Accounts receivable, net	3,213,571.	4	3,430,846.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,679,743.	9	2,237,626.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 10,468,836.		
	b Less: accumulated depreciation	10b 8,535,575.	10c	1,933,261.
	11 Investments - publicly traded securities	60,119,826.	11	56,136,975.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	66,781.	14	0.
	15 Other assets. See Part IV, line 11	300,706.	15	194,741.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	88,865,539.	16	90,486,224.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	6,615,989.	17	7,472,742.
	18 Grants payable	4,888,202.	18	5,139,972.
	19 Deferred revenue	663,275.	19	1,368,992.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	5,936,948.	25	5,550,437.
	26 <b>Total liabilities.</b> Add lines 17 through 25	18,104,414.	26	19,532,143.
	<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
27 Unrestricted net assets		34,534,414.	27	31,013,628.
28 Temporarily restricted net assets		33,593,476.	28	37,307,218.
29 Permanently restricted net assets		2,633,235.	29	2,633,235.
<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 <b>Total net assets or fund balances</b>		70,761,125.	33	70,954,081.
34 <b>Total liabilities and net assets/fund balances</b>	88,865,539.	34	90,486,224.	

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**Part XI Reconciliation of Net Assets**

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	89,261,693.
2	Total expenses (must equal Part IX, column (A), line 25)	2	87,309,389.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,952,304.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	70,761,125.
5	Net unrealized gains (losses) on investments	5	-1,707,286.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-52,062.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	70,954,081.

**Part XII Financial Statements and Reporting**

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

☐

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	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.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
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		

Form 990 (2018)



SCHEDULE A  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public  
Inspection

Name of the organization

OXFAM-AMERICA, INC.

Employer identification number

23-7069110

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

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

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

f Enter the number of supported organizations

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	90676327.	78818402.	77603597.	93371642.	84391623.	424861591
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 <b>Total.</b> Add lines 1 through 3 .....	90676327.	78818402.	77603597.	93371642.	84391623.	424861591
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						67863297.
6 <b>Public support.</b> Subtract line 5 from line 4.						356998294

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4 .....	90676327.	78818402.	77603597.	93371642.	84391623.	424861591
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	1188228.	857,828.	1081168.	1019252.	1116903.	5263379.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	4,343.	3,606.	136.	48.	59.	8,192.
11 <b>Total support.</b> Add lines 7 through 10						430133162
12 Gross receipts from related activities, etc. (see instructions) .....					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....	14	83.00	%
15 Public support percentage from 2017 Schedule A, Part II, line 14 .....	15	85.42	%
16a <b>33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
b <b>33 1/3% support test - 2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
17a <b>10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
b <b>10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2018

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
5 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
6 <b>Total.</b> Add lines 1 through 5 .....						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
c Add lines 7a and 7b .....						
8 <b>Public support.</b> (Subtract line 7c from line 6.) .....						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6 .....						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
c Add lines 10a and 10b .....						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) .....						
14 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						

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

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) .....	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15 .....	16	%

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

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) .....	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17 .....	18	%

19a **33 1/3% support tests - 2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

b **33 1/3% support tests - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV** Supporting Organizations (continued)

- 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 in (b) and (c) below, the governing body of a supported organization?
- b A family member of a person described in (a) above?
- c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

**Section B. Type I Supporting Organizations**

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

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

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

	Yes	No
1		

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

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 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 (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

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

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

**2 Activities Test. Answer (a) and (b) below.**

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? 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.

	Yes	No
2a		
2b		
3a		
3b		



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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2018

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

**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.)

SCHEDULE C  
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2018

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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 organization

OXFAM-AMERICA, INC.

Employer identification number

23-7069110

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ▶ \$

3 Volunteer hours for political campaign activities ▶

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$

4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

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

Schedule C (Form 990 or 990-EZ) 2018

LHA

832041 11-08-18

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	149,861.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	86,726.													
c	Total lobbying expenditures (add lines 1a and 1b)	236,587.													
d	Other exempt purpose expenditures	72,988,256.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	73,224,843.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**

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

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	152,910.	312,701.	253,799.	236,587.	955,997.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	24,549.	133,949.	55,286.	149,861.	363,645.

Schedule C (Form 990 or 990-EZ) 2018



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

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

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

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**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2018**

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, 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 SFAS 116 (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 SFAS 116 (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 SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

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

Schedule D (Form 990) 2018

**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
1c	
1d	
1e	
1f	

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	10,108,676.	8,471,826.	7,469,676.	7,855,752.	7,213,159.
b Contributions		836,675.			
c Net investment earnings, gains, and losses	715,404.	827,388.	1,025,408.	-111,261.	665,397.
d Grants or scholarships				250,500.	
e Other expenditures for facilities and programs					
f Administrative expenses	29,823.	27,213.	23,258.	24,315.	22,804.
g End of year balance	10,794,257.	10,108,676.	8,471,826.	7,469,676.	7,855,752.

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

- a Board designated or quasi-endowment ▶ 16.90 %  
b Permanent endowment ▶ 24.39 %  
c Temporarily restricted endowment ▶ 58.71 %

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

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

- (i) unrelated organizations  
(ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		3,311,754.	2,050,127.	1,261,627.
d Equipment		7,157,082.	6,485,448.	671,634.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,933,261.

Schedule D (Form 990) 2018

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) GIFT ANNUITIES PAYABLE	2,478,748.	
(3) DEFERRED RENT	3,041,848.	
(4) OTHER LIABILITIES	29,841.	
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		5,550,437.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	88,040,593.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-1,707,286.
b	Donated services and use of facilities	2b	309,286.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	176,900.
e	Add lines 2a through 2d	2e	-1,221,100.
3	Subtract line 2e from line 1	3	89,261,693.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	89,261,693.

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

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

1	Total expenses and losses per audited financial statements	1	87,994,681.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	309,286.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	376,006.
e	Add lines 2a through 2d	2e	685,292.
3	Subtract line 2e from line 1	3	87,309,389.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	87,309,389.

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

OXFAM UTILIZES A TOTAL RETURN SPENDING POLICY, SPENDING 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



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

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 AS A TAX EXEMPT ENTITY AS A TAX POSITION; HOWEVER, OA HAS DETERMINED THAT SUCH TAX POSITION DOES NOT RESULT IN AN UNCERTAINTY REQUIRING RECOGNITION. IN ADDITION TO ITS TAX STATUS, OA HAS OTHER TAX POSITIONS THAT HAVE BEEN DETERMINED TO BE HIGHLY CERTAIN AND, THEREFORE, NO RESERVE FOR UNRECOGNIZED TAX LIABILITY IS DEEMED NECESSARY. OA IS NOT CURRENTLY UNDER EXAMINATION BY ANY TAXING JURISDICTION. ITS FEDERAL AND STATE INCOME TAX RETURNS ARE GENERALLY OPEN FOR EXAMINATION FOR THREE YEARS FOLLOWING THE DATE FILED.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

OXFAM AMERICA ACTION FUND REVENUE	229,108.
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	-52,208.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	176,900.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

OXFAM AMERICA ACTION FUND EXPENSES	376,006.
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**SCHEDULE F**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

Employer identification number

OXFAM-AMERICA, INC.

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 and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... ☒ Yes ☐ No

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	2	36	PROGRAM SERVICES	PROGRAMS TO SAVE LIVES AND OVERCOME POVERTY AND INJUSTICE	3,792,075.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS/PARTNER SUPPORT		3,159,293.
SOUTH AMERICA	1	33	PROGRAM SERVICES	PROGRAMS TO SAVE LIVES AND OVERCOME POVERTY AND INJUSTICE	1,658,292.
SOUTH AMERICA	0	0	GRANTS/PARTNER SUPPORT		739,242.
SUB-SAHARAN AFRICA	6	129	PROGRAM SERVICES	PROGRAMS TO SAVE LIVES AND OVERCOME POVERTY AND INJUSTICE	8,740,834.
SUB-SAHARAN AFRICA	0	0	GRANTS/PARTNER SUPPORT		7,849,401.
EAST ASIA AND THE PACIFIC	1	5	PROGRAM SERVICES	PROGRAMS TO SAVE LIVES AND OVERCOME POVERTY AND INJUSTICE	1,103,378.
EAST ASIA AND THE PACIFIC	0	0	GRANTS/PARTNER SUPPORT		3,712,182.
<b>3 a Subtotal</b> .....	10	203			30,754,697.
<b>b Total from continuation sheets to Part I</b> .....	0	0			4,779,269.
<b>c Totals (add lines 3a and 3b)</b> .....	10	203			35,533,966.

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

Schedule F (Form 990) 2018

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS/PARTNER SUPPORT		2,297,585.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS/PARTNER SUPPORT		694,546.
SOUTH ASIA	0	0	GRANTS/PARTNER SUPPORT		713,869.
NORTH AMERICA	0	0	GRANTS/PARTNER SUPPORT		1,073,269.
<b>Totals</b>					4,779,269.

## OXFAM-AMERICA, INC.

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	RESOURCE MANAGEMENT	52,000.	WIRE	0.		
			CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	DISASTER RISK REDUCTION	234,245.	WIRE	0.		
			CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	WOMENS EMPOWERMENT	20,000.	WIRE	0.		
			CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	EXTRACTIVE INDUSTRIES	170,000.	WIRE	0.		
			CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	WOMENS EMPOWERMENT	21,500.	WIRE	0.		
			CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	POLICY AND ADVOCACY	23,000.	WIRE	0.		
			CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	EXTRACTIVE INDUSTRIES	150,035.	WIRE	0.		
			CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MICROFINANCE	63,400.	WIRE	0.		

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

105

3 Enter total number of other organizations or entities

8

Schedule F (Form 990) 2018

Part II		Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)							
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	POLICY AND ADVOCACY	25,000.	WIRE	0.		
			CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	EXTRACTIVE INDUSTRIES	30,000.	WIRE	0.		
			CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	WOMENS EMPOWERMENT	109,267.	WIRE	0.		
			CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	EXTRACTIVE INDUSTRIES	17,000.	WIRE	0.		
			CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	WOMENS EMPOWERMENT	30,596.	WIRE	0.		
			CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MICROFINANCE	32,500.	WIRE	0.		
			CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	DISASTER RISK REDUCTION	96,483.	WIRE	0.		
			CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MICROFINANCE	42,900.	WIRE	0.		
			CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	DISASTER RISK REDUCTION	48,868.	WIRE	0.		



Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, RESOURCE MANAGEMENT		49,685.	WIRE	0.		
			CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, CORPORATE ENGAGEMENT		50,000.	WIRE	0.		
			CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, DISASTER RISK REDUCTION		84,015.	WIRE	0.		
			CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, WOMENS EMPOWERMENT		50,340.	WIRE	0.		
			CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, EXTRACTIVE INDUSTRIES		80,000.	WIRE	0.		
			CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, MICROFINANCE		75,600.	WIRE	0.		
			CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, POLICY AND ADVOCACY		32,000.	WIRE	0.		
			CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, DISASTER RISK REDUCTION		253,047.	WIRE	0.		
			CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, WATER AND AGRICULTURE		62,458.	WIRE	0.		

Part II	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	RESOURCE MANAGEMENT	16,913.	WIRE	0.		
			CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	DEBT SWAP	473,182.	WIRE	0.		
			CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	OTHER HUMANITARIAN INTERVENTION	5,000.	WIRE	0.		
			CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	EXTRACTIVE INDUSTRIES	6,663.	WIRE	0.		
			CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MICROFINANCE	9,100.	WIRE	0.		
			CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	DEBT SWAP	356,875.	WIRE	0.		
			CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	DISASTER RISK REDUCTION	10,000.	WIRE	0.		
			CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	POLICY AND ADVOCACY	12,000.	WIRE	0.		
			CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	OTHER HUMANITARIAN INTERVENTION	13,043.	WIRE	0.		

Part II		Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)							
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	OTHER HUMANITARIAN INTERVENTION	15,000.	WIRE	0.		
			CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	DISASTER RISK REDUCTION	312,578.	WIRE	0.		
			CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	OTHER HUMANITARIAN INTERVENTION	10,000.	WIRE	0.		
			CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	DISASTER RISK REDUCTION	15,000.	WIRE	0.		
			EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	DEBT SWAP	386,100.	WIRE	0.		
			EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	EXTRACTIVE INDUSTRIES	125,000.	WIRE	0.		
			EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	DEBT SWAP	104,955.	WIRE	0.		
			EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	OTHER HUMANITARIAN INTERVENTION	36,363.	WIRE	0.		
			EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	EXTRACTIVE INDUSTRIES	36,543.	WIRE	0.		

Part II		Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)							
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	DISASTER RISK REDUCTION	202,266.	WIRE	0.		
			EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	MICOFINANCE	40,000.	WIRE	0.		
			EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	EXTRACTIVE INDUSTRIES	25,500.	WIRE	0.		
			EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	EXTRACTIVE INDUSTRIES	40,000.	WIRE	0.		
			EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	DISASTER RISK REDUCTION	498,312.	WIRE	0.		
			EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	DISASTER RISK REDUCTION	15,730.	WIRE	0.		
			EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	OTHER HUMANITARIAN INTERVENTION	454,545.	WIRE	0.		
			EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	WATER AND AGRICULTURE	243,000.	WIRE	0.		
			EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	EXTRACTIVE INDUSTRIES	79,065.	WIRE	0.		

Part II	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,						
			EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	WATER AND AGRICULTURE	305,000.	WIRE	0.		
			EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	MICOFINANCE	80,000.	WIRE	0.		
			EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	POLICY AND ADVOCACY	86,787.	WIRE	0.		
			EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	EXTRACTIVE INDUSTRIES	25,000.	WIRE	0.		
			EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	EXTRACTIVE INDUSTRIES	229,668.	WIRE	0.		
			EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	DISASTER RISK REDUCTION	200,470.	WIRE	0.		
			EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CORPORATE ENGAGEMENT	347,878.	WIRE	0.		
			EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	DEBT SWAP	150,000.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	WATER AND AGRICULTURE	136,953.	WIRE	0.		



Part II	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EUROPE (INCLUDING ICELAND & GREENLAND)						
			EUROPE (INCLUDING ICELAND & GREENLAND)	WATER AND AGRICULTURE	20,000.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	POLICY AND ADVOCACY	50,000.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	RESOURCE MANAGEMENT	210,751.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	WATER AND AGRICULTURE	44,975.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	AID EFFECTIVENESS	85,383.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	MICROFINANCE	20,000.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	AID EFFECTIVENESS	85,698.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	EXTRACTIVE INDUSTRIES	87,000.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	AID EFFECTIVENESS	40,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EUROPE (INCLUDING ICELAND & GREENLAND)						
			EUROPE (INCLUDING ICELAND & GREENLAND)	POLICY AND ADVOCACY	12,500.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	CORPORATE ENGAGEMENT	96,061.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)						
			EUROPE (INCLUDING ICELAND & GREENLAND)	WATER AND AGRICULTURE	158,033.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	OTHER HUMANITARIAN INTERVENTION	226,000.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)						
			EUROPE (INCLUDING ICELAND & GREENLAND)	HEALTH	25,000.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)						
			EUROPE (INCLUDING ICELAND & GREENLAND)	EXTRACTIVE INDUSTRIES	57,387.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)						
			EUROPE (INCLUDING ICELAND & GREENLAND)	AID EFFECTIVENESS	119,569.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)						
			EUROPE (INCLUDING ICELAND & GREENLAND)	POLICY AND ADVOCACY	10,000.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)						
			EUROPE (INCLUDING ICELAND & GREENLAND)	AID EFFECTIVENESS	269,850.	WIRE	0.		

Part II	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EUROPE (INCLUDING ICELAND & GREENLAND)	AID EFFECTIVENESS	248,675.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	POLICY AND ADVOCACY	142,858.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	WATER AND AGRICULTURE	150,892.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAHRAIN, DJIBOUTI, EGYPT,	DEBT SWAP	454,546.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAHRAIN, DJIBOUTI, EGYPT,	WATER AND AGRICULTURE	28,658.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAHRAIN, DJIBOUTI, EGYPT,	OTHER HUMANITARIAN INTERVENTION	50,000.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAHRAIN, DJIBOUTI, EGYPT,	DEBT SWAP	21,342.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAHRAIN, DJIBOUTI, EGYPT,	OTHER HUMANITARIAN INTERVENTION	70,000.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAHRAIN, DJIBOUTI, EGYPT,	OTHER HUMANITARIAN INTERVENTION	70,000.	WIRE	0.		

Part II		Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)							
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	OTHER HUMANITARIAN INTERVENTION	61,500.	WIRE	0.		
			NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	WOMENS EMPOWERMENT	73,655.	WIRE	0.		
			NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	WOMENS EMPOWERMENT	60,000.	WIRE	0.		
			NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	WOMENS EMPOWERMENT	20,000.	WIRE	0.		
			NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	OTHER HUMANITARIAN INTERVENTION	50,000.	WIRE	0.		
			NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	EXTRACTIVE INDUSTRIES	85,000.	WIRE	0.		
			NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	OTHER HUMANITARIAN INTERVENTION	50,000.	WIRE	0.		
			NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	OTHER HUMANITARIAN INTERVENTION	9,750.	WIRE	0.		
			NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	OTHER HUMANITARIAN INTERVENTION	25,000.	WIRE	0.		

Part II	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	WOMENS EMPOWERMENT	223,214.	WIRE	0.		
			NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	OTHER HUMANITARIAN INTERVENTION	320,150.	WIRE	0.		
			NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	WATER AND AGRICULTURE	20,000.	WIRE	0.		
			NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	WOMENS EMPOWERMENT	50,000.	WIRE	0.		
			NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	OTHER HUMANITARIAN INTERVENTION	25,000.	WIRE	0.		
			SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	EXTRACTIVE INDUSTRIES	100,000.	WIRE	0.		
			SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	EXTRACTIVE INDUSTRIES	72,000.	WIRE	0.		
			SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	CORPORATE ENGAGEMENT	186,400.	WIRE	0.		
			SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	EXTRACTIVE INDUSTRIES	3,000.	WIRE	0.		



Part II	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)							
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	INDIGENOUS PEOPLES RIGHTS	20,000.	WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	EXTRACTIVE INDUSTRIES	40,000.	WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	RESOURCE MANAGEMENT	17,000.	WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	RESOURCE MANAGEMENT	13,000.	WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	INDIGENOUS PEOPLES RIGHTS	10,000.	WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	RESOURCE MANAGEMENT	25,000.	WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	INDIGENOUS PEOPLES RIGHTS	17,000.	WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	RESOURCE MANAGEMENT	55,000.	WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	INDIGENOUS PEOPLES RIGHTS	20,000.	WIRE	0.		

Part II	1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	RESOURCE MANAGEMENT	25,000.	WIRE	0.		
				SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	RESOURCE MANAGEMENT	20,000.	WIRE	0.		
				SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	WOMENS EMPOWERMENT	25,000.	WIRE	0.		
				SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	RESOURCE MANAGEMENT	5,842.	WIRE	0.		
				SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	EXTRACTIVE INDUSTRIES	60,000.	WIRE	0.		
				SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	INDIGENOUS PEOPLES RIGHTS	25,000.	WIRE	0.		
				SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	DEBT SWAP	146,214.	WIRE	0.		
				SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	WOMENS EMPOWERMENT	90,909.	WIRE	0.		
				SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	AID EFFECTIVENESS	15,000.	WIRE	0.		

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	CORPORATE ENGAGEMENT	52,000.	WIRE	0.		
			SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	DEBT SWAP	409,746.	WIRE	0.		
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	WATER AND AGRICULTURE	19,982.	WIRE	0.		
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	INDIGENOUS PEOPLES RIGHTS	17,987.	WIRE	0.		
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	POLICY AND ADVOCACY	17,500.	WIRE	0.		
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	DISASTER RISK REDUCTION	17,310.	WIRE	0.		
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	OTHER HUMANITARIAN INTERVENTION	20,000.	WIRE	0.		
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	OTHER HUMANITARIAN INTERVENTION	225,845.	WIRE	0.		
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	EXTRACTIVE INDUSTRIES	258,559.	WIRE	0.		

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	OTHER HUMANITARIAN INTERVENTION	15,814.	WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	OTHER HUMANITARIAN INTERVENTION	280,000.	WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	DEBT SWAP	300,000.	WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	OTHER HUMANITARIAN INTERVENTION	208,150.	WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	OTHER HUMANITARIAN INTERVENTION	15,000.	WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	OTHER HUMANITARIAN INTERVENTION	350,005.	WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	EXTRACTIVE INDUSTRIES	375,439.	WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	EXTRACTIVE INDUSTRIES	10,000.	WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	EXTRACTIVE INDUSTRIES	398,619.	WIRE	0.		

Part II	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	DEBT SWAP	400,000.	WIRE	0.		
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	EXTRACTIVE INDUSTRIES	407,661.	WIRE	0.		
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	WATER AND AGRICULTURE	8,724.	WIRE	0.		
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	POLICY AND ADVOCACY	4,084.	WIRE	0.		
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	EXTRACTIVE INDUSTRIES	487,871.	WIRE	0.		
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	WOMENS EMPOWERMENT	3,646.	WIRE	0.		
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	EXTRACTIVE INDUSTRIES	265,636.	WIRE	0.		
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	WATER AND AGRICULTURE	61,998.	WIRE	0.		
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	OTHER HUMANITARIAN INTERVENTION	23,087.	WIRE	0.		



Part II	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	AID EFFECTIVENESS	200,000.	WIRE	0.		
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	WOMENS EMPOWERMENT	41,800.	WIRE	0.		
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	RESOURCE MANAGEMENT	43,000.	WIRE	0.		
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	AID EFFECTIVENESS	50,000.	WIRE	0.		
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CORPORATE ENGAGEMENT	50,000.	WIRE	0.		
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	EXTRACTIVE INDUSTRIES	720,006.	WIRE	0.		
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	OTHER HUMANITARIAN INTERVENTION	78,609.	WIRE	0.		
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	POLICY AND ADVOCACY	40,072.	WIRE	0.		
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	WATER AND AGRICULTURE	55,000.	WIRE	0.		

Part II	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	WATER AND AGRICULTURE	72,500.	WIRE	0.		
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CORPORATE ENGAGEMENT	60,000.	WIRE	0.		
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CORPORATE ENGAGEMENT	70,000.	WIRE	0.		
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CORPORATE ENGAGEMENT	60,000.	WIRE	0.		
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	EXTRACTIVE INDUSTRIES	67,000.	WIRE	0.		
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CORPORATE ENGAGEMENT	65,000.	WIRE	0.		
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	WATER AND AGRICULTURE	56,441.	WIRE	0.		
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	EXTRACTIVE INDUSTRIES	20,823.	WIRE	0.		
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	POLICY AND ADVOCACY	40,000.	WIRE	0.		

Part II	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	WOMENS EMPOWERMENT	40,000.	WIRE	0.		
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	WOMENS EMPOWERMENT	21,000.	WIRE	0.		
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	MICOFINANCE	181,376.	WIRE	0.		
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	DISASTER RISK REDUCTION	21,345.	WIRE	0.		
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CORPORATE ENGAGEMENT	63,138.	WIRE	0.		
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	POLICY AND ADVOCACY	25,000.	WIRE	0.		
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	EXTRACTIVE INDUSTRIES	27,000.	WIRE	0.		
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	WATER AND AGRICULTURE	90,910.	WIRE	0.		
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	DEBT SWAP	120,500.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	OTHER HUMANITARIAN INTERVENTION	118,944.	WIRE	0.		
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	EXTRACTIVE INDUSTRIES	111,825.	WIRE	0.		
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	AID EFFECTIVENESS	30,000.	WIRE	0.		
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	WOMENS EMPOWERMENT	34,602.	WIRE	0.		
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	DEBT SWAP	100,000.	WIRE	0.		
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	WOMENS EMPOWERMENT	40,000.	WIRE	0.		
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	DISASTER RISK REDUCTION	27,412.	WIRE	0.		
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	WATER AND AGRICULTURE	813,180.	WIRE	0.		



**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

Schedule F (Form 990) 2018



**Part V** Supplemental Information

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

**PART I, LINE 2:**

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

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

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

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

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Name of the organization

**OXFAM-AMERICA, INC.**

Employer identification number  
**23-7069110**

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

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

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

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

☒ Yes

☐ No

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
O'BRIEN GARRETT - 1726 M STREET, NW, SUITE 300,	FUNDRAISING & TELEMARKETING		X	0.	356,680.	0.
M&R STRATEGIC SERVICES - 1101 CONNECTICUT AVE, N.W. 7TH	FUNDRAISING & CONSULTING		X	0.	453,579.	0.
DONOR SERVICES GROUP - 1200 WILSHIRE BLVD., SUITE 650,	TELEMARKETING		X	0.	172,610.	0.
TELEFUND, INC - PO BOX 120557, BOSTON, MA 02112	TELEMARKETING		X	0.	45,246.	0.
ANNE LEWIS STRATEGIES LLC - 1140 19TH STREET NW, SUITE	FUNDRAISING		X	0.	40,000.	0.
SD&A TELESERVICES, INC. - 5757 WEST CENTURY BVD., SUITE	TELEMARKETING		X	0.	13,731.	0.
<b>Total</b>					1,081,846.	

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

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

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

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

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

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

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

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

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- |                               |     |   |
|-------------------------------|-----|---|
| 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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

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

## SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: O'BRIEN GARRETT

(I) ADDRESS OF FUNDRAISER:

1726 M STREET, NW, SUITE 300, WASHINGTON, DC 20036

(I) NAME OF FUNDRAISER: M&amp;R STRATEGIC SERVICES

(I) ADDRESS OF FUNDRAISER:

1101 CONNECTICUT AVE, N.W. 7TH FLOOR, WASHINGTON, DC 20036

**Part IV** Supplemental Information (continued)

(I) NAME OF FUNDRAISER: DONOR SERVICES GROUP

(I) ADDRESS OF FUNDRAISER:

1200 WILSHIRE BLVD., SUITE 650, LOS ANGELES, CA 90017

(I) NAME OF FUNDRAISER: ANNE LEWIS STRATEGIES LLC

(I) ADDRESS OF FUNDRAISER:

1140 19TH STREET NW, SUITE 300, WASHINGTON, DC 20036

(I) NAME OF FUNDRAISER: SD&amp;A TELESERVICES, INC.

(I) ADDRESS OF FUNDRAISER:

5757 WEST CENTURY BVD., SUITE 300, LOS ANGELES, CA 90045

SCHEDULE G, PART I, LINE 2B:

THE PAYMENT TO M+R STRATEGIC SERVICES INCLUDES \$971 CONSIDERED AS  
PAYMENT FOR CONSULTING SERVICES

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

**2018**

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.

1 (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 non-cash assistance	(h) Purpose of grant or assistance
ALIANZA AMERICAS 1638 S BLUE ISLAND CHICAGO, IL 60608	34-2066826	501(C)(3)	30,000.	0.			INDIGENOUS PEOPLES RIGHTS
EL COMITE DE APOYO A TRABAJADORES AGRICOLAS / THE FARMWORKERS SUPPORT COMMI - PO BOX 510 - GLASSBORO, NJ 08028	22-2588350	501(C)(3)	70,000.	0.			WORKER RIGHTS
GREATER MINNESOTA WORKER CENTER 2719 WEST DIVISION ST, SUITE 103 ST. CLOUD, MN 56301	46-3874287	501(C)(3)	40,000.	0.			WORKER RIGHTS
WESTERN NORTH CAROLINA WORKERS CENTER - PO BOX 3025 - MARION, NC 28752	86-1120732	501(C)(3)	45,000.	0.			WORKERS RIGHTS
AMERICAN RELIEF COALITION FOR SYRIA - 1875 CONNECTICUT AVE. NW, FLOOR 10 - WASHINGTON, DC 20009	47-1273159	501(C)(3)	100,000.	0.			OTHER HUMANITARIAN INTERVENTION
BRAZOS INTERFAITH IMMIGRATION NETWORK - 107 WILLIAMSON DRIVE - BRYAN, TX 77805	45-2500772	501(C)(3)	40,000.	0.			WORKER RIGHTS

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

18.

**3** Enter total number of other organizations listed in the line 1 table

0.

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

**Schedule I (Form 990) (2018)**



Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(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 non-cash assistance	(h) Purpose of grant or assistance
THE FUND FOR CONSTITUTIONAL GOVERNMENT - 122 MARYLAND AVENUE NE - WASHINGTON, DC 20002	23-7391766	501(C)(3)	46,881.	0.			EXTRACTIVE INDUSTRIES
ADC RESEARCH INSTITUTE 1705 DESALES STREET, NW, SUITE 500 WASHINGTON, DC 20036	52-1252206	501(C)(3)	40,000.	0.			OTHER HUMANITARIAN INTERVENTION
CENTRO DE LOS DERECHOS DEL MIGRANTE, INC. - 10 E NORTH AVENUE, SUITE 9 - BALTIMORE, MD 21202	20-2588279	501(C)(3)	30,000.	0.			INDIGENOUS PEOPLES RIGHTS
DRESS FOR SUCCESS METRO JACKSON JACKSON MEDICAL MALL - 350 W. WOODROW WILSON, SUITE 3410 - JACKSON, MS 39213	90-0276523	501(C)(3)	25,000.	0.			INDIGENOUS PEOPLES RIGHTS
FARMWORKER JUSTICE 1126 16TH STREET, N.W., SUITE LL-10 WASHINGTON, DC 20036	52-1196708	501(C)(3)	15,000.	0.			INDIGENOUS PEOPLES RIGHTS
NATIONAL COALITION ON BLACK CIVIC PARTICIPATION (MISSISSIPPI BLACK WOMEN'S ROUND - 1666 K STREET, NW, SUITE #440 - WASHINGTON, DC 20006	52-1253112	501(C)(3)	150,000.	0.			INDIGENOUS PEOPLES RIGHTS
NATIONAL URBAN LEAGUE WASHINGTON BUREAU - 1805 7TH ST. NW, SUITE 520 - WASHINGTON, DC 20002	53-0026265	501(C)(3)	50,000.	0.			INDIGENOUS PEOPLES RIGHTS
NEW WAY MISSISSIPPI, INC PO BOX 24404 JACKSON, MS 39225	73-1631055	501(C)(3)	100,000.	0.			INDIGENOUS PEOPLES RIGHTS
ONE VOICE, INC. 1072 J.R. LYNCH STREET JACKSON, MS 30203	02-0787550	501(C)(3)	50,000.	0.			INDIGENOUS PEOPLES RIGHTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(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 non-cash assistance	(h) Purpose of grant or assistance
PENN STATE UNIVERSITY 201 OLD MAIN, UNIVERSITY PARK, PA 16802	24-6000376	501(C)(3)	10,000.	0.			WATER AND AGRICULTURE
SYRIAN COMMUNITY NETWORK 5439 N. BROADWAY UNIT 1 CHICAGO, IL 60640	47-3105667	501(C)(3)	33,500.	0.			OTHER HUMANITARIAN INTERVENTION
THE FINANCIAL ACCOUNTABILITY AND CORPORATE TRANSPARENCY COALITION - 1225 I STREET NW SUITE 600, WASHINGTON, DC, 20005 -	23-7391766	501(C)(3)	20,000.	0.			POLICY AND ADVOCACY

Schedule I (Form 990)

**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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PROGRAM OFFICERS MEET WITH PARTNERS AND VISIT THE PROJECT REGULARLY TO ASSESS WHETHER THE FUNDS HAVE BEEN USED FOR THE INTENDED PURPOSE. PROGRAM AND FINANCIAL EXPENDITURE REPORTS ARE ALSO PREPARED BY THE PARTNERS IN CONJUNCTION WITH LOCAL PROGRAM OFFICERS. FINAL REPORTS ARE COMPLETED BY PARTNERS AND SUBMITTED TO OXFAM AMERICA UPON COMPLETION OF THE PROJECT. PROJECTS MAY BE AUDITED AS NEEDED OR AS REQUIRED BY CONTRACT PROVISION. THERE ARE NO AUDIT THRESHOLDS EXCEPT AS REQUIRED BY CONTRACT, AND AUDITS ARE CONDUCTED AT THE DISCRETION OF THE REGIONAL OFFICE AND ARE BASED ON THE

**Part IV** Supplemental Information

REGIONAL DIRECTOR'S, COUNTRY DIRECTOR'S AND OFFICE STAFF'S COMFORT LEVEL  
WITH THE PARTNER AND PROJECT OVERALL. ALL FINANCIAL AND NARRATIVE REPORTS  
ARE STORED IN OXFAM AMERICA'S GRANT MANAGEMENT SYSTEM.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2018**

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MAXMAN, ABBY PRESIDENT	(i) 305,396. (ii) 0.	0.	31,501. 0.	13,750. 0.	29,392. 0.	380,039. 0.	0.
(2) KRIPP, MARK VP OF OPERATIONS & CFO	(i) 222,724. (ii) 0.	0.	23,382. 0.	11,699. 0.	49,693. 0.	307,498. 0.	0.
(3) TSONGAS, ASHLEY CHIEF OF STAFF / ASSISTANT CLERK	(i) 148,410. (ii) 0.	0.	64. 0.	7,778. 0.	39,307. 0.	195,559. 0.	0.
(4) GOODE, SHELLEY VP, RESOURCE DEVELOPMENT	(i) 229,411. (ii) 0.	0.	23,900. 0.	12,116. 0.	19,199. 0.	284,626. 0.	0.
(5) O'BRIEN, DANIEL PAUL VP, POLICY AND ADVOCACY	(i) 202,697. (ii) 0.	0.	21,311. 0.	10,721. 0.	51,668. 0.	286,397. 0.	0.
(6) SUMAR, FATEMA VP, GLOBAL PROGRAMS	(i) 149,579. (ii) 0.	0.	30,061. 0.	7,798. 0.	25,049. 0.	212,487. 0.	0.
(7) PERERA, MALINI ANDREA VP OF PUBLIC ENGAGEMENT (AS OF 2/18)	(i) 152,252. (ii) 0.	0.	13,952. 0.	7,824. 0.	41,008. 0.	215,036. 0.	0.
(8) MURIU, MUTHONI SR. DIR. OF INTERNATIONAL PROGRAMS	(i) 169,926. (ii) 0.	0.	258. 0.	8,560. 0.	31,715. 0.	210,459. 0.	0.
(9) LAWSON-LARTEGO, LATE DIRECTOR, INCLUSIVE & RESILIENT FOOD	(i) 164,232. (ii) 0.	0.	90. 0.	6,200. 0.	38,568. 0.	209,090. 0.	0.
(10) MALLETT, KENNETH DIRECTOR, MARKETING STRATEGY	(i) 153,351. (ii) 0.	0.	268. 0.	7,819. 0.	26,628. 0.	188,066. 0.	0.
(11) DELGADO, LINDA DIRECTOR OF GOVERNMENT AFFAIRS	(i) 155,872. (ii) 0.	0.	258. 0.	7,798. 0.	40,418. 0.	204,346. 0.	0.
(12) DENLER, MARY DIRECTOR, TECHNOLOGY	(i) 145,657. (ii) 0.	0.	133. 0.	7,725. 0.	26,446. 0.	179,961. 0.	0.
	(i) (ii)						
	(i) (ii)						
	(i) (ii)						
	(i) (ii)						
	(i) (ii)						
	(i) (ii)						
	(i) (ii)						
	(i) (ii)						

Schedule J (Form 990) 2018



**Part III** Supplemental Information

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

**PART I, LINE 7:**

ALL COMPENSATION DISCLOSED IN PART VII ON FORM 990 AND ON SCHEDULE J IS REPORTED ON A CALENDAR YEAR BASIS FOR THE CALENDAR YEAR ENDED 12/31/2018.

FATEMA SUMAR RECEIVED A ONE-TIME TAXABLE PAYMENT OF \$15,000 TOWARDS HER RELOCATION COSTS.

**SCHEDULE J:**

COMPENSATION FOR OXFAM AMERICA EXECUTIVES IS SET BY A COMPENSATION COMMITTEE COMPRISED OF INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS. THE COMMITTEE ENGAGES QUALIFIED INDEPENDENT CONSULTANTS BIENNIALY 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

**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.

PROGRAM WHICH REQUIRES EXECUTIVES TO INVEST AFTER TAX INCOME INTO ONE  
OF A LIMITED NUMBER OF THIRD PARTY BENEFIT PLANS. THE PRETAX AMOUNT  
ASSOCIATED WITH THE PROGRAM IS INCLUDED AS REPORTABLE W2 COMPENSATION  
IN PART VII, AND IN SCHEDULE J COLUMN B (III), OTHER REPORTABLE  
COMPENSATION.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2018**

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 instructions and the latest information.

Name of the organization **OXFAM-AMERICA, INC.** Employer identification number **23-7069110**

<b>Part I</b> 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	196	1,293,780.	NET OF FEES
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( )				
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

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

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

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

Schedule M (Form 990) 2018

## Part II

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

SCHEDULE O  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public  
Inspection

Name of the organization

OXFAM-AMERICA, INC.

Employer identification number  
23-7069110

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

ORGANIZATIONS TO REPAIR WATER SYSTEMS AND IMPROVING SAFETY FOR WOMEN

AND GIRLS BY PROVIDING THOUSANDS OF SOLAR LIGHTS FOR HOUSEHOLDS WITHOUT

POWER.

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

POLICIES SERVE TO KEEP WORKING FAMILIES OUT OF POVERTY. OXFAM ALSO

ADVOCATED AGAINST CUTS TO THE FOREIGN AID BUDGET AND FOR INCREASED

FUNDING FOR GENDER-BASED VIOLENCE AND REFUGEE PROTECTION.

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

DECISION-MAKING PROCESSES.

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

PUBLIC EDUCATION

EXPENSES \$ 5,026,919. INCLUDING GRANTS OF \$ 54,568. REVENUE \$ 0.

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

CAMBODIA, EL SALVADOR, ETHIOPIA, GHANA,

GUATEMALA, MALI, PERU, SENEGAL,

SUDAN

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,

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization

OXFAM-AMERICA, INC.

Employer identification number

23-7069110

AND SUBMITTED FOR REVIEW TO THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS.  
FORM 990 WAS PROVIDED TO THE FULL BOARD BEFORE FILING.

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

ALL BOARD MEMBERS, OFFICER, AND KEY EMPLOYEES ARE EXPECTED TO REVEAL ANY  
POTENTIAL CONFLICT OF INTEREST. ALL BOARD MEMBERS, OFFICERS, AND KEY  
EMPLOYEES SIGN A STATEMENT ANNUALLY, VERIFYING THAT THEY HAVE REVIEWED OA'S  
CONFLICT OF INTEREST POLICY AND HAVE DISCLOSED ANY ACTIVITY WHICH  
CONTRAVENES THE POLICY. DURING THE COURSE OF DELIBERATIONS, IF A DIRECTOR  
FINDS THAT HE HAS A CONFLICT OF INTEREST ON A MATTER AT HAND, HE/SHE MUST  
DECLARE IT AND EXCUSE THEMSELVES FROM THE DELIBERATIONS TO ALLOW THE OTHER  
DIRECTORS PRESENT TO DETERMINE THE BEST COURSE OF ACTION.

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

COMPENSATION FOR OXFAM AMERICA EXECUTIVES IS SET BY A COMPENSATION  
COMMITTEE COMPRISED OF INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS. THE  
COMMITTEE REGULARLY ENGAGES QUALIFIED INDEPENDENT CONSULTANTS TO ENSURE  
THAT TOTAL EXECUTIVE COMPENSATION IS BOTH COMPETITIVE AND REASONABLE AS  
COMPARED TO MARKET, THAT IT CONFORMS TO IRS GUIDELINES, AND WOULD NOT BE  
CONSIDERED EXCESSIVE UNDER INTERMEDIATE SANCTIONS PROVISIONS CONTAINED IN  
SECTION 4958 OF THE INTERNAL REVENUE CODE.

AS OF NOVEMBER 1, 2010, BASED ON RECOMMENDATIONS OF INDEPENDENT  
CONSULTANTS, THE COMPENSATION COMMITTEE DECIDED TO INSTITUTE A BENEFIT  
PROGRAM WHICH REQUIRES EXECUTIVES TO INVEST AFTER TAX INCOME INTO ONE OF A  
LIMITED NUMBER OF THIRD PARTY BENEFIT PLANS. THE PRETAX AMOUNT  
ASSOCIATED WITH THE PROGRAM IS INCLUDED AS REPORTABLE W2 COMPENSATION IN  
PART VII, AND IN SCHEDULE J COLUMN B (III), OTHER REPORTABLE COMPENSATION.



Name of the organization

OXFAM-AMERICA, INC.

Employer identification number

23-7069110

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

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

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

FINANCIAL STATEMENTS ARE AVAILABLE ON THE OXFAM AMERICA (OA) WEBSITE AT  
 HTTP://WWW.OXFAMAMERICA.ORG IN THE "WHO WE ARE" SECTION OF THE SITE.

FINANCIAL INFORMATION IS ALSO AVAILABLE AT WWW.GUIDESTAR.ORG AND  
 WWW.CHARITYNAVIGATOR.ORG. OA WILL PROVIDE COPIES OF ITS GOVERNING DOCUMENTS  
 AND CONFLICT OF INTEREST POLICY UPON REQUEST.

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

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	-52,208.
DISCREPANCY BETWEEN PROJECTS MODULE AND GL MODULE	146.
TOTAL TO FORM 990, PART XI, LINE 9	-52,062.

FORM 990, SCHEDULE L, PART III:

THE CHAIR OF OXFAM AMERICA, INC. (OA) IS A MEMBER OF THE BOARD OF  
 SUPERVISORS OF OXFAM INTERNATIONAL. OXFAM INTERNATIONAL'S BOARD MEMBERS  
 CONSISTED OF REPRESENTATIVES FROM THE VARIOUS OXFAM ORGANIZATIONS  
 THROUGHOUT THE WORLD. THIS RELATIONSHIP ENSURES THAT THE MISSION OF  
 OXFAM IS CLEAR AND CONSISTENT AMONG ITS MEMBER ORGANIZATIONS. IN THE 12  
 MONTHS ENDED MARCH 31, 2019, OA MADE PAYMENTS OF \$19,860,000 TO OXFAM  
 INTERNATIONAL ET AL, AND RECEIVED \$5,397,000 FROM OXFAM INTERNATIONAL  
 AND ITS MEMBERS/AFFILIATES.

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 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

**2018**

Open to Public  
Inspection

Employer identification number  
**23-7069110**

**OXFAM-AMERICA, INC.**

**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
OXFAM AMERICA REAL ESTATE, LLC - 06-1509938 226 CAUSEWAY STREET, 5TH FLOOR BOSTON, MA 02114-2206	RECEIVE AND HOLD DONATED REAL ESTATE	MASSACHUSETTS			OXFAM-AMERICA
WISE WOMEN'S EMPOWERMENT MANAGEMENT COMPANY, LLC - 00-1125303, 226 CAUSEWAY STREET, 5TH FLOOR, BOSTON, MA 02114-2206	MGNT SVCS TO FUND BENEFITTING WOMEN-OWNED SMALL BUSINESSES IN	MASSACHUSETTS	66,040.	OXFAM-AMERICA	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
OXFAM AMERICA ACTION FUND - 20-1971032 226 CAUSEWAY STREET, 5TH FLOOR BOSTON, MA 02114-2206	LOBBYING	MASSACHUSETTS	501(C)(4)		OXFAM AMERICA, INC.		X

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2018



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

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

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

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s)		X
<b>d</b> Loans or loan guarantees to or for related organization(s)		X
<b>e</b> Loans or loan guarantees by related organization(s)		X
<b>f</b> Dividends from related organization(s)		X
<b>g</b> Sale of assets to related organization(s)		X
<b>h</b> Purchase of assets from related organization(s)		X
<b>i</b> Exchange of assets with related organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
<b>o</b> Sharing of paid employees with related organization(s)		X
<b>p</b> Reimbursement paid to related organization(s) for expenses		X
<b>q</b> Reimbursement paid by related organization(s) for expenses	X	
<b>r</b> Other transfer of cash or property to related organization(s)		
<b>s</b> Other transfer of cash or property from related organization(s)	X	

**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	172,552.	FAIR VALUE
(2) OXFAM AMERICA ACTION FUND	Q	297,932.	FAIR VALUE
(3)			
(4)			
(5)			
(6)			



**Part VII** Supplemental Information.

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

**PART I, IDENTIFICATION OF DISREGARDED ENTITIES:****NAME OF DISREGARDED ENTITY:**

WISE WOMEN'S EMPOWERMENT MANAGEMENT COMPANY, LLC

PRIMARY ACTIVITY: MGNT SVCS TO FUND BENEFITING WOMEN-OWNED SMALL  
BUSINESSES IN GUATEMALA**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.