Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning APR 1, 2014 and ending MAR 31, 2015 Check if applicable: C Name of organization D Employer identification number]Address]change OXFAM-AMERICA, INC. Name Ichange 23-7069110 Doing business as]initial |return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number]Final return/ 226 CAUSEWAY STREET, 5TH FLOOR 617-482-1211 98,604,176. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amende BOSTON, MA 02114 H(a) is this a group return Applica-tion pending F Name and address of principal officer: RAYMOND OFFENHEISER for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Yes No 1 Tax-exempt status: X 501(c)(3) 501(c) (If "No," attach a list. (see instructions)) (insert no.) 4947(a)(1) or J Website: ▶ WWW.OXFAMAMERICA.ORG H(c) Group exemption number K Form of organization: X Corporation Trust Association Other > L Year of formation: 1974 M State of legal domicile: MA Part I Summary Briefly describe the organization's mission or most significant activities: CREATE LASTING SOLUTIONS TO Activities & Governance GLOBAL POVERTY, HUNGER, AND INJUSTICE. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 20 Number of independent voting members of the governing body (Part VI, line 1b) 20 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 318 5 Total number of volunteers (estimate if necessary) 2639 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 0. Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 66,575,765. 90,676,327. Program service revenue (Part VIII, line 2g) 0. 9 0. 1,203,316. 1,508,596. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 179,399 <u>139,275.</u> 67,958,480. 92,324,198. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 24,145,497. 21,840,573. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 14 0. ٥. 31,218,548 32,520,775. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 2,018,594. 1,828,572. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 12,183,007. 24,385,717 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 25,000,860. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 81.768.356. 81,190,780. Revenue less expenses. Subtract line 18 from line 12 -13,809,876. 11,133,418. 19 28 Beginning of Current Year End of Year 20 78,312,112. 93,685,005. Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) <u>11,696,688</u>. 14,300,196. Net, und 66,615,424. 79,384,809. Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Sign MARK KRIPP, Here Type or print name and title Date Print/Type preparer's name Pregiarer's signature 08/12/15 self-employed Paid CRAIG KLEIN P00734640 Firm's name DEIZ TOFIAS Preparer 26-3753134 Firm's EIN 👞 Use Only Firm's address 500 BOYLSTON STREET BOSTON, MA 02116 Phone no.617-761-0600 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes

4d Other program services (Describe in Schedule 0.)

Expenses \$ 5,487,780. including grants of \$ 136,758.) (Revenue \$

4e Total program service expenses ► 62,814,690.

Form 990 (2014)

AFRICA ACTION PLAN ON DEVELOPMENT EFFECTIVENESS PRESENTED AT THE GLOBAL PARTNERSHIP FOR EFFECTIVE DEVELOPMENT COOPERATION MEETINGS IN MEXICO.

<u> </u>		NYLWII-WITELT		 23-700
Part IV	Checklist of Rec	uired Schedule:	\$	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	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? If "Yes," complete Schedule C, Part III	5	ļ	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? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	1		.,
_	Schedule D, Part III	8		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?	_		.,
40	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		٠,,	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	-
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
_	as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	X	
ນ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	4 4 h		X
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		X
A.	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	11c		├ ^-
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116	-12	
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	• • • • •		<u> </u>
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			_
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	ļ
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? If "Yes," complete Schedule F, Parts II and IV	15	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? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part Vill, lines		-	
	1c and 8a? If "Yes, " complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		Ī	
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	9907	20141

24c

25h

26

28c

29 X

30

31

X

X

X

X

X

X

Х

X

X

X

X 33

X 34

X

X 35b

Х

36

37

Part IV Checklist of Required Schedules (continued) Yes No 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? If "Yes," complete Schedule I, Parts I and II Х 21 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 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J X 23 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 Х 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 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 Х 25a b Is the organization aware that it engaged in an excess benefit transaction with a disgualified 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

any tax-exempt bonds?

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

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 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

A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 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

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete

Schedule N, Part II 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 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 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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

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

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O

Form 990 (2014)

Pa	rt 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		24.74.4			X
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	161	_		
b			0	4	-	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and					
_	(gambling) winnings to prize winners?	ï	***************************************	10	X	
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		318	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	X	ļ
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				
3a				3a	ļ	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
48	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial	accoun	t)?	42	X	ļ
b	If "Yes," enter the name of the foreign country: ▶ SEE SCHEDULE O					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A					
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 transa			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	-		1 _ 1		
	any contributions that were not tax deductible as charitable contributions?			6a		Х
D	If "Yes," did the organization include with every solicitation an express statement that such contribut		-			
-	were not tax deductible?		***************************************	6b		
7	Organizations that may receive deductible contributions under section 170(c).			_	٠,	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set				X	
0	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			7b	X	
С						•
d	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d	***********************	7c		X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of					v
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribute organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribute organization.			7e		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7f		
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7g		
8	Sponsoring organizations maintaining donor advised funds, Did a donor advised fund maintained		a romi 1090-C?	7h		
-		•		8	-	
9	Sponsoring organizations maintaining donor advised funds.	- + 4 + + + + + + + + + + + + + + + + +		-		
	Did the energying ergenization make any tayable distribution and a second			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	•••••		9b		
10	Section 501(c)(7) organizations. Enter:	*********	·····	20		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		ŀ		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders	11a			ļ	
ь	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b		;		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		-	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	Ī			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	 .		ļ		
	Is the organization licensed to issue qualified health plans in more than one state?		ļ	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
	Enter the amount of reserves the organization is required to maintain by the states in which the				Ì	
	organization is licensed to issue qualified health plans	13b	-		İ	
	Enter the amount of reserves on hand	13c				
	Did the executive reactive and managed for high subject on the district of the state of the stat			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule			14b		
					990 (2014)

Form 990 (2014) OXFAM-AMERICA, INC. 23-7069110 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response 23-7069110 Page 6 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	Check if Schedule O contains a response or note to any line in this Part VI			X
	derive de la		T	T
10	Enter the number of voting members of the governing body at the end of the tax year	^	Yes	No
10	If there are material differences in voting rights among members of the governing body, or if the governing	<u>0</u>		
b	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
2		0		
4	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?			l
3		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
4	of officers, directors, or trustees, or key employees to a management company or other person?	_3		X
5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
6	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	 	X
7a	Did the organization have members or stockholders?	6	+	X
10	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?			
h		7a	+	X
٠	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		•	١
8		7b		X
٥	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body?			
b	Foot assemble with a district of the second	_8a	<u> </u>	<u> </u>
9	Each committee with authority to act on behalf of the governing body?	8b	X	
ð	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		-	
Sec	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		1	
10a	Did the arganization have local chapters have been as affiliated		Yes	No
h	Did the organization have local chapters, branches, or affiliates?	10a	X	
U	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
110	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	_	
h	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	X	
	Did the experimental have a well-transport of the second o			
		12a	-	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
·	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done			
13	***************************************	12c	_	
14	Did the organization have a written whistleblower policy?	13	X	
15	Did the organization have a written document retention and destruction policy?	14	X	
10	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?			
9	The organization's CEO, Executive Director, or top management official			
h	Other officers and an example of the second	15a	X	-
	Offier officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	X	
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	formulation and the relation of the control of the			7.7
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		<u>X</u>
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	everant status with respect to such arrangements?			
	ion C. Disclosure	16b	<u> </u>	
	List the states with which a copy of this Form 990 is required to be filed ▶MA, AL, AK, AZ, AR, CA, CT, DE, FI	<u> </u>	TTT	TD
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	<u> (کا ر)</u> اماندستاما	L TI	עב
-	for public inspection. Indicate how you made these available. Check all that apply.	avallat	ИE	
	X Own website Another's website X Upon request Other (explain in Schedule O)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d fin	nia1	
-	statements available to the public during the tax year.	ı ıman	cial	
	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			
	11-07-14 SEE SCHEDULE O FOR FULL LIST OF STATES	E	990 (70 + AC
	6	FUIT	33U (1	2014)

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.

(A) Name and Title	(B) Average		not c	Pos heck	more	than		(D) Reportable	(E) Reportable	(F) Estimated	
	hours per week	box	, unie cer an	ss pe	son	is bot	th an	compensation	compensation	amount of	
	(list any hours for related	ndividual trustee or director	ustre			ensated		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization	
	organizations below line)	Individual trus	inslikutional trustee	Officer	Key employee	Highest compensated employee	Former			and related organizations	
(1) LOUGHREY, JOSEPH	3.00										
CHAIR	0.00	X		X		<u>L</u>	_	0.	0.	0.	
(2) SINGH, SMITA	2.00	Ì					İ	_ [
VICE CHAIR	0.00	X		X		ļ		0.	0.	0.	
(3) HAMILTON, JOE H.	2.00							_	_		
TREASURER AND SECRETARY	0.00	X		X		ļ		0.	0.	0.	
(4) ALI, MOHAMAD	1.50								_	_	
DIRECTOR	0.00	X				 	<u> </u>	0.	0.	0.	
(5) BAPNA, MANISH	2.00								•	•	
DIRECTOR	0.00	X					┝	0.	0.	0.	
(6) BECKER, ELIZABETH	0.40	7.7						_		•	
DIRECTOR	0.10	X					-	0.	0.	0.	
(7) BELL, WALTER	1.00 0.00	x						o.	_	n	
DIRECTOR	1.50	Λ						U•	0.	0.	
(8) CONWAY, ROSALIND DIRECTOR	0.00	v						0.	0.	0.	
(9) DOWN, JAMES	1.00	_^_		-				U .	U.		
DIRECTOR	0.00	Х						0.	0.	0.	
(10) FOX, JONATHAN	1.00	21					<u> </u>	0.			
DIRECTOR	0.00	$ \mathbf{x} $						0.	0.	0.	
(11) GABERMAN, BARRY	0.50								· · · · · · · · · · · · · · · · · · ·		
DIRECTOR	0.00	х		1				0.	0.	0.	
(12) GARRELS, ANNE L.	1.50										
DIRECTOR		X		ĺ				0.	0.	0.	
(13) GLANTZ, GINA	1.40										
DIRECTOR	0.10	Х						0.	0.	0.	
(14) MAKINO, SHIGEKI	2.00										
DIRECTOR	0.00	X						0.	0.	0.	
(15) NGUYEN, MINH-CHAU	0.50										
DIRECTOR	0.00	X						0.	0.	0.	
(16) OTERO, MARIA	0.50										
DIRECTOR	0.00	X						0.	0.	0.	
(17) REISS, STEVEN	1.00										
DIRECTOR	0.00	X				L, İ		0.	0.	0 . Form 990 (2014)	

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Form 990 (2014)

Part VII Section A. Officers, Directors, Trus	dana Kay Em		~ .					`amnanantad Emplaya	20 1007			age o
(A)	(B)	pios	/ees		<u>u mi</u> C)	gne	SIL			<u> </u>	(E)	
Name and title	Average	ĺ		Pos		1		(D) Reportable	(E)	_	(F)	
Maine and the	hours per		not c	heck	more	than		compensation	Reportable compensation	į	stimati nount	
	week		cer ar					from	from related	"	other	_
	(list any	ğ						the	organizations	соп	npensa	
	hours for	i i				2		organization	(W-2/1099-MISC)	f	rom th	ie
	related	trustee or director	ruste		-	25132		(W-2/1099-MISC)		org	janizat	tion
	organizations below	Ę	onat t		jake	1 0 a				1	d relat	
	line)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			org	anizati	ions
(18) SHAH, SONAL	0.50	<u> </u>			*							
DIRECTOR	0.00	X						0.	0.			0.
(19) WIDMANN, ROGER	1.00]										
DIRECTOR	0.00	X						0.	0.			٥.
(20) WILLIAMS, KIM	1.00											
DIRECTOR	0.00	X						0.	0.			0.
(21) OFFENHEISER, RAYMOND C.	39.90											
PRESIDENT	0.10			X				457,957.	0.	4	4,0	41.
(22) KRIPP, MARK	39.90	ŀ										
CHIEF FINANCIAL OFFICER	0.10			X		ļ		209,473.	0.	4	1,1	68.
(23) STAHLKOPF, CHRISTINA	39.90											
ASSISTANT CLERK	0.10			X				52,944.	0.	2	4,6	94.
(24) DANIELL, JAMES	40.00				1							
CHIEF OPERATING OFFICER	0.00				Х			311,084.	0.	4	4,1	29.
(25) HAYES, RACHEL	40.00				i							
SR, DIR, COMM,/COMMUNITY ENGAGEMENT	0.00	<u></u>			X			157,562.	0.	3	5,8	62.
(26) LANGEVIN, ADELE	40.00											
SR, DIRECTOR, GLOBAL HUMAN	0.00				X			186,631.	0.		9,4	
1b Sub-total								1,375,651.	0.		9,3	
c Total from continuation sheets to Part VI	l, Section A					I	-	1,403,348.	0.		5,4	
d Total (add lines 1b and 1c)								2,778,999.	0.	44	4,8	<u>51.</u>
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			
compensation from the organization									· · · · · · · · · · · · · · · · · · ·			44
									,		Yes	No
3 Did the organization list any former officer,				-				- '	, .			İ
line 1a? If "Yes," complete Schedule J for se										3		X
4 For any individual listed on line 1a, is the su									- ;			
and related organizations greater than \$150										4	X	
5 Did any person listed on line 1a receive or a	•				-			_				
rendered to the organization? If "Yes," com	olete Schedule	Jf	or su	ch p	ers	оп		************************		5		Х
Section B. Independent Contractors												

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.

(C) Name and business address Description of services Compensation O'BRIEN, MCCONNELL & PEARSON, INC., 19TH ST., NW, SUITE 300, WASHINGTON, FUNDRAISING 461,833. GOOGLE, INC., 1600 AMPHITHEATRE PARKWAY, ADVERTISING & MOUNTAIN VIEW, CA 94043 PUBLICITY 302,851. TELEFUND, INC. P.O. BOX 2366, DENVER, CO 80201 TELEMARKETING 298,443. COMMUNITY COUNSELING SERVICES 10 HIGH ST, SUITE 503, BOSTON, MA 02110 FUNDRAISING 286,000. M+R STRATEGIC SERVICES, 1901 L STREET, N.W., SUITE 800, WASHINGTON, DC 20036 FUNDRAISING 280,897. Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2014)

Part VII Section A. Officers, Directors, Tr	ustees, Key Ei	mple		s, a	nd l	High	est	Compensated Employ	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	ĺ		Pos	itior	ì		Reportable	Reportable	Estimated
	hours	(c	heci	(all	that	app	ily)	compensation	compensation	amount of
	per					Γ		from	from related	other
	week	_				empinyee		the	organizations	compensation
	(list any	irecto	ĺ			6HB		organization	(W-2/1099-MISC)	from the
	hours for	940	es Es			age a		(W-2/1099-MISC)		organization
	related	uster	fass		83	la di				and related
	organizations below	E T	tions		yolq:	1 2	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated	Former			
(27) KURZINA, STEPHANIE O.	39.60		 							
VP, DEVELOPMENT & COMUNICATIONS	0.40				X			264,787.	0.	31,561
(28) O'BRIEN, DANIEL PAUL	40.00									
VP_ POLICY AND ADVOCACY	0.00				X			199,160.	0.	40,924
(29) TETER, DARIUS	40.00									
VP OF PROGRAMS	0.00				X			224,356.	0.	40,367
(30) DELANEY, MICHAEL	40.00									
DIR, OF HUMANITARIAN ASSISTANCE	0.00					X		143,079.	0.	37,540
(31) DELGADO, LINDA	40.00							405 404		
DIRECTOR OF GOVERNMENT AFFAIRS	0.00					X		137,104.	0.	23,067
(32) MURIU, MUTHONI	40.00							145 000		16 501
SR, DIRECTOR OF REGIONAL PROGRAMS	0.00					X		147,983.	0.	16,581
(33) POLICELLI, MAURA	40.00					**		150 004		10 104
CHIEF OF STAFF	0.00					X		156,664.	0.	18,104
(34) AHERRERA, MARK	40.00					х		130,215.	0.	27 227
DIRECTOR OF INFORMATION TECHNOLOGY	0.00					Δ		130,213.		37,327
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		1								
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			\dashv	\dashv		- 1				·····
17-11-11-11-11-11-11-11-11-11-11-11-11-1						1	-			
otal to Part VII, Section A, line 1c							1	1,403,348.	į	245,471

Form 990 (2014) OXFAM-AMERICA, 23-7069110 Page 9 Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections
512 - 514 (C) Related or Total revenue Unrelated exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a b Membership dues c Fundraising events 1c d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 11 90 676 327 9 Noncash contributions included in lines 1a-1f; \$ 2,261,660 h Total. Add lines 1a-1f 90,676,327 Business Code Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 1,053,296 1,053,296, Income from investment of tax-exempt bond proceeds 5 Royalties 134,932 134,932. (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) ▶ 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory 6,424,916 310 362 b Less: cost or other basis and sales expenses ______ 5,947,492 332 486 c Gain or (loss) 477_424 -22,124 d Net gain or (loss) 455,300 455 300. 8 a Gross income from fundraising events (not Other Revenue 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 c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a MISCELLANEOUS REVENUE 900099 4 343 4,343 b d All other revenue e Total. Add lines 11a-11d

Total revenue, See instructions.

92,324,198,

4,343

1 647 871. Form 990 (2014)

Form 990 (2014) OXFAM-AMERICA, INC. Part IX Statement of Functional Expenses

	Check if Schedule O contains a respo	nse or note to any line ir	n this Part IX		ſ
/b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1 054 004	1 054 004		
_		1,054,904.	1,054,904.		
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	20,785,669.	20,785,669.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	2,426,108.	954,283.	1,201,874.	<u>269,951</u> .
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and		ļ		
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	21,909,844.	17,406,082.	1,923,132.	2,580,630
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	1,156,296.		127,557.	119,828.
9	Other employee benefits	5,301,738.	3,777,329.	793,192.	731,217
10	Payroll taxes	1,726,789.	1,260,911.	238,996.	226,882.
11	Fees for services (non-employees):				
a	Management				
b	Legal	125,485.	79,239.	41,495.	4,751.
	Accounting	171,602.	77,132.	94,470.	-, · ·
d		234,193.	234,193.	7 7 7 7 7 7	
e		1,828,572.	0027250.		1,828,572
f	Investment management fees	136,889.		105,315.	31,574
g		230,003.		+00,010.	<u> </u>
9	column (A) amount, list line 11g expenses on Sch 0.)	5,480,865.	4,803,179.	335,161.	342,525
12	Advertising and promotion	784,622.	367,001.	4,361.	413,260.
13	Office expenses	2,415,322.	285,089.		
14	Information technology	1,958,733.		65,106	2,065,127.
		1,300,700.	1,304,616.	158,244.	495,873.
15	Royalties	2 520 201	1 007 410	272 545	200 207
16	Occupancy	2,529,291.	1,867,419.	372,545.	289,327.
17	Travel	3,945,134.	3,602,918.	210,779.	131,437.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	4 400 544	1 000 - 1		
19	Conferences, conventions, and meetings	1,126,711.	1,080,514.	21,465.	24,732.
20	Interest	· · · · · · · · · · · · · · · · · · ·			
21	Payments to affiliates	000 100			
22	Depreciation, depletion, and amortization	871,434.	670,745.	82,446.	118,243.
23	Insurance	126,176.	54,454.	69,476.	2,246.
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 (D.)	į			
_	DESIGN AND PRINTING	1,369,617.	313,339.	0 005	1 047 272
F	MEMBERSHIPS/DUES/SUBS.			8,905.	1,047,373.
Đ	MAILING/POSTAGE	976,863.	745,703.	102,885.	128,275.
C	SUPPLIES/MATERIALS	866,767.	184,268.	5.	682,494.
d		112,431.	112,431.	225 654	C10 C00
	All other expenses	1,768,725.	884,361.	235,674.	648,690.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	81,190,780.	62,814,690.	6,193,083.	12,183,007.
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)				F 000 (001 4)

Part X	Balance	Sheet

Pai	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X	4.7.2.4		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	13,432,868.	1	5,557,762
	2	Savings and temporary cash investments		2	4
	3	Pledges and grants receivable, net	10,797,172.	3	24,065,945
	4	Accounts receivable, net	1,022,934.	4	1,606,055
	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	ļ
	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	}		
2		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	398,978.	7	189,897.
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	1,959,777.	9	2,451,511.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 9,895,675.			
	b	Less: accumulated depreciation 10b 7,056,851.	1,509,403.	10c	2,838,824.
	11	Investments - publicly traded securities	48,689,933.	11	56,416,117.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	276,839.	14	267,126.
ĺ	15	Other assets. See Part IV, line 11	224,208.	15	291,768.
	16	Total assets, Add lines 1 through 15 (must equal line 34)	78,312,112.	16	93,685,005.
	17	Accounts payable and accrued expenses	5,309,065.	17	6,393,332.
	18	Grants payable	2,234,020.	18	1,596,328.
	19	Deferred revenue	484,945.	19	992,707.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
e l		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	3,668,658.	25	5,317,829.
	26	Total liabilities, Add lines 17 through 25	11,696,688.	26	14,300,196.
Ì		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and		Ì	
Net Assets of Fund Balances		complete lines 27 through 29, and lines 33 and 34.			
and and	27	Unrestricted net assets	35,367,899.	27	<u>36,950,932.</u>
E C	28	Temporarily restricted net assets	29,450,965.	28	40,637,317.
2	29	Permanently restricted net assets	1,796,560.	29	1,796,560.
2		Organizations that do not follow SFAS 117 (ASC 958), check here			
Ď		and complete lines 30 through 34,	***		
196		Capital stock or trust principal, or current funds		30	
É		Paid in or capital surplus, or land, building, or equipment fund		31	·
5		Retained earnings, endowment, accumulated income, or other funds		32	
-		Total net assets or fund balances	66,615,424.	33	79,384,809.
	34	Total liabilities and net assets/fund balances	78,312,112.	34	93,685,005.

Form **990** (2014)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2014)

SCHEDULE A

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

Nar	ne of the organization Employer identification number												
			M-AMERICA,						23-7069110				
P	art I	Reason for Public	Charity Status	(All organizations must c	omplete ti	nis part.) S	ee instruction	S.					
The	organ	ization is not a private found	dation because it is:	(For lines 1 through 11,	check only	y one box.)						
1		A church, convention of ch	nurches, or associati	ion of churches describe	d in secti	on 170(b)(1)(A)(i).						
2		A school described in sect	tion 170(b)(1)(A)(ii).	(Attach Schedule E.)									
3		A hospital or a cooperative	hospital service org	panization described in s	ection 17	0(b)(1)(A)(ili).						
4		A medical research organiz	zation operated in co	onjunction with a hospita	al describe	d in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,				
		city, and state:											
5		An organization operated f	or the benefit of a co	ollege or university owne	d or opera	ated by a g	overnmental (ınit descri	bed in				
		section 170(b)(1)(A)(iv). (0											
6		A federal, state, or local go											
7	X												
		section 170(b)(1)(A)(vi). (Complete Part II.)											
8		A community trust describe	ed in section 170(b)	(1)(A)(vi), (Complete Par	rt II.)								
9		An organization that norma	ally receives: (1) more	e than 33 1/3% of its sup	pport from	contributi	ons, members	hip fees, a	and gross receipts from				
		activities related to its exer	mpt functions - subje	ect to certain exceptions	, and (2) п	o more tha	ın 33 1/3% of	its suppor	t from gross investment				
		income and unrelated busi	ness taxable income	e (less section 511 tax) fr	om busine	esses acqu	ired by the or	ganization	after June 30, 1975.				
	,	See section 509(a)(2). (Co											
10		An organization organized	and operated exclus	sively to test for public sa	afety. See	section 5	09(a)(4).						
11	LJ	An organization organized						•	• •				
		more publicly supported or		, ,, ,					Check the box in				
	1	lines 11a through 11d that	* *			•		•					
а	<u> </u>	Type I. A supporting orga	•	· ·		,	• • • • • • • • • • • • • • • • • • • •						
		the supported organization		-	a majority	of the dire	ctors or truste	es of the s	supporting				
		organization. You must o											
b	L	Type II. A supporting org					_		-				
		control or management o			ame pers	ons that co	ontrol or mana	ge the sur	ported				
_		organization(s). You mus				41 113							
С	L	Type III functionally inte						ty integrati	ed with,				
		its supported organizatio		·					C 4C 4.3				
d	<u> </u>	Type III non-functionally											
		that is not functionally int		• •	-		•	an attent	iveness				
_		requirement (see instruct		•				ti 7 10					
е	L	Check this box if the orga					iype i, iype	н, туре ш					
	Ento	functionally integrated, or r the number of supported o	•	many integrated support	ing organi	Zation.							
'n		ide the following information		ad organization/el									
		Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the c	rganization	(v) Amount of	monetary	(vi) Amount of				
		organization		(described on lines 1-9	tisted	in your document?	support		other support (see				
				above or IRC section (see instructions))	Yes	No	Instructi	ons}	Instructions)				
				1000 (01100110110)				•					
Γota	Į												

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 OXFAM-AMERICA, INC. 23-7069110 Page 2 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ⊳	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	Ì					
	include any "unusual grants.")	77158483.	34993203.	63705258.	66575765.	90676327.	333109036
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	77158483.	34993203.	63705258.	66575765.	90676327.	333109036
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					ļ	
	amount shown on line 11,						
	column (f)						45146839.
	Public support. Subtract line 5 from line 4.		<u></u>	<u> </u>		<u></u>	287962197
	ction B. Total Support	T					
	ndar year (or fiscal year beginning in) 📂		(ь) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	77158483.	<u>34993203.</u>	63705258.	66575765.	90676327.	<u>333109036</u>
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	1286218.	620,834.	1434258.	1070508.	1188228.	5600046.
9	Net income from unrelated business						
	activities, whether or not the					Ī	
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	6,617.	5,466.	11,681.	2,668.	4,343.	
	Total support. Add lines 7 through 10	L			<u> </u>		338739857
	Gross receipts from related activities,	•	* *************************************			12	
13	First five years. If the Form 990 is for	-			-		
Sec	organization, check this box and storetion C. Computation of Publ) here	rcentage		***************************************	***************************************	
		 		2			05 01
	Public support percentage for 2014 (********************	14	85.01 %
	Public support percentage from 2013					15	86.62 %
168	33 1/3% support test - 2014. If the contraction available	•		•		,	_
	stop here. The organization qualifies 33 1/3% support test - 2013. If the d						
v	• •	•					
470	and stop here. The organization qual						
178	10% -facts-and-circumstances tes and if the organization meets the "fac	_					
	-		•	•	•	•	
h	meets the "facts-and-circumstances" 10% -facts-and-circumstances tes						
U	more, and if the organization meets the	_				*	
	organization meets the "facts-and-circ						,
	Private foundation. If the organization		-	•			
10	Trate roundation. It the organization	Gid Hot Cliber at	CON OFFINIS 10, 10	2, 100, 11 a, 01 1/L		dule A (Form 990	
					COLIC		U, UUU-Lanj 450 144

Schedule A (Form 990 or 990-EZ) 2014 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕪	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,				V-		
	merchandise sold or services per-						
	formed, 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 bus-				a		
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to			1			
	the organization without charge						
6	Total. Add lines 1 through 5						
72	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	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						
	: Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,	į					
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is fo	***************************************	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) orgai	nization,
	-			***********************			
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2014 (line 8, column (f) c	livided by line 13,	column (f))		15	%
16	Public support percentage from 2013	Schedule A, Parl	t III, line 15	**************************		16	%
	ction D. Computation of Inve						
17	Investment income percentage for 20)14 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2014. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						
Ŀ	33 1/3% support tests - 2013. If the						
•	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (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 Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes,* explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b 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 Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) 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.)

,	Yes	No
1		
		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b	İ	
5c		
6		
7		
8		
9a		
9b		***************************************
9c		
10a		
10b 90 or 990		
さい ひに みみひ		U 14

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.

Check here if the current year is the organization's first as a non-functionally-integrated	d Type II	II supporting orga	inization (see
 instructions).			

2

3

4

5

Section C - Distributable Amount

4 Enter greater of line 2 or line 3

5 Income tax imposed in prior year

Enter 85% of line 1

2

7

1 Adjusted net income for prior year (from Section A, line 8, Column A)

3 Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Current Year

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014

b

d Excess from 2013 e Excess from 2014

Schedule A	(Form 990 or 990-EZ) 2014 UXFAM-AMERICA, INC.	23-7069110 Page (
Part VI	te to the second	or 17b; and Part III, line 12.
	Also complete this part for any additional information. (See instructions).	
·········		

		· · · · · · · · · · · · · · · · · · ·

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OME No. 1545-0047

Employer identification number

2014

OXFAM-AMERICA, INC. 23-7069110 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule 🔟 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. 🔟 For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

OMB No. 1545-0047
2014

Open to Public Inspection

If the organization answered "Yes," to 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," to 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," to 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

Name of org				Empl	oyer identification number
	OXFAM-A	MERICA, INC.		1 107	23-7069110
Part I-A		ganization is exempt un			rganization.
Part I-B		ganization is exempt un			
		incurred by the organization un			
2 Enter th	e amount of any excise tax	incurred by organization mana	gers under section 495	55▶\$	
3 If the or	ganization incurred a section	n 4955 tax, did it file Form 472	0 for this year?		Yes No
4a Was a d	correction made?	,,.,.,.,.,		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes No
b If "Yes."	describe in Part IV.				Way
		ganization is exempt un			
	•	d by the filing organization for s	·	ction activities > \$	
2 Enter th	e amount of the filing organ	ization's funds contributed to d	other organizations for		
		s. Add lines 1 and 2. Enter here			
line 17b		***************************************		······ > \$	
		1120-POL for this year?			
		nployer identification number (I			
		ition listed, enter the amount pa			
		omptly and directly delivered to additional space is needed, pro			te segregated fund or a
pomicai					/ N A
	(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) 2014

LHA 432041 10-21-14

Schedule C (Form 990 or 990-EZ) 2014	OXFAM-A	AMERI	CA, INC.			23-7	069110 Page 2
Part II-A Complete if the org	ganization	is exe	mpt under sectio	n 501(c)(3) and fi	led l	Form 5768 (e	lection under
section 501(h)).							
	-		iliated group (and list in	Part IV each affiliated	grot	ip member's name	e, address, EIN,
expenses, and sha			•				
B Check L if the filing organiza	атюп спескед	DOX A 2	nd "limited control" pro	ovisions apply.	T	/_\ ##:	4L3 Additional evenue
	its on Lobbyi ditures" mea	-	nditures ants paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	luence public	opinion (grass roots lobbying)			41,812.	
b Total lobbying expenditures to infl			• -			192,381.	
c Total lobbying expenditures (add I	lines 1a and 1	b)				234,193.	
d Other exempt purpose expenditur					68	773,580.	
e Total exempt purpose expenditure					69	,007,773.	
f_Lobbying nontaxable amount. Ent	er the amoun	t from the	e following table in bot	h columns.	1	,000,000.	
If the amount on line 1e, column (a)			bying nontaxable am				
Not over \$500,000		20% of	the amount on line 1e.		}		
Over \$500,000 but not over \$1,00	000,00	\$100,00	00 plus 15% of the exc	ess over \$500,000.			
Over \$1,000,000 but not over \$1,5	500,000	\$175,00	00 plus 10% of the exc	ess over \$1,000,000,			
Over \$1,500,000 but not over \$17	,000,000	\$225,00	00 plus 5% of the exce	ss over \$1,500,000.			
Over \$17,000,000		\$1,000,	000.				
g Grassroots nontaxable amount (er	nter 25% of lis	ne 1f)				250,000.	
h Subtract line 1g from line 1a. If zer	ro or less, ent	er-0				0.	
i Subtract line 1f from line 1c. If zero	o or less, ente	er-O				0.	
j If there is an amount other than ze	ero on either li	ne 1h or	line 1i, did the organiza	ation file Form 4720			
reporting section 4911 tax for this							Yes No
(Some organizations t	hat made a s	ection 5	eraging Period Under 01(h) election do not ate instructions for lir	have to complete all	of the	e five columns be	elow.
	Lobbyii	ng Expe	nditures During 4-Yea	r Averaging Period			
Calendar year (or fiscal year beginning in)	(a) 201	11	(b) 2012	(c) 2013		(d) 2014	(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	481,	468.	315,663.	212,867.		234,193.	1,244,191.
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	125.	654.	149,602.	45,817.		41,812.	362.885.

Schedule C (Form 990 or 990-EZ) 2014

Schedule C (Form 990 or 990-EZ) 2014 OXFAM-AMERICA, INC. 23-7069110 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

or the	For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		b)
	lobbying activity.	Yes	No	Am	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or			1	
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
d	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?	······································			
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			 	
	Other activities?				
	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)?			 	
	If "Yes," enter the amount of any tax incurred under section 4912			ł	
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			ļ	
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
) Part	III-A Complete if the organization is exempt under section 501(c)(4), section	501/6	(5) or or	\	
	501(c)(6).	1 00 1(0)	(0), 01 50	CHOIL	
				Yes	N
	Were substantially all (90% or more) dues received nondeductible by members?		1	Yes	N
1 \	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?			Yes	N
1 \ 2 3	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	501(c)	2 3 (5), or se	ection	ne 3,
1 \ 2 3 Part	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "lanswered "Yes."	501(c) No," Ol	2 3 (5), or se R (b) Par	ection	
1 \\2 \\3 \\\ 2 \\alpha \\ 3 \\\ 2 \\ 3 \\\ 2 \\ 2 \\ 3 \\\ 1 \\ 1 \\\ 1 \\\ 1 \\\ 1 \\\ 1 \\\ 1 \\\ 1 \\\ 1 \\\ 1 \\\ 1 \\\ 1 \\ 1 \\ 1 \\ 1 \\\ 1 \\ 1 \\ 1 \\ 1 \\\ 1 \\\ 1 \\\\ 1 \\\ 1 \\\ 1 \\\ 1 \\\ 1 \\\ 1 \\\ 1 \\\ 1 \\\ 1 \\\ 1 \\\ 1 \\\ 1 \\\ 1 \\\\ 1 \\\\ 1 \\\\ 1 \\\\ 1 \\\\ 1 \\\\ 1 \\\\ 1 \\\\\\ 1 \\\\\\\\	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "lanswered "Yes." Dues, assessments and similar amounts from members	i 501(c) No," Ol	2 3 (5), or se R (b) Par	ection	
1 \\2 \! 3 2 art	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "lanswered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	i 501(c) No," Ol	2 3 (5), or se R (b) Par	ection	
1 \2 \1 3 Part	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	501(c) No," Ol	(5), or se (b) Par	ection	
1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "lanswered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year	501(c) No," Ol	2 3 (5), or se R (b) Par	ection	
1 1 1 2 1 3 1 1 2 2 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "lanswered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	i 501(c) No," Ol	2 3 (5), or se R (b) Par	ection	
1) 2 ! 3 3 2 1 2 6 6	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	i 501(c) No," Ol	2 3 (5), or se R (b) Par 1 2a 2b 2c	ection	
1 1 2 1 3 1 1 1 1 2 1 1 1 1 1 1 1 1 1 1	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "lanswered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	i 501(c) No," Ol	2 3 (5), or se R (b) Par 1 2a 2b 2c	ection	
1) 2 ! 3 ! 2 s 4 !	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "I answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues f notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	i 501(c) No," Ol	2 3 (5), or se R (b) Par 1 2a 2b 2c	ection	
1) 2 ! 3 1 2 ! 4 6 6 6 6 6 6 6 6 6	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "lanswered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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 polaryonediture part year?	i 501(c) No," Ol	2 3 (5), or se R (b) Par 1 2a 2b 2c 3	ection	
1 1 1 2 1 3 1 1 1 1 2 1 1 1 1 1 1 1 1 1	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "I answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues f notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	i 501(c) No," Ol	2 3 (5), or se R (b) Par 1 2a 2b 2c	ection	

Schedule C (Form 990 or 990-EZ) 2014

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Nam	e of the organization OXFAM-AMERICA, INC	_	Employer identification number 23-7069110
Pa		d Funds or Other Similar Funds	
L	organization answered "Yes" to Form 990, Part IV, line		and the second s
	argument and to to to to the out of the total	(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		
1	Aggregate value of contributions to (during year)		
2			
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		. J.S J.
5	Did the organization inform all donors and donor advisors in v		[]
_	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		<u></u>
Da		- 1 B/4 N - 5 - 000 D	
Pa			in iv, line /.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e	·	rically important land area
	Protection of natural habitat	Preservation of a certif	ied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ed conservation contribution in the form of	f a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		I !
þ	Total acreage restricted by conservation easements		
¢	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax
	year >		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per	odic monitoring, inspection, handling of	,
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	•	
7	Amount of expenses incurred in monitoring, inspecting, and e	_	
8	Does each conservation easement reported on line 2(d) above	- '	p
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat	on's financial statements that describes the	ne organization's accounting for
-	conservation easements.		
Pai	t III Organizations Maintaining Collections of	-	ner Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furtheran	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement :	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of pub	lic service, provide the following amounts
	relating to these items:		
	(i) Revenue included in Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical treat	sures, or other similar assets for financial	gain, provide
	the following amounts required to be reported under SFAS 13	6 (ASC 958) relating to these items:	
а	Revenue included in 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. 432051 10-01-14

Schedule D (Form 990) 2014

*		MERICA, IN					6911		age 2
Pa	rt III Organizations Maintaining (Collections of A	rt, Historical Tı	easures, or Otl	ner Simila	ar Asse	ts/contin	rued)	
3	Using the organization's acquisition, access	ion, and other record	is, check any of the	following that are a	significant	use of its	collection	n item	ıs
	(check all that apply):								
a	Public exhibition	c	personal desiration of the second sec	hange programs					
b	Scholarly research	€	Other					·	,,,,,
C	Preservation for future generations								
4	Provide a description of the organization's c					se in Par	t XIII.		
5	During the year, did the organization solicit of					_	- -1		-,
	to be sold to raise funds rather than to be m						Yes		No
Pa	rt IV Escrow and Custodial Arran reported an amount on Form 990, Pa			on answered "Yes" t	o Form 990	, Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custod	ian or other intermed			ot included				
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII								
							Amount		
c	Beginning balance				1c				
đ	Additions during the year			*************	1d				
e	Distributions during the year								
f	Ending balance				11				
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or co	ustodial account liat	oility?		Yes		No
	If "Yes," explain the arrangement in Part XIII.					.,			
Par	rt V Endowment Funds. Complete	f the organization an	swered "Yes" to Fo	rm 990, Part IV, line	10.		·		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance	7,213,159,	6,236,618.	5,545,695	4.9	64,139,	4	905	162,
Þ	Contributions		500.			76,968.			
c	Net investment earnings, gains, and losses	665,397.	997,517,	705,321		13,492.		83,	402.
ď	Grants or scholarships								
e	Other expenditures for facilities								
	and programs								
f	Administrative expenses	22,804.	21,476.	14,398,		8,904,		24,	425,
9	End of year balance	7,855,752.	7,213,159,	6,236,618	5,5	<u>45,695,</u>	4,	964	<u>139,</u>
2	Provide the estimated percentage of the cur	-		i)) held as:					
	Board designated or quasi-endowment	23.00	_%						
þ	Permanent endowment ► 23.00	%							
C	Temporarily restricted endowment > 5								
_	The percentages in lines 2a, 2b, and 2c should be a sh	•							
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered for	the organiz	ation	г		
	by:							Yes	No
	(i) unrelated organizations							X	**
									X
	If "Yes" to 3a(ii), are the related organizations				• • • • • • • • • • • • • • • • • • • •		3b		
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment runds.						
	Complete if the organization answered		Dort IV line 11a S	no Eorm GOA Dart Y	line 10				
	Description of property						(d) Book		
	Description of property	(a) Cost or of basis (investing	, , ,	, , ,	Accumulated preciation	a	(a) BOOK	value	=
	Land		, Dadis	()	-providenti				
	Land Buildings				****				
	Leasehold improvements		3 25	0,656. 1,	257,69	14	1,992	0 0	6.2
	Equipment				799,15		812		
e	Other			3,018.		- 		3,0:	
***************************************	. Add lines 1a through 1e. (Column (d) must e					>	2,838		
	The state of the s		, D/, m/6 /		*******			<u></u>	<u> </u>

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014 OXFAM-AMERIC	A, INC.		23-7069110 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" to	o Form 990, Part IV, li	ne 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)			<u> </u>
(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" to			
(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)	w		
Total. (Col. (b) must equal Form 990, Part X, col. (8) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes" to		ne 11d. See Form 990, Part X, line 15.	
(a) De	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	<u> 15.)</u>		
Part X Other Liabilities.			
Complete if the organization answered "Yes" to	Form 990, Part IV, li		25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) GIFT ANNUITIES PAYABLE		2,584,766.	
(3) DEFERRED RENT		2,712,063.	
(4) OTHER LIABILITIES		21,000.	
(5)		***************************************	
(6)			

5,317,829. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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 X

Schedule D (Form 990) 2014

(7) (8)

Part XI Reconciliation of Revenue per Audited Complete if the organization answered "Yes" to Forr	rmanciai Statements		mar Batin	
	n 990, Part IV, line 12a.	with Revenue	per Ketui	п.
1 Total revenue, gains, and other support per audited financia	al statements		1	95,039,13
2 Amounts included on line 1 but not on Form 990, Part VIII, I				
a Net unrealized gains (losses) on investments				
b Donated services and use of facilities			448.	
c Recoveries of prior year grants			270	
d Other (Describe in Part XIII.)				2 714 02
e Add lines 2a through 2d Subtract line 2e from line 1				2,714,93 92,324,19
3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not or			3	72,324,13
a Investment expenses not included on Form 990, Part VIII, li		, [
b Other (Describe in Part XIII.)				
c Add lines 4a and 4b	*******************************			
5 Total revenue. Add lines 3 and 4c. (This must equal Form 95	90, Part I, line 12.)		5	92,324,19
Part XII Reconciliation of Expenses per Audited	- 000 D1 N/ K 40-			urn.
Complete if the organization answered "Yes" to Form				82,285,72
 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, lin 		***************************************		04,403,14
a Donated services and use of facilities	•	619,	448	
b Prior year adjustments	T T			
c Other losses	1			
d Other (Describe in Part XIII.)			500.	
e Add lines 2a through 2d			2e	1,094,94
3 Subtract line 2e from line 1		*******************************	3	81,190,78
4 Amounts included on Form 990, Part IX, line 25, but not on	1	1		
a Investment expenses not included on Form 990, Part VIII, lit				
b Other (Describe in Part XIII.)				
c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 5				81,190,78
•			V, line 4; Par	t X, line 2; Part XI,
ines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this			V, line 4; Par	t X, line 2; Part XI,
Provide the descriptions required for Part II, lines 3, 5, and 9; Part lines 2d and 4b. Also complete this part XII, lines 2d and 4b. Also complete this part V, LINE 4: OXFAM UTILIZES A TOTAL RETURN SPE	part to provide any additiona	information.		
ines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part V, LINE 4:	part to provide any additiona	SPENDING	FROM IT	'S ENDOWMEN
PART V, LINE 4: DXFAM UTILIZES A TOTAL RETURN SPE	PART to provide any additiona ENDING POLICY, POLICY, UP TO	SPENDING	FROM IT	'S ENDOWMEN YEAR
ines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part V, LINE 4: OXFAM UTILIZES A TOTAL RETURN SPETO SUPPORT OPERATIONS. UNDER THE ROLLING MARKET VALUE MAY BE UTILI	PART TO PROVIDE ANY ADDITIONAL POLICY, POLICY, UP TO EXED. THE MARKE	SPENDING SPENDING T VALUE O	FROM IT THREE F THE E	'S ENDOWMEN YEAR INDOWMENT
ines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part V, LINE 4: OXFAM UTILIZES A TOTAL RETURN SPE TO SUPPORT OPERATIONS. UNDER THE ROLLING MARKET VALUE MAY BE UTILI INCLUDES PERMANENTLY RESTRICTED N	PART TO PROVIDE ANY ADDITIONAL POLICY, POLICY, UP TO EXECUTE MARKE NET ASSETS PLUS	SPENDING SPENDING T VALUE O	FROM IT THREE F THE E	'S ENDOWMEN YEAR INDOWMENT
PART V, LINE 4: EXPAN UTILIZES A TOTAL RETURN SPECTOR SUPPORT OPERATIONS. UNDER THE ROLLING MARKET VALUE MAY BE UTILIZED INCLUDES PERMANENTLY RESTRICTED IN	PART TO PROVIDE ANY ADDITIONAL POLICY, POLICY, UP TO EXECUTE MARKE NET ASSETS PLUS	SPENDING SPENDING T VALUE O	FROM IT THREE F THE E	'S ENDOWMEN YEAR INDOWMENT
PART V, LINE 4: DXFAM UTILIZES A TOTAL RETURN SPECTO SUPPORT OPERATIONS. UNDER THE ROLLING MARKET VALUE MAY BE UTILINCLUDES PERMANENTLY RESTRICTED NUMBER OF THE ROLLING OF THE ROLLING MARKET VALUE MAY BE UTILING MAY BE	PART TO PROVIDE ANY ADDITIONAL POLICY, POLICY, UP TO EXECUTE MARKE NET ASSETS PLUS	SPENDING SPENDING T VALUE O	FROM IT THREE F THE E	'S ENDOWMEN YEAR INDOWMENT
PART V, LINE 4: DXFAM UTILIZES A TOTAL RETURN SPECTO SUPPORT OPERATIONS. UNDER THE ROLLING MARKET VALUE MAY BE UTILIZED INCLUDES PERMANENTLY RESTRICTED INCLUDED IN TEMPORARILY RESTRICTED PART X, LINE 2:	ENDING POLICY, POLICY, UP TO EZED. THE MARKE NET ASSETS PLUS	SPENDING 5% OF THE T VALUE OF ACCUMULA	FROM IT THREE F THE E	'S ENDOWMEN YEAR ENDOWMENT PENT GAINS
PART V, LINE 4: OXFAM UTILIZES A TOTAL RETURN SPE TO SUPPORT OPERATIONS. UNDER THE ROLLING MARKET VALUE MAY BE UTILI INCLUDES PERMANENTLY RESTRICTED N INCLUDED IN TEMPORARILY RESTRICTE PART X, LINE 2: OXFAM ACCOUNTS FOR THE EFFECT OF	ENDING POLICY, POLICY, UP TO EZED. THE MARKE NET ASSETS PLUS ED NET ASSETS.	SPENDING 5% OF THE T VALUE O ACCUMULA TAX POSIT	FROM II THREE F THE E FED UNS	S ENDOWMEN YEAR ENDOWMENT PENT GAINS
PART V, LINE 4: DXFAM UTILIZES A TOTAL RETURN SPECTO SUPPORT OPERATIONS. UNDER THE ROLLING MARKET VALUE MAY BE UTILIZED INCLUDES PERMANENTLY RESTRICTED INCLUDED IN TEMPORARILY RESTRICTED INCLUDED IN TEMPORARILY RESTRICTED IN PART X, LINE 2: DXFAM ACCOUNTS FOR THE EFFECT OF "MORE LIKELY THAN NOT" THRESHOLD	ENDING POLICY, POLICY, UP TO EZED. THE MARKE NET ASSETS PLUS ED NET ASSETS. ANY UNCERTAIN TO THE RECOGNI	SPENDING 5% OF THE T VALUE O ACCUMULA TAX POSIT	FROM IT THREE F THE E FED UNS IONS BA	S ENDOWMEN YEAR ENDOWMENT PENT GAINS SED ON A POSITIONS
PART V, LINE 4: DXFAM UTILIZES A TOTAL RETURN SPECTO SUPPORT OPERATIONS. UNDER THE ROLLING MARKET VALUE MAY BE UTILIZED INCLUDES PERMANENTLY RESTRICTED IN TEMPORARILY RESTRICTED IN TEMPORARILY RESTRICTED IN TEMPORARILY RESTRICTED IN TEMPORARILY RESTRICTED IN TEMPORARILY RESTRICTED IN TEMPORARILY RESTRICTED IN TEMPORARILY RESTRICTED IN TEMPORARILY RESTRICTED IN THE EFFECT OF THE BEFFECT OF THE	ENDING POLICY, POLICY, UP TO EZED. THE MARKE NET ASSETS PLUS ED NET ASSETS. ANY UNCERTAIN TO THE RECOGNI	information. SPENDING 5% OF THE T VALUE OF ACCUMULA TAX POSIT FION OF THE THE POSIT	FROM IT THREE F THE E FED UNS HE TAX ITION U	S ENDOWMENT YEAR ENDOWMENT PENT GAINS SED ON A POSITIONS NDER OR
ines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part V, LINE 4:	ENDING POLICY, POLICY, UP TO EZED. THE MARKE NET ASSETS PLUS ED NET ASSETS. ANY UNCERTAIN TO THE RECOGNI	information. SPENDING 5% OF THE T VALUE OF ACCUMULA TAX POSIT FION OF THE THE POSIT	FROM IT THREE F THE E FED UNS HE TAX ITION U	S ENDOWMEN YEAR NDOWMENT PENT GAINS SED ON A POSITIONS

SCHEDULE F (Form 990)

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.

Department of the Treasury Internal Revenue Service

Information about Schedule F (Form 990) and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization					Employer identi	fication number
OXFAM-AMERICA,	INC.				23-70691	10
Part I General Info	rmation on A	Activities Ou	itside the United States. Comp	lete if the organ	nization answered	Yes" on
Form 990, Part I					***************************************	
			rds to substantiate the amount of its g			
the grantees' eligibility f	for the grants or a	assistance, and	the selection criteria used to award th	ne grants or ass	istance? X	Yes No
	cribe in Part V the	e organization's	procedures for monitoring the use of	ts grants and o	ther assistance ou	tside the
United States.		_				
	•		an be duplicated if additional space is	needed.)		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors	(by type) (e.g., fundraising, program services, investments, grants to	is a pro describe	vity listed in (d) gram service, e specific type	(f) Total expenditures for and investments
		in region	recipients located in the region)	of servi	ce(s) in region	in region
				PROGRAMS TO	SAVE LIVES	
CENTRAL AMERICA AND				AND OVERCOM	E POVERTY AND	
THE CARIBBEAN	2	42	PROGRAM SERVICES	INJUSTICE		6,166,615,
CENTRAL AMERICA AND						
THE CARIBBEAN	0	0	GRANTS/PARTNER SUPPORT			3,242,124,
					· · · · · · · · · · · · · · · · · · ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
				PROGRAMS TO	SAVE LIVES	
EAST ASIA AND THE				I	E POVERTY AND	
PACIFIC]	27	PROGRAM SERVICES	INJUSTICE		2,611,190.

EAST ASIA AND THE						
PACIFIC	0	0	GRANTS/PARTNER SUPPORT			2,791,335,
				PROGRAMS TO	SAVE LIVES	
	CT .			AND OVERCOM	E POVERTY AND	
SOUTH AMERICA	1	17	PROGRAM SERVICES	INJUSTICE		2,656,117.
			f			
SOUTH AMERICA	. 0	0	GRANTS/PARTNER SUPPORT			1,286,764,
				PROGRAMS TO	SAVE LIVES	
				AND OVERCOM	E POVERTY AND	1
SUB SAHARAN AFRICA		107	PROGRAM SERVICES	INJUSTICE		13,826,801.
				İ		
SUB-SAHARAN AFRICA	0		GRANTS/PARTNER SUPPORT			11,632,325.
3 a Sub-total	9	193				44,213,271.
b Total from continuation						
sheets to Part I	0	0				1,540,148.
c Totals (add lines 3a						
and 3b)	9	193			·	45 753 419
LHA For Paperwork Reducti	on Act Notice, s	ee the Instruct	tions for Form 990.		Schedule F (Form 990) 2014

Schedule F (Form 990) Part I Continuation	OXFAM-AM	ERICA, I	NC • n · (Schedule F (Form 990), Part I, line 3)	<u>23-70</u>	69110 Page
(a) Region	(b) Number of offices in the 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
SOUTH ASIA	0	0	GRANTS/PARTNER SUPPORT		49,427
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS/PARTNER SUPPORT		346,195.
NORTH AMERICA	0	0	GRANTS/PARTNER SUPPORT		308,197,
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS/PARTNER SUPPORT		836_329,
***************************************					A Company
V-III II II II II II II II II II II II II					

	7.7				OCCUPATION AND ADDRESS OF THE PROPERTY OF THE
Totals			<u> </u>		1 540 148.

OXFAM-AMERICA, INC.

Schedule F (Form 990) 2014

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. 23-7069110

Page 2

(i) Method of valuation (book, FMV, appraisal, other)					VALUE OF THE PROPERTY OF THE P					120 15	7 1
(h) Description of non-cash assistance									THE PROPERTY OF THE PROPERTY O	A special and the second secon	
(g) Amount of non-cash assistance	0	G	o o	0	c	0	°	0	*	A	A
(f) Manner of cash disbursement	WIRE	WIRE	WIRE	WIRE	H ALL	WIRE	WIRE	WIRE	recognized as tax-ex		
(e) Amount of cash grant	110,000,WIRE	86,231.	255, 288,	30,441,	153 008	000	74,000, MIRE	123,617,WIRE	foreign country,		
(d) Purpose of grant	GENERAL ADVOCACY	POLICY AND ADVOCACY	OTHER HUMANITARIAN INTERVENTION	WATER AND AGRICULTURE	DISASTER RISK REDUCTION	GENERAL ADVOCACY	POLICY AND ADVOCACY	MATER AND AGRICULTURE	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 folds on inclaims better		
(c) Region	SOUTH AMERICA	SOUTH AMERICA	SUB-SAHARAN AFRICA	SUB SAHARAN AFRICA	SUB-SAHARAN AFRICA	SUB-SAHARAN AFRICA	SUB-SAHARAN AFRICA	SUB - SAHARAN AFRICA	is listed above that are if the provided a section	rentities	
(b) IRS code section and EIN (if applicable)									ecipient organization e grantee or counse	ther organizations o	
1 (a) Name of organization			1144						2 Enter total number of recipient organizations listed above that are r the IRS, or for which the grantee or counsel has provided a section	3 Enter total number of other organizations or entities	

Schedule F (Form 990) 2014

CENTRAL AMERICA CONTINUES OF COUNTY CO	Schedule F (Form 990) Part II Continuation	OXFAM	OXFAM-AMERICA, INC		11.00	23-7069110	69110	·wan	Page 2
CEMTAL AMERICA Cold Pagent Cold Purpose of Cold America		ज दावार वाप उदादा	Assistance to Organiz	anons or Entitles Outside the	United States.	Schedule F (Form 9	90), Part II, line 1		
GENIERAL ADVOCACY 29,068,MIRE GENIERAL ADVOCACY 20,000,WIRE DISASTER RISK 201,058,WIRE MOMENS EMPOWERMENT 62,935,WIRE MICOFINANCE 83,842,WIRE MICOFINANCE 82,405,WIRE MOLICY AND ADVOCACY 25,000,WIRE WOMENS EMPOWERMENT 68,085,WIRE	(a) Name of organization	i	***************************************	(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)
SENERAL ADVOCACY			CENTRAL AMERICA					# Pile Advances	
DISASTER RISK MOMENS EMPOWERMENT MOMENS EMPOWERMENT MICOFINANCE B1,000,WIRE 201,056,WIRE 73,623,WIRE 83,842,WIRE 82,405,WIRE 82,405,WIRE 82,405,WIRE 82,405,WIRE 82,405,WIRE 83,842,WIRE 84,000,WIRE 85,000,WIRE	PARAMANAN MARAMA		AND THE CARIBBEAN	GENERAL ADVOCACY		HIRE	0.		
SENERAL ADVOCACY 20,000, WIRE DISASTER RISK 201,058, WIRE MOMENS EMPOWERMENT 62,935, WIRE DISASTER RISK 73,623, WIRE MOMENS EMPOWERMENT 83,842, WIRE MICOFINANCE 82,405, WIRE POLICY AND ADVOCACY 25,000, WIRE WOMENS EMPOWERMENT 68,085, WIRE			CENTRAL AMERICA						
DISASTER RISK REDUCTION WOMENS EMPOWERMENT DISASTER RISK REDUCTION WOMENS EMPOWERMENT REDUCTION				GENERAL ADVOCACY		WIRE	0		
MOMENS EMPOWERMENT 62,935,WIRE DISASTER RISK 73,623,WIRE REDUCTION 73,623,WIRE MOMENS EMPOWERMENT 83,842,WIRE MICOFINANCE 82,405,MIRE POLICY AND ADVOCACY 25,000,WIRE WOMENS EMPOWERMENT 68,085,WIRE			CENTRAL AMERICA AND THE CARIBBEAN	DISASTER RISK REDUCTION		(IRE	°		
MOMENS EMPOWERMENT 62,935, WIRE DISASTER RISK 73,623, WIRE REDUCTION 73,623, WIRE MOMENS EMPOWERMENT 83,842, WIRE POLICY AND ADVOCACY 25,000, WIRE MOMENS EMPOWERMENT 68,085, WIRE			RAL					THE PARTY OF THE P	
DISASTER RISK REDUCTION 73,623, WIRE WOMENS EMPOWERMENT 83,842, WIRE POLICY AND ADVOCACY 25,000, WIRE WOMENS EMPOWERMENT 68,085, WIRE			THE	WOMENS EMPOWERMENT		URE	0		· · · · · · · · · · · · · · · · · · ·
MOMENS EMPOWERMENT 83,842,MIRE MICOFINANCE 82,405,MIRE POLICY AND ADVOCACY 25,000,MIRE WOMENS EMPOWERMENT 68,085,MIRE			CENTRAL AMERICA AND THE CARIBBEAN	DISASTER RISK REDUCTION	623.	9 2 1	c		
MOMENS EMPOWERMENT 83,842,MIRE MICOFINANCE 82,405,MIRE POLICY AND ADVOCACY 25,000,MIRE WOMENS EMPOWERMENT 68,085,MIRE									
MICOFINANCE 82,405, MIRE POLICY AND ADVOCACY 25,000, WIRE WOMENS EMPOWERMENT 68,085, MIRE			AMERICA CARIBBEAN	WOMENS, EMPOWERMENT	842.	VIRE.	0		
POLICY AND ADVOCACY 25,000, WIRE WOMENS EMPOWERMENT 68,085, WIRE			CENTRAL AMERICA AND THE CARIBBEAN	MTCOPINANCE	20	þ	<		
POLICY AND ADVOCACY 25,000, WIRE WOMENS EMPOWERMENT 68,085, WIRE	Application of the control of the co				202	TWP	,		
WOMENS EMPOWERMENT 68,085, WIRE			SOUTH AMERICA	POLICY AND ADVOCACY	000	IRE	<u>.</u>		
MOMENS EMPOWERMENT 68,085, WIRE								A Company of the Comp	And the second s
MOMENS EMPOWERMENT 68 085 WIRE					1				
				MOMENS EMPOWERMENT	68 085	TRE	0		

(a) Name of organization and and		Assistance to Organiza	Commission of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)	Office offices.	Schedule r (roim 9	90), Part II, Ime 1		
	(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	DISASTER RISK					
	***************************************	AND THE CARIBBEAN REDUCTION	REDUCTION	98,936.	WIRE	0		
	•	CENTRAL AMERICA	DISASTER RISK					
		AND THE CARIBBEAN	REDUCTION	15,000.	WIRE	0		
		CENTRAL AMERICA AND THE CARIBBEAN	WATER AND AGRICULTURE	93	E p p	C		
		CENTRAL AMERICA						
		Z	WATER AND AGRICULTURE	45,000,WIRE	IRE	0		1,7,7,11
		CENTRAL AMERICA		1				
	***	AND THE CARIBBEAN AID EFFECTIVENESS	AID EFFECTIVENESS	15,000.WIRE	TIRE	0		
		CENTRAL AMERICA AND THE CARIBBEAN	WATER AND AGRICULTURE	94,081,WIRE	IRE	0		
		e A Petroka - 18 complete						
	2 4	ND THE CARIBBEAN	AND THE CARIBBEAN WATER AND AGRICULTURE	150,000,WIRE	IRE	0		
	! \$	east agts and the						
	L Pu		POLICY AND ADVOCACY	35,000,	WIRE	0		
	<u></u>	SUB-SAHARAN	OTHER HUMANITARIAN					
	4	AFRICA	INTERVENTION	157 200 WIRE	TRE	0		

Part II Continuation	OXFAM	OXFAM-AMERICA, IN	INC.		23-7069110	69110		Page 2
J	Disposition of the control of the co	Assistance to Organiz	Commission of Charles and Other Assistance to Organizations of Chicket the United States. (Schedule F (Form 990), Part II, line 1)	United States.	Schedule F (Form 9	90), Part II, line 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)
	and the state of t	SUB-SAHARAN AFRICA	WATER AND AGRICULTURE	120 007 WIRE	7. 7.	C		
		EAST ASIA AND THE						
THE PARTY OF THE P		PACIFIC	RESOURCE MANAGEMENT	70,000,WIRE	TRE	0.	and the state of t	
		SUB-SAHARAN AFRICA	GENERAL ADVOCACY	45,000	WIRE	c		
		EAST ASIA AND THE						
		PACIFIC	RESOURCE MANAGEMENT	49 940.	WIRE	0		
		EAST ASIA AND THE PACIFIC	RESOURCE MANAGEMENT	19,752,	MIRE	0		
		CENTRAL AMERICA						
· · · · · · · · · · · · · · · · · · ·		AND THE CARIBBEAN	GENERAL ADVOCACY	142,661.	WIRE	0		
		SOUTH AMERICA	GENERAL ADVOCACY	48,154	WIRE	C		
							A Company of the Comp	
The second secon		SOUTH AMERICA	POLICY AND ADVOCACY	30,000.8	WIRE	0		
	-	SOUTH AMERICA	POLICY AND ADVOCACY	263,496,WIRE	IRE	0	***************************************	

Schedule F (Form 990)	m 990)	OXFAM	OXFAM-AMERICA, IN	INC.		23-7069110	69110		Page 2
_	itinuation o	of Grants and Other	Assistance to Organiz	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)	e United States.	(Schedule F (Form 9	90), Part II, line 1		
(a) Name of organization	ganízation	(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)
				DISASTER RISK					The state of the s
***************************************			SOUTH AMERICA	REDUCTION	122,826,	WIRE	0	THE THE THE THE THE THE THE THE THE THE	***************************************
			SOUTH AMERICA	GENERAL ADVOCACY	67,000.	WIRE	0		
				DISASTER RISK					
			SOUTH AMERICA	REDUCTION	54,034,	WIRE	0		
			CENTRAL AMERICA						
			AND THE CARLBBEAN	GENERAL ADVOCACY	19.120,WIRE	TRE	0	***************************************	
n der er er en de er er er er er er er er er er er er er			SUB SAHARAN AFRICA	GENERAL ADVOCACY	29 902	ជ ជ 	C		
							•		
THE PERSONNEL PROPERTY OF THE PERSONNEL PROP			EAST ASIA AND THE PACIFIC	MICOFINANCE	30 000	TRE	c		
	_								
			SUB-SAHARAN AFRICA	DISASTER RISK REDUCTION	2000 82	MIRE	c		
			SUB-SAHARAN	OTHER HUMANITARIAN			>		
			AFRICA	INTERVENTION	30,091,	WIRE	0,		
			SUB-SAHARAN AFRICA	TONANTACOL	0000	G 6 6	•		
				70,777,777	00000	TRE	0		
432182 05-01-14				40					

Part II Continuation o	of Grants and Other	nd Other Assistance to Organiza	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States, (Schedule F (Form 990), Part II, line 1)	United States,	Schedule F (Form 990), Part I	59110 90), Part II, line 1)		Page 2
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)
The second secon		EAST ASIA AND THE PACIFIC	GENERAL ADVOCACY	24,050,WIRE	WIRE	Ċ		
		EAST ASIA AND THE PACIFIC	POLICY AND ADVOCACY	41,978.	WIRE	0		
		SUB-SAHARAN AFRICA	WATER AND AGRICULTURE	4 907.	WIRE	C		
- Annual Control Contr	***	SUB-SAHARAN AFRICA	DISASTER RISK REDUCTION		WIRE	C		We will be a second of the sec
		SUB - SAHARAN AFRICA	GENERAL ADVOCACY		ii p i-	C		
		UNITED STATES	CORPORATE ENGAGEMENT	50,000,WIRE	WIRE	0		
A contraction of the contraction		CENTRAL AMERICA DISASTER AND THE CARIBBEAN REDUCTION	DISASTER RISK REDUCTION	15,409,	WIRE	0		
	W.E.	SUB - SAHARAN AFRICA	AID EFFECTIVENESS		#IRE	0	Annual Indiana.	
	0 4	SUB-SAHARAN AFRICA	POLICY AND ADVOCACY	25,000,WIRE	vire	0		

	of Grants and Other	Assistance to Organiz	Committed from or crams and other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)	e United States.	Schedule F (Form 9	90), Part II, line 1)		
f (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						
The state of the s		AFRICA	GENERAL ADVOCACY	13,587.WIRE	WIRE	0	· · · · · · · · · · · · · · · · · · ·	
		SUB-SAHARAN APRICA	DISASTER RISK BEDIGHTON	, c				
		STIP SAHADAN	NAT LOOT TO		MIKE	0		
		AFRICA	GENERAL ADVOCACY	22,500.	WIRE	0		
		SUB-SAHARAN						
		AFRICA	POLICY AND ADVOCACY	44,930.	WIRE	0		
		CENTRAL AMERICA AND THE CARIBBEAN	CENTRAL AMERICA AND THE CARIBBEAN POLICY AND ADVOCACY	5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00	α α	c		
		SOUTH AMERICA	POLICY AND ADVOCACY	♦	D C			
		SOUTH AMERICA	RESOURCE MANAGEMENT	760	30 H	o c		
		CENTRAL AMERICA AND THE CARIBBEAN	WOMENS EMPOWERMENT	000	IRE	o c		
		CENTRAL AMERICA AND THE CARIBBEAN	WOMENS EMPOWERMENT	39 010.WIRE	7 H			

Page 2	(h) Description of non-cash valuation (book, FMV,									
23-7069110			o	0.	ó	c	C	o	0	
23-70	s. (Schedule F (Form 9 (f) Manner of cash disbursement	A1.M	, WIRE	MIRE	. WIRE	WIRE	۱ ·	anı,	, wire	
	de the United States (e) Amount of cash grant	152		68,085	45,011	29 701	49,55		T 40,000,	
	of organization and ElN (if applicable) (c) Region and ElN (if applicable) (c) Region grant (d) Purpose of ganization (d) Purpose of grant cash grant (applicable) (e) Amount of non-cash grant cash grant assistance	DISASTER RISK REDUCTION	OTHER HUMANITARIAN INTERVENTION	WOMENS EMPOWERMENT	DISASTER RISK REDUCTION	DISASTER RISK REDUCTION	DISASTER RISK REDUCTION	MOMENS EMPOWERMENT	RESOURCE MANAGEMENT	DISASTER RISK
OXFAM-AMERICA, IN	Assistance to Organiz (c) Region	CENTRAL AMERICA AND THE CARIBBEAN	CENTRAL AMERICA AND THE CARIBBEAN	CENTRAL AMERICA AND THE CARIBBEAN	CENTRAL AMERICA AND THE CARIBBEAN	CENTRAL AMERICA AND THE CARIBBEAN	SUB-SAHARAN AFRICA	UNITED STATES	EAST ASIA AND THE PACIFIC	CENTRAL AMERICA
OXFAN	(b) IRS code section and EIN (if applicable)									
Schedule F (Form 990)	a a									

(b) IRS code section and EIN (if applicable)	of organization and EIN (if applicable) (c) Region (d) Purpose of (e) Amount (f) Manner of non-cash grant cash grant cash disbursement assistance SUB-SAHARAN AFRICA SUB-SAHARAN SUB-SAHARAN AFRICA MICOFINANCE 68,656, WIRE 0. 68,656, WIRE 0. 68,656, WIRE 0.	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of	(g) Amount of non-cash	(h) Description	(i) Method of
	SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA			Account of the service of the servic	assistance	assistance	valuation (book, FMV, appraisal, other)
	AFRICA SUB-SAHARAN AFRICA						
	SUB-SAHARAN AFRICA	MICOFINANCE	68,656.	WIRE	0	The Color of the C	
		MICOFINANCE	C C C C C C C C C C C C C C C C C C C	<u>й</u> ф +	C		
	CENTRAL AMERICA		•		^		
	AND THE CARIBBEAN	WATER AND AGRICULTURE	35,000,1	WIRE	0		
	SUB-SAHARAN AFRICA	MATER AND AGRICULTURE	6 0 9	WIRE	o		
	EAST ASIA AND THE						
the state of the s	בער זניור ב	FOLICE AND ADVOCACE	15,000,WIRE	IKE	0		
	CENTRAL AMERICA	DISASTER RISK	i c	Į.	•		
	AND THE CANTEDERN	TO TO TO TO TO TO TO TO TO TO TO TO TO T	P.	WIKE	0		
	SUB SAHARAN AFRICA	POLICY AND ADVOCACY	24,309,8	WIRE	0		
	CENTRAL AMERICA		(m. 1)				
	AND THE CARIBBEAN	WATER AND AGRICULTURE	15,000.W	WIRE	0	And of the figure of the second secon	- Appropries
	SOUTH AMERICA	POLICY AND ADVOCACY	ANTW COC OR	ix Q	C		

Part II Continuation o	OAF AM	OAF AM - AMERICA, INC.	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)	United States.	23-7069110 (Schedule F (Form 990), Part 1	69110 90), Part II, line 1		Page 2
f (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	GENERAL ADVOCACY	23,435,	WIRE	0		
		TRAL						
		AND THE CARIBBEAN	WOMENS EMPOWERMENT	31,292.	WIRE	0		
The second confidence is a second confidence in the second confidence i		CENTRAL AMERICA AND THE CARIBBEAN	MICOFINANCE	109,222,	3 2 3	C		
		CENTRAL AMERICA					And the supplementary and a supplementary are properties.	The state of the s
		AND THE CARIBBEAN	WOMENS EMPOWERMENT	18 000 WIRE	## H			
		CENTRAL AMERICA					And the second of the second o	
	-	AND THE CARIBBEAN	AND THE CARIBBEAN MOMENS EMPOWERMENT	38,000	WIRE	0		
	And the second s	s to the state of	WAS EDITIVE CHARA VIOLE TO			de la constanta de la constant		
		OCTH AMERICA	FOLICE AND ADVOCACE	.002 14	WIRE	0		
	,	SOUTH AMERICA	WATER AND AGRICULTURE	10 000	m M	¢		
							The state of the s	
	Ħ	EUROPE	POLICY AND ADVOCACY	81,500,	WIRE	Ö		
								Assemble & Pally from the control of
		EUROPE	GENERAL ADVOCACY	44,000,4	RE	0		

Schedule F (Form 990) Part II Continuation o	OXFAM of Grants and Other	OXFAM-AMERICA, INC	(Form 990) OXFAM-AMERICA, INC. 23-7069110	Inited Center	23-7069110	69110		Page 2
f (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	DISASTER RISK				7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
		AFRICA	REDUCTION	29,944,	WIRE	0		
		SUB-SAHARAN	OTHER HUMANITARIAN					
		AFRICA	INTERVENTION	16,190,WIRE	WIRE	0.		
		SUB-SAHARAN AFRICA	OTHER HUMANITARIAN INTERVENTION	25.2 44	О Э	C		
- 1777 -				4	TUE			
		CENTRAL AMERICA	DISASTER RISK			A		
		AND THE CARIBBEAN REDUCTION	REDUCTION	545.	WIRE	0		
**************************************		SOUTH AMERICA	GENERAL ADVOCACY	31,000.	WIRE	O		
		EAST ASIA AND THE PACIFIC	RESOURCE MANAGEMENT	38 000	2 2 2 3	C		
		SUB-SAHARAN AWRICA	DOWN		ŗ			
Annual Control of the					741	•		
		CENTRAL AMERICA AND THE CARIBBEAN	WATER AND AGRICULTURE	90 013 WIRE	11RE	C		
					The same of the sa		The state of the s	
		CENTRAL AMERICA AND THE CARIBBEAN	CENTRAL AMERICA AND THE CARIBBEAN MOMENS EMPOWERMENT	69 627.WIRE	×	c		
						•		

L	OXFAM	OXFAM-AMERICA, INC	٢		23-7069110	69110		Page 2
	tion of Grants and Other	Assistance to Organiza	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States, (Schedule F (Form 990), Part II, line 1)	United States.	Schedule F (Form 9	90), Part II, line 1		
1 (a) Name of organization	ation (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-SAHAKAN AFRICA	OTHER HUMANITARIAN INTERVENTION	415,478.	WIRE	o		
		SUB-SAHARAN	OTHER HUMANITARIAN					
		AFRICA	INTERVENTION	70,611.	WIRE	0		
		EAST ASIA AND THE		6		•		
		FACIFIC	POLICY AND ADVOCACY	70,000	WIRE	0		
	, - 4 ₀	EAST ASIA AND THE PACIFIC	RESOURCE MANAGEMENT	11 421	H K	c		
		>+ ++>++						
		SUB-SAHARAN AFRICA	DISASTER RISK REDUCTION	453,973	WIRE	0		
				1			AND THE PROPERTY OF THE PROPER	
		SUB-SAHARAN				ţ		
		AFRICA	MICOFINANCE	174,449.	WIRE	0.0		
		SUB-SAHARAN				1		
		AFRICA	POLICY AND ADVOCACY	26.581.	WIRE	0.		
in the second se		SUB-SAHARAN AFRICA	WATER AND AGRICULTURE	84,000,	WIRE	°C		
				·				
		IARAN	DISASTER RISK	ć		•		• • • • • • • • • • • • • • • • • • • •
		AFRICA	REDUCTION	53 571.	WIRE	0.1		
432182 05-01-14			47					

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Part II Continuation of	of Grants and Other	Continuation of Grants and Other Assistance to Organizal	ations or Entities Outside the United States, (Schedule F (Form 990), Part II, line 1)	United States,	(Schedule F (Form 9	90), Part II, line 1)		
f (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	WATER AND AGRICULTURE	44LM 051 69	H A S	G		
		SUB SAHARAN AFRICA	WATER AND AGRICULTURE	145 432	iii aa	5		
		SUB-SAHARAN AFRICA	WATER AND AGRICULTURE		WIRE	0		
		засись	CLIMATE CHANGE	560.	W. T.R.E.	C		
		EUROPE	POLICY AND ADVOCACY	47,700.	WIRE	0		
And the second s		EAST ASIA AND THE PACIFIC	GENERAL ADVOCACY		W I I I I I I I I	C		
	7	EAST ASIA AND THE PACIFIC	OTHER HUMANITARIAN INTERVENTION	35,714,	WIRE	0		
		EAST ASIA AND THE PACIFIC	POLICY AND ADVOCACY		WIRE	O		
		EAST ASIA AND THE DISASTER RISK PACIFIC REDUCTION	DISASTER RISK REDUCTION	559.	WIRE	0		

9	OXFAM	OXFAM-AMERICA, INC	ָטָ		23-7069110	69110		Page 2
Part II Continuation of	of Grants and Other	Assistance to Organiza	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)	United States.	Schedule F (Form 9	90), Part II, line 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	DTHER HUMANITARIAN INTERVENTION	15,040.	WIRE	0		
		EUROPE	AID EFFECTIVENESS		WIRE	C		
		EUROPE	CORPORATE ENGAGEMENT	23,500,WIRE	IRE	0		
		EUROPE	OTHER HUMANITARIAN INTERVENTION	35,629,WIRE	TRE	o		
	9	EUROPE	POLICY AND ADVOCACY	25,000.	WIRE	C		
		EUROPE	AID EFFECTIVENESS	15,000,	WIRE	0		
		EUROPE	GENERAL ADVOCACY	202,672,	øire	0		
		EUROPE	OTHER HUMANITARIAN INTERVENTION	1897413.WIRE	IRE	0		
		EUROPE	POLICY AND ADVOCACY	417, 586, WIRE	IRE	0		

Schedule F (Form 990) Part II Continuation c	OXFAM OXFAM of Grants and Other A	OXFAM-AMERICA, INC	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States, (Schedule F (Form 990), Part II, line 1)	United States.	(Schedule F (Form 990), Part I	69110 90), Part II, line 1)	(h) Description	Page 2
(a) Name of organization	and EIN (if applicable)	(c) Region	grant	(e) Amount of cash grant	(1) Manner of cash disbursement	non-cash assistance	of non-cash assistance	valuation (book, FMV, appraisal, other)
		EUROPE	WOMENS EMPOWERMENT	31,043,	WIRE	O		
		EUROPE	GENERAL ADVOCACY	178,554.	WIRE	O	The state of the s	
		CENTRAL AMERICA AND THE CARIBBEAN	GENERAL ADVOCACY	73.	WIRE	o		
		CENTRAL AMERICA AND THE CARIBBEAN	CENTRAL AMERICA AND THE CARIBBEAN WOMENS EMPOWERMENT	35 000 WIRE	ш 2 1			
	, , , , , , , , , , , , , , , , , , ,	CENTRAL AMERICA AND THE CARIBBEAN	DISASTER RISK REDUCTION	15 000	W. KE	0		
	, , a		GENERAL ADVOCACY	000	WIRE	0		
	10	EUROPE	GENERAL ADVOCACY	103,395,	WIRE	°		
	11.1	EUROPE	WOMENS EMPOWERMENT	26 652 WIRE	WIRE	c		
		STATES	OTHER HUMANITARIAN INTERVENTION	100 000	WIRE	G		Transfer of the state of the st
432182 05-01-14	5		50					

	of Grants and Other	Assistance to Organiza	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States, (Schedule F (Form 990), Part II, line 1)	United States.	(Schedule F (Form 9	90), Part II, line 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	OTHER HUMANITARIAN INTERVENTION	6 0 7 7		•		
					MINE	.		
And the second s		EUROPE	WATER AND AGRICULTURE	9,000,	WIRE	0	A A A A A A A A A A A A A A A A A A A	
		EUROPE	WATER AND AGRICULTURE	43,200,	WIRE	0.		
		EUROPE	GENERAL ADVOCACY	130,000,WIRE	VIRE	Û	With	
		EUROPE	GENERAL ADVOCACY	39,827.	MIRE	C		
		EUROPE	GENERAL ADVOCACY		IRE	0		
		BUROPE	CLIMATE CHANGE	73,086.	WIRE	0		
	<u> </u>	EAST ASIA AND THE PACIFIC	OTHER HUMANITARIAN INTERVENTION	6.892.	WIRE	0		
and the second s	9	SUB-SAHARAN AFRICA	STATES THAT STATES		II G			

щ	OXFAM	OXFAM-AMERICA, IN	INC.		23-7069110	69110		Page 2
Part II Continuation o	of Grants and Other	Assistance to Organiza	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)	United States.	(Schedule F (Form 9)	90), Part II, line 1		
f (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	OTHER HUMANITARIAN INTERVENTION	36,708,WIRE	WIRE	0		
		EUROPE	OTHER HUMANITARIAN INTERVENTION	22 277.WIRE	WIRE	o		
		EUROPE	POLICY AND ADVOCACY	60.060, WIRE	WIRE	0		
		EUROPE	DEVELOPMENT	25,000,	WIRE	0		
		EUROPE	ADVOCACY		WIRE	0		
		EUROPE	GENERAL ADVOCACY		WIRE	0		
		EUROPE	POLICY AND ADVOCACY	50,000.WIRE	WIRE	0		
		EAST ASIA AND THE PACIFIC	AID EFFECTIVENESS	296,262,WIRE	WIRE	.0		
	***************************************	EAST ASIA AND THE PACIFIC	OTHER HUMANITARIAN INTERVENTION	31,500,WIRE	WIRE	0		

ш	OXFAM	OXFAM-AMERICA, IN	INC.		23-7069110	69110		Page 2
	of Grants and Other	Assistance to Organiz	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)	United States.	(Schedule F (Form 9)	90), Part II, line 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	DTHER HUMANITARIAN INTERVENTION	145 000	й 2 1	c		
		NORTH AMERICA	POLICY AND ADVOCACY	85,534.	WIRE	0		
		NORTH AMERICA	DISASTER RISK REDUCTION OR REHABILITATION	21 746.	WIRE	•		
		EUROPE	AID EFFECTIVENESS	000	WIRE	0		
		EUROPE	CORPORATE ENGAGEMENT	48.000 WIRE	ure.			TOTAL BEAT AND ADDRESS OF THE STATE OF THE S
	M	EUROPE	GENERAL ADVOCACY	188,703,	WIRE	0		
		EUROPE	OTHER HUMANITARIAN INTERVENTION	162,924. WIRE	VIRE	o		
	M	EUROPE	POLICY AND ADVOCACY	240,138.	MIRE	0		
	щ	EUROPE	WOMENS EMPOWERMENT	138,925,WIRE	IRE	0		

Schedule F (Form 990) Part II Continuation	OXFAM of Grants and Other	OXFAM-AMERICA, IN	F. (Form 990) OXFAM-AMERICA, INC. 23-7069110 Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)	United States.	23-7069110 (Schedule F (Form 990), Part 1	69110 90), Part II, line 1)		Page 2
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	RESOURCE MANAGEMENT	118 497		c		
		NORTH AMERICA	GENERAL ADVOCACY		WIRE	0		
		NORTH AMERICA	POLICY AND ADVOCACY	25,000,WIRE	wire	C		
		EUROPE	GENERAL ADVOCACY	104,293,	WIRE	0		
		EUROPE	WOMENS EMPOWERMENT	236 607.WIRE	#IRE	C		
Average and the second		UNITED STATES	AID EFFECTIVENESS	40 000	WIRE	O		
	X	SUB-:SAHARAN AFRICA	OTHER HUMANITARIAN INTERVENTION		т я	, c		
		EAST ASIA AND THE PACIFIC	WATER AND AGRICULTURE		MIRE	2		
	**************************************	EAST ASIA AND THE PACIFIC	WATER AND AGRICULTURE	48 000 WIRE	<u>м</u>			
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Part II Continuation of	of Grants and Other	Assistance to Organiza	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States, (Schedule F (Form 990), Part II, line 1)	United States,	(Schedule F (Form 9	90), 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	WATER AND AGRICULTURE	10 000	WIRE	C		
		EAST ASIA AND THE PACIFIC	MICOFINANCE	87.5 09	ь С -	•		
		MERICA	GENERAL ADVOCACY	000 05	T T T T T T T T T T T T T T T T T T T	2		
		THE	WATER AND AGRICHITHER	40 000 dz	և բ			
		YERICA	GENERAL ADVOCACY	25 000	I N			
			DISASTER RISK REDUCTION	4.00 to 0.00 t	WIRE			
		HARAN	MICOFINANCE		WIRE	0		
- Parker of the second		SUB-SAHARAN AFRICA	WATER AND AGRICULTURE	596 69	WIRE	C		
	**	HARAN	WATER AND AGRICULTURE	10 393 WIRE	N. N. S. S. S. S. S. S. S. S. S. S. S. S. S.			

Schedule F (Form 990)	OXFAM	OXFAM-AMERICA, INC	·		23-7069110	69110		Page 2
Part II Continuation	of Grants and Other	Assistance to Organiza	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States, (Schedule F (Form 990), Part II, line 1)	United States.	Schedule F (Form 9	90), Part II, line 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						
		FACIFIC	MOMBINS EMPOWERMENT	0/0/04	WINE			
		SUB-SAHARAN				and the second of the second second second		
		AFRICA	POLICY AND ADVOCACY	50,000,	WIRE	0.		
		RAL			ļ	4		
		AND THE CARIBBEAN	WATER AND AGRICULTURE	15,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	MICOFINANCE	25,000,	HIRE	0		
			MATER AND ACRICILITIES	بر بر بر	ш а Э	C		
		UNITY TO		,			of Transmission and the Control of t	
		SUB~SAHARAN AFRICA	WATER AND AGRICULTURE	25 25 20 20 20 20 20 20 20 20 20 20 20 20 20	# R R	c		
Vanility adversif un mannen melleit fant de politikliege Arrich (speken in steppe in stepp		UNIT UT THE	אמוחסידאטע האים שמוזמעה	2		•		
		EAST ASIA AND THE PACIFIC	GENERAL ADVOCACY	26,700	WIRE	o		
Supplied to the state of the st								
		EUROPE	AID EFFECTIVENESS	599,870	WIRE	Ö		
		Tacata	V A K DAYA K T K GENERAL TA	000 ot	1 1 1	c		
		BURUFE	FEMERAL ALVOCACI	1000.01	WINE.			

Schedule F (Form 990) Part II Continuation of	OXFAM.	OXFAM-AMERICA, INC.	(Form 990) OXFAM-AMERICA, INC. 23-7069110 Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990) Part 1) line	United States.	23-7069110 (Schedule F (Form 990) Part 1	69110		Page 2
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)
	P	EUROPE	OTHER HUMANITARIAN INTERVENTION	332,490.	WIRE	O		
	ω	EUROPE	POLICY AND ADVOCACY	338,643	WIRE	Û		
	P	EUROPE	DEVELOPMENT	200,000, WIRE	VIRE	0		
THE OWNER OF THE OWNER OF THE OWNER	.v. «	SUB - SAHARAN AFRICA	OTHER HUMANITARIAN INTERVENTION	27,000,WIRE	ÎRE	0		
	S A	SUB-SAHARAN AFRICA	OTHER HUMANITARIAN INTERVENTION	85,395,	WIRE	0		
	V 2. «C	SUB - SAHARAN AFRICA	WATER AND AGRICULTURE	000	WIRE	0		
	, w	SOUTH AMERICA	CORPORATE ENGAGEMENT	35,600,	HIRE	0		
	Ю	EAST ASIA AND THE PACIFIC	WATER AND AGRICULTURE	14,000,	WIRE	°0		
		EAST ASIA AND THE	AID EFFECTIVENESS	33.722.WIRE	TRE	0		

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щ	OXFAM	OXFAM-AMERICA, INC	NC.		23-7069110	69110		Page 2
Fart II Continuation o	of Grants and Other	Continuation of Grants and Other Assistance to Organiza	ations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)	United States.	Schedule F (Form 9	90), Part II, line		
(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	POLICY AND ADVOCACY	13,778.WIRE	WIRE	0		
THE PROPERTY OF THE PROPERTY O	V4. 15	SUB - SAHARAN AFRICA	MATER AND AGRICULTURE	58,164.	WIRE	Ċ		
	V4	SUB SAHARAN						
		AFRICA	POLICY AND ADVOCACY	45,205,WIRE	WIRE	0.		
	V, R	SUB SAHARAN AFRICA	OTHER HUMANITARIAN INTERVENTION	194,882,	WIRE	ů		
	J.	SUB - SAHARAN	DISASTER RISK		•			
to a second desired to the second sec		AFRICA	REDUCTION	811,016.	WIRE	0		
	NA G	SUB SAHARAN AFRICA	HUMANITARIAN MATERIALS/SUPPLIES	0		1655682.	HUMANITARIAN 1655682, MATERIALS/SUPPLIE	∆.W.d
			HUMANITARIAN				HUMANITARIAN	
	-	SOUTH AMERICA	MATERIALS/SUPPLIES	0.		8 533	8,533, MATERIALS/SUPPLIE	FMV
	U	CENTRAL AMERICA AND THE CARIBBEAN	HUMANITARIAN MATERIALS/SUPPLIES	0	WIRE	36 749		≥
		ADIDAN INGUMA	de de meters				1	
	. 50	AND THE CARIBBEAN	SUPPORT	35.652.CHECK	CHECK	0		

Page 2	A STATE OF THE STA	(i) Method of valuation (book, FMV, appraisal, other)							
		(h) Description of non-cash assistance							
59110	90), Part II, line 1	(g) Amount of non-cash assistance	0.0	6	0	•			
23-7069110	Schedule F (Form 99	(f) Manner of cash disbursement	СНЕСК	СНЕСК	СНБСК	2001110			
	United States. ((e) Amount of cash grant	108,053,0	11,789	23,300,0	, cc.			
*	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States, (Schedule F (Form 990), Part II, line 1)	(d) Purpose of grant	PARTINER WORKSHOP SUPPORT	PARTNER WORKSHOP SUPPORT	PARTNER WORKSHOP SUPPORT	PARTNER WORKSHOP	The state of the s		
OXFAM-AMERICA, INC.	ssistance to Organiza	(c) Region	EAST ASIA AND THE E	EUROPE	E SOUTH AMERICA	SUB-SAHARAN			
OXFAM-A	f Grants and Other A	(b) IRS code section and EIN (if applicable)	, 144 PA		, o				
Schedule F (Form 990)	Part II Continuation o	t (a) Name of organization							

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Schedule F (Form 990) 2014

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

Page 3

23-7069110

(a) Type of grant or assistance (b) Region

for Form 5713; do not file with Form 990)

Schedule F (Form 990) 2014

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Information about Schedule G /Form 990 or 990-F7) and its instructions is at www.irs.gov/form 990

Name of the organization			- 1110-111			Employer ide	ntification number
OXFAM-A	AMERICA, INC.					23-7069	110
Part Fundraising Activities	G. Complete if the organization answ	ered "Y	res" to	o Form 990, Part IV, I	line 17		
required to complete this pa	ırt.						
1 Indicate whether the organization ra	ised funds through any of the followi	ing acti	ivities.	Check all that apply	r.		
a X Mail solicitations	e X Solicita	ation of	กดก-ดู	jovernment grants			
b X Internet and email solicitation	s f Solicita	ation of	gove	rnment grants			
c X Phone solicitations	g 🔲 Specia	l fundra	aising	events			
d X In-person solicitations	•		-				
2 a Did the organization have a written	or oral agreement with any individua	i (inclu	ding o	fficers, directors, tru	stees	or	
	Part VII) or entity in connection with p					X Yes	No.
b If "Yes," list the ten highest paid inc	· · · · · · · · · · · · · · · · · · ·			=			
compensated at least \$5,000 by the			•				
MANAGEMENT AND ADDRESS OF THE PARTY OF THE P		1		<u> </u>	Γ	~	
(i) Name and address of individual		(iii)	Did raiser	(iv) Gross receipts		Amount paid r retained by)	(vi) Amount paid
or entity (fundraiser)	(ii) Activity	have c	ustody itrol of	from activity		undraiser	to (or retained by)
,		contrib	utions?		list	ed in col. (i)	organization
O'BRIEN, MCCONNELL & PEARSON,		Yes	No				
INC 1133 19TH ST. NW.	FUNDRAISING		х	0,		413,933.	٥.
DIALOGUE DIRECT, INC 3 E							
28TH ST. 4TH FL. NEW YORK	FUNDRAISING		х	0.		352,260.	0.
TELEFUND, INC P.O. BOX							
2366 DENVER CO 80201	TELEMARKETING		х	0.		255,092.	0.
COMMUNITY COUNSELING SERVICE	The state of the s			-			
CO. LLC - 10 HIGH STREET	FUNDRAISING		x	0.		247,000.	0,
M + R STRATEGIC SERVICES							
2120 L STREET NW. WASHINGTON	FUNDRAISING & CONSULTING		x	0.		245,403.	0.
DONOR SERVICES GROUP - 6715	- SADIGITOTAL COMBODITAL	†		•		245, 405,	
SUNSET BLVD LOS ANGELES CA	FUNDRAISING		x	0.		202,481.	0.
QUANTUM DIALOGUE, LLC - 70880	FUNDINIDING			•		202,401.	
HOLLYWOOD BLVD #312 LOS	FUNDRAISING		x	0.		65,965,	0,
PUBLIC INTEREST	- CHDAGILO ING			<u> </u>		05,505,	
COMMUNICATIONS INC - 700	TELEMARKETING		x	0.		45,325,	0,
COMNET - 1214 STOWE AVE	I EUESTAKKET ING		_A			40,020,	
MEDFORD OR 97501	TELEMARKETING		х	0.		23,768.	ο,
ARIA COMMUNICATIONS - 717	1 DEPARKETING	1		0,		23,700,	<u>, , , , , , , , , , , , , , , , , , , </u>
WEST ST. GERMAIN STREET, ST.	TELEMARKETING		x	0.		16,144,	٥
WEST SI, SERMIN STREET, SIL	1 PARIANALI ING	1		<u> </u>		10,144,	0,
Total						1 067 271	
3 List all states in which the organization	on is registered or licensed to solicit					1,867,371.	
or licensing.	or to registered or neerland to soller.	COMMIND	utions	or mas been mouned	11113	skempt nom te	gistration
AL, AK, AZ, AR, CA, CO, CT,	DE EL CA HI ID IL	TN	ТΔ	KS KV TA M	R M	T MA MT	MNT MC MO
MT, NE, NV, NH, NJ, NM, NY,							
WY	NC, ND, OH, OK, OK, IA,	11,1	<u> </u>	DD, 111, 121, U	<u> </u>	1, VA, NA	, DC , NV , NI
774							
		·····					
- I PANALLE .							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2014

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Schedule G (Form 990 or 990-EZ) 2014 OXFAM-AMERICA, INC.	23-7069110 Page 3
11 Does the organization conduct gaming activities with nonmembers?	
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	r 1
14 Enter the name and address of the person who prepares the organization's gaming/special events books and rec	
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 arr	nount
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 sper	
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 FUNDR	ATSERS.
SCHEDOLE G, PART I, DINE 20, DIST OF THE MIGHEST TAID TONDA	THE SHIP !
/T) NAME OF BURDDATOED. OLDSTEN MOCONDETT C DEADON. TWO	A COLUMN TO SERVICE AND A COLU
(1) NAME OF FUNDRAISER: O'BRIEN, MCCONNELL & PEARSON, INC.	
(I) ADDRESS OF FUNDRAISER: 1133 19TH ST. NW, WASHINGTON, DC	20036
(I) NAME OF FUNDRAISER: DIALOGUE DIRECT, INC.	
(1) MEM OI TONDICATORIC, DIRECT, INC.	
(I) ADDRESS OF FUNDRAISER: 3 E 28TH ST., 4TH FL., NEW YORK,	NY 10016
(I) NAME OF FUNDRAISER: COMMUNITY COUNSELING SERVICE CO. LL	·C
	e G (Form 990 or 990-EZ) 2014

Schedule G (Form 990 or 990-EZ) OXFAM-AMERICA, INC. 23-7069110 Page 4
Part IV Supplemental Information (continued)
(I) ADDRESS OF FUNDRAISER: 10 HIGH STREET, SUITE 503, BOSTON, MA 02110
(I) NAME OF FUNDRAISER: M + R STRATEGIC SERVICES
(I) ADDRESS OF FUNDRAISER: 2120 L STREET NW, WASHINGTON, DC 20037
(I) NAME OF FUNDRAISER: DONOR SERVICES GROUP
(I) ADDRESS OF FUNDRAISER: 6715 SUNSET BLVD, LOS ANGELES, CA 90028
(I) NAME OF FUNDRAISER: QUANTUM DIALOGUE, LLC
(I) ADDRESS OF FUNDRAISER:
70880 HOLLYWOOD BLVD, #312, LOS ANGELES, CA 90028
(I) NAME OF FUNDRAISER: PUBLIC INTEREST COMMUNICATIONS, INC
(I) ADDRESS OF FUNDRAISER:
700 LEESBURG PIKE, SUITE 301, NORTH FALLS CHURCH, VA 22043
(I) NAME OF FUNDRAISER: ARIA COMMUNICATIONS
(I) ADDRESS OF FUNDRAISER:
717 WEST ST. GERMAIN STREET, ST. CLOUD, MN 56301
SCHEDULE G, PART I, LINE 2B:
THE PAYMENT TO M+R STRATEGIC SERVICES INCLUDES \$60,006 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" to Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990.

Name of the organization							Employer identification number
Part I General Information on Grants and Assistance	SKICA, INC.	•					23-7069110
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	to substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	/ for the grants or ass	sistance, and the selec	fion
criteria used to award the grants or assistance?	istance?				•		X Yes
્ર⊱	ocedures for moni	toring the use of grant	funds in the United	1 States.			
Fart II Grants and Other Assistance to Domestic Organizations	Domestic Organi	izations and Domestic	c Governments, C.	omplete if the orga	anization answered "\	and Domestic Governments, Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	IV, line 21, for any
recipient dial received more than \$5,000. Part il can be duplicated il additional space is needed	SO,UUU. Part II car	De dupircated if addit	ional space is need	led.	7- F		
1 (a) Name and address of organization or government	(g) 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
AMERICAN VALUES NETWORK					#A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-	-	
C/O KAREN STRIDER, 3711 ALBEMARLE	— € 5						
WASHINGTON DC 20016	26-4222057	501(C)(4)	17,000.	0			AID EFFECTIVENESS
BAYOU GRACE COMMUNITY SERVICES	An hand do no White day						
P.O. BOX 238							NON) SUCCHITIANT
CHAUVIN, LA 70344	20-8026024	501(C)(3)	25,000.	0.			AGRICULTURE)
ance the are are selected							
1401 NEW YORK AVE. N.W. STE. 1225	— ⊌			· · · · · · · · · · · · · · · · · · ·			and the second s
- 1	45 2387029	501(C)(3)	20,000.	0.			MORENS ERFOWEREENL/WORKER RIGHTS
CASA DE MARYLAND							THE REAL PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS
8151 15TH AVENUE							
LANGLEY PARK, MD 20783	52-1372972	501(C)(3)	15,750.	0			GENERAL ADVOCACY
EARTH RIGHTS INTERNATIONAL	~~~~						
1612 K STREET, N.W., SUITE 500							
WASHINGTON, DC 20006	04-3265555	501(C)(3)	66,320.	0.			POLICY AND ADVOCACY
EQUITABLE FOOD INITIATIVE							
1875 CONNECTICUT AVE., N.W., SUITE							
WASHINGTON, DC 20009	47-3123271	501(C)(3)	50,000,	0.			WORKER RIGHTS
	and government or	ganizations listed in the	e line 1 table				30.
ω,	s listed in the line						7.
LHA For Paperwork Reduction Act Notice, see the Instructions for	s, see the instruct	ions for Form 990.					Schedule I (Form 990) (2014)

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Schedule I (Form 990) OXFAM-AMERICA, INC. Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	RICA, INC.	· vernments and Organ	nizations in the Ur	ited States (Sche	dule I (Form 990), Par	***	23-7069110 Page 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
FARM LABOR ORGANIZING COMMITTEE P.O. BOX 560 DUDLEY, NC 28333	34.1044086	501(C)(3)	20,000	0			WORKER RIGHTS
FARMWORKER JUSTICE 1126 16TH STREET, N.W., SUITE 270 WASHINGTON, DC 20036	52-1196708	501(C)(3)	40,000,	0			WORKER RIGHTS
FUNDACIN PARA EL DEBIDO PROCESO LEGAL - 1779 MASSACHUSETTS AVE., N.W., SUITE 710A - WASHINGTON, DC 20036	52-1973930	501(C)(3)	48,000,	0,0			GENERAL, ADVOCACY
GLOBAL FINANCIAL INTEGRITY 1100 17TH STREET, N.W., SUITE 505 WASHINGTON, DC 20036	45-3359420	501(C)(3)	35,000	o			GENERAL ADVOCACY
GULF ORGANIZED FISHERIES IN SOLLDARITY & HOPE - 140 ESPY LANE - POINTE A LA HACHE, LA 70082	56.2613407	501(C)(3)	10,000,	0,0			LIVELIHOODS (NON AGRICULTURE)
INTERFAITH SPONSORING COMMITTEE (BISCO), INC 402 WEST 2ND ST - THIBODAUX, LA 70301	72-1260542	501(¢)(3)	40,000.	0.			LIVELIHOODS (NON AGRICULTURE)
INTERFAITH WORKER JUSTICE 1020 WEST BRYN MAWR AVE., 4TH FLOOR CHICAGO, IL 60657	t 36.4063982	501(C)(3)	23,000,	0			MOMENS EMPOWERMENT
INTERNATIONAL CORPORATE ACCOUNTABILITY ROUNDTABLE 1612 K STREET, N.W., SUITE 515 WASHINGTON, DC 20006	94 3213100	501(C)(3)	16,250,	0.			CORPORATE ENGAGEMENT
MARY QUEEN OF VIETNAM COMMUNITY DEVELOPMENT - 4626 ALCEE FORTIER BLVD., SUITE E - NEW ORLEANS, LA 70129	20-4929600	501(C)(3)	000 56	0			LIVELIHOODS (NON AGRICULTURE)
							Schedule I (Form 990)

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Schedule I (Form 990) OXFAM-AMERICA, INC. Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	RICA, INC.	vernments and Organ	nizations in the Ur	nited States (Sche	dule I (Form 990), Par		23-7069110 Page 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
MOBILE BAYKEEPER 450 C GOVERNMENT STREET MOBILE, AL 36602	63-1190615	\$01(C)(3)	40,000,	0			WORKER RIGHTS
NEW RULES FOR GLOBAL FINANCE 2000 M STREET, M.W., SUITE 720 WASHINGTON, DC 20006	20-4067788	501(C)(3)	5,000.	0			GENERAL ADVOCACY
NORTHWEST ARRANSAS WORKERS JUSTICE CENTER - 207 WEST EMMA AVE SPRINGDALE, AR 72764	20-3709967	501(C)(3)	25,000.	0			WOMENS EMPOWERNENT/WORKER RIGHTS
OPERATION HOMECARE, INC. 300 KENTUCKY AVENUE YORK, AL 36925	20-4477032	501(C)(3)	41,000.	0			WORKER RIGHTS
PUBLIC AFFAIRS RESEARCH COUNCIL OF LOUISIANA, INC 4664 JAMESTOWN, SUITE 300 - BATON ROUGE, LA 70808	72-0436118	501(C)(3)	30,000	0			RESOURCE MANAGEMENT
SEIU LOCAL 26 706 NORTH 1ST STREET, SUITE 110 MINNEAPOLIS, MN 55401	41-0328975	501(C)(5)	3,600	0			GENERAL ADVOCACY
SLOW FOOD USA 68 SUMMIT STREET, SUITE 2B BROOKLYN, NY 11231	13-4100161	501(C)(3)	8,000,	o			GENERAL, ADVOCACY
STEPS COALITION 610 WATER STREET BILCXI, MS 39530	11-3790429	\$01(¢)(3)	83,455.	.0			WORKER RIGHTS
USA AND THE FINANCIAL ACCOUNTABILITY AND CORPORATE TRANSPARENCY COALITION - 1616 P STREET N.W. SUITE 340 -	23-7391766	501(c)(3)	35,000.	0			GENERAL ADVOCACY
							Schedule I (Form 990)

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Schedule I (Form 990) OXFAM-AMERICA, INC. Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	RICA, INC. Assistance to Gove	vernments and Organ	nizations in the Ur	nited States (Sche	dule I (Form 990), Pa		23-7069110 Page 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
THE BORGEN PROJECT 110 CHERRY STREET, SUITE 310 SEATILE, WA 98104	20-0536470	501(C)(3)	10,000,	O			WATER AND AGRICULTURE
THE PEOPLES INSTITUTE FOR SURVIVAL AND BEYOND - 601 N. CARROLLTON NEW ORLEANS, LA 70119	72.1160700	S01(C)(3)	.000.25	0	POTATA A TOTAL		LIVELIHOODS (NON AGRICULTURE)
URBAN LEAGUE OF GREATER NEW ORLEANS - 2322 CANAL ST. NEW ORLEANS, LA 70119	72-0423627	501(c)(3)	20,000,	Ô			MORKER RIGHTS
US CLIMATE ACTION NETWORK 50 F STREET, N.W., 8TH FLOOR WASHINGTON, DC 20001	20-4597308	501(C)(3)	20,500.	0			GENERAL ADVOCACY
WESTERN NORTH CAROLINA WORKERS CENTER - P.O. BOX 3025 - MARION, NC 28752	86_1120732	<u>501(C)(3)</u>	25,000	.0			WOMENS EMPOWERMENT/WORKER RIGHTS
WOMEN, FOOD AND AGRICULTURE NETWORK - P.O. BOX 611 - AMES, IA 50010	27.0897403	501(C)(3)	10 000	0			WATER AND AGRICHT-MIRE
WOODSTOCK INSTITUTE 29 E. MADISON, SUITE 1710 CHICAGO, IL 60602-4566	362907408	501(C)(3)	15 000	C			VACCANTA TEGENATION
ORGANIZACION EN CALIFORNIA DE LIDERES CAMPESINAS, INC. 2101 S ROSE AVE., STE A OXNARD, CA 93033-4075		501(C)(3)	8,387.	0			MOMENS EMPOWERMENT/WORKER RIGHTS
1 4 5 5 5 4							Schedule I (Form 990)

Schedule I (Form 990) (2014) OXFAM-AMERICA, INC.

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

Part III can be duplicated if additional space is needed.

Page 2

23-7069110

(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 non-cash assistance
	777	And the second s			
Part IV Supplemental Information, Provide the information require	uired in Part I, lin	e 2, Part III, column	red in Part I, line 2, Part III, column (b), and any other additional information	ditional information.	
PART I, LINE 2:			THE REAL PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY		
PROGRAM OFFICERS MEET WITH PARTNERS	AND	SIT THE PR	VISIT THE PROJECT REGULARLY	ARLY TO	
ASSESS WHETHER THE FUNDS HAVE BEEN	USED FOR		THE INTENDED PURPOSE.	SE. PROGRAM	
AND FINANCIAL EXPENDITURE REPORTS A	ARE ALSO	PREPARED	ARE ALSO PREPARED BY THE PARTNERS IN	INERS IN	
CONJUNCTION WITH LOCAL PROGRAM OFFI	CERS.	FINAL REPORTS	ARE	COMPLETED BY	
PARTNERS AND SUBMITTED TO OXFAM AMERICA UPON COMPLETION OF THE PROJECT	ERICA UPO	ON COMPLET	ION OF THE	PROJECT.	
PROJECTS MAY BE AUDITED AS NEEDED OR	AS	QUIRED BY	REQUIRED BY CONTRACT PROVISION.	NOVISION.	
THERE ARE NO AUDIT THRESHOLDS EXCEPT		AS REQUIRED BY	BY CONTRACT, A	AND AUDITS	
ARE CONDUCTED AT THE DISCRETION OF		IONAL OFFI	CE AND ARE	THE REGIONAL OFFICE AND ARE BASED ON THE	serve work and The State of Andrews

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.

► Complete if the organization answered resources of the organization and organiza

OMB No. 1545-0047

Name of the organization

OXFAM-AMERICA, INC.

23-7069110

			Yes	No
la	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	1		İ
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			l
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
		İ	l	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	roimburroment or provision of all of the common described at an B 16 lb 1. I ample a Dat 11 to a large	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	10	 	
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		l
	Transport and amount increasing the organized photologic legal and the stello photologic stress for the	 		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's	1		
_	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.			
	TO THE PERSON NAMED IN COLUMN TO THE			
	Independent compensation consultant Compensation survey or study			
	X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
9		.		v
		4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		_A_
	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 in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		1	
	contingent on the revenues of:			
а	The organization?	5a		X
ь	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.	Time	11.0	
	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		1	
	contingent on the net earnings of:	1 1		
	The organization?	6a		х
ь	Any related organization?	6b		$\frac{1}{X}$
	If "Yes" to line 6a or 6b, describe in Part III.			
	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
		_	v	
	not described in lines 5 and 6? If "Yes," describe in Part III	7	Х	
	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		1	v
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		<u>X</u>
	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
118	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2014

For each individual whose compensation must be reported in Schedule J. report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

Do not list any individuals that are not listed on Form 990, Part VII.

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	A	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(l)·(l)(B)	in column (B) reported as deferred in prior Form 990
(1) OFFENHEISER, RAYMOND C.	ε	364,836.	0.	93,121.	13,000.	31,041.	501,998.	0.
PRESIDENT	(ii)		0.	0.	0.	0	0	0
(2) KRIPP, MARK	(1)	189,502.	0.	19,971.	9,856.	31,312.	250,641.	0
CHIEF FINANCIAL OFFICER	(ii)			0.	0.	0	0.	0.
(3) DANIELL, JAMES	(E)	268,365.	15,000.	27,719.	13,000.	31,129.	355,213.	0.
BF OPERATING OFFICER	Œ	0.		0.		0	0	0
(4) HAYES, RACHEL	ω	153,371.	3,795.	396.	8,064.	27,798.	193,424.	0
DIR., COMM./COMMUNITY ENGAGEMENT	Ξ	0.	0.	0.		0.	0	0.
LANGEVIN, ADELE	ε	168,972.	0.	17,659.	8,486.	1,000.	196,117.	0
DIRECTOR, GLOBAL HUMAN	≣	0	0	0.			1	0.
KURZINA, STEPHANIE O.	ε	239,650.	0	25,137.	12,188.	19,373.	296,348.	0
DEVELOPMENT & COMUNICATIONS	€	0	0.	1				0.
O'BRIEN, DANIEL PAUL	ε	180,146.	0.	19,014.	9,438.	31,486.	240,084.	0.
POLICY AND ADVOCACY	≣	0	0.	- 1				0.
RIUS	ε	203,271.	0.	21,085.	10,474.	29,893.	264,723.	0.
F PROGRAMS	Ξ	0	0.	0.			0	0.
DELANEY, MICHAEL	ε	142,941.	0.	138.	7,365.	30,175.	180,619.	0
N ASSISTANCE	▣	0.	0	0			0	0.
	ε	136,966.	0	138.	6,93	16,131.	160,171.	0.
ENT AFFAIRS	≣	- 1	0	0.				0.
MURIU, MUTHONI	Ξ	147,845.	0.	138,	7,464.	9,117.	164,564.	• 0
REGIONAL PROGRAMS	▣		0	0.	0			0.
CELLI, MAURA	Ξ	156,574.	0	90.	7,920.	10,184.	174,768.	0.
	Ξ		0.	0.	0.	0	0	0
	ε	130,077.	0.1	138.	6,844.	30,483.	167,542.	0.
DIRECTOR OF INFORMATION TECHNOLOGY	Ξ	0	0	0.	0	0.	0.	0.
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	Ξ:					14. All 14. Al		

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

PART I, LINE 7:

SCHEDULE J IS NO 990 AND FORM N O COMPENSATION DISCLOSED IN PART VII

THE CALENDAR YEAR ENDED 12/31/2014 CALENDAR YEAR BASIS FOR REPORTED ON A

JAMES DANIELL WAS AWARDED FOR PERFORMANCE DURING FISCAL YEAR THE BONUS FOR

THE BOARD. COMPENSATION COMMITTEE OF THE 2014 BY ENDED MARCH 31,

BY RACHEL HAYES WAS AWARDED FOR PERFORMANCE IN SEPTEMBER 2014 THE BONUS FOR

THE EXECUTIVE MANAGEMENT OF THE ORGANIZATION.

SCHEDULE J:

A COMPENSATION COMPENSATION FOR OXFAM AMERICA EXECUTIVES IS SET BY

THE BOARD OF DIRECTORS. Ö COMMITTEE COMPRISED OF INDEPENDENT MEMBERS

ę. THE COMMITTEE REGULARLY ENGAGES QUALIFIED INDEPENDENT CONSULTANTS

ENSURE THAT TOTAL EXECUTIVE COMPENSATION IS BOTH COMPETITIVE AND

THAT IT CONFORMS TO IRS GUIDELINES, COMPARED TO MARKET, REASONABLE AS

AND WOULD NOT BE CONSIDERED EXCESSIVE UNDER INTERMEDIATE SANCTIONS

PROVISIONS CONTAINED IN SECTION 4958 OF THE INTERNAL REVENUE CODE.

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. 23-7069110 THE COMPENSATION COMMITTEE DECIDED TO INSTITUTE A BENEFIT PROGRAM WHICH REQUIRES EXECUTIVES TO INVEST AFTER TAX INCOME INTO ONE 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 AS OF NOVEMBER 1, 2010, BASED ON RECOMMENDATIONS OF INDEPENDENT OF A LIMITED NUMBER OF THIRD PARTY BENEFIT PLANS. Part III Supplemental Information Schedule J (Form 990) 2014 COMPENSATION CONSULTANTS,

432113 10-13-14

Schedule J (Form 990) 2014

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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

Pa	rt I	1	Typ	es of Property		•										-
						(a) Check if applicable	(b) Number of contributions or items contributed	Noncash co amounts re Form 990, Pag	ontribution	n	no		(d) nod of de contribe	etermi		ts
1	Art	- W	orks o	of art			l l	1 01111 000,1 0	<u> </u>	<u> </u>					···	
2				al treasures							-			·····		
3				al interests												
4				ublications												
5				household goods									····			
6				ner vehicles											·····	
7																
				lanes												
8				roperty		x	314	2 26	1 660	,	ATOM	OF	DDDC			
9				Publicly traded		<u>^</u>	214	2,26	1,000	<i>J</i> •	NET	Or_	FEES	-		
10				Closely held stock												
11				Partnership, LLC, or												
			terest													
12					- · · · · · · · · · · · · · · · · · · ·							·				
13	Qu	alifie	ed cor	servation contributio	n.											
				ctures												
14				servation contributio		***************************************										
15				Residential												
16	Rea	al es	tate ·	Commercial							· • · · · · · · · · · · · · · · · · · ·					
17	Rea	al es	tate -	Other			***************************************									
18	Col	llect	ibles		.,,											
19				ory												
20	Dru	ıgs a	and m	edical supplies												
21																
22				ifacts						1						
23				ecimens		***************************************										
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27		ner		(
28		er		1								*************				
29				orms 8283 received b	ov the organiz	ration during	the tax vear for c	nntributions		T - 1						
				organization comple					29						0	
	,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	organization compic	itod i omiroze	50, r ait iv, t	once nonnomicag	OHIOH	[25	-L		 -			Yes	No
302	Dur	ina i	the ve	ear, did the organizati	ion receive hy	, contributio	n any property ren	orted in Part I	linge 1 tl	broug	sh 28 +	hat it			165	110
JUZ		-	-	at least three years	-					_						ı
				•										00-		v
				oses for the entire ho		*******	**********************						.,	30a		<u> </u>
				cribe the arrangemen			and the state of t			4.31					7.9	
31				anization have a gift a							itions?			31	X	
32a				anization hire or use t			=	· ·								
			utions		**-***********									32a		<u>X</u>
		,		cribe in Part II.												
33			-	ation did not report a	in amount in i	column (c) fo	or a type of proper	ty for which co	lumn (a)	is che	ecked,					
			e in P											لـــــا		
_HA	F	or P	aperv	work Reduction Act	Notice, see	the instruct	ions for Form 990).				Sche	dule M	Form	990) (2014)

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SCHEDULE M, PART I, COLUMN (B): THE NUMBER REPORTED ON SCHEDULE M, COLUMN B, REPRESENTS THE NUMBER OF CONTRIBUTIONS OF EACH ITEM.
CONTRIBUTIONS OF EACH ITEM.

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Schedule M (Form 990) (2014)

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. Information about Schedule Q (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

OXFAM-AMERICA, INC. 23-7069110 FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: MINING WORK WITH THE COMMUNITY MEMBERS. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: PUBLIC EDUCATION EXPENSES \$ 5,487,780. INCLUDING GRANTS OF \$ 136,758. REVENUE \$ 0. FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES: CAMBODIA, EL SALVADOR, ETHIOPIA, GHANA, GUATEMALA, HAITI, MALI, PERU, SENEGAL, SUDAN FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM WITH INFORMATION PROVIDED BY OA'S FINANCE DEPARTMENT UNDER DIRECTION OF THE CHIEF FINANCIAL OFFICER. THE COMPLETED RETURN IS REVIEWED BY OA'S CHIEF FINANCIAL OFFICER, AND SUBMITTED FOR REVIEW TO THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS. FORM 990 WAS PROVIDED TO THE FULL BOARD BEFORE FILING. FORM 990, PART VI, SECTION B, LINE 12C: ALL BOARD MEMBERS, OFFICER, AND KEY EMPLOYEES ARE EXPECTED TO REVEAL ANY POTENTIAL CONFLICT OF INTEREST. ALL BOARD MEMBERS, OFFICERS, AND KEY <u>EMPLOYEES SIGN A STATEMENT ANNUALLY, VERIFYING THAT THEY HAVE REVIEWED OA'S</u> 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 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2014)

WWW.CHARITYNAVIGATOR.ORG. OA WILL PROVIDE COPIES OF ITS GOVERNING DOCUMENTS

Schedule O (Form 990 or 990-EZ) (2014)

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Schedule O (Form 990 or 990 EZ) (2014)	Page 2
Name of the organization OXFAM-AMERICA, INC.	Employer identification number 23-7069110
AND CONFLICT OF INTEREST POLICY UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	7,857.
FORM 990, SCHEDULE L, PART III:	
THE CHAIR OF OXFAM AMERICA, INC. (OA) IS A MEMBER OF THE	BOARD OF
DIRECTORS OF OXFAM INTERNATIONAL. OXFAM INTERNATIONAL'S B	OARD MEMBERS
CONSISTED OF REPRESENTATIVES FROM THE VARIOUS OXFAM ORGAN	IZATIONS
THROUGHOUT THE WORLD. THIS RELATIONSHIP ENSURES THAT THE	MISSION OF
OXFAM IS CLEAR AND CONSISTENT AMONG ITS MEMBER ORGANIZATI	ONS. IN THE 12
MONTHS ENDED MARCH 31, 2015, OA MADE PAYMENTS OF \$11,034,	000 TO OXFAM
INTERNATIONAL ET AL, AND RECEIVED \$3,940,084 FROM OXFAM I	NTERNATIONAL
AND ITS MEMBERS/AFFILIATES.	
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	TO THE REAL MANAGEMENT AND AND AND AND AND AND AND AND AND AND

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service.

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

407

OMB No. 1545-0047

Attach to Form 990.

Open to Public Inspection

Information about Schedule R (Form 990) and its instructions is at www.lrs.gov/lorm990.

Employer identification number 23-7069110

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. INC. OXFAM-AMERICA, Name of the organization Part

Direct controlling entity ε 0.N/A End-of-year assets 2,358, Total income g Legal domicile (state or foreign country) **ASSACHUSETTS** MASSACHUSETTS PROVIDE MANAGEMENT SERVICES RCEIVE AND HOLD DONATED Primary activity TO INVESTMENT FUND <u>@</u> REAL ESTATE WISE WOMEN'S EMPOWERMENT MANAGEMENT COMPANY 06-1509938 00-1125303 226 CAUSEWAY STREET STH Name, address, and EIN (if applicable) of disregarded entity OXFAM AMERICA REAL ESTATE, LLC 226 CAUSEWAY STREET 5TH FLOOR 02114-2206 BOSTON, MA 02114-2206 FLOOR BOSTON MA LLC

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. Part II

(8)	(q)	(0)	(p)	(a)	(£)	6)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direc	Section 512(b)(13)	2(b)(13)
of related organization		foreign country)	section	status (if section		entity?	
ANY AND THE PARTY OF THE PARTY				501(c)(3))		Yes	S _o
OXFAM AMERICA ADVOCACY FUND - 20-1971032	·						
226 CAUSEWAY STREET, 5TH FLOOR		•					
BOSTON, MA 02114-2206	LOBBYING	MASSACHUSETTS	501(C)(4)		A/A	×	
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule R (Form 990) 2014

OXFAM-AMERICA, INC.

Schedule R (Form 990) 2014

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

Page 2

23-7069110

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	Predomin (related, excluded fro	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income		of rear	ortionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or X managing 16 partner?	General or Percentage managing ownership
					THE PROPERTY OF THE PROPERTY O	The foreign constitution of the constitution o						
part IV identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	anizations Taxable a	as a Corpo ig the tax y	ration or Trust Corear.	mplete if th	e organizatior	answered "Y	es" on Form	1 990, Part IV,	line 34 b	ecause it had	one or m	ore related
(a) Name, address, and EIN of related organization	7	Prime	(b) Primary activity	(c) Legal domicite (state or foreign country)	(d) Direct controlling entity		(e) Type of entity (C corp., S corp. or frust)	(f) Share of total income		(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
CHARITABLE REMAINDER UNITRUST	5	CHARITABLE	TRUST	MA		TRUST						×
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432162 08-14-14				83						Schedu	ule R (For	Schedule R (Form 990) 2014

Schedule R (Form 990) 2014 OXFAM-AMERICA, INC.

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

The second secon					Yes	£
	ons with one or more r	elated organizations liste	d in Parts II-IV?			
	ifty			12		X
 Giff, grant, or capital contribution to related organization(s) 				£		×
 Gift, grant, or capital contribution from related organization(s) 				:		; >
		***************************************	***************************************	2 ;		4:
			***************************************	2		×
e Loans or toan guarantees by related organization(s)				9		×
Dividends from related organization(s)				Ť		×
g Sale of assets to related organization(s)						×
h Purchase of assets from related organization(s)			***************************************	2 :		4 >
			***************************************	=		< :
j Lease of facilities, equipment, or other assets to related organization(s)				= =		××
k Lease of facilities, equipment, or other assets from related organization(s)				*		×
Performance of services or membership or fundraising solicitations for related organization(s)	ganization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	janization(s)			£		×
	ation(s)			‡	×	
 Sharing of paid employees with related organization(s) 		***************************************		10	×	
				ŧ		×
 Reimbursement paid by related organization(s) for expenses 		***************************************		10	×	
				+		×
s Other transfer of cash or property from related organization(s)	***************************************	A RANGE OF THE PROPERTY OF THE		13		×
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.	who must complete the	is 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	volved		
(1) OXFAM AMERICA ADVOCACY FUND	0	93,546.	93,546.FAIR VALUE			
(2) OXFAM AMERICA ADVOCACY FUND	ø	229,519,	FAIR VALUE			
	and the state of t					
432163 06-14-14	84		Schedule R (Form 990) 2014	R (Form	066	8 4

Page 4

Schedule R (Form 990) 2014

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the o

(a) (h) (h)	(h)	19)	Company participation		-					
Name, address, and EIN	Primary activity	l egal domicile	(u) Predominant incom		E)	(6)	£	e :	8	€
of entity		(state or foreign country)	(related, unrelated, excluded from fax unc		total income	onare or end-of-year assets	tonate tonate affocations?	boshregor Code V-Ubi Concret or Percentage boshregor amount in box 20 managing ownership of Schedule K-1 partner?	General or managing partner?	Percentage ownership
		Ì		Tes No			Kes No	(con 1002)	Yes	
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Schedule R (Form 990) 2014 OXFAM-AMERICA, INC. 23-7069110 Page 5
Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions).
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.