

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

**2007**Open to Public  
Inspection**A** For the 2007 calendar year, or tax year beginning **NOV 1, 2007** and ending **OCT 31, 2008****B** Check if  
applicable:

- ☐ Address  
change  
☐ Name  
change  
☐ Initial  
return  
☐ Termina-  
tion  
☐ Amended  
return  
☐ Application  
pending

Please  
use IRS  
label or  
print or  
type.  
See  
Specific  
Instruc-  
tions.**C** Name of organization**OXFAM-AMERICA, INC.**

Number and street (or P.O. box if mail is not delivered to street address)

**226 CAUSEWAY STREET, 5TH FLOOR**

City or town, state or country, and ZIP + 4

**BOSTON, MA 02111**• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts  
must attach a completed Schedule A (Form 990 or 990-EZ).**D** Employer identification number**23-7069110****E** Telephone number**617-482-1211****F** Accounting method: ☐ Cash ☒ Accrual  
☐ Other (specify) ▶**G** Website: **WWW.OXFAMAMERICA.ORG****J** Organization type (check only one) ☒ 501(c) ( 3 ) (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross  
receipts are normally **not** more than \$25,000. A return is not required, but if the organization  
chooses to file a return, be sure to file a complete return.**H** and **I** are not applicable to section 527 organizations.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶ **N/A****H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No  
(If "No," attach a list.)**H(d)** Is this a separate return filed by an or-  
ganization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶ **N/A****L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **73,359,070.****M** Check ☐ if the organization is **not** required to attach  
Sch. B (Form 990, 990-EZ, or 990-PF).**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Contributions to donor advised funds	1a			
	b	Direct public support (not included on line 1a)	1b	70,440,436.		
	c	Indirect public support (not included on line 1a)	1c			
	d	Government contributions (grants) (not included on line 1a)	1d			
	e	Total (add lines 1a through 1d) (cash \$ 70,440,436. noncash \$ )	1e	70,440,436.		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2			
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4	2,646,732.		
	5	Dividends and interest from securities	5			
	6a	Gross rents	6a			
	b	Less: rental expenses	6b			
c	Net rental income or (loss). Subtract line 6b from line 6a	6c				
7	Other investment income (describe )	7				
Expenses	8a	Gross amount from sales of assets other than inventory	(A) Securities	8a	8,100.	
	b	Less: cost or other basis and sales expenses	8b			
	c	Gain or (loss) (attach schedule)	8c	8,100.		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)	STMT 1	8d	8,100.	
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	a	Gross revenue (not including \$ of contributions reported on line 1b)	9a			
	b	Less: direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c			
	10a	Gross sales of inventory, less returns and allowances	10a			
	b	Less: cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
	11	Other revenue (from Part VII, line 103)	11	263,802.		
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	73,359,070.			
Net Assets	13	Program services (from line 44, column (B))	13	51,644,247.		
	14	Management and general (from line 44, column (C))	14	3,970,675.		
	15	Fundraising (from line 44, column (D))	15	8,793,218.		
	16	Payments to affiliates (attach schedule)	SEE STATEMENT 2	16	565,717.	
	17	Total expenses. Add lines 16 and 44, column (A)	17	64,973,857.		
18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	8,385,213.			
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	81,077,541.			
20	Other changes in net assets or fund balances (attach explanation)	SEE STATEMENT 3	20	-1,309,181.		
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	88,153,573.			

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ <u>22536284</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	<b>22b</b> 22,536,284.	22,536,284.	<b>STATEMENT 4</b>	
<b>23</b> Specific assistance to individuals (attach schedule)	<b>23</b>			
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>			
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A	<b>25a</b> 1,306,510.	627,432.	225,618.	453,460.
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	<b>25b</b> 172,850.	0.	172,850.	0.
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	<b>25c</b>			
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	<b>26</b> 14,863,336.	12,373,571.	1,066,841.	1,422,924.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	<b>27</b> 807,912.	646,368.	71,871.	89,673.
<b>28</b> Employee benefits not included on lines 25a - 27	<b>28</b> 1,878,475.	1,569,339.	159,598.	149,538.
<b>29</b> Payroll taxes	<b>29</b> 1,173,556.	902,465.	126,496.	144,595.
<b>30</b> Professional fundraising fees	<b>30</b> 506,845.			506,845.
<b>31</b> Accounting fees	<b>31</b> 100,585.	20,331.	80,254.	
<b>32</b> Legal fees	<b>32</b> 362,521.	92,356.	218,934.	51,231.
<b>33</b> Supplies	<b>33</b> 473,912.	185,317.	22,818.	265,777.
<b>34</b> Telephone	<b>34</b> 490,294.	454,061.	27,872.	8,361.
<b>35</b> Postage and shipping	<b>35</b> 2,459,232.	255,887.	18,821.	2,184,524.
<b>36</b> Occupancy	<b>36</b> 2,377,411.	1,848,325.	287,030.	242,056.
<b>37</b> Equipment rental and maintenance	<b>37</b>			
<b>38</b> Printing and publications	<b>38</b> 1,269,612.	462,655.	5,660.	801,297.
<b>39</b> Travel	<b>39</b> 3,833,409.	3,588,565.	141,315.	103,529.
<b>40</b> Conferences, conventions, and meetings	<b>40</b>			
<b>41</b> Interest	<b>41</b>			
<b>42</b> Depreciation, depletion, etc. (attach schedule)	<b>42</b> 1,287,900.	1,086,993.	109,810.	91,097.
<b>43</b> Other expenses not covered above (itemize):				
<b>a</b> PROFESSIONAL FEES	<b>43a</b> 5,732,905.	3,684,938.	561,854.	1,486,113.
<b>b</b> OTHER	<b>43b</b> 1,248,421.	1,020,805.	131,898.	95,718.
<b>c</b> OUTSIDE TEMPORARY HELP	<b>43c</b> 479,031.	102,551.	304,126.	72,354.
<b>d</b> BANK & CREDIT CARD	<b>43d</b>			
<b>e</b> FEES	<b>43e</b> 566,147.	15,352.	27,295.	523,500.
<b>f</b> STAFF RECRUITING &	<b>43f</b>			
<b>g</b> DEVELOPMENT	<b>43g</b> 480,992.	170,652.	209,714.	100,626.
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>44</b> 64,408,140.	51,644,247.	3,970,675.	8,793,218.

Joint Costs. Check ☒ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☒ Yes ☐ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ 284,650. ; (ii) the amount allocated to Program services \$ 0. ;

(iii) the amount allocated to Management and general \$ 0. ; and (iv) the amount allocated to Fundraising \$ 284,650.

**Part III Statement of Program Service Accomplishments** (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ►

**TO PROMOTE SELF SUSTAINING PROGRAMS FOR THE POOR AND THE NEEDY.**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

**a SEE STATEMENT 5**

(Grants and allocations \$ 22,167,798.) If this amount includes foreign grants, check here ► ☒

39,309,064.

**b EDUCATION - PROGRAMS TO PROVIDE AND PROMOTE A BETTER UNDERSTANDING OF POVERTY, AND SOCIAL JUSTICE ISSUES AFFECTING THOSE LIVING IN POVERTY IN BOTH THE US AND DEVELOPING WORLD.**

(Grants and allocations \$ 283,053.) If this amount includes foreign grants, check here ► ☐

8,296,568.

**c POLICY AND ADVOCACY - FOCUSES ON ADVOCATING FOR POLICIES AND LEGISLATION THAT BENEFIT THOSE LIVING IN POVERTY. WORK IS CONDUCTED WITH THE PRIVATE SECTOR, US FEDERAL AND STATE LEGISLATIVE BODIES AND AGENCIES, INTERNATIONAL ORGANIZATION SUCH AS THE WORLD TRADE ORGANIZATION, LOCAL AND NATIONAL GOVERNMENTS WHERE WE WORK.**

(Grants and allocations \$ 85,433.) If this amount includes foreign grants, check here ► ☐

4,038,615.

**d**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**e Other program services (attach schedule)**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**f Total of Program Service Expenses** (should equal line 44, column (B), Program services) ► 51,644,247.

Form 990 (2007)

**Part IV Balance Sheets** (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing .....	2,532,843.	45	1,531,007.
	46 Savings and temporary cash investments .....		46	
	47 a Accounts receivable ..... 47a 101,847.			
	b Less: allowance for doubtful accounts ..... 47b	42,856.	47c	101,847.
	48 a Pledges receivable ..... 48a 19,517,765.			
	b Less: allowance for doubtful accounts ..... 48b	13,316,696.	48c	19,517,765.
	49 Grants receivable .....		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees .....		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....		50b	
	51 a Other notes and loans receivable ..... 51a			
	b Less: allowance for doubtful accounts ..... 51b		51c	
	52 Inventories for sale or use .....		52	
	53 Prepaid expenses and deferred charges .....	759,141.	53	1,312,244.
	54 a Investments - publicly-traded securities STMT 7 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	71,044,550.	54a	72,863,166.
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55 a Investments - land, buildings, and equipment: basis STMT 6				
b Less: accumulated depreciation ..... 55b		55c		
56 Investments - other .....		56		
57 a Land, buildings, and equipment: basis ..... 57a 8,487,102.				
b Less: accumulated depreciation STMT 8 ..... 57b 5,506,620.	3,106,338.	57c	2,980,482.	
58 Other assets, including program-related investments (describe <input type="checkbox"/> SEE STATEMENT 9 )	1,358,486.	58	1,177,154.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58	92,160,910.	59	99,483,665.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses .....	3,546,982.	60	3,594,411.
	61 Grants payable .....	3,705,893.	61	3,181,098.
	62 Deferred revenue .....	48,261.	62	415,131.
	63 Loans from officers, directors, trustees, and key employees .....		63	
	64 a Tax-exempt bond liabilities .....		64a	
	b Mortgages and other notes payable .....		64b	
	65 Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 10 )	3,782,233.	65	4,139,452.
66 <b>Total liabilities.</b> Add lines 60 through 65	11,083,369.	66	11,330,092.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>			
	67 Unrestricted .....	32,452,934.	67	33,119,966.
	68 Temporarily restricted .....	47,057,000.	68	53,466,000.
	69 Permanently restricted .....	1,567,607.	69	1,567,607.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>			
	70 Capital stock, trust principal, or current funds .....		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund .....		71	
	72 Retained earnings, endowment, accumulated income, or other funds .....		72	
	73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	81,077,541.	73	88,153,573.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	92,160,910.	74	99,483,665.

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Yes	No
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20

75b

X

75c

X

75d

**Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Part VI Other Information (See the instructions.)		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization <b>OXFAM AMERICA ADVOCACY FUND</b> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct and indirect political expenditures. (See line 81 instructions.) 81a 0.		
b	Did the organization file <b>Form 1120-POL</b> for this year?	81b	X

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Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	262,034.
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ 0.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed ▶ MA		
b	Number of employees employed in the pay period that includes March 12, 2007	90b	246
91 a	The books are in care of ▶ MARK KRIPP Telephone no. ▶ 617-728-2558 Located at ▶ 226 CAUSEWAY STREET, 5TH FLOOR, BOSTON, MA ZIP + 4 ▶ 02114-2206		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ SEE STATEMENT 12 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X

**Part VI Other Information** (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

X

No

If "Yes," enter the name of the foreign country SEE STATEMENT 14

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here

and enter the amount of tax-exempt interest received or accrued during the tax year

92

N/A

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	2,646,732.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	8,100.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a LIST RENTAL			15	236,420.	
b MISCELLANEOUS			01	1,019.	
c ROYALTIES			15	26,363.	
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		2,918,634.	0.
105 Total (add line 104, columns (B), (D), and (E))					2,918,634.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
SEE STATEMENT 13	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes

X No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Yes

X No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).



**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

**106** Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

**Yes** **No**

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
<b>Totals</b>				






**107** Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

**Yes** **No**

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

**Yes** **No**

Please Sign Here	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		 Date	
Paid Preparer's Use Only	 <b>MARK KRIPP, ASSISTANT TREASURER</b> Type or print name and title			
	Preparer's signature  Firm's name (or yours if self-employed), address, and ZIP + 4 <b>CBIZ TOFIAS</b> <b>350 MASSACHUSETTS AVENUE</b> <b>CAMBRIDGE, MA 02139</b>		Date	Check if self-employed <input type="checkbox"/> EIN 
		Preparer's SSN or PTIN (See Gen. Inst. X)		Phone no. <b>617-761-0600</b>

Form 990 (2007)

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

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information-(See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

**2007**

Name of the organization

**OXFAM-AMERICA, INC.**

Employer identification number

**23 7069110**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<b>NISHA MONGIA</b> C/O OXFAM-AMERICA, INC., 226 CAUSEWAY	CO-DIRECTOR OF HR 40.00	142,082.	10,367.	
<b>MICHAEL DELANEY</b> C/O OXFAM-AMERICA, INC., 226 CAUSEWAY	DIR. OF HUMAN. RESP. 40.00	114,494.	27,849.	
<b>LISA TELLEKSON</b> C/O OXFAM-AMERICA, INC., 226 CAUSEWAY	DEPUTY DIR R&D 40.00	112,824.	27,645.	
<b>ELIZABETH LANG-HOLMES</b> C/O OXFAM-AMERICA, INC., 226 CAUSEWAY	CO-DIR OF HR 40.00	122,381.	14,824.	
<b>MURIU MUTHONI</b> C/O OXFAM-AMERICA, INC., 226 CAUSEWAY	DIR.OF REGIONAL PROG 40.00	125,760.	10,919.	
Total number of other employees paid over \$50,000	▶ 113			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<b>GOLD GROUP</b> 77 BRANT AVE, SUITE 400, CLARK, NJ 07066	FUND RAISING, PR	556,211.
<b>O'BRIEN, MCCONNELL &amp; PEARSON, INC(OMP)</b> 1726 M STREET NW - STE 300, WASHINGTON, DC 20036	MARKETING	346,159.
<b>TELEFUND INC</b> P.O. BOX 120557, BOSTON, MA 02112	TELEMARKETING	321,000.
<b>CLARK &amp; WEINSTOCK</b> 52 VANDERBILT AVENUE, NY, NY 10017-3808	FUND RAISING	266,988.
<b>M &amp; R STRATEGIC SERVICES</b> 2120 L STREET, NW SIXTH FL, WASHINGTON, DC 20037	FUND RAISING	240,441.
Total number of others receiving over \$50,000 for professional services	▶ 7	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<b>INNOVATIONS FOR POVERTY ACTIONS</b> 85 WILLOW STREET, NEW HAVEN, CT 06511	IMPACT EVALUATION	443,460.
<b>TARGET SOFTWARE</b> 1030 MASSACHUSETTS AVENUE, CAMBRIDGE, MA 02138	SOFTWARE SYSTEMS	221,512.
<b>WINTER, WYMAN, TECHNOLOGY</b> P.O. BOX 845053, BOSTON, MA 02284	CONTRACTED TEMPORARY WORKERS	174,956.
<b>CENVEO</b> 1820 PORTAL STREET, BALTIMORE, MD 21224	PRINTING	173,080.
<b>ACCOUNTING MANAGEMENT SOLUTIONS</b> 800 SOUTH STREET, SUITE 195, WALTHAM, MA 02453	CONTRACTED TEMPORARY WORKERS	156,987.
Total number of other contractors receiving over \$50,000 for other services	▶ 11	

**Part III Statements About Activities** (See page 2 of the instructions.)

Yes No

<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ <b>858,636.</b> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) <b>VI-A, LINE 38B</b>	<b>1</b>	<b>X</b>	
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
<b>a</b> Sale, exchange, or leasing of property? ..... <b>SEE STATEMENT 16</b>	<b>2a</b>	<b>X</b>	
<b>b</b> Lending of money or other extension of credit? .....	<b>2b</b>		<b>X</b>
<b>c</b> Furnishing of goods, services, or facilities? ..... <b>SEE STATEMENT 17</b>	<b>2c</b>	<b>X</b>	
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE PART V-A, FORM 990</b>	<b>2d</b>	<b>X</b>	
<b>e</b> Transfer of any part of its income or assets? .....	<b>2e</b>		<b>X</b>
<b>3 a</b> Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) .....	<b>3a</b>		<b>X</b>
<b>b</b> Did the organization have a section 403(b) annuity plan for its employees? .....	<b>3b</b>	<b>X</b>	
<b>c</b> Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement .....	<b>3c</b>		<b>X</b>
<b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? .....	<b>3d</b>		<b>X</b>
<b>4 a</b> Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g .....	<b>4a</b>		<b>X</b>
<b>b</b> Did the organization make any taxable distributions under section 4966? ..... <b>N/A</b>	<b>4b</b>		
<b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person? ..... <b>N/A</b>	<b>4c</b>		
<b>d</b> Enter the total number of donor advised funds owned at the end of the tax year ..... ►			<b>N/A</b>
<b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ..... ►			<b>N/A</b>
<b>f</b> Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ..... ►			<b>0.</b>
<b>g</b> Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ..... ►			<b>0.</b>

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶**
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> <b>▶</b>					

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2007

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**  
**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	54,322,833.	58,725,546.	75,735,416.	30,523,337.	219,307,132.
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	3,401,580.	2,912,256.	1,451,526.	571,378.	8,336,740.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	266,398.	141,604.	SEE STATEMENT 18 155,192.	241,123.	804,317.
<b>23</b> Total of lines 15 through 22	57,990,811.	61,779,406.	77,342,134.	31,335,838.	228,448,189.
<b>24</b> Line 23 minus line 17	57,990,811.	61,779,406.	77,342,134.	31,335,838.	228,448,189.
<b>25</b> Enter 1% of line 23	579,908.	617,794.	773,421.	313,358.	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24					<b>26a</b> 4,568,964.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					<b>26b</b> 7,192,392.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					<b>26c</b> 228,448,189.
d Add: Amounts from column (e) for lines: 18 8,336,740. 19 7,192,392. 22 804,317. 26b					<b>26d</b> 16,333,449.
e Public support (line 26c minus line 26d total)					<b>26e</b> 212,114,740.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> 92.8503%
<b>27 Organizations described on line 12:</b> a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A (2006) (2005) (2004) (2003)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A (2006) (2005) (2004) (2003)					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					<b>27c</b> N/A
d Add: Line 27a total and line 27b total					<b>27d</b> N/A
e Public support (line 27c total minus line 27d total)					<b>27e</b> N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					<b>27f</b> N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> N/A %
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

**Part V Private School Questionnaire** (See page 9 of the instructions.)**N/A****(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
<b>29</b>	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....	<b>29</b>	
<b>30</b>	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....	<b>30</b>	
<b>31</b>	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .....	<b>31</b>	
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ..... ..... .....		
<b>32</b>	Does the organization maintain the following:		
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff? .....	<b>32a</b>	
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	<b>32b</b>	
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	<b>32c</b>	
<b>d</b>	Copies of all material used by the organization or on its behalf to solicit contributions? .....	<b>32d</b>	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ..... .....		
<b>33</b>	Does the organization discriminate by race in any way with respect to:		
<b>a</b>	Students' rights or privileges? .....	<b>33a</b>	
<b>b</b>	Admissions policies? .....	<b>33b</b>	
<b>c</b>	Employment of faculty or administrative staff? .....	<b>33c</b>	
<b>d</b>	Scholarships or other financial assistance? .....	<b>33d</b>	
<b>e</b>	Educational policies? .....	<b>33e</b>	
<b>f</b>	Use of facilities? .....	<b>33f</b>	
<b>g</b>	Athletic programs? .....	<b>33g</b>	
<b>h</b>	Other extracurricular activities? .....	<b>33h</b>	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ..... .....		
<b>34 a</b>	Does the organization receive any financial aid or assistance from a governmental agency? .....	<b>34a</b>	
<b>b</b>	Has the organization's right to such aid ever been revoked or suspended? .....	<b>34b</b>	
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		
<b>35</b>	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation .....	<b>35</b>	

Schedule A (Form 990 or 990-EZ) 2007

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768)Check ☒ **a** if the organization belongs to an affiliated group.Check ☐ **b** if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	36	89,904.
37	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	37	768,732.
38	Total lobbying expenditures (add lines 36 and 37) .....	38	858,636.
39	Other exempt purpose expenditures .....	39	55,322,003.
40	Total exempt purpose expenditures (add lines 38 and 39) .....	40	56,180,639.
41	Lobbying nontaxable amount. Enter the amount from the following table -		
	<b>If the amount on line 40 is -</b>		<b>The lobbying nontaxable amount is -</b>
	Not over \$500,000 .....		20% of the amount on line 40 .....
	Over \$500,000 but not over \$1,000,000 .....		\$100,000 plus 15% of the excess over \$500,000 .....
	Over \$1,000,000 but not over \$1,500,000 .....		\$175,000 plus 10% of the excess over \$1,000,000 .....
	Over \$1,500,000 but not over \$17,000,000 .....		\$225,000 plus 5% of the excess over \$1,500,000 .....
	Over \$17,000,000 .....		\$1,000,000 .....
41		41	1,000,000.
42	Grassroots nontaxable amount (enter 25% of line 41) .....	42	250,000.
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	43	0.
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	44	0.

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount .....	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
46 Lobbying ceiling amount (150% of line 45(e)) .....					6,000,000.
47 Total lobbying expenditures .....	858,636.	553,146.	386,385.	400,822.	2,198,989.
48 Grassroots nontaxable amount .....	250,000.	250,000.	250,000.	250,000.	1,000,000.
49 Grassroots ceiling amount (150% of line 48(e)) .....					1,500,000.
50 Grassroots lobbying expenditures .....	89,904.	157,734.	109,799.	201,901.	559,338.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers .....			
b Paid staff or management (Include compensation in expenses reported on lines c through h.) .....			
c Media advertisements .....			
d Mailings to members, legislators, or the public .....			
e Publications, or published or broadcast statements .....			
f Grants to other organizations for lobbying purposes .....			
g Direct contact with legislators, their staffs, government officials, or a legislative body .....			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
i Total lobbying expenditures (Add lines c through h.) .....			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

- |     |    |
|-----|----|
| Yes | No |
|-----|----|

51a(i)		X
--------	--	---

a(ii)	X
-------	---

- | V | F | DATE |
|---|---|------|
|   |   |      |

b(i)	X
------	---

b(ii)	X
-------	---

b(iii)	X
--------	---

b(iv)	X	
-------	---	--

b(v)	X
------	---

b(vi)	X
-------	---

- |   |   |  |
|---|---|--|
| C | X |  |
|---|---|--|

- |  |           |  |
|--|-----------|--|
|  | 0000 0000 |  |
|--|-----------|--|

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

- N/A

723152  
12-27-07



**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Supplementary Information for  
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

**2007**

Name of organization

OXFAM-AMERICA, INC.

Employer identification number

23-7069110

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 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 organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules—**

- ☒ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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 of \$5,000 or more during the year.) ▶ \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do 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, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Form **4562-FY**Department of the Treasury  
Internal Revenue Service

Name(s) shown on return

**Depreciation and Amortization** 990  
(Including Information on Listed Property)

▶ See separate instructions.

▶ Attach to your tax return.

OMB No. 1545-0172

**2007**Attachment  
Sequence No. **67**

Identifying number

**OXFAM-AMERICA, INC.****FORM 990 PAGE 2****23-7069110****Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses .....	1	125,000.
2	Total cost of section 179 property placed in service (see instructions) .....	2	
3	Threshold cost of section 179 property before reduction in limitation .....	3	500,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions .....	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29 .....	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 .....	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 .....	9	
10	Carryover of disallowed deduction from line 13 of your 2006 Form 4562 .....	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 .....	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 .....	12	
13	Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12 .....	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year .....	14	
15	Property subject to section 168(f)(1) election .....	15	
16	Other depreciation (including ACRS) .....	16	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2007 .....	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here .....		

**Section B - Assets Placed in Service During 2007 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

**Part IV Summary (see instructions)**

21	Listed property. Enter amount from line 28 .....	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. ....	22	1,287,900.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs .....	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

**24a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							<b>25</b>	
<b>26</b> Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
<b>27</b> Property used 50% or less in a qualified business use:								
		%			S/L -			
		%			S/L -			
		%			S/L -			
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							<b>28</b>	
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1							<b>29</b>	

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
<b>30</b> Total business/investment miles driven during the year (do not include commuting miles)						
<b>31</b> Total commuting miles driven during the year						
<b>32</b> Total other personal (noncommuting) miles driven						
<b>33</b> Total miles driven during the year. Add lines 30 through 32						
<b>34</b> Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?						
<b>36</b> Is another vehicle available for personal use?						

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use?		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2007 tax year:					
<b>43</b> Amortization of costs that began before your 2007 tax year					<b>43</b>
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report					<b>44</b>

FORM 990      GAIN (LOSS) FROM SALE OF OTHER ASSETS      STATEMENT      1

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
COMPUTERS			PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
VARIOUS OXFAM EMPLOYEES	3,100.	0.	0.	0.	3,100.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
CAR			PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
VARIOUS	5,000.	0.	0.	0.	5,000.
TO FM 990, PART I, LN 8	8,100.	0.	0.	0.	8,100.

FORM 990	PAYMENTS TO AFFILIATES	STATEMENT	2
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AFFILIATE'S NAME

AFFILIATE'S ADDRESS

OXFAM INTERNATIONAL

OXFAM HOUSE, 274 BANBURY ROAD  
OXFORD, OX27DZ, UNITED KINGDOM

PURPOSE OF PAYMENT

AMOUNT

DUES

565,717.

TOTAL TO FORM 990, PART I, LINE 16

565,717.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
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DESCRIPTION

AMOUNT

UNREALIZED LOSS

-1,309,181.

TOTAL TO FORM 990, PART I, LINE 20

-1,309,181.

FORM 990	CASH GRANTS AND ALLOCATIONS TO OTHERS	STATEMENT	4
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CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESSAMOUNT

REGIONS OF ASIA

4,132,000.

SOUTH AMERICA REGION

2,331,000.

CENTRAL AMERICA/CARIBBEAN/MEXICO

2,240,000.

UNITED STATES

2,869,284.

MISCELLANEOUS

598,000.

REGIONS OF AFRICA

10,366,000.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22B

22,536,284.

FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	5
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## DESCRIPTION OF PROGRAM SERVICE ONE

DEVELOPMENT AND HUMANITARIAN RELIEF PROGRAMS - GRANTS, TECHNICAL ASSISTANCE AND ADVOCACY PROGRAMS TO SUPPORT LOCAL ORGANIZATIONS' CAPACITY AND PROGRAM DELIVERY IN ADDRESSING ISSUES OF POVERTY AND SOCIAL JUSTICE. HUMANITARIAN - GRANTS AND PROJECTS TO PROVIDE RELIEF AND REHABILITATION FROM HUMANITARIAN CRISIS, THROUGHOUT THE WORLD INCLUDING THE UNITED STATES.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A	22,167,798.	39,309,064.

FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT	6
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SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
CORPORATE BONDS	FMV		2,302,387.		2,302,387.
MONEY MARKET FUND	FMV			56,514,281.	56,514,281.
STOCKS, WARRANTS, RIGHTS	FMV	4,064,340.			4,064,340.
TO FORM 990, LINE 54A, COL B		4,064,340.	2,302,387.	56,514,281.	62,881,008.

FORM 990	GOVERNMENT SECURITIES	STATEMENT	7
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DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
US GOVERNMENT AND AGENCY BONDS	FMV	9,982,158.		9,982,158.
TOTAL TO FORM 990, LINE 54A, COL B		9,982,158.		9,982,158.

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FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	8
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
BUILDING AND BUILDING IMPROVEMENTS	1,739,782.	341,996.	1,397,786.
FURNITURE AND EQUIPMENT	1,360,517.	1,212,875.	147,642.
COMPUTER EQUIPMENT	4,970,759.	3,823,217.	1,147,542.
OTHER	311,044.	128,532.	182,512.
CONSTRUCTION IN PROGRESS	105,000.	0.	105,000.
TOTAL TO FORM 990, PART IV, LN 57	8,487,102.	5,506,620.	2,980,482.

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FORM 990	OTHER ASSETS	STATEMENT	9
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DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
CHARITABLE REMAINDER TRUST	1,064,225.	1,125,444.
DUE FROM OXFAM AMERICA ADVOCACY FUND	294,261.	51,710.
TOTAL TO FORM 990, PART IV, LINE 58	1,358,486.	1,177,154.

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FORM 990	OTHER LIABILITIES	STATEMENT	10
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DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
GIFT ANNUITIES PAYABLE	2,933,331.	3,103,399.
REVENUE CLEARING ACCOUNT	10,367.	36,535.
DEFERRED RENT	838,535.	999,518.
TOTAL TO FORM 990, PART IV, LINE 65	3,782,233.	4,139,452.



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FORM 990      PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS,      STATEMENT 11  
TRUSTEES AND KEY EMPLOYEES

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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
OFFENHEISER, RAYMOND C/O OXFAM-AMERICA, INC., 226 CAUSEWAY STREET, 5TH FLOOR BOSTON, MA 02114-2206	PRESIDENT  40.00	  367,904.	  66,924.	  0.
KRIPP, MARK C/O OXFAM-AMERICA, INC., 226 CAUSEWAY STREET, 5TH FLOOR BOSTON, MA 02114-2206	ASST.TREASURER  40.00	  151,720.	  33,173.	  0.
AMBLER, JOHN C/O OXFAM-AMERICA, INC., 226 CAUSEWAY STREET, 5TH FLOOR BOSTON, MA 02114-2206	SENIOR VP PROGRAMS  40.00	  201,152.	  25,287.	  0.
KURZINA, STEPHANIE C/O OXFAM-AMERICA, INC., 226 CAUSEWAY STREET, 5TH FLOOR BOSTON, MA 02114-2206	VP RESOURCE DEVELOPMENT  40.00	  200,385.	  38,321.	  0.
LYONS, JIM C/O OXFAM-AMERICA, INC., 226 CAUSEWAY STREET, 5TH FLOOR BOSTON, MA 02114-2206	VP POLICY & COMMUNICATIONS  40.00	  200,900.	  20,743.	  0.
MCKINLEY, JANET C/O OXFAM-AMERICA, INC., 226 CAUSEWAY STREET, 5TH FLOOR BOSTON, MA 02114-2206	CHAIR  4.00	  0.	  0.	  0.
JAIN, KAPIL C/O OXFAM-AMERICA, INC., 226 CAUSEWAY STREET, 5TH FLOOR BOSTON, MA 02114-2206	SECRETARY/TREASURER  2.00	  0.	  0.	  0.
HAMILTON, JOE C/O OXFAM-AMERICA, INC., 226 CAUSEWAY STREET, 5TH FLOOR BOSTON, MA 02114-2206	SECRETARY/TREASURER  1.00	  0.	  0.	  0.
BROWN, DAVID C/O OXFAM-AMERICA, INC., 226 CAUSEWAY STREET, 5TH FLOOR BOSTON, MA 02114-2206	VICE-CHAIR  2.50	  0.	  0.	  0.

SAWITSKY, KITT C/O OXFAM-AMERICA, INC., 226 CAUSEWAY STREET, 5TH FLOOR BOSTON, MA 02114-2206	VICE-CHAIR  2.50	0.	0.	0.
WIDMANN, ROGER C/O OXFAM-AMERICA, INC., 226 CAUSEWAY STREET, 5TH FLOOR BOSTON, MA 02114-2206	VICE-CHAIR  2.00	0.	0.	0.
DONIGER, DAVID C/O OXFAM-AMERICA, INC., 226 CAUSEWAY STREET, 5TH FLOOR BOSTON, MA 02114-2206	VICE-CHAIR  1.50	0.	0.	0.
AIDOO, AKWASI C/O OXFAM-AMERICA, INC., 226 CAUSEWAY STREET, 5TH FLOOR BOSTON, MA 02114-2206	DIRECTOR  1.00	0.	0.	0.
ATKINS, CHET C/O OXFAM-AMERICA, INC., 226 CAUSEWAY STREET, 5TH FLOOR BOSTON, MA 02114-2206	DIRECTOR  1.00	0.	0.	0.
BECKER, ELIZABETH C/O OXFAM-AMERICA, INC., 226 CAUSEWAY STREET, 5TH FLOOR BOSTON, MA 02114-2206	DIRECTOR  1.50	0.	0.	0.
BIONDI-MORIA, BRIZIO C/O OXFAM-AMERICA, INC., 226 CAUSEWAY STREET, 5TH FLOOR BOSTON, MA 02114-2206	DIRECTOR  0.50	0.	0.	0.
CALMORE, JOHN C/O OXFAM-AMERICA, INC., 226 CAUSEWAY STREET, 5TH FLOOR BOSTON, MA 02114-2206	DIRECTOR *DECEASED  0.00	0.	0.	0.
CARTER, MICHAEL C/O OXFAM-AMERICA, INC., 226 CAUSEWAY STREET, 5TH FLOOR BOSTON, MA 02114-2206	DIRECTOR  1.00	0.	0.	0.
CONWAY, ROSALIND C/O OXFAM-AMERICA, INC., 226 CAUSEWAY STREET, 5TH FLOOR BOSTON, MA 02114-2206	DIRECTOR  0.50	0.	0.	0.

DOWN, JIM C/O OXFAM-AMERICA, INC., 226 CAUSEWAY STREET, 5TH FLOOR BOSTON, MA 02114-2206	DIRECTOR  1.50	0.	0.	0.
FOX, JONATHAN C/O OXFAM-AMERICA, INC., 226 CAUSEWAY STREET, 5TH FLOOR BOSTON, MA 02114-2206	DIRECTOR  1.00	0.	0.	0.
FREEMAN, BENNETT C/O OXFAM-AMERICA, INC., 226 CAUSEWAY STREET, 5TH FLOOR BOSTON, MA 02114-2206	DIRECTOR  1.50	0.	0.	0.
GABERMAN, BARRY C/O OXFAM-AMERICA, INC., 226 CAUSEWAY STREET, 5TH FLOOR BOSTON, MA 02114-2206	DIRECTOR  1.00	0.	0.	0.
GRESWOLD, KATE C/O OXFAM-AMERICA, INC., 226 CAUSEWAY STREET, 5TH FLOOR BOSTON, MA 02114-2206	DIRECTOR  0.50	0.	0.	0.
MAKINO, SHIGEKI C/O OXFAM-AMERICA, INC., 226 CAUSEWAY STREET, 5TH FLOOR BOSTON, MA 02114-2206	DIRECTOR  0.50	0.	0.	0.
NGUYEN, MINH-CHAU C/O OXFAM-AMERICA, INC., 226 CAUSEWAY STREET, 5TH FLOOR BOSTON, MA 02114-2206	DIRECTOR  0.50	0.	0.	0.
SHERMAN, WENDY C/O OXFAM-AMERICA, INC., 226 CAUSEWAY STREET, 5TH FLOOR BOSTON, MA 02114-2206	DIRECTOR  1.50	0.	0.	0.
SMITH, GAYLE C/O OXFAM-AMERICA, INC., 226 CAUSEWAY STREET, 5TH FLOOR BOSTON, MA 02114-2206	DIRECTOR  1.00	0.	0.	0.
VAN ZANDT, JANET C/O OXFAM-AMERICA, INC., 226 CAUSEWAY STREET, 5TH FLOOR BOSTON, MA 02114-2206	STAFF-ELECTED BRD MEMBER-NON VOTING  1.50	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V-A

1,122,061.	184,448.	0.
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FORM 990	NAME OF FOREIGN COUNTRY IN WHICH ORGANIZATION HAS FINANCIAL INTEREST	STATEMENT 12
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NAME OF COUNTRY

EL SALVADOR  
PERU  
SUDAN  
ETHIOPIA  
SENEGAL  
ZIMBABWE  
SOUTH AFRICA  
CAMBODIA

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FORM 990	PART IX - INFORMATION REGARDING TAXABLE SUBSIDIARIES AND DISREGARDED ENTITIES	STATEMENT 13
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NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY

OXFAM AMERICA REAL ESTATE, LLC

ADDRESS

226 CAUSEWAY STREET, 5TH FLOOR, BOSTON, MA 02111-2206

EMPLOYER ID NUMBER	PERCENT OWNED	NATURE OF ACTIVITIES	TOTAL INCOME	END-OF-YEAR ASSETS
06-1509938	100.00%	RECEIVE AND HOLD DONATIONS OF REAL ESTATE	0.	0.

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FORM 990	NAME OF FOREIGN COUNTRY IN WHICH ORGANIZATION HAS AN OFFICE	STATEMENT 14
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NAME OF COUNTRY

EL SALVADOR  
PERU  
CAMBODIA  
SOUTH AFRICA  
ZIMBABWE  
MOZAMBIQUE  
SENEGAL  
ETHIOPIA  
SUDAN

## GENERAL EXPLANATION

STATEMENT 15

FORM 990, STATEMENT 4 (PART II, LINE 22B)

GRANTS FOR HUMANITARIAN RELIEF AND REHABILITATION ARE ALLOCATED TO THE  
REGION THAT THE ASSISTANCE WAS DELIVERED IN.

## SCHEDULE A

EXPLANATION OF TRANSACTIONS  
PART III, LINE 2A

STATEMENT 16

OBSOLETE COMPUTERS WERE SOLD TO VARIOUS EMPLOYEES. PRICES WERE  
COMMENSURATE WITH THE VALUE OF THE EQUIPMENT SOLD. PROCEEDS WERE  
\$3,100.

SCHEDULE A	EXPLANATION OF TRANSACTIONS PART III, LINE 2C	STATEMENT 17
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DIRECTOR KITT SAWITSKY IS A PARTNER AT GOULSTON & STORRS, A LAW FIRM USED BY OXFAM-AMERICA. TOTAL FEES PAID TO THE LAW FIRM WERE \$70,764 IN THE CURRENT YEAR. FEES WERE DETERMINED ON AN ARM'S-LENGTH BASIS BASED UPON PREVAILING MARKET RATES. MR. SAWITSKY WAS NOT INVOLVED IN THE DECISION TO ENGAGE THE LAW FIRM. IN ADDITION, GOULSTON & STORRS PROVIDED PROBONO LEGAL SERVICES OF \$262,034 DURING THE YEAR.



SCHEDULE A	OTHER INCOME			STATEMENT 18
DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
MISCELLANEOUS	266,398.	141,604.	155,192.	241,123.
TOTAL TO SCHEDULE A, LINE 22	266,398.	141,604.	155,192.	241,123.

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SCHEDULE A      INVOLVEMENT WITH NONCHARITABLE ORGANIZATIONS      STATEMENT 19  
PART VII, LINE 51, COLUMN (D)

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NAME OF NONCHARITABLE EXEMPT ORGANIZATION

OXFAM AMERICA ADVOCACY FUND

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DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

SHARING OF PERSONNEL, STAFF AND FACILITIES, REIMBURSED AT COST BY OAAF.

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NAME OF NONCHARITABLE EXEMPT ORGANIZATION

OXFAM AMERICA ADVOCACY FUND

---

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

SHARING OF PERSONNEL, STAFF AND FACILITIES, REIMBURSED AT COST BY OAAF.

SCHEDULE A	GENERAL EXPLANATION	STATEMENT 20
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## SCHEDULE A

STATEMENT REGARDING ACTIVITIES WITH SUBSTANTIAL CONTRIBUTORS, TRUSTEES, DIRECTORS, KEY EMPLOYEES, ETC.

PART III, LINE 2

THE CHAIRPERSON OF THE BOARD OF DIRECTORS AND THE PRESIDENT OF OXFAM-AMERICA, INC. ("OA") ARE MEMBERS OF THE BOARD OF DIRECTORS OF OXFAM INTERNATIONAL. OXFAM INTERNATIONAL'S MEMBERS CONSIST OF REPRESENTATIVES FROM THE VARIOUS OXFAM ORGANIZATIONS THROUGHOUT THE WORLD. THIS RELATIONSHIP ENSURES THAT THE MISSION OF OXFAM IS CLEAR AND CONSISTENT AMONG ITS MEMBER ORGANIZATIONS. IN FY 08, OA MADE PAYMENTS OF \$5,215,148 TO OXFAM INTERNATIONAL AND ITS MEMBER ORGANIZATIONS AND RECEIVED \$3,114,896 FROM OXFAM INTERNATIONAL AND ITS MEMBER ORGANIZATIONS.

THE PRESIDENT OF OA IS A MEMBER OF THE BOARD OF DIRECTORS OF THE OXFAM INTERNATIONAL TSUNAMI TRUST FUND. EACH OXFAM MEMBER ORGANIZATION'S PRESIDENT OR EXECUTIVE DIRECTOR IS A MEMBER OF THE OXFAM INTERNATIONAL TSUNAMI TRUST FUND BOARD OF TRUSTEES. THE OXFAM INTERNATIONAL TSUNAMI TRUST FUND WAS ORGANIZED TO MANAGE AND COORDINATE OXFAM INTERNATIONAL MEMBER ORGANIZATIONS HUMANITARIAN RELIEF AND REHABILITATION RESPONSE TO THE DECEMBER 2004 SOUTH ASIA TSUNAMI. IN FY 08 AND 07, RESPECTIVELY, OA TRANSFERRED \$350,000 AND \$0 TO THE OXFAM INTERNATIONAL TSUNAMI TRUST FUND.

IN AN AGREEMENT DATED JULY 21, 2006, OXFAM PROVIDED GUARANTEES OF \$1,000,000 FOR A LOAN FROM A BANK TO MICRO CREDIT ENTERPRISES (HEREIN "MCE"), A 501(C)(3) IRS NON PROFIT ORGANIZATION, AND \$1,000,000 FOR LOANS MADE BY MCE TO MICROCREDIT ORGANIZATION IN DEVELOPING COUNTRIES. MCE'S PURPOSE IS TO LEVERAGE PRIVATE CAPITAL TO HELP FINANCE MICRO-BUSINESSES OF IMPOVERISHED ENTREPRENEURS IN THE DEVELOPING WORLD. IN THE EVENT OF A DEFAULT, THE ALLOCATION OF LOSSES IS CALCULATED ON A PRO RATA BASIS AMONG ALL GUARANTORS. MANAGEMENT DOES NOT PRESENTLY BELIEVE THAT IT IS PROBABLE THAT IT WILL BE REQUIRED TO PERFORM UNDER THIS GUARANTY. IN 2008, OXFAM RECORDED \$100,000 IN ACCRUED GRANT EXPENSE TO RECOGNIZE THE FAIR VALUE OF THE GUARANTY. AS OF OCTOBER 31, 2008, NO DRAWS ON THE GUARANTY WERE MADE.

THE CHAIRPERSON OF THE BOARD AND ANOTHER MEMBER OF THE BOARD ARE GUARANTORS OF MCE. A THIRD BOARD MEMBER IS AN OFFICER OF A CORPORATION THAT IS A GUARANTOR OF MCE. ONE OF THE MEMBERS OF THE OA BOARD WHO IS A GUARANTOR IS ALSO AN OA NOMINATED MEMBER OF THE MCE BOARD.

**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

Type or print  File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>OXFAM-AMERICA, INC.</b>	Employer identification number <b>23-7069110</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>226 CAUSEWAY STREET, 5TH FLOOR</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BOSTON, MA 02111</b>	

**Check type of return to be filed**(file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **MARK KRIPP**

Telephone No. ▶ **617-728-2558**FAX No. ▶ **617-728-2581**

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **JUNE 15, 2009**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ▶ ☐ calendar year \_\_\_\_\_ or
- ▶ ☒ tax year beginning **NOV 1, 2007**, and ending **OCT 31, 2008**.

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$ <b>N/A</b>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2008)

## Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

### **Part I** Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization	Employer identification number
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	Number, street, and room or suite no. If a P.O. box, see instructions.	
	226 CAUSEWAY STREET, 5TH FLOOR	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	BOSTON, MA 02111	

Check type of return to be filed (file a separate application for each return):

- |  |   |                                    |
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| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

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<b>c</b> <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$ <b>N/A</b>

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