Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

Open to Public Inspection

OMB No. 1545-0047

Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service A For the 2018 calendar year, or tax year beginning APR 1, 2018 and ending MAR 31, B Check if applicable C Name of organization D Employer identification number Address change OXFAM AMERICA ACTION FUND, INC. Name change 20-1971032 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/ 617-728-2400 226 CAUSEWAY STREET, 5TH FLOOR termin-ated 329,108. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return BOSTON, MA 02114-2206 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: PAUL O'BRIEN for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Yes No I Tax-exempt status: 501(c)(3) X 501(c) () (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: WWW.OAAF.ORG H(c) Group exemption number ▶ K Form of organization; X Corporation Association Other > L Year of formation: 2004 M State of legal domicile: MA Trust Part I Summary Briefly describe the organization's mission or most significant activities: OXFAM AMERICA ACTION FUND Governance STRIVES TO END POVERTY AND INJUSTICE THROUGH LOBBYING AND ADVOCACY. Check this box I 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) 5 Number of independent voting members of the governing body (Part VI, line 1b) Activities & 0 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 5 Total number of volunteers (estimate if necessary) 6 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 38 Prior Year **Current Year** 226,721. Contributions and grants (Part VIII, line 1h) 399,539. Revenue 0. 0. Program service revenue (Part VIII, line 2g) 9 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 351. 2,280. 0. 107. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 399,890. 229,108. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 32,590. 33,735. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 12,823. 6,454. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25)

63,547. 582,992. 335,817. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 628,405. 376,006. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -228,515. -146,898. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** End of Year 769,419. 895,169. 20 Total assets (Part X, line 16) 92,958. 114,106. 21 Total liabilities (Part X, line 26) 802,211. 655,313. 22 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, ASSISTANT TREASURER Here Type or print name and title PTIN Print/Type preparer's name Prepaler's signature 08/12/19 P00734640 Paid CRAIG KLEIN 26-3753134 Firm's name CBIZ MHM, LLC Preparer Firm's EIN ▶

Phone no. 617-761-0600

Firm's address 500 BOYLSTON STREET

BOSTON, MA 02116 May the IRS discuss this return with the preparer shown above? (see instructions)

Use Only

	The three control of the Theoretic Total (VO) and 40.47(4)(4) (all the U)		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			х
0	If "Yes," complete Schedule A	2	Х	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		- 25	
3		3		х
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
4	during the tax year? If "Yes," complete Schedule C, Part II	4		
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	х	
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		Х
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			
	Schedule D, Part III	8		Х
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?			
	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			
	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, VIII, IX, or X	12 13		
	as applicable.			$H^{\infty}L$
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		_X_
þ				
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_ <u>X</u> _
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> X</u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			v
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		$\frac{x}{x}$
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	-111	- 25	
120	Oshadula D. Bada W. and VIII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	- ILG		
_	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
14a		14a		X
b				
	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		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? 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		<u>X</u>
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		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	ا ہر ا		v
00	complete Schedule G, Part III	19		$\frac{x}{x}$
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ZUD		_
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		х
	gordination with art by column y y, and it if ites. Complete ochequie i, Paris Fano II	41	000	

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c	. [
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	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	E-Y	0.35	
	instructions for applicable filing thresholds, conditions, and exceptions):	112761	75%()	37
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	-	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	_	<u>X</u>
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			Х
20	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30		30		Х
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	30	-	
0.	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
02	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	UZ.		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
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	37		_X_
38	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	38	Х	
Par				_
	Check if Schedule O contains a response or note to any line in this Part V			Ц
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3		2416	F181
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0		DE L	31,2
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	20154 20154	37	
	(gambling) winnings to prize winners?	1c	X O	0010
შ 32004	12-31-18	rorm	990	∠U I 8)

20-1971032 OXFAM AMERICA ACTION FUND, Form 990 (2018) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts X were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). X a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year 7d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f Х If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand X 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? Х If "Yes," see instructions and file Form 4720, Schedule N.

Form 990 (2018)

X

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O.

Form 990 (2018) OXFAM AMERICA ACTION FUND, INC. 20-1971032 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below 8b below 8b

	to line od, ob, or rob below, describe the cheantatanees, processes, or charges in ocheane of oce historians.			Lincoln Co.
_	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 6			
	If there are material differences in voting rights among members of the governing body, or if the governing	1-	ωď.	513
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	144	11/2	-81
b	Enter the number of voting members included in line 1a, above, who are independent	56.0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			37
_	officer, director, trustee, or key employee?	2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		77
	of officers, directors, or trustees, or key employees to a management company or other person?	3 4		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	Х	
6	Did the organization have members or stockholders?	b	_	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	٦.	х	
_	more members of the governing body?	7a	^	
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	71-	х	
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b	Λ	-
8		0-	Х	1.752.000
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	^	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		х
Sec	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9		
566	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	M-
100	Did the examination have level chapters, branches, or effiliates?	10a	Yes	No X
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	102		<u>~</u>
D		10b		
11a		11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	IId	22	
12a		12a	Х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13 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	120	-21	-
·	in Schedule O how this was done	12c	x	
13		13	X	
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	No5	Wile	- Kill
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			E
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b	X	=
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	IZIO:	wary).	DES.
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10.0	- 5.12	
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100	V	17 W. W.
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	Day.	. 3.74	100
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed >AL, AK, AZ, AR, CA, CO, CT, DE, FL,	GA,	HI,	ID
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s			
	for public inspection. Indicate how you made these available. Check all that apply.	,, -		
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	inanci	al	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	MARK KRIPP, C/O OXFAM-AMERICA, INC 617-728-2558			
	226 CAUSEWAY STREET, 5TH FLOOR, BOSTON, MA 02114-2206			
	SEE SCHEDIULE O FOR FULL LIST OF STATES	Form	990	(0010)

7 01 1 11 1 1 11 11

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization	nor any related	orga	niza	tion	con	nper	sate	sated any current officer, director, or trustee.					
(A)	(B)	(B) (C)						(D)	(E)	(F)			
Name and Title	Average	(do	Position (do not check more than one			than r	one	Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	amount of			
	week		cer ar	nd a d	recto	r/trus	tee)	from	from related	other			
	(list any	rector						the	organizations	compensation			
	hours for	or dil	93			ated		organization	(W-2/1099-MISC)	from the			
	related	stee	trust		93	pens		(W-2/1099-MISC)		organization			
	organizations below	la tr	ional		ploye	E 69		1		and related organizations			
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer			organizations			
(1) SAWITSKY, KITT	0.10		Ē				Ī						
CHAIRMAN	2.50	X		Х				0.	0.	0.			
(2) FREEMAN, BENNETT	0.10												
TREASURER/CLERK	0.00	X		Х				0.	0.	0 📲			
(3) GLANTZ, GINA	0.10												
DIRECTOR	1.00	X						0.	0.	0 •			
(4) BECKER, ELIZABETH	0.10												
DIRECTOR	0.00	X						0.	0.	0.			
(5) OFFENHEISER, RAYMOND C.	0.10												
DIRECTOR	0.00	X						0.	0.	0.			
(6) MAXMAN, ABBY	0.10												
DIRECTOR	39.90	X						0.	336,897.	43,142.			
(7) O'BRIEN, DANIEL PAUL	2.00												
PRESIDENT	38.00			Х		_	_	0.	224,008.	62,389.			
(8) CUMMINGS, GINA	1.00												
VICE-PRESIDENT	39.00			Х				0.	143,076.	55,443.			
(9) KRIPP, MARK	1.00												
ASSISTANT TREASURER	39.00			X				0.	246,106.	61,392.			
(10) HELMS, MICHAEL	1.00												
ASSISTANT CLERK	39.00			X		_		0.	73,654.	12,483.			
		_				_	_						
-	-					H							
-													
1													
Fig						-							
P													
										- 000 (no.40)			

Form 990 (2018)

Average Name and title Name and title Name and titled to those laised above) who received more than \$100,000 of compensation from the organization Name and business address NONE No	Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)			
tous per work of the compensation from the organization sheets to Part VII, Section A			(B) (C)										(F)	
Total number of independent Contractors (including but not limited to those listed above) who received more than \$100,000 of compensation and contractors that received more than \$100,000 of compensation from the organization from the organiza		Name and title						one	Reportable	'		Estimat	ed	
Sub-total														
1b Sub-total				tor				П	Ė			- 1		
1b Sub-total			hours for	r direc				pa			_		•	
1b Sub-total				stee o	rustee			ensat		(W-2/1099-MISC)			_	
1b Sub-total			"	ual tru	ional t		ployee	t com						
1b Sub-total				plivid	nstitul	fficer	ey em	lighes mploy	огтег			"	ryanizai	.10115
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 0. 1,023,741. 234,849. 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Ves No					=	0	~	1 0	-					
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 0. 1,023,741. 234,849. 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Ves No														
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d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Ves No											1,025,74		34,0	
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No											1,023,74		34,8	
Section B. Independent Contractors Section B. Independent Contractors Section B. Independent Contractors Section B. Name and business address NONE Description of services Compensation Section B. Independent contractors (including but not limited to those listed above) who received more than									o re	ceived more than \$100,				
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) NONE (B) Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received more than														
line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received more than													Yes	No
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation None Description of services 2 Total number of independent contractors (including but not limited to those listed above) who received more than	3	Did the organization list any former officer,	director, or tru	istee	e, ke	y en	nplo	yee,	or h	nighest compensated er	nployee on	15 7	d Nee	1300
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than												3		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	4		•							· ·	•	2000	v	Sec.
rendered to the organization? If "Yes." complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than	Б												A SUE	19.41
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received more than	3						-			•		5		х
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	Sec		Mere Ocherun		21	Oct I	A Color	<i></i>			112111111111111111111111111111111111111	W. L S		
(A) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	1	Complete this table for your five highest con	mpensated ind	epe	nder	nt co	ontra	actor	s th	at received more than \$	100,000 of comp	ensation	from	
Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than		the organization. Report compensation for t	he calendar ye	ear e	ndir	ig w	ith c	or wit	thin	the organization's tax y	ear.			
2 Total number of independent contractors (including but not limited to those listed above) who received more than														
		Name and business	address	NC	NE	9			-	Description of s	ervices	Com	pensatio	on
											1			
									+					
									_				1000	
	2	·	70	ot lin	nitec	to t	1/32	6	ted	above) who received mo	ore than			

Form **990** (2018)

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	rt VII	Check if Schedule O conta		or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a			reiss, Tureya	STYLK	
irar	b	Membership dues	1b			2.75		
s, G	С	Fundraising events	1c					
Sift	d	Related organizations	1d					PARTE NEW YORK
imi	е	Government grants (contribution						
tior er S	f	All other contributions, gifts, grant		006 804				
ibu		similar amounts not included abov		226,721.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1		4,286.	226 721			
OB	h	Total. Add lines 1a-1f		D	226,721.			IN CYTE SUID
				Business Code		LI-ALL LIVE ALL L	Medale 2	
ice	2 a				11			
Ser	b c							
Program Service Revenue	d							
	Q P							
Pro	f	All other program service rever	nue					
		Total. Add lines 2a-2f		1700		计图图图 表现		
	3	Investment income (including	dividends, intere	st, and				
		other similar amounts)		>	2,280.			2,280.
	4	Income from investment of tax						
	5	Royalties	<u>,</u>	>				
			(i) Real	(ii) Personal		17 11 11 15 1		
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)			M gud Titte			
		Net rental income or (loss)		11W73565	WAS AND TO SHEET	BRESKER FRAUER I	E JE MEL EN	17/18/2010/10/20
	7 a	Gross amount from sales of	(i) Securities 100,000.	(ii) Other				
	h	assets other than inventory Less: cost or other basis	100,000.					
	b	and sales expenses	100.000.					
	c	Gain or (loss)						
		Net gain or (loss)			0.			
		Gross income from fundraising				W/M (Street		
Other Revenue		including \$						
eve		contributions reported on line						
F.		Part IV, line 18	аа					
Ţ.	b	Less: direct expenses	b					F. C. S. W. D. S.
٥	С	Net income or (loss) from fund	raising events	>				
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses			CHERINE WELL WILL	BONE IS ISSUED IN	No. of the last of	
		Net income or (loss) from gami		·····	1. J. J. Pres. 1157/19	EASTERNAL STREET	S.H. I VATA	(SOFTER LINES
	10 a	Gross sales of inventory, less r						
	L	and allowances						
		Less: cost of goods sold Net income or (loss) from sales						INC. TATALONE
	U	Miscellaneous Revenue		Business Code		DANGE OF SHELVE	AND THE YEAR	Dawin San
	11 a	OTHER REVENUE		900099	107.			107.
	b							
	С	V						
	d	All other revenue						
		Total. Add lines 11a-11d			107.		ور دم لام پودانده	
	12	Total revenue. See instructions			229,108.	0.	0 .	2,387.
83200	9 12-31	-18						Form 990 (2018

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising Do not include amounts reported on lines 6b, Total expenses Program service Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 5,577. 5,119. trustees, and key employees 10,696. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 12,570. 1,347. 1,299. 9,924. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 8,378. 4,023. 2,251. 2,104. 9 2,091. 564. 916. 611. 10 Payroll taxes Fees for services (non-employees): 11 Management Legal 12,000. 12,000. Accounting 239,078. 239,078. 6,454. 6,454. Professional fundraising services. See Part IV, line 17 Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 27,187. 3,526. 23,661. 13 Office expenses 6,732. 3.184. 3,548. Information technology 14 15 Royalties 16,284. 16,284. 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates _____ 21 Depreciation, depletion, and amortization 22 23 Insurance Other expenses, Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 9,940. 9,940. DESIGN & PRINT 6,797. 6,797. MAIL / POSTAGE С 17,799. 13,374. 4,425. e All other expenses 257,489. 54,970. 63,547. 376,006. Total functional expenses. Add lines 1 through 24e 25 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)

		Check if Schedule O contains a response or note to any line in this Part X			
		and the second of the second o	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	93,818.	11.	65,958.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	4,573.	4	4,403.
	5	Loans and other receivables from current and former officers, directors,			Arel we bride
		trustees, key employees, and highest compensated employees. Complete		10342-10	
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under		Javie II	
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	4, 4, 5		
		employers and sponsoring organizations of section 501(c)(9) voluntary		1884	
S		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ÿ	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	49,000.	9	49,000.
	10a	Land, buildings, and equipment: cost or other		HALL S	
		basis. Complete Part VI of Schedule D 10a	San Rull To Salara	THE A	
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	747,778.	11	650,058.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	895,169.	16	769,419.
	17	Accounts payable and accrued expenses	91,007.	17	112,155.
	18	Grants payable	1,951.	18	1,951.
	19	Deferred revenue		19	
	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,		18 3	
Liabilities		key employees, highest compensated employees, and disqualified persons.		0.50	
iab		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			
	l	Schedule D	00 050	25	114 106
_	26	Total liabilities. Add lines 17 through 25	92,958.	26	114,106.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
es		complete lines 27 through 29, and lines 33 and 34.	802,211.		655,313.
anc	27	Unrestricted net assets	002,211.	27	633,313.
Bal	28	Temporarily restricted net assets		28	
nd	29	Permanently restricted net assets	CORC MINISTRA	29	SIE/SEE/WHILE BY
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here		-XXX	
S O		and complete lines 30 through 34.	16,600		
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32 33	Retained earnings, endowment, accumulated income, or other funds	802,211.	33	655,313.
-	34	Total net assets or fund balances Total liabilities and net assets/fund balances	895,169.	34	769,419.
	<u>-</u>	lotal liabilities and net assets/fund balances	000,1000	U-7	Form 990 (2018)

Form 990 (2018)

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

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Inspection

Department of the Treasury

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see senarate instructions), then

IdA	k) (see separate msa actions), the	"			
•	Section 501(c)(4), (5), or (6) organi	zations: Complete Part III.			
Nar	me of organization			Emp	loyer identification number
	OXFAM	AMERICA ACTION FU	ND, INC.		20-1971032
Pa	art I-A Complete if the o	rganization is exempt unde	er section 501(c) o	or is a section 527 or	ganization.
2	Political campaign activity expen	nization's direct and indirect politicaditures paign activities		> \$	
Pa	art I-B Complete if the o	rganization is exempt unde	er section 501(c)(3	3).	
1		ax incurred by the organization und		·	
		ax incurred by organization manage			
3		tion 4955 tax, did it file Form 4720			
	b If "Yes," describe in Part IV.	***************************************		***************************************	res No
P	art I-C Complete if the o	rganization is exempt unde	er section 501(c).	except section 501/c)(3)
		led by the filing organization for sec			4
2		anization's funds contributed to oth	•		
_					-
3	·	es. Add lines 1 and 2. Enter here a	,		
4		m 1120-POL for this year?			
5		employer identification number (EIN	·		
		zation listed, enter the amount paid	0 0		
		promptly and directly delivered to a		•	e segregated fund or a
_	political action committee (PAC).	If additional space is needed, provi	de information in Part I	V.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2018

I HA

832041 11-08-18

Schedule C (Form 990 or 990-EZ) 2018 (Part II-A Complete if the orga	OXFAM	AMERI	CA ACTION F	UND, INC.	20-3	L971032 Page 2		
	anizatio	n is exen	npt under section	n 501(c)(3) and file	d Form 5768 (el	ection under		
expenses, and share	of exces	s lobbying e	expenditures).	n Part IV each affiliated (group member's nam	ne, address, EIN,		
Limit	s on Lobb	ying Expe	nd "limited control" pro nditures nts paid or incurred.	1000	(a) Filing organization's totals	(b) Affiliated group totals		
 1a Total lobbying expenditures to influ b Total lobbying expenditures to influ c Total lobbying expenditures (add lin d Other exempt purpose expenditures 	ence a leg les 1a and	jislative bod	y (direct lobbying)					
	Total exempt purpose expenditures (add lines 1c and 1d)							
f Lobbying nontaxable amount. Enter If the amount on line 1e, column (a) or Not over \$500,000 Over \$500,000 but not over \$1,000 Over \$1,000,000 but not over \$1,500 Over \$1,500,000 but not over \$17,000	(b) is: ,000	The lob 20% of 1 \$100,00 \$175,00	bying nontaxable and the amount on line 1e. To plus 15% of the except plus 10% of the except plus 5% of the ex	ess over \$500,000.				
Over \$17,000,000		\$1,000,0	000.					
 g Grassroots nontaxable amount (ent h Subtract line 1g from line 1a. If zero i Subtract line 1f from line 1c. If zero j If there is an amount other than zero reporting section 4911 tax for this y 	or less, e or less, er o on eithe ear?	nter -0- nter -0- r line 1h or l	,	ation file Form 4720		Yes No		
(Some organizations the	at made a	section 50	~ ~	have to complete all of	f the five columns b	elow.		
	Lobb	ying Exper	nditures During 4-Yea	ar Averaging Period				
Calendar year (or fiscal year beginning in)	(a) 2	2015	(b) 2016	(c) 2017	(d) 2018	(e) Total		
Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e))								
c Total lobbying expenditures								
d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e))								
f Grassroots lobbying expenditures								

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)).

1 During the year, did fine filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Voluntiers? b Paid staff or management (include compensation in exponses reported on lines 1c through 1)? c Media advertisements? d Mailings to members. legislations, or the public? e Publications, or published or broadcast statements? (Grants to other organizations for bebying purposes? g Direct contact with legislations, their staffs, government officials, or a legislative boddy? I Potent contact with legislations, while staffs, government officials, or a legislative boddy? I Cother activities? j Total. Add lines 1c through 11 20 bid the activities in line 1 cause the organization to be not described in section 501(c)(3)? b 1"Yes," arise the amount of any tax incurred by organization managers under section 4912 d 1 the filing organization incurred a section 4912 at (1) the filing organization incurred a section 4912 filing from 4720 for this year? Part IIII-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). 1 Were substantially all (60% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobelying expenditures of \$2,000 or less? 3 Did the organization arise to carry over bothym and political angular activity expenditures from the prior year? 1 Dus, assessments and similar amounts from members 5 Total (1) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes." 1 Dus, assessments and similar amounts from members 3 Aggregate amount reported in section 803(e)(1)(A) notices of nondeductible section of political expenditures (see instructions) Part III S Upplemental Information Provide the descriptions required for Part I-A, line 1; Part IB, line 1; Part IB, line 5; Part II-A (affiliated group list); Part II-A, li	For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b	o)
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Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes." 1 Dues, assessments and similar amounts from members	2					
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see	_			1 4 1		
expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see				X 4		
a Current year b Carryover from last year c Total 2c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) 5 Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see	2		41	N N		
b Carryover from last year c Total 2c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 Taxable amount of lobbying and political expenditures (see instructions) 5 Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see	,			2a		
c Total 2c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 Taxable amount of lobbying and political expenditures (see instructions) 5 Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see						
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 political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Fart IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see						
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) 5 Variable Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see						
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) 5 Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see						
expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see	7			0.01		
Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see		The state of the s		4		
Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see	5					
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see	_					
	Prov		ist); Part II-A, I	ines 1 aı	nd 2 (see	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990.

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

2018
Open to Public Inspection

Name of the organization

Employer identification number

	OXFAM AMERICA ACTION FUND, INC.		20-1971032
Par	rt I Organizations Maintaining Donor Advised Funds or Other Sir	nilar Funds or Ac	counts. Complete if the
7.	organization answered "Yes" on Form 990, Part IV, line 6.		
	(a) Donor advised	funds (b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held	Lin danar advised fund	lo.
5	•		
	are the organization's property, subject to the organization's exclusive legal control?		
6	Did the organization inform all grantees, donors, and donor advisors in writing that gran		
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any		
	impermissible private benefit?		
Par	rt II Conservation Easements. Complete if the organization answered "Yes"	on Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).		
	Preservation of land for public use (e.g., recreation or education)	rvation of a historically	important land area
	Protection of natural habitat Prese	rvation of a certified his	storic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribut	ion in the form of a cor	nservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
h	Total acreage restricted by conservation easements		2b
0	Number of conservation easements on a certified historic structure included in (a)		2c
ا ا	Number of conservation easements included in (c) acquired after 7/25/06, and not on a		20
a			2d
_	listed in the National Register		
3	Number of conservation easements modified, transferred, released, extinguished, or ter	rminated by the organiz	zation during the tax
	year ▶		
4	Number of states where property subject to conservation easement is located		
5	Does the organization have a written policy regarding the periodic monitoring, inspection	on, handling of	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and	enforcing conservatio	n easements during the year
	▶ <u></u>		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enfo	orcing conservation eas	sements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements	of section 170(h)(4)(B)((i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenu		
	include, if applicable, the text of the footnote to the organization's financial statements		
	conservation easements.	ŭ	
Pai	rt III Organizations Maintaining Collections of Art, Historical Trea	sures, or Other S	imilar Assets.
I TOTAL OF	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	97	
10	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its	revenue statement and	d halance sheet works of art.
Ia	historical treasures, or other similar assets held for public exhibition, education, or rese		
		aren in fartherance or p	Sabilo Solvico, provido, irri altivili,
	the text of the footnote to its financial statements that describes these items.	anus statement and ha	Janes shoot works of art, historical
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revo		
	treasures, or other similar assets held for public exhibition, education, or research in fur	nnerance of public sen	vice, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures, or other similar ass	sets for financial gain, p	orovide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to the	nese items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990. Part X		> \$

Schedule D (Form 990) 2018

832051 10-29-18

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

Sche	edule D (Form 990) 2018 OXFAM A	MERICA ACT	ION FUND,	INC.			20-19	71032	2 P	age 2
Pai	rt III Organizations Maintaining C	ollections of Ar	t, Historical T	reasures, o	r Othe	r Simila	ar Assets	(contin	nued)	
3	Using the organization's acquisition, accessi-	on, and other record	s, check any of th	e following tha	t are a si	gnificant	use of its c	ollection	items	
	(check all that apply):									
а	Public exhibition	c	I Loan or e	xchange progr	ams					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how they further	the organization	on's exer	npt purp	ose in Part	XIII		
5	During the year, did the organization solicit of	r receive donations of	of art, historical tre	easures, or othe	er similar	assets				
1	to be sold to raise funds rather than to be ma							Yes		No
Pai	rt IV Escrow and Custodial Arran		ete if the organiza	tion answered	"Yes" on	Form 99	0, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contribution	ons or other as	sets not	included				
	on Form 990, Part X?		(*********		Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:							
								Amoun	t	
С	Beginning balance			************		1c				
	Additions during the year									
е	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fe						<u></u>	Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has bee	n provided on	Part XIII					<u></u>
Par	t V Endowment Funds. Complete	f the organization an	swered "Yes" on	Form 990, Parl	t IV, line	10.				
	**	(a) Current year	(b) Prior year	(c) Two year	rs back	(d) Three	years back	(e) Four	years	back
1a	Beginning of year balance									
b	Contributions									
C	Net investment earnings, gains, and losses									
d	Grants or scholarships			_						
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column	(a)) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	_%								
С	Temporarily restricted endowment									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiza	tion that are held	and administe	red for th	e organiz	zation	-		
	by:								Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R	?				3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a	See Form 990), Part X,	line 10.				
	Description of property	(a) Cost or o		st or other		ccumula	ted	(d) Boo	k valu	e
		basis (investr	nent) bas	is (other)	de	preciatio	1			
1a	Land			1	No.	Washington to				
	Buildings	888								
С	Leasehold improvements									
d	Equipment									
	Other	I .								
_	Add lines 1a through 1a (C-lume (d) must a		V Lune IDV II	10-1						0 -

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 OXFAM AMERIC	A ACTION FU	ND, INC.	20-1971032 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" or			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua	ation: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" or			
(a) Description of investment	(b) Book value	(c) Method of valua	ation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, lin	e 11d. See Form 990, Part	X, line 15.
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.	15.)		>
Complete if the organization answered "Yes" or	n Form 990, Part IV, lin	e 11e or 11f. See Form 990	0, Part X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)		-13	

1	(a) Description of hability	(b) Book value	
(1)	Federal income taxes		
(2)			
(3)		j.	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
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

Schedule D (Form 990) 2018

OAAF ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN TAX POSITIONS BASED ON A "MORE LIKELY THAN NOT" THRESHOLD TO THE RECOGNITION OF THE TAX POSITIONS BEING SUSTAINED BASED ON THE TECHNICAL MERITS OF THE POSITION UNDER SCRUTINY BY THE APPLICABLE TAXING AUTHORITY. IF A TAX POSITION OR POSITIONS ARE DEEMED TO RESULT IN UNCERTAINTIES OF THOSE POSITIONS, THE UNRECOGNIZED TAX BENEFIT IS ESTIMATED BASED ON A "CUMULATIVE PROBABILITY ASSESSMENT" THAT AGGREGATES THE ESTIMATED TAX LIABILITY FOR ALL UNCERTAIN TAX POSITIONS. INTEREST AND PENALTIES ASSESSED, IF ANY, ARE ACCRUED AS INCOME TAX EXPENSE.

OAAF HAS IDENTIFIED ITS TAX STATUS AS A TAX EXEMPT ENTITY AS ITS ONLY

SCHEDULE J (Form 990)

Compensation Information

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

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

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

2018

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

OXFAM AMERICA ACTION FUND, INC.

Employer identification number 20-1971032

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	N.		55 g
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	8/4		180 E
	First-class or charter travel	3	32 W	
	Travel for companions Payments for business use of personal residence			R.F.
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	200	W	THE S
	Discretionary spending account Personal services (such as maid, chauffeur, chef)	M-3-1	2.3	
		Ħ.		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			Mile.
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	1000	roe e	3,10
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
		E TEX		WIL.
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			W2 110
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to	8.177		A
	establish compensation of the CEO/Executive Director, but explain in Part III.			1.000
	Compensation committee Written employment contract		1827	332
	☐ Independent compensation consultant ☐ Compensation survey or study	100		125
	Form 990 of other organizations Approval by the board or compensation committee			3 7
	7 pprovar by the board of comparisation committee	2000	Yet =	
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	NAME OF		
•	organization or a related organization:	4.1.		_TI-
а	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	6973.0		
	The foot to daily of lines are provided and approvided an earlier for such months are in		17.6	1165
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	123 (1)		
	contingent on the revenues of:	1911	200	301
а	The organization?	5a		Х
	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.	8250		14 50
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		600	STEV.
	contingent on the net earnings of:	Val.		11177
а	The organization?	6a		Х
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.		R V	ALSV
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		1801	
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	17 88	1	False.
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	-JUB),		Web:
	Pagulations section 52 4059.6(c)2	0		

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

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

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

INC.

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

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

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	able	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(a)-(i)(a)	in column (B) reported as deferred on prior Form 990
(1) MAXWAN, ABBY	€	0	0	0	0	0	0	0
DIRECTOR	1	305,39	0	31,501.	13,75	29,392.	380,039.	0
(2) O'BRIEN, DANIEL PAUL	ε		* 0			0.	0	0
	■	202,697.	0.	21,311.	10,721.	51,668.	286,397.	0
(3) CUMMINGS, GINA	€		• 0	• 0		0	* 0	0
VICE-PRESIDENT		142,818.	* 0	258.	7,656.	47,787.	198,519.	0
(4) KRIPP, MARK	(1)		• 0			.0	* 0	0
ASSISTANT TREASURER	■	222,724.	0	23,382.	11,699.	49,693.	307,498.	• 0
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Schedule J (Form 990) 2018

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.

FORM 990, SCHEDULE J SUPPLEMENTAL INFORMATION:

THEIR PRESIDENT OXFAM AMERICA ACTION FUND DOES NOT DIRECTLY COMPENSATE

Ø $\mathbf{B}\mathbf{Y}$ OR ANY OFFICERS. COMPENSATION FOR OXFAM AMERICA EXECUTIVES IS SET

COMPENSATION COMMITTEE COMPRISED OF INDEPENDENT MEMBERS OF THE OXFAM

OAAF COMPENSATION IS ADMINISTERED BY OXFAM AMERICA BOARD OF DIRECTORS.

AMERICA PURSUANT TO A SERVICES AGREEMENT.

LINE 7: ALL COMPENSATION DISCLOSED IN PART VII ON FORM 990 AND PART I,

ON SCHEDULE J IS REPORTED ON A CALENDAR YEAR BASIS FOR THE CALENDAR

YEAR ENDED 12/31/2018.

COMPENSATION FOR OXFAM AMERICA EXECUTIVES IS SET BY A COMPENSATION

COMMITTEE COMPRISED OF INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS

THE COMMITTEE REGULARLY ENGAGES QUALIFIED INDEPENDENT CONSULTANTS TO

ENSURE THAT TOTAL EXECUTIVE COMPENSATION IS BOTH COMPETITIVE AND

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

AND WOULD NOT BE CONSIDERED EXCESSIVE UNDER INTERMEDIATE SANCTIONS

SECTION 4958 OF THE INTERNAL REVENUE CODE. PROVISIONS CONTAINED IN

Schedule J (Form 990) 2018

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Schedule J (Form 990) 2018

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

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

Attach to Form 990 or 990-EZ.

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

2018
Open to Public Inspection

Name of the organization

OXFAM AMERICA ACTION FUND, INC.

Employer identification number 20-1971032

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
FUNDING TO COMBAT GENDER-BASED VIOLENCE (GBV) IN THE NORTHERN TRIANGLE.
OVERALL FUNDING FOR GBV WAS INCREASED BY \$15M LAST YEAR, WITH \$10M
DIRECTED TO THE NORTHERN TRIANGLE.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
OTHER CAMPAIGN ACTIVITY
EXPENSES \$ 20,316. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
FORM 990, PART VI, SECTION A, LINE 6:
THE FUND IS RELATED TO OXFAM AMERICA, INC. ("OXFAM"). OXFAM APPOINTS THE
BOARD OF DIRECTORS TO THE FUND AND IS THE SOLE CORPORATE MEMBER OF THE
FUND.
FORM 990, PART VI, SECTION A, LINE 7A:
THE FUND IS RELATED TO OXFAM AMERICA, INC. ("OXFAM"). OXFAM APPOINTS THE
BOARD OF DIRECTORS TO THE FUND AND IS THE SOLE CORPORATE MEMBER OF THE
FUND.
FORM 990, PART VI, SECTION A, LINE 7B:
OXFAM AMERICA, INC. (THE SOLE MEMBER) HAS THE DECISION-MAKING POWER TO 1.
ELECT THE BOARD OF OAAF, 2. AMEND THE CORPORATE BYLAWS OF OAAF, AND 3.
AMEND THE ARTICLES OF INCORPORATION OF OAAF.
FORM 990, PART VI, SECTION B, LINE 11B:
THE 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM WITH INFORMATION

832211 10-10-18

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

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

Employer identification number 20-1971032

PROVIDED BY OA'S FINANCE DEPARTMENT UNDER DIRECTION OF THE CHIEF FINANCIAL

OFFICER. THE COMPLETED RETURN IS REVIEWED BY OAAF'S CHIEF FINANCIAL OFFICER

AND TREASURER. FORM 990 IS PROVIDED TO THE FULL OAAF BOARD BEFORE FILING.

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

ALL BOARD MEMBERS, OFFICERS, AND KEY EMPLOYEES ARE EXPECTED TO REVEAL ANY

POTENTIAL CONFLICT OF INTEREST. ALL BOARD MEMBERS, OFFICERS, AND KEY

EMPLOYEES SIGN A STATEMENT ANNUALLY, VERIFYING THAT THEY HAVE REVIEWED OA'S

CONFLICT OF INTEREST POLICY AND HAVE DISCLOSED ANY ACTIVITY WHICH

CONTRAVENES THE POLICY. DURING THE COURSE OF DELIBERATIONS, IF A DIRECTOR

FINDS THAT HE HAS A CONFLICT OF INTEREST ON A MATTER AT HAND, HE/SHE MUST

DECLARE IT AND EXCUSE THEMSELVES FROM THE DELIBERATIONS TO ALLOW THE OTHER

DIRECTORS PRESENT TO DETERMINE THE BEST COURSE OF ACTION.

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

OXFAM AMERICA ACTION FUND DOES NOT DIRECTLY COMPENSATE THEIR PRESIDENT OR

ANY OFFICERS. COMPENSATION FOR OXFAM AMERICA EXECUTIVES IS SET BY A

COMPENSATION COMMITTEE COMPRISED OF INDEPENDENT MEMBERS OF THE OXFAM

AMERICA BOARD OF DIRECTORS. OAAF COMPENSATION IS ADMINISTERED BY OXFAM

AMERICA PURSUANT TO A SERVICES AGREEMENT.

COMPENSATION FOR OXFAM AMERICA EXECUTIVES IS SET BY A COMPENSATION

COMMITTEE COMPRISED OF INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS. THE

COMMITTEE REGULARLY ENGAGES QUALIFIED INDEPENDENT CONSULTANTS TO ENSURE

THAT TOTAL EXECUTIVE COMPENSATION IS BOTH COMPETITIVE AND REASONABLE AS

COMPARED TO MARKET, THAT IT CONFORMS TO IRS GUIDELINES, AND WOULD NOT BE

CONSIDERED EXCESSIVE UNDER INTERMEDIATE SANCTIONS PROVISIONS CONTAINED IN

SECTION 4958 OF THE INTERNAL REVENUE CODE.

832212 10-10-18

Name of the organization OXFAM AMERICA ACTION FUND, INC.	Employer identification number 20-1971032
AS OF NOVEMBER 1, 2010, BASED ON RECOMMENDATIONS OF INDEPE	NDENT
CONSULTANTS, THE COMPENSATION COMMITTEE DECIDED TO INSTITU	TE A BENEFIT
PROGRAM WHICH REQUIRES EXECUTIVES TO INVEST AFTER TAX INCO	ME INTO ONE OF A
LIMITED NUMBER OF THIRD PARTY BENEFIT PLANS. THE PRETAX	AMOUNT
ASSOCIATED WITH THE PROGRAM IS INCLUDED AS REPORTABLE W2 C	OMPENSATION IN
PART VII, AND IN SCHEDULE J COLUMN B (III), OTHER REPORTAB	LE COMPENSATION.
	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IA, KS, KY, LA, ME, MD, M	A,MI,MN,MS,MO,MT
NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, V	A,WA,WV,WI,WY,IN,
DC	
FORM 990, PART VI, SECTION C, LINE 19:	
FINANCIAL INFORMATION IS AVAILABLE AT WWW.OAAF.ORG, WWW.GU	IDESTAR.ORG AND
UPON REQUEST. OAAF WILL PROVIDE COPIES OF ITS GOVERNING DO	CUMENTS AND
CONFLICT OF INTEREST POLICY UPON REQUEST.	

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

■ Attach to Form 990.

OMB No. 1545-0047

2018

(g) Section 512(b)(13) controlled Employer identification number 20-1971032No Open to Public Inspection × Direct controlling Yes entity 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. Direct controlling entity End-of-year assets N/A **e** status (if section Public charity 501(c)(3)) LINE 7 Total income Exempt Code Ð Go to www.irs.gov/Form990 for instructions and the latest information. section 501(C)(3) Ð Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) foreign country) MASSACHUSETTS INC CREATE LASTING SOLUTIONS TO POVERTY, HUNGER AND Primary activity Primary activity OXFAM AMERICA ACTION FUND, For Paperwork Reduction Act Notice, see the Instructions for Form 990. INJUSTICE Name, address, and EIN (if applicable) Name, address, and EIN OXFAM-AMERICA, INC. - 23-7069110 of related organization of disregarded entity STH FLOOR 226 CAUSEWAY STREET, Name of the organization 02114 BOSTON, MA Part I Part II

32

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018 OXFAM AMERICA ACTION FUND, INC.

Part III

20-1971032

Page 2

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.

General or Percentage managing ownership 图 Yes No Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Disproportionate Yes No allocations? Ξ Share of end-of-year assets Share of total income £ Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> (d) (Direct controlling entity (c)
Legal
domicile
(state or
foreign
country) Primary activity **(**9 Name, address, and EIN of related organization <u>(a</u>

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. Part IV

	1	- 1	آلِد ا	1		Î		i		1		î	
	ε	Section 512(b)(13) controlled entity?	Yes No			-	_	-		_			
	(£)	Percentage 5 ownership 6	Ye										
	(a)	Share of end-of-year											
	(t)	Share of total income											
	(a)	Type of entity (C corp, S corp,	(500 ::										
	(p)	Direct controlling Type of entity (C corp., S corp., or trust)											
	(0)	Legal domicile (state or foreign	country)										
ing the tax year.	(q)	Primary activity											
organizations treated as a corporation of trust during the tax year.	(a)	Name, address, and EIN of related organization											

832162 10-02-18

Schedule R (Form 990) 2018

Page 3

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

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							***************************************									***************************************							ionships and transaction thresholds.	(d) Method of determining amount involved							Schedule R
					***************************************		***************************************	***************************************											***************************************		***************************************		is line, including covered relat	(c) Amount involved							
0.0000		***************************************						***************************************	***************************************	***************************************	***************************************		***************************************	ıization(s)	ization(s)	n(s)			***************************************	***************************************	***************************************		to must complete thi	(b) Transaction type (a-s)							
ntrolle	Giff, grant, or capital contribution to related organization(s)		d Loans or loan guarantees to or for related organization(s)	e Loans or loan guarantees by related organization(s)		f Dividends from related organization(s)			h Purchase of assets from related organization(s)	i Exchange of assets with related organization(s)	j Lease of facilities, equipment, or other assets to related organization(s)		k Lease of facilities, equipment, or other assets from related organization(s)	I Performance of services or membership or fundraising solicitations for related organization(s)	m Performance of services or membership or fundraising solicitations by related organization(s)	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	 Sharing of paid employees with related organization(s) 			 Reimbursement paid by related organization(s) for expenses 	Other transfer of cash or property to related organization(s)		2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	(a) Name of related organization	(1)	(2)	(3)	(4)	(5)	(9)	832163 10-02-18

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 organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(k) centage nership					
lor Perd	2				
(j) General or managing partner?					
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)					
(h) Disproportionate lionate allocations?					
(9) Share of end-of-year assets					
(f) Share of total income					
Are all Are all Sol(c)(3) outs.?					
(d) Predominant incomi (related, unrelated, excluded from tax unc					
(c) Legal domicile (state or foreign country)					
(b) Primary activity					
(a) Name, address, and EIN of entity					

Schedule R (Form 990) 2018

Schedule F	R (Form 990) 2018	OXFAM	AMERICA	ACTION	FUND,	INC.	20-1971032	Page 5
Part VII	R (Form 990) 2018 Supplemental II	nformation.						
S	Provide additional in	formation for resp	onses to questi	ons on Sched	ule R. See ir	structions.		
								_
	_							