See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490
Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))
For calendar year 2009 or other tax year beginning NOV 1, 2009 and ending OCT 31, 2010

Name of organization (Check box if name changed and see instructions.)

Oxfam-America, Inc.

Number, street, and room or suite no. If a P.O. box, see page 8 of instructions.

226 Causeway Street, 5th Floor

City or town, state, and ZIP code

Boston, MA 02114

Employer identification number (Employees' trust, see instructions for Block D on page 9)

23-7069110

Unrelated business activity codes (See instructions for Block E on page 9)

F Group exemption number (See instructions for Block F.)

97875379.

Check organization type

501(c) corporation

501(c) trust

401(a) trust

Other trust

H Describe the organization's primary unrelated business activity. ☑️ NONE

During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?

☐ Yes ☑️ No

If "Yes," enter the name and identifying number of the parent corporation.

The books are in care of ☑️ MARK Kripp

Telephone number ☑️ 617-728-2558

Part I Unrelated Trade or Business Income

<table>
<thead>
<tr>
<th>Description</th>
<th>(A) Income</th>
<th>(B) Expenses</th>
<th>(C) Net</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Gross receipts or sales</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Less returns and allowances</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Balance</td>
<td>1c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Cost of goods sold (Schedule A, line 7)</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross profit. Subtract line 2 from line 1c</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4a Capital gain net income (attach Schedule D)</td>
<td>4a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)</td>
<td>4b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4c Capital loss deduction for trusts</td>
<td>4c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Income (loss) from partnerships and S corporations (attach statement)</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Rent income (Schedule C)</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Unrelated debt-financed income (Schedule E)</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)</td>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Exploited exempt activity income (Schedule I)</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Advertising income (Schedule J)</td>
<td>11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Other income (See instructions; attach schedule.)</td>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Total. Combine lines 3 through 12</td>
<td>13</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

(Except for contributions, deductions must be directly connected with the unrelated business income)

| Description | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 |
|-------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Compensation of officers, directors, and trustees (Schedule K) | 14 | | | | | | | | | | | | | | | | | | | | |
| Salaries and wages | 15 | | | | | | | | | | | | | | | | | | | | |
| Repairs and maintenance | 16 | | | | | | | | | | | | | | | | | | | | |
| Bad debts | 17 | | | | | | | | | | | | | | | | | | | | |
| Interest (attach schedule) | 18 | | | | | | | | | | | | | | | | | | | | |
| Taxes and licenses | 19 | | | | | | | | | | | | | | | | | | | | |
| Charitable contributions (See instructions for limitation rules) | 20 | | | | | | | | | | | | | | | | | | | | |
| Depreciation (attach Form 4562) | 21 | | | | | | | | | | | | | | | | | | | | |
| Less depreciation claimed on Schedule A and elsewhere on return | 22a | 22b | | | | | | | | | | | | | | | | | | | |
| Depletion | 23 | | | | | | | | | | | | | | | | | | | | |
| Contributions to deferred compensation plans | 24 | | | | | | | | | | | | | | | | | | | | |
| Employee benefit programs | 25 | | | | | | | | | | | | | | | | | | | | |
| Excess exempt expenses (Schedule I) | 26 | | | | | | | | | | | | | | | | | | | | |
| Excess readership costs (Schedule J) | 27 | | | | | | | | | | | | | | | | | | | | |
| Other deductions (attach schedule) | 28 | | | | | | | | | | | | | | | | | | | | |
| Total deductions. Add lines 14 through 28 | 29 | | | | | | | | | | | | | | | | | | | | |
| Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 | 30 | | | | | | | | | | | | | | | | | | | | |
| Net operating loss deduction (limited to the amount on line 30) | 31 | | | | | | | | | | | | | | | | | | | | |
| Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 | 32 | | | | | | | | | | | | | | | | | | | | |
| Specific deduction (Generally $1,000, but see instructions for exceptions.) | 33 | | | | | | | | | | | | | | | | | | | | |
| Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 | 34 | | | | | | | | | | | | | | | | | | | | |

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

83 15470629 756948 23796.000 2009.06000 Oxfam-America, Inc. 9-5 23796_01

2009
### Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions on page 20)

<table>
<thead>
<tr>
<th></th>
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<tr>
<td>(4)</td>
<td></td>
<td>Enter here and on page 1, Part I, line 9, column (A)</td>
<td>Enter here and on page 1, Part I, line 9, column (B)</td>
<td></td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>0</strong></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

### Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions on page 21)

<table>
<thead>
<tr>
<th>1. Description of exploited activity</th>
<th>2. Gross unrelated business income from trade or business</th>
<th>3. Expenses directly connected with production of unrelated business income</th>
<th>4. Net income (loss) from unrelated trade or business (column 2 minus column 3); if a gain, compute cols 5 through 7</th>
<th>5. Gross income from activity that is not unrelated business income</th>
<th>6. Expenses attributable to column 5</th>
<th>7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
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<tr>
<td><strong>Totals</strong></td>
<td><strong>0</strong></td>
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</tr>
</tbody>
</table>

### Schedule J - Advertising Income

(see instructions on page 21)

#### Part I Income From Periodicals Reported on a Consolidated Basis

<table>
<thead>
<tr>
<th>1. Name of periodical</th>
<th>2. Gross advertising income</th>
<th>3. Direct advertising costs</th>
<th>4. Advertising gain or (loss) (col 2 minus col 3); if a gain, compute cols 5 through 7</th>
<th>5. Circulation income</th>
<th>6. Readership costs</th>
<th>7. Excess readership costs (column 6 minus column 5, but not more than column 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
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<td>(4)</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>Totals (carry to Part II, line (5))</strong></td>
<td><strong>0</strong></td>
<td><strong>0</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>0</strong></td>
</tr>
</tbody>
</table>

#### Part II Income From Periodicals Reported on a Separate Basis

(For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

<table>
<thead>
<tr>
<th>1. Name of periodical</th>
<th>2. Gross advertising income</th>
<th>3. Direct advertising costs</th>
<th>4. Advertising gain or (loss) (col 2 minus col 3); if a gain, compute cols 5 through 7</th>
<th>5. Circulation income</th>
<th>6. Readership costs</th>
<th>7. Excess readership costs (column 6 minus column 5, but not more than column 4)</th>
</tr>
</thead>
<tbody>
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<td>(1)</td>
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<td>(4)</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>(5) Totals from Part I</strong></td>
<td><strong>0</strong></td>
<td><strong>0</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>0</strong></td>
</tr>
<tr>
<td><strong>Totals, Part II (lines 1-5)</strong></td>
<td><strong>0</strong></td>
<td><strong>0</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>0</strong></td>
</tr>
</tbody>
</table>

### Schedule K - Compensation of Officers, Directors, and Trustees

(see instructions on page 21)

<table>
<thead>
<tr>
<th>1. Name</th>
<th>2. Title</th>
<th>3. Percent of time devoted to business</th>
<th>4. Compensation attributable to unrelated business</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>%</td>
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<td></td>
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<td>%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>%</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong>: Enter here and on page 1, Part II, line 14</td>
<td><strong>0</strong></td>
<td><strong>0</strong></td>
<td><strong>0</strong></td>
</tr>
</tbody>
</table>

Form 990-T (2009)
Oxfam-America, Inc.
Federal Identification # 23-7069110
For the Year Ended October 31, 2010

Form 990-T, Page 2, Part V, Question 1

Cambodia
El Salvador
Peru
Ethiopia
Sudan
Senegal
Zimbabwe
South Africa

Statement 1
Application for Extension of Time To File an Exempt Organization Return

> 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. □
* 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 granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.easycorpfile.com and click on e-file for Charities & Nonprofits.

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.

Type or print

Name of exempt organization

OXFAM-AMERICA, INC.

Employer Identification number

23-7069110

List the due date for filing your return (see instructions)

Number, street, and room or suite no. If a P.O. box, see instructions.

226 CAUSEWAY STREET, 5TH FLOOR

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

BOSTON, MA 02114

Enter the Return code for the return that this application is for (file a separate application for each return)

0 7

Application is for:

- Form 990
- Form 990-Bl
- Form 990-EZ
- Form 990-PF
- Form 990-T (Sec. 401(a) or 408(a) Trust)
- Form 990-T (Trust other than above)

Return Code

01
02
03
04
05
06

Application is for:

- Form 990-T (Corporation)
- Form 1041-A
- Form 4720
- Form 5227
- Form 6099
- Form 8870

Return Code

07
08
09
10
11
12

MARK KRIFF

The books are in the care of:

226 CAUSEWAY STREET, 5TH FLOOR - BOSTON, MA 02114-2206

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 □ and attach a list with the names and EINs of all members the extension is for.

☐ SEPTMBER 15, 2011, 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, 2009 and ending OCT 31, 2010

☐ If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-Bl, 990-PF, 990-T, 4720, or 6099, enter the tentative tax, less any nonrefundable credits. See instructions.

3a $ 0

b If this application is for Form 990-PF, 990-T, 4720, or 6099, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

3b $ 0

c If this application is for Form 990-PF, 990-T, 4720, or 6099, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

3c $ 0

Cautions. 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 Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev 1-2011)
### Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instr. on pg 18)

1. **Description of property**

   - (1)
   - (2)
   - (3)
   - (4)

2. **Rent received or accrued**

   - (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)
   - (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)

   - (1)
   - (2)
   - (3)
   - (4)

Total: 0

(c) **Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)**

(b) **Total deductions**

Enter here and on page 1, Part I, line 6, column (B)

0

### Schedule E - Unrelated Debt-Financed Income (See instructions on page 19)

1. **Description of debt-financed property**

2. **Gross income from or allocable to debt-financed property**

3. **Deductions directly connected with or allocable to debt-financed property**

   - (a) Straight line depreciation (attach schedule)
   - (b) Other deductions (attach schedule)

   - (1)
   - (2)
   - (3)
   - (4)

4. **Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)**

5. **Average adjusted basis of or allocable to debt-financed property (attach schedule)**

6. **Column 4 divided by column 5**

7. **Gross income reportable (column 2 x column 6)**

8. **Allocable deductions (column 6 x total of columns 3(a) and 3(b))**

Enter here and on page 1, Part I, line 7, column (A)

Enter here and on page 1, Part I, line 7, column (B)

0

**Total dividends-received deductions included in column 8**

0

### Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (See instructions on page 20)

1. **Name of controlled organization**

2. **Exempt Controlled Organizations**

   - Employer identification number
   - Net unrelated income (loss) (see instructions)
   - Total of specified payments made
   - Part of column 4 that is included in the controlling organization’s gross income
   - Deductions directly connected with income in column 5

3. **Nonexempt Controlled Organizations**

   - Taxable Income
   - Net unrelated income (loss) (see instructions)
   - Total of specified payments made
   - Part of column 9 that is included in the controlling organization’s gross income
   - Deductions directly connected with income in column 10

Add columns 5 and 10
Enter here and on page 1, Part I, line 8, column (A)

Add columns 6 and 11
Enter here and on page 1, Part I, line 8, column (B)

0

**Totals**

0
Part III | Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation.
   Controlled group members (sections 1561 and 1563) check here □ See instructions and:
   a Enter your share of the $50,000, $25,000, and $9,925,000 taxable income brackets (in that order):
      (1) $ ___________ (2) $ ___________ (3) $ ___________
   b Enter organization's share of: (1) Additional 5% tax (not more than $11,750) $ ___________
      (2) Additional 3% tax (not more than $100,000) $ ___________
   c Income tax on the amount on line 34 □ 35c 0.

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:
   □ Tax rate schedule or □ Schedule D (Form 1041) □ 36

37 Proxy tax. See instructions □ 37

38 Alternative minimum tax □ 38

39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies 39 □ 0.

Part IV | Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)
   □ Other credits (see instructions) 40a
   □ General business credit. Attach Form 3800 40b
   □ Credit for prior year minimum tax (attach Form 8801 or 8827) 40c
   □ Total credits. Add lines 40e through 40d □ 40d

41 Subtract line 40e from line 39 41 □ 0.

42 Other taxes. Check if from: □ Form 2455 □ Form 8611 □ Form 8697 □ Form 8866 □ Other (attach schedule) □ 42

43 Total tax. Add lines 41 and 42 □ 43 □ 0.

44a Payments: A 2008 overpayment credited to 2009
   □ 2009 estimated tax payments 44a
   □ Tax deposited with Form 8868 44b
   □ Foreign organizations; Tax paid or withheld at source (see instructions) □ 44c
   □ Backup withholding (see instructions) □ 44d
   □ Other credits and payments. □ Form 2439 □ Form 4136 □ Other □ Total □ 44f

45 Total payments. Add lines 44a through 44f □ 45

46 Estimated tax penalty (see instructions). Check if Form 2220 is attached □ 46

47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed □ 47 □ 0.

48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid □ 48 □ 0.

49 Enter the amount of line 48 you want; Credited to 2010 estimated tax □ 49 □ Refunded □

Part V | Statements Regarding Certain Activities and Other Information (See instructions on page 17)

1 At any time during the 2009 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, mark the box. If NO, go to line 2.
   Yes □ No X

2 Financial Accounts. If YES, enter the name of the foreign country here □ SEE STATEMENT 1 □
   YES □ NO X

3 Enter the amount of tax-exempt interest received or accrued during the tax year □
   □

Schedule A - Cost of Goods Sold. Enter method of inventory valuation □

1 Inventory at beginning of year □ 1
2 Purchases □ 2
3 Cost of labor □ 3
4a Additional section 263A costs □ 4a
4b Other costs (attach schedule) □ 4b
5 Total. Add lines 1 through 4b □ 5
6 Inventory at end of year □ 6
7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2
   □ 7

Yes □ No X

Sign Here

Signature of officer □ 9/30/01 □
CFO □

Paid Preparer's Use Only

Preparer's signature □
Preparer's SSN or PTIN □ 000734640
Preparer's EIN □ 26-3753134
Preparer's phone number □ 617-761-0600

Form 990-T (2009)