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As Filed Data -

**Return of Private Foundation** 

DLN: 93491319039239 OMB No 1545-0052

2018

Department of the Treasury Internal Revenue Service

or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public.
 Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public
Inspection

		ndar year 2018, or tax year beginning 01-01-20	)18 , aı	nd er	nding 12-31-				
Name of foundation THE OXFORD AREA FOUNDATION						A Employer identification number 20-1060782			
Num	ber and	street (or P O box number if mail is not delivered to street address)		B Telephone number (see instructions)					
P	D BOX 3	41	(610) 932-4627	,	13)				
		, state or province, country, and ZIP or foreign postal code				application is pendin	g check here		
OXF	JRD, PA	19363			C II exemption	аррисаціон із ренціп	y, check here		
G Ch	eck al	l that apply	former public charity			ganızatıons, check he	▶ ⊔		
		☐ Final return ☐ Amended return ☐ Address change ☐ Name change				ganizations meeting k here and attach coi			
H Ch	eck tv	pe of organization Section 501(c)(3) exempt private 1	foundation			ındatıon status was t			
			e private foundation		under sectio	n 507(b)(1)(A), chec	k nere		
of '	ear (f	tet value of all assets at end from Part II, col (c),  \$\Displays \frac{13,790,319}{2}\$  \$\Displays \frac{1}{2}\$ Accounting method  \$\Displays \frac{1}{2}\$ Other (specify) \frac{M}{2}\$ (Part I, column (d) must		al		ation is in a 60-mont <b>i</b> n 507(b)(1)(B), chec			
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and				(d) Disbursements		
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)	expenses per books	(b)	Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)		
	1	Contributions, gifts, grants, etc , received (attach schedule)	28,140						
	2	Check ▶ ☐ If the foundation is <b>not</b> required to attach Sch B							
	3	Interest on savings and temporary cash investments	20,741		16,273				
	4	Dividends and interest from securities	277,284		276,039				
	5a b	Gross rents							
ē	6a	Net gain or (loss) from sale of assets not on line 10	366,900						
Revenue	ь	Gross sales price for all assets on line 6a							
Rev	7	1,991,323 Capital gain net income (from Part IV, line 2)			366,809				
	8	Net short-term capital gain			<u> </u>				
	9	Income modifications							
	10a	Gross sales less returns and allowances Less Cost of goods sold							
	b c	Gross profit or (loss) (attach schedule)							
	11	Other income (attach schedule)	10,386		14,718				
	12	Total. Add lines 1 through 11	703,451		673,839				
	13	Compensation of officers, directors, trustees, etc	17,500		3,500		14,000		
	14	Other employee salaries and wages	43,184		2,159		41,025		
Expenses	15 16a	Pension plans, employee benefits	10,908 20,648		1,017 15,486		9,891 5,162		
ben	ь	Accounting fees (attach schedule)	12,150		9,113		3,038		
Ě	С	Other professional fees (attach schedule)	* 149,447		147,269		2,178		
Administrative	17	Interest							
stra	18	Taxes (attach schedule) (see instructions)	51,320		941		0		
<u> </u>	19	Depreciation (attach schedule) and depletion	719		144				
Adı	20	Occupancy	12,063		3,619		8,444		
nd Ind	21 22	Travel, conferences, and meetings	803		161		642		
Operating and	23	Other expenses (attach schedule)	9,336		1,867		7,469		
atı	24	Total operating and administrative expenses.							
<u>B</u>		Add lines 13 through 23	328,078		185,276		91,849		
J	25	Contributions, gifts, grants paid	389,519				389,519		
	26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	717,597		185,276		481,368		
	27	Subtract line 26 from line 12							
	а	Excess of revenue over expenses and disbursements	-14,146						
	b	Net investment income (if negative, enter -0-)			488,563				
	С	Adjusted net income (If negative, enter -0-)							

	1	<u> </u>			
	2	Savings and temporary cash investments	655,599	310,002	310,002
	3	Accounts receivable ▶			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less allowance for doubtful accounts ▶			
۱	8	Inventories for sale or use			
sets	9	Prepaid expenses and deferred charges			
As	10a	Investments—U S and state government obligations (attach schedule)			
	ь	Investments—corporate stock (attach schedule)	7,709,678	7,900,966	7,889,706
	С	Investments—corporate bonds (attach schedule)	2,689,684	2,690,617	2,498,882
	11	Investments—land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	2,495,000	2,648,000	3,088,665
	14	Land, buildings, and equipment basis ►			
		Less accumulated depreciation (attach schedule) ▶ 24.528	3,583	2,864	2,864

13,552,649

13,552,649

13,552,649

13,552,649

1

2

3

4

5

6

13,553,744

13,566,099

13,552,649

Form **990-PF** (2018)

-14,146

26,501

13,450

13,553,744

13,553,744

13,553,744

13,790,319

## 3,583 Less accumulated depreciation (attach schedule) ► 24,528 15 Other assets (describe > \_ 16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I) 13,553,744 17 Accounts payable and accrued expenses . 18 Grants payable 19 Deferred revenue .

Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable (attach schedule). . . . . .

Total liabilities(add lines 17 through 22) . . . . . . . . . . . . .

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions) . . . . .

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Analysis of Changes in Net Assets or Fund Balances

Capital stock, trust principal, or current funds . . . . Paid-in or capital surplus, or land, bldg, and equipment fund

Liabilities

Fund Balances

ō

Net Assets

20

21

22

23

24

25

26

27

28

29 30

31

Part III

2

3

4

5

Other liabilities (describe >\_

Unrestricted

Temporarily restricted

Permanently restricted

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Add lines 1, 2, and 3 . . . . .

Decreases not included in line 2 (itemize) ▶

• •	e the kınd(s) of property sold (e g , irehouse, or common stock, 200 shs	MLC Co ) F	low acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	Date sold (mo , day, yr )		
<b>1a</b> See Additional Data Table	e						
b							
С							
d							
e							
(-)	(f)	(g)		(1	h)		
(e) Gross sales price	Depreciation allowed	Cost or other			r (loss)		
	(or allowable)	plus expense	of sale	(e) plus (f	) minus (g)		
a See Additional Data Table	e						
ь							
<u>c</u>							
d							
e							
Complete only for assets	showing gain in column (h) and ow	<u> </u>	2/31/69		I)		
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of co over col (j),		col (k), but not	h) gain minus less than -0-) <b>or</b> om col (h))		
a See Additional Data Table		1077					
b							
С							
d							
e							
2 Capital gain net income or (net capital loss)  If gain, also enter in Part I, line 7  If (loss), enter -0- in Part I, line 7  2 366,809  Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)  If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8							
	Jnder Section 4940(e) for Re						
For optional use by domestic p	rivate foundations subject to the sec	ction 4940(a) tax on net inv	estment incom	e )			
if section 4940(d)(2) applies, le	eave this part blank						
	e section 4942 tax on the distributal ot qualify under section 4940(e) Do		he base period?	) Ye	es 🔽 No		
1 Enter the appropriate am	nount in each column for each year,	see instructions before mal	king any entries	5			
(a) Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	(c) Net value of noncharitable-use	e assets	<b>(d)</b> Distribution rati (col (b) divided by c			
2017	563,305		186,905		0 027904		
2016	726,828		957,196		0 036419		
2015	1,047,402	20,	680,217		0 050648		
2014	921,273		280,721		0 043291		
2013	938,301	20,	596,954	T	0 045555		
2 Total of line 1, column (c	•				0 203817		
	for the 5-year base period—divide t		r by the 3		0 040763		
	idation has been in existence if less t ncharitable-use assets for 2018 from		: : 3		14,828,612		
5 Multiply line 4 by line 3		•	5		604,459		
• • •	ent income (1% of Part I, line 27b)		6		4,886		
			7		609,345		
	ons from Part XII, line 4 ,		<b>—</b>		481,368		
	eater than line 7, check the box in Pa						

Page **6** 

Pa	Statements Regard	ling Activities for Which	n Form 4720 May Be	Required (continued)					
Ба	During the year did the foundation p	pay or incur any amount to				Yes	No		
	(1) Carry on propaganda, or otherw	rise attempt to influence legis	lation (section 4945(e))?	☐ Yes ✓	No				
	(2) Influence the outcome of any specific public election (see section 4955), or to carry								
	on, directly or indirectly, any voter registration drive?								
	(3) Provide a grant to an individual	for travel, study, or other sim	nılar purposes?						
	(4) Provide a grant to an organization other than a charitable, etc , organization described								
	in section 4945(d)(4)(A)? See in			· · · · Yes 🗹	No				
	(5) Provide for any purpose other th	- ·	• • • • • • • • • • • • • • • • • • • •						
<b>L</b>	educational purposes, or for the			∟ Yes 🖭	No				
D	If any answer is "Yes" to 5a(1)–(5), Regulations section 53 4945 or in a	=			5b				
	Organizations relying on a current n				30				
С	If the answer is "Yes" to question 5a								
٠	tax because it maintained expenditu		•						
	If "Yes," attach the statement require			· · □ Yes □	No				
= -		· -		ume an					
5a	Did the foundation, during the year,			uilis oii					
h	a personal benefit contract? Did the foundation, during the year,			Yes V	No 6b		No		
ь	If "Yes" to 6b, file Form 8870	pay premiums, directly or mo	ulrectly, on a personal be	enent contract?	80		NO		
7a	At any time during the tax year, was	the foundation a party to a	prohibited tay chalter tra	neaction? $\square$					
	If yes, did the foundation receive an			∟ tes 🖭	No 7b				
	Is the foundation subject to the sect				/6				
,	excess parachute payment during th								
	<u> </u>			Yes 🗸	No L		<u> </u>		
Pa	and Contractors	Officers, Directors, Trus	tees, Foundation Ma	anagers, Hignly Paid En	npioyees	,			
1	List all officers, directors, trustee				1				
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans and	(e) Expe				
	. ,	devoted to position	-0-)	deferred compensation	other a	llowand	ces		
ee .	Additional Data Table								
2	Compensation of five highest-pa	id employees (other than t	hose included on line	1—see instructions). If nor	ne, enter "	NONE	."		
_ \	Name - and address of angle amounts.	(b) Title, and average		(d) Contributions to	(a) Funan				
a)	Name and address of each employee more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	(e) Expen other al				
		devoted to position		compensation					
ON	E								
ota	I number of other employees paid over	er \$50,000					(		
				L	Form 00	O-DE	(2019		

Form 990-PF (2018)  Information About Officers, Directors, Trus	stees Foundation Managers Highly Paid 6	Page 7
Part VIII and Contractors (continued)	stees, roundation Managers, riging Paid 6	imployees,
3 Five highest-paid independent contractors for professiona	l services (see instructions). If none, enter "NO	NE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
GLENMEDE	INVESTMENT FEES	63,135
1650 MARKET STREET SUITE 1200 PHILADELPHIA, PA 19103		
Total number of others receiving over \$50,000 for professional service	es	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year In organizations and other beneficiaries served, conferences convened, research papers		Expenses
1		
-		
2		
3		
4		
Part IX-B Summary of Program-Related Investments	s (see instructions)	
Describe the two largest program-related investments made by the foundation		Amount
1		
		-
		-
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		•
- I I I I I I I I I I I I I I I I I I I		Form <b>990-PF</b> (2018)

1b

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

2

3a 3h

4

5

481.368

481.368

Form 990-PF (2018)

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

2

3

4

5

108,155

623,505

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0

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rt	XIII	

Form 990-PF (2018)

Undistributed Income (see instructions)

1 Distributable amount for 2018 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2018 **b** Total for prior years

a Enter amount for 2017 only. . . . . . Excess distributions carryover, if any, to 2018

(a)

Corpus

0

0

(b)

Years prior to 2017

(c)

2017

373,213

373,213

a From 2013. . . . .

**b** From 2014. . . . . c From 2015. . .

d From 2016. . . . . . e From 2017. . . . . f Total of lines 3a through e. . . . . . . . 4 Qualifying distributions for 2018 from Part

XII, line 4 🕨 \$

**d** Applied to 2018 distributable amount. . . . . e Remaining amount distributed out of corpus

5 Excess distributions carryover applied to 2018

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b . . . . . . . . . . c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . . d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must

(If an amount appears in column (d), the

6 Enter the net total of each column as

be distributed in 2019 . . . . . . 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . . . . . 8 Excess distributions carryover from 2013 not

9 Excess distributions carryover to 2019.

10 Analysis of line 9

a Excess from 2014. . . **b** Excess from 2015. . c Excess from 2016. . . . d Excess from 2017. . . e Excess from 2018. . .

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a . . . . . .

indicated below:

a Applied to 2017, but not more than line 2a

**b** Applied to undistributed income of prior years

(Election required—see instructions). . . . .

c Treated as distributions out of corpus (Election

required—see instructions). . . . . . . . . .

same amount must be shown in column (a) )



Form 990-PF (2018)					Page <b>12</b>
Part XVI-A Analysis of Income-Producing	Activities				
Enter gross amounts unless otherwise indicated	Unrelated bu	siness income	Excluded by sectio	n 512, 513, or 514	(e) Related or exempt
1 Program service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	function income (See instructions )
a					
b	-				
d					
e					
f					
<ul><li>g Fees and contracts from government agencies</li><li>2 Membership dues and assessments</li></ul>					
3 Interest on savings and temporary cash					
investments	900099	4,468		16,273	
Dividends and interest from securities.  Net rental income or (loss) from real estate	900099	1,245	14	276,039	
a Debt-financed property					
<b>b</b> Not debt-financed property					
6 Net rental income or (loss) from personal property 7 Other investment income.					
8 Gain or (loss) from sales of assets other than					
inventory	900099	91	18	366,809	
<ul><li>9 Net income or (loss) from special events</li><li>10 Gross profit or (loss) from sales of inventory</li></ul>	<del>                                     </del>				
11 Other revenue aSee Additional Data Table					
b					
c d					
e	<del>                                     </del>				
12 Subtotal Add columns (b), (d), and (e)		1,472		673,839	0
<b>13 Total.</b> Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcu			1	3	675,311
Part XVI-B Relationship of Activities to the		ment of Exem	pt Purposes		
Line No. Explain below how each activity for which the accomplishment of the foundation's explaints instructions (	ıncome ıs reporte	ed in column (e) of	Part XVI-A contrib		
L				Fo	rm <b>990-PF</b> (2018)

' (2	010)
ш	Information Regarding Transfers To and Transactions and Relationships With Noncharitable

Part	XVII	Information Re Exempt Organization		ransters To a	and Transaction	ons and	Relatio	nships With Non	icharitable		
		ganization directly or in than section 501(c)(3)	directly enga						on 501	Yes	No
` '	`	` ,` ,	-	,	, , ,	-	amzacion	-			
a Transfers from the reporting foundation to a noncharitable exempt organization of  (1) Cash								.  1a(1)		No	
(2) Other assets								. 1a(2)		No	
b Other transactions											
(1)	Sales	of assets to a nonchari	table exemp	t organization.					. 1b(1)		No
(2)	Purch	nases of assets from a n	oncharitable	exempt organiz	zation				1b(2)		No
(3)	Renta	al of facilities, equipmer	nt, or other a	ssets					1b(3)		No
(4)	Reım	bursement arrangemen	ts						. 1b(4)		No
(5)	Loans	s or loan guarantees.							. 1b(5)		No
(6)	Perfor	mance of services or m	embership o	r fundraısıng sol	licitations				. 1b(6)		No
	-	facilities, equipment, n		•							No
		wer to any of the above ds, other assets, or ser									
		nsaction or sharing arra									
			1		ı		_	_			
(a) Line	No	(b) Amount involved	(c) Name of	noncharitable exe	mpt organization	(d) Des	cription of	transfers, transactions,	and sharing arra	ngemen	ts
		ndation directly or indire	•		•						
		ın section 501(c) (other		n 501(c)(3)) or i	in section 527? .			Цүе	es 🗹 No		
<b>b</b> If "	res," c	omplete the following so		1 4	L X T 6		ı	(-) D	- £   -		
		(a) Name of organization	on	(1	<b>b)</b> Type of organizat	ion		(c) Description	of relationship		
-											
	of m	er penalties of perjury, ly knowledge and belief :h preparer has any kno	, it is true, c								
Sign		*****	Micage		2019-11-13	Mav		May the IRS d	scuss th	nis	
Here		10.00			2019-11-13	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			return with the prepa	rer show	vn
	<b>  7</b> ]	Signature of officer or ti	ructoo		Date		ītle	_	below	_	
	•	signature of officer of the	rustee	T	Date	<u>'</u>	itie		(see instr )?	✓ <sub>Yes</sub> [	□No
		Print/Type preparer's	name	Preparer's Sigr	nature	Date		Check if self-	PTIN		
								employed ▶ □	P01269	9555	
Paid		DOUGLAS L BERMAN CPA				2019-11-13 employed ▶ ☐		Cimpioyed P			
Prep	arer										
Use		Firm's name ► RKL	LLP					F	Fırm's EIN ▶23	-21081	.73
J3E (	Jilly		01 CONCOR	D ROAD PO BOX	( 21439						
								,	Phone no (717	) 843-3	3804
		YC	ORK, PA 174	UZ				[	··• (· •·	,	
		1									

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d								
	List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co )				(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )		
1	GLENMEDE PRIVATE INVEST	MENT IX, LLC(PASS-THROUGH)		Р				
1	GLENMEDE PRIVATE INVEST	MENT IX, LLC(PASS-THROUGH)		Р				
	GLENMEDE PRIVATE INVESTI	MENT VIII (PASS-THROUGH)		Р				
	GLENMEDE PRIVATE INVEST	MENT VIII (PASS-THROUGH)		Р				
	PUBLICLY TRADED SECURITI							
	GLENMEDE PRIVATE INVEST	MENT IX, LLC(PASS-THROUGH)		Р				
	GLENMEDE PRIVATE INVEST	MENT IX, LLC(PASS-THROUGH)		Р				
	GLENMEDE PRIVATE INVESTI	MENT VIII (PASS-THROUGH)		Р				
	GLENMEDE PRIVATE INVEST	MENT VIII (PASS-THROUGH)		Р				
	INDEPENDENCE GLOBAL FUN	ND, LLC (PASS-THROUGH)		Р				
Form	990PF Part IV - Capital	Gains and Losses for Tax on	Investment I	ncome - Colum	ns e - h			
	(e) Gross sales price	Depreciation allowed (f) (or allowable)		r other basis pense of sale	Gain or (loss) (h) (e) plus (f) minus (g)			
	1,352			1,352		0		
	1,067					1,067		
	347				3			
	1,799,632			1,623,162	176,47			
						0		
	199					199		
						0		
	18,137					18,137		
						0		
Form	990PF Part IV - Capital	Gains and Losses for Tax on	Investment I	ncome - Colum	ns i - I			
	Complete only for assets show	ving gain in column (h) and owned b	y the foundation	on 12/31/69		(h) gain minus t less than -0-) <b>or</b>		
	(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69		ss of col(ı) ol(ʒ), ıf any		rom col (h))		
						0		
						1,067		
						0		
						347		
					176,470			
					0			
						199		
						0		
						18,137		
						0		

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (d) (b) (c) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co ) How acquired Date acquired Date sold P—Purchase (mo, day, yr) (mo, day, yr) D-Donation INDEPENDENCE GLOBAL FUND, LLC (PASS-THROUGH) Ρ LIBERTY SPECIAL STRATEGIES (PASS-THROUGH) Ρ CAPITAL GAINS DIVIDENDS Ρ Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Gain or (loss) Depreciation allowed Cost or other basis (or allowable) (q) plus expense of sale (h) (e) plus (f) minus (g) (f) 623 623 9,285 9.285 160,681 160,681 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (1) **(I)** Losses (from col (h)) (i) as of 12/31/69 (k) over col (1), if any 623 9,285

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, Contributions to hours per week not paid, enter (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation DEBRA WARE KLINE VICE-PRESIDENT 7 00

4,550

4,450

3,700

2,500

2,300

0

				1
NANCY WARE SAPP	PRESIDENT	0	0	
PO BOX 341 OXFORD, PA 19363	10 00			

CO-TREASURER

CO-TREASURER

SECRETARY

BOARD MEMBER

**BOARD MEMBER** 

3 00

3 00

5 00

3 00

3 00

PO BOX 341 OXFORD, PA 19363 BRIGHAM FARIA

PO BOX 341 OXFORD, PA 19363

PHILIP SAPP

PO BOX 341 OXFORD, PA 19363 KIMBERLY ZULEBA

PO BOX 341 OXFORD, PA 19363

ADAM SAPP

PO BOX 341 OXFORD, PA 19363 CONNOR SAPP

PO BOX 341 OXFORD, PA 19363

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

or substantial contributor

	or substantial continuator			
a Paid during the year				
1 IN 6PO BOX 222033		PC	UNRESTRICTED	20,000

SANTA CLARITA, CA 91322			
ARC OF CHESTER COUNTY	PC	EDUCATION ADVOCACY	

ARC OF CHESTER COUNTY 900 LAWRENCE DRIVE	PC	EDUCATION ADVOCACY PROGRAM	10,000
WEST CHESTER, PA 19380			

R FOUNDATION 101 ROCKLAND CIRCLE	PC PC	LINRESTRICTED	7 500
900 LAWRENCE DRIVE WEST CHESTER, PA 19380		PROGRAM	

WEST CHESTER, PA 19380			
B FOUNDATION101 ROCKLAND CIRCLE	PC	UNRESTRICTED	7,500

B FOUNDATION101 ROCKLAND CIRCLE	PC	UNRESTRICTED	7,500
WILMINGTON, DE 19803			

DI COMBATIONIOI NOCKBAND CINCLE	' C	ONNESTIMETED	
WILMINGTON, DE 19803			

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

recipient

389,519

any foundation manager

or substantial contributor

Name and address (home or business)

KENNETT SQUARE, PA 19348

a Paid during the year			
BOYS & GIRLS CLUBS OF DELAWARE 669 S UNION STREET WILMINGTON, DE 19805	PC	TENNIS AND ZUMBA PROGRAMS	10,731
BRANDYWINE CONSERVANCY I HOFFMANS MILL ROAD CHADDS FORD, PA 19317	PC	WATER IMPROVEMENT PROJECT - OXFORD	10,000

'			
BRANDYWINE CONSERVANCY I HOFFMANS MILL ROAD CHADDS FORD, PA 19317	PC	WATER IMPROVEMENT PROJECT - OXFORD	10,0
CAMP DREAMCATCHER	PC	THERAPEUTIC AND	10,0

I HOFFMANS MILL ROAD CHADDS FORD, PA 19317	-	- OXFORD	10,000
CAMP DREAMCATCHER 148 WEST STATE STREET SUITE 104	PC	THERAPEUTIC AND EDUCATIONAL PROGRAMS	10,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

CAMP DREAMCATCHER 148 WEST STATE STREET SUITE 104 KENNETT SQUARE, PA 19348	PC	SUPPLIES REPLACEMENT FROM FLOOD	2,000
CHESTER COUNTY FUTURES	PC	THREE CHESTER COUNTY	15,000

REMNETT SQUARE, LA 13340			
CHESTER COUNTY FUTURES 704 HAYWOOD DRIVE EXTON, PA 19341	PC	THREE CHESTER COUNTY PROGRAMS	15,000
DOMESTIC VIOLENCE CENTER OF CHESTER COUNTY PO BOX 832 WEST CHESTER, PA 19381	PC	OXFORD OFFICE	10,000

389,519

704 HAYWOOD DRIVE EXTON, PA 19341		PROGRAMS	
DOMESTIC VIOLENCE CENTER OF CHESTER COUNTY PO BOX 832 WEST CHESTER, PA 19381	PC	OXFORD OFFICE	10,00

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

any foundation manager

or substantial contributor

Name and address (home or business)

	or substantial contributor			
a Paid during the year				
FAMILY PROMISE 1156 W BALTIMORE PIKE KENNETT SOUARE, PA 19348		PC	GENERAL OPERATING EXPENSES	12,000

recipient

REMNETT SQUARE, LA 19940			
FAMILY PROMISE 1156 W BALTIMORE PIKE KENNETT SQUARE, PA 19348	PC	AN EVENING OF PROMISE	383

1156 W BALTIMORE PIKE KENNETT SQUARE, PA 19348		7 IN EVENTING OF FROM	363
GOOD NEIGHBORS 224 E STREET ROAD 2 KENNETT SOUARE PA 19348	PC	LOW INCOME FAMILY HOME REPAIRS	15,000

Total	 	▶ 3a	389,519
GOOD NEIGHBORS 224 E STREET ROAD 2 KENNETT SQUARE, PA 19348	PC	LOW INCOME FAMILY HOME REPAIRS	15,000
KENNETT SQUARE, PA 19348			

Recipient If recipient is an individual, show any relationship to status of recontribution Spaid During the Year or Approved for Future Payment

Recipient If recipient is an individual, show any relationship to status of contribution

Purpose of grant or contribution

recipient

389,519

any foundation manager

or substantial contributor

Name and address (home or business)

541 CHANDLER MILL ROAD AVONDALE, PA 19311

a Paid during the year			
HANDI-CRAFTERS 215 BARLEY SHEAF ROAD THORNDALE, PA 19372	PC	VOCATIONAL DEVELOPMENT OPERATIONS	15,000
LA COMUNIDAD HISPANA 731 WEST CYPRESS STREET KENNETT SQUARE, PA 19348	PC	MENTAL HEALTH SERVICES - OXFORD	25,000
LAND CONSERVANCY FOR SCC	PC	HAWK WATCH PROGRAM	5,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution

a Paid during the year			
LIGHTHOUSE YOUTH CENTER 245 COMMERCE STREET OXFORD, PA 17363	PC	OPERATING BUDGET	20,000

recipient

389,519

OXFORD, PA 17363			
LIGHTHOUSE YOUTH CENTER 245 COMMERCE STREET OXFORD, PA 17363	PC	SPRING BANQUET	
LICHTHOUSE VOLITH CENTER	DC.	COLE TOURNAMENT HOLE	

any foundation manager

or substantial contributor

Name and address (home or business)

LIGHTHOUSE YOUTH CENTER 245 COMMERCE STREET OXFORD, PA 17363	PC	SPRING BANQUET	4,000
LIGHTHOUSE YOUTH CENTER 245 COMMERCE STREET	PC	GOLF TOURNAMENT HOLE SPONDER	590

245 COMMERCE STREET OXFORD, PA 17363		C	,
LIGHTHOUSE YOUTH CENTER 245 COMMERCE STREET OXFORD, PA 19363	PC	GOLF TOURNAMENT HOLE SPONDER	5

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient

Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
MAKE-A-WISH		PC	GENERAL OPERATING EXPENSES	15,000

5 VALLEY SQUARE SUITE 210 BLUE BELL, PA 19422			·
MEALS ON WHEELS 404 WILLOWBROOK LANE	PC	BACK TO SCHOOL FAIR	10,000

DEOL BLLL, I A 13422			
MEALS ON WHEELS 404 WILLOWBROOK LANE WEST CHESTER, PA 19382	PC	BACK TO SCHOOL FAIR	10,000
NOTTINGHAM PRESBYTERIAN CHURCH 497 WEST CHRISTINE ROAD NOTTINGHAM PA 19362	PC	SPRING BANQUET	5,500

404 WILLOWBROOK LANE WEST CHESTER, PA 19382		DAGK TO SCHOOL TAIK	10,000
NOTTINGHAM PRESBYTERIAN CHURCH 497 WEST CHRISTINE ROAD NOTTINGHAM, PA 19362	PC	SPRING BANQUET	5,500
Total	 	▶ 3a	389,519

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year OXFORD AREA CHAMBER OF PC DINNER DANCE 750

COMMERCE PO BOX 4 OXFORD, PA 19363			
OXFORD AREA CHAMBER OF COMMERCE	PC	GOLF TOURNAMENT HOLE SPONSOR	625

OXFORD AREA CHAMBER OF COMMERCE PO BOX 4 OXFORD, PA 19363	PC	GOLF TOURNAMENT HOLE SPONSOR	
OXFORD AREA CIVIC ASSOCIATION	PC	JHW,IV HUNGER HELP WALK	

COMMERCE PO BOX 4 OXFORD, PA 19363		SPONSOR	
OXFORD AREA CIVIC ASSOCIATION	PC	JHW,IV HUNGER HELP WALK	3,00

PC	JHW,IV HUNGER HELP WALK	3,000
	PC	PC JHW,IV HUNGER HELP WALK

XFORD AREA CIVIC ASSOCIATION	PC	JHW,IV HUNGER HELP WALK	3,00
PO BOX 34			
OXFORD, PA 19363			
	l .		

Total	 ▶ 3a	389.519
OXFORD, PA 19363		
PO BOX 34		

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Daid during the year

a Paid during the year			
OXFORD EDUCATIONAL FOUNDATION PO BOX 142 OXFORD, PA 19363	PC	MENTORING & TUTORING PROGRAM	10,000

ON OND, 17 15505			
OXFORD MAINSTREET INCPO BOX 315 OXFORD, PA 19363	PC	STAFF	15,0
OVEODD MAINSTREET INCDO BOY 315	DC.	LINDERWRITING	10.0

OXFORD MAINSTREET INCPO BOX 315 OXFORD, PA 19363	PC	STAFF	15,000
OXFORD MAINSTREET INCPO BOX 315	PC	UNDERWRITING	10.000

OXFORD, PA 19363			
OXFORD MAINSTREET INCPO BOX 315	PC	UNDERWRITING	10,000

OXFORD MAINSTREET INCPO BOX 315 OXFORD, PA 19363	PC	UNDERWRITING	10,00
0/11 0/12/1/1 20000			

DXFORD MAINSTREET INCPO BOX 315 DXFORD, PA 19363	PC	UNDERWRITING	10,00

389.519

Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

or substantial contributor

Total .

a Paid during the year			
OXFORD MAINSTREET INCPO BOX 315 OXFORD, PA 19363	PC	MATCHING GIFT	2,500

OXFORD MAINSTREET INCPO BOX 315 OXFORD, PA 19363	PC	GALA	

OXFORD, PA 19363		0.121	25,555
OXFORD PUBLIC LIBRARY 48 SOUTH SECOND STREET	PC	MEMORY OF NANCY KODISH	3,000

25.000

5711 G112/1711 13303			
OXFORD PUBLIC LIBRARY	PC	MEMORY OF NANCY KODISH	3,000
48 SOUTH SECOND STREET			
OXFORD, PA 19363			

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year

Total .

OXFORD PUBLIC LIBRARY 48 SOUTH SECOND STREET OXFORD, PA 19363	PC	OPERATING BUDGET / CAMP	7,000
a raid during the year			

'			
OXFORD ROTARYPO BOX 27 OXFORD, PA 19363	PC	CRAB FEAST TABLE SPONSORSHIP	440
SAFE HARBOR 20 NORTH MATLACK STREET WEST CHESTER, PA 19380	PC	GENERAL OPERATING EXPENSES	10,000

	OXFORD, PA 19363	rc	SPONSORSHIP	<del>,</del>
П	SAFE HARBOR 20 NORTH MATLACK STREET WEST CHESTER, PA 19380	PC	GENERAL OPERATING EXPENSES	10,00

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
SILOPO BOX 22 OXFORD, PA 19363	PC	SNOWBALL	3,000

OXFORD, PA 19363			
STROUD970 SPENCER ROAD AVONDALE, PA 19311	PC	FUTURE OF FRESH WATER INITIATIVE	20,000

STROUD970 SPENCER ROAD AVONDALE, PA 19311	PC	FUTURE OF FRESH WATER INITIATIVE	20,000
THE CONNECTIVE FESTIVALPO BOX 315	PC	UNRESTRICTED	5,000

AVONDALE, PA 19311		INITIATIVE	
THE CONNECTIVE FESTIVALPO BOX 315	PC	UNRESTRICTED	5,000

389,519

Recipient

If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Name and address (home or business)

a Paid during the year			
THE CONNECTIVE FESTIVALPO BOX 315 OXFORD, PA 19363	PC	LOCAL STAGE SPONSOR	

WHITE CLAY SOCCER CLUBPO BOX 324 WEST GROVE, PA 19390	PC	REC PROGRAM & LIGHTHOUSE PROGRAM	11,5

Total .

WEST GROVE, PA 19390		PROGRAM	
WINGS FOR SUCCESSPO BOX 1184	PC	EDUCATIONAL	5,000
FRAZER, PA 19355		WORKSHOP/CLOTHING	

5,000

500

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

WOMEN'S MEDICAL FUNDPO BOX 40748 PHILADELPHIA, PA 19107	PC	CASE WORKER	10,000
YMCA880 W BALTIMORE PIKE	PC	POWER SCHOLARS ACADEMY	10,000

YMCA880 W BALTIMORE PIKE WEST GROVE, PA 19390	PC	POWER SCHOLARS ACADEMY	10,000
YOUNG MOMS110 W STATE STREET	PC	GENERAL OPERATING EXPENSES	10,000

389,519

WEST GROVE, PA 19390			
YOUNG MOMS110 W STATE STREET	PC	GENERAL OPERATING EXPENSES	10,0
KENNETT SOLIARE DA 19348			İ

YOUNG MOMS110 W STATE STREET	PC	GENERAL OPERATING EXPENSES	10,0
KENNETT SOUARE, PA. 19348			

Form 990PF Part XVI-A Line 11 - Other revenue: Unrelated business income Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section	(e) Related or	
11 Other revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	(d) Amount	exempt function income (See the instructions)
a GLENMEDE PRIVATE INVESTMENT FUND IX (PASS- THROUGH)	900099	-1,022			
b			01	14,193	

THROUGH)					
<b>b</b> GLENMEDE PRIVATE INVESTMENT FUND IX (PASS- THROUGH)			01	14,193	
c GLENMEDE PRIVATE INVESTMENT FUND VIII (PASS-THROUGH)	900099	-2,761			
d			01	9,153	

THROUGH)					
c GLENMEDE PRIVATE INVESTMENT FUND VIII (PASS-THROUGH)	900099	-2,761			
d GLENMEDE PRIVATE INVESTMENT FUND VIII (PASS-THROUGH)			01	9,153	
e INDEPENDENCE GLOBAL FUND, LLC (PASS- THROUGH)	900099	-549			
	ı	1	I		

GLENMEDE PRIVATE INVESTMENT FUND VIII (PASS-THROUGH)				·	
e INDEPENDENCE GLOBAL FUND, LLC (PASS- THROUGH)	900099	-549			
f INDEPENDENCE GLOBAL FUND, LLC (PASS- THROUGH)			01	1,729	

INDEPENDENCE GLOBAL FUND, LLC (PASS-THROUGH)			
f INDEPENDENCE GLOBAL FUND, LLC (PASS- THROUGH)	01	1,729	
g MISCELLANEOUS INCOME	01	497	
h LIBERTY SPECIAL STRATEGIES (PASS-THROUGH)	01	-10,854	

efile GRAPHIC print - DO NOT P	ROCESS As Filed	Data -	С	DLN: 93491319039239		
TY 2018 Accounting Fees Schedule						
	Name: THE O	KFORD AREA FOUNDA	ATION			
	<b>EIN:</b> 20-106					
			<u>;</u>	1		
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
ACCOUNTING	12,1	9,113		3,038		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491319039239
TY 2018 Investments Corporat	e Bonds Sche	edule
Name: ☐	HE OXFORD ARE	EA FOUNDATION

2,498,882

2,690,617

**EIN:** 20-1060782 **Investments Corporate Bonds Schedule** Name of Bond End of Year Book **End of Year Fair** Market Value Value

MUTUAL FUNDS - FIXED INCOME

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491319039239
TY 2018 Investments Corporat	e Stock Sche	dule

	EIN:	20-1060782	
Invest	ments Corporation Stock Schedule		
	Name of Stoc	k	End of Year Book Value

**End of Year Fair** 

Market Value

3,262,259

2,301,266

2,326,181

3,165,284

2,319,810

2,415,872

20 4060702

Name: THE OXFORD AREA FOUNDATION

MUTUAL FUNDS - DOMESTIC EQUITY

**INVESTMENTS - STOCKS** 

MUTUAL FUNDS - INTERNATIONAL EQUITY

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491319039239
TY 2018 Investments - Other S	Schedule		
Name:	THE OXFORD ARE	A FOUNDATION	

2,648,000

3,088,665

<b>EIN:</b> 20-1060782			
Investments Other Schedule 2			
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value

AT COST

INVESTMENTS - ALTERNATIVE

Name: THE OXFORD AREA FOUNDATION

7,746

EIN: 20-1060782

**FURNITURE** 

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
EOUIPMENT	19.646	16.782	2.864	2.864

7,746

DLN: 93491319039239

efile GRAPHIC print - DO NOT PROCE	SS As Filed Data	-	DL	N: 93491319039239
TY 2018 Legal Fees Sched	ule			_
Na	me: THE OXFOR	O AREA FOUNDATI	ON	
<b>EIN:</b> 20-1060782				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	20,648	15,486		5,162

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491319039239		
TY 2018 Other Decreases Schedule					
Name:	THE OXFORD	AREA FOUNDATION			
EIN:	20-1060782				
De	escription		Amount		
GLENMEDE PRIVATE INVESTMENT FUND	VIII, LLC		13,017		
GLENMEDE PRIVATE INVESTMENT FUND	IX. LLC		433		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLI	N: 93491319039239	
TY 2018 Other Expenses Schedule					
Name:	THE OXFORD AF	REA FOUNDATION	1		
EIN:	20-1060782				
Other Expenses Schedule		· · · · · · · · · · · · · · · · · · ·			
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
OFFICE EXPENSES	7,726	1,545		6,181	
DUES AND SUBSCRIPTIONS	750	150		600	
WEBSITE	860	172		688	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491319039239

## **TY 2018 Other Income Schedule**

Name: THE OXFORD AREA FOUNDATION

**EIN:** 20-1060782

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
GLENMEDE PRIVATE INVESTMENT FUND IX (PASS-THROUGH)	-1,022		-1,022
GLENMEDE PRIVATE INVESTMENT FUND IX (PASS-THROUGH)	14,193	14,193	14,193
GLENMEDE PRIVATE INVESTMENT FUND VIII (PASS-THROUGH)	-2,761		-2,761
GLENMEDE PRIVATE INVESTMENT FUND VIII (PASS-THROUGH)	9,153	9,153	9,153
INDEPENDENCE GLOBAL FUND, LLC (PASS-THROUGH)	-549		-549
INDEPENDENCE GLOBAL FUND, LLC (PASS-THROUGH)	1,729	1,729	1,729
MISCELLANEOUS INCOME	497	497	497
LIBERTY SPECIAL STRATEGIES (PASS-THROUGH)	-10,854	-10,854	-10,854

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491319039239		
TY 2018 Other Increases Schedule					
Name:	THE OXFORD	AREA FOUNDATION			
EIN:	20-1060782				
De	escription		Amount		
INDEPENDENCE GLOBAL FUND, LLC			1,252		
LIBERTY SPECIAL STRAGETIES, LLC			25,249		

Category  Amount  Net Investment Income  Income  Net Investment Income Income  Net Investment Income					
TY 2018 Other Professional Fees Schedule  Name: THE OXFORD AREA FOUNDATION					
efile GRAPHIC print - DO NOT PROC	ESS As Filed Data	-	DL	N: 93491319039239	

147,045

224

2,178

147,045

2,402

INVESTMENT ADVISOR FEES

OTHER

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491319039239
TY 2018 Substantial Contribut Schedule	cors	
	THE OXFORD ARI 20-1060782	EA FOUNDATION
Name		Address
JOHN H WARE III CLAT		C/O JP MORGAN ONE LIBERTY PLACE PHILADELPHIA, PA 19103
JOHN H WARE IV CLAT		C/O JP MORGAN ONE LIBERTY PLACE PHILADELPHIA, PA 19103
MARIAN S WARE CLAT		C/O JP MORGAN ONE LIBERTY PLACE PHILADELPHIA, PA 19103

efile GRAPHIC print - DO NOT PR	OCESS As Filed Data	-	DL	N: 93491319039239	
TY 2018 Taxes Schedule					
	Name: THE OXFORI	O AREA FOUNDATI	ON		
			.011		
	<b>EIN:</b> 20-1060782				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
EXCISE TAXES	50,379	0		0	
FOREIGN TAXES	941	941		0	

efile GRAPHIC print - DC	NOT PROCESS As Filed Data -			DLN: 93491319039239
Schedule B	Schedu	ule of Contributors		OMB No 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service		o Form 990, 990-EZ, or 990-PF ov/Form990 for the latest inform	nation	2018
Name of the organizatio			Employer id	dentification number
Organization type (chec	one)		20-1060782	
	·			
Filers of:	Section:			
Form 990 or 990-EZ	501(c)( ) (enter number) c	organization		
	4947(a)(1) nonexempt char	ritable trust <b>not</b> treated as a p	rivate foundation	
	☐ 527 political organization			
Form 990-PF	✓ 501(c)(3) exempt private fo	pundation		
	4947(a)(1) nonexempt char	ritable trust treated as a privat	e foundation	
	☐ 501(c)(3) taxable private fo	oundation		
	on filing Form 990, 990-EZ, or 990-f roperty) from any one contributor C			
Special Rules				
under sections 50 received from any	n described in section 501(c)(3) filing 9(a)(1) and 170(b)(1)(A)(vi), that che one contributor, during the year, tota 1h, or (ii) Form 990-EZ, line 1 Com	ecked Schedule A (Form 990 o al contributions of the greater	or 990-EZ), Part II, line 13,	, 16a, or 16b, and that
during the year, to	n described in section 501(c)(7), (8), tal contributions of more than \$1,000 e prevention of cruelty to children or	0 <i>exclusively</i> for religious, cha	ritable, scientific, literary, o	
during the year, co If this box is check purpose Don't co	n described in section 501(c)(7), (8), intributions <i>exclusively</i> for religious, ed, enter here the total contributions inplete any of the parts unless the <b>G</b> <sub>0</sub> , etc., contributions totaling \$5,000	charitable, etc., purposes, but s that were received during the eneral Rule applies to this org	t no such contributions tota e year for an <i>exclusively</i> re ganization because it recei	aled more than \$1,000 eligious, charitable, etc , ived <i>nonexclusively</i>
990-EZ, or 990-PF), but it	that isn't covered by the General Ru <b>must</b> answer "No" on Part IV, line 2 m 990PF, Part I, line 2, to certify tha	2, of its Form 990, or check the	e box on line H of its	
For Paperwork Reduction Actor Form 990, 990-EZ, or 990-		Cat No 30613X	Schedule B (Form 990	0, 990-EZ, or 990-PF) (2018)

Name of organization THE OXFORD AREA FOUNDATION		Employer identification 20-1060782	Employer identification number 20-1060782			
Part I	Contributors (See instructions) Use duplicate copies of Part I if add	ditional space is needed				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1	MARIAN S WARE CHARITABLE LEAD ANNUITY TRUST  C/O J P MORGAN ONE LIBERTY PLACE	\$ 28,140	Person  Payroll  Noncash			
	PHILADELPHIA, PA 19103		(Complete Part II for noncash contributions )			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
			Person  Payroll  Noncash			
(a)	(b)	(c)	(Complete Part II for noncash contributions )  (d)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution  Person  Payroll  Noncash			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(Complete Part II for noncash contributions )  (d)  Type of contribution			
-			Person Payroll Noncash (Complete Part II for noncash			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
-			Person  Payroll  Noncash			
		Schedule B (Fr	(Complete Part II for noncash contributions )			

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)