	31	Ded
	32	Unre
	For 8X27	Paper 40 1,00 8 4
(50	10

Exempt Organization	Bus	iness Income	Tax Retu	rn	OMB No 1545-0687				
		ler section 6033(ľ					
For calendar year 2018 or other tax year begin	nıng	, 2018, and end	ng,	20	201 8				
	Go to www irs.gov/Form990T for instructions and the latest information.								
email Revenue Service Do not enter SSN numbers on this form a	is it may	be made public if your org	anization is a 501(Open to Public Inspection for 501(c)(3) Organizations Only				
Check box if address changed Name of organization (Check bo	ox if nam	e changed and see instruction	ns)		oyer identification number oyees' trust, see instructions)				
Exempt under section THE OXFORD FUNDS				ľ					
Transfer of the second of the					lated business activity code				
408(e) 220(e) Type KING CHARLES HOUSE,	PARE	K END STREET		(See in	nstructions)				
	City or town, state or province, country, and ZIP or foreign postal code								
Book value of all assets OXFORD WNITED KINGI									
F Group exemption number-(See instruction	ions)	•	/ '						
4023271262. G Check organization type ► X 501	(c) cor	poration 501(c	:) trust	401(a)	trust Other trus				
Enter the number of the organization's unrelated trades or busines	sses J	1	Describ	e the only	(or first) unrelated				
trade or business here ▶ PARTNERSHIP INVESTMENTS		If only one,	complete Parts	I-V If mor	e than one, describe the				
first in the blank space at the end of the previous sentence, cor	nplete	Parts I and II, complete a S	Schedule M for ea	ich additio	nal				
trade or business, then complete Parts III-V					1				
During the tax year, was the corporation a subsidiary in an affili	-		controlled group?	1	Yes Yes				
If "Yes," enter the name and identifying number of the parent cor	rporatio	n ▶ ATCH I	ne number 44	110656	45 600 1				
The books are in care of ▶FAY ASHWELL art I Unrelated Trade or Business Income			(B) Exper		(C) Net				
	l l	(A) Income	(B) Exper	_4	(O) IASE				
a Gross receipts or sales b Less returns and allowances c Balance ▶	1c		4 4	4					
b Less returns and allowances c Balance ► Cost of goods sold (Schedule A, line 7)	2		The second of the second		7 Table 10 T				
Gross profit Subtract line 2 from line 1c	3				7				
a Capital gain net income (attach Schedule D)	4a	118,313.	1		118,31				
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b	-89,612.	[Y		-89,61				
c Capital loss deduction for trusts	4c		2	13.					
Income (loss) from a partnership or an S corporation (attach statement).	5	-839,291.	ATCHU2	1	-839,29				
Rent income (Schedule C)	6	· · · · · · · · · · · · · · · · · · ·							
Unrelated debt-financed income (Schedule E)	7								
Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	-			•					
Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			·						
Exploited exempt activity income (Schedule I)	10	···							
Advertising income (Schedule J)	11								
Other income (See instructions, attach schedule)	12	,	The South of the State of the S		at .				
Total. Combine lines 3 through 12	13	-810,590.			-810,59				
art II Deductions Not Taken Elsewhere (See instr	uctio	ns for limitations on o	deductions.) (Except 1	for contributions,				
deductions must be directly connected with t	he un	related business inco	ome.)						
Compensation of officers, directors, and trustees (Schedule K)				14					
Salaries and wages				15					
Repairs and maintenance									
Bad debts									
Interest (attach schedule) (see instructions)									
Taxes and licenses					90,39				
Charitable contributions (See instructions for limitation rules)									
Depreciation (attach Form 4562)					~				
Less depreciation claimed on Schedule A and elsewhere on re		· · · · · · · · · · · · · · · · · · ·		22b	<u>-</u>				
				23					
	· · F	BECEVICE)		i				
Depletion		RECEIVED)	24	<u> </u>				
Depletion		RECEIVED) 	25	**************************************				
Depletion		RECEIVED	0.00	24					
Depletion	3086.	NOV 1 8 2019	\$-0. \$-0. \$-0. \$-0.	25 26 27					
Depletion	3086	NOV 1 8: 2019	48-0sc	25 26 27 28					
Depletion	3086.	NOV 1 8 2019	IRS-OSC	25 26 27 28	90,390				
Depletion	3086	NOV 1 8 2019 OGDEN U	SO S	25 26 27 28 29 13 30	90,390				
Depletion	loss on or	NOV 1 8 2019 OGDEN Undeduction Subtract—line after January 1, 2018 (se	SO SY Ince	25 26 27 28 29 13 30	90,39				

Form	990-T (2018)		Page 2
Par	t III Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see		<u> </u>
	instructions)	33	-900,980.
24	•	34	
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see		
	instructions).	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum	i i	
	of lines 33 and 34	36	-900,980.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
		 	
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		-900,980.
	enter the smaller of zero or line 36	38	-300,360.
Par	t IV Tax Computation		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39	
40	Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on		
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	40	
44	Proxy tax See instructions	41	
41			
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	
Par	tV Tax and Payments		
45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a		
	Other credits (see instructions)	1	
	General business credit Attach Form 3800 (see instructions)	1	
		1	
	Credit for prior year minimum tax (attach Form 8801 or 8827)	1	
е	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	
50 a	Payments A 2017 overpayment credited to 2018		
	2018 estimated tax payments	1 1	
	Tax deposited with Form 8868	1 1	
	Foreign organizations Tax paid or withheld at source (see instructions)		
	Backup withholding (see instructions)		
	Credit for small employer health insurance premiums (attach Form 8941) 50f		
g	Other credits, adjustments, and payments Form 2439 ATCH 3		
	Form 4136		
51	Total payments. Add lines 50a through 50g	51	292,248.
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	292,248.
	Enter the amount of line 54 you want Credited to 2019 estimated tax	55	292,248.
55			232,210.
Par			thority Yes No
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or		
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign c	,
	here ▶UNITED KINGDOM, NETHERLANDS		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a forei	gn trust?.	<u>X</u>
	If "Yes," see instructions for other forms the organization may have to file		
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the b	est of my k	nowledge and belief, it is
Sign	true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		
		•	discuss this return
Her	with the second		eparer shown below
		e instructions)	
Paid	Print/Type preparer's name Preparer's signature Date Check	k∐ ıf	PTIN
	MIRE A CINCUITA Self-e	mployed	P01595811
•			4-6565596
	Firm's address ▶ 200 CLARENDON STREET, BOSTON, MA 02116-5072 Phone	_{e no} 617	266-2000
JSA			Form 990-T (2018)

JSA

8X2741 1 000 8477NR F227

THE OXFORD FUNDS

Form 990-T (2018)									Page 3
Schedule A - Cost of Go		ter method							
1 Inventory at beginning of ye						ar	6		
2 Purchases					•	old. Subtract line	l'		
3 Cost of labor	· ` 					iter here and in			
4a Additional section 263A cos							7		
(attach schedule)			1			section 263A (v			es No
b Other costs (attach schedule				property	produced	or acquired for	r resale)	apply 🗓	
5 Total. Add lines 1 through 4				to the orga	anization?				X
Schedule C - Rent Income	(From Real P	roperty a	nd Persona	al Property	Leased V	Vith Real Prope	rty)		
(see instructions)									
Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accru	ed						
(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 percentage of rent for pe			age of rent for p	ersonal property	exceeds	3(a) Deductions d in columns 2(ected with the (attach schedu	
(1)			•						
(2)									
(3)									
(4)									
Total		Total							
(c) Total income. Add totals of cohere and on page 1, Part I, line 6,						(b) Total deduction Enter here and or Part I, line 6, coluit	n page 1,		
Schedule E - Unrelated De			e instruction	ns)		•			
1 Description of debt		\	2 Gross in	come from or debt-financed	3 [Deductions directly con debt-finance	nnected with ced property		,
	initiation property			perty		ht line depreciation ich schedule)	(b) Other deductions (attach schedule)		
(1)									
(2)									
(3)			<u> </u>						
(4)			l						
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	4 Amount of average 5 Average adjusted basis acquisition debt on or allocable to debt-financed debt-financed property		4 dı	olumn vided lumn 5	7. Gross income reportable (column 2 x column 6)		(column	ocable deducti 6 x total of co 3(a) and 3(b))	
(1)				%				<u>.</u> .	
(2)				%					
(3)			<u> </u>	%					
(4)				%					
				_	Enter her Part I, lir	re and on page 1, ne 7, column (A)		ere and on p line 7, columi	
Total dividends-received deduction								Form 990	- T (2018)

Schedule F-Interest, Annu	intes, Royantes			ntrolled Org		_	ations (see	Instruction	ns)	•		
Name of controlled organization	2 Employer identification numb	,ei	3 Net unrel (loss) (see i		1	of specifi ents made	ed included	f column 4 that in the control ion's gross inc	lling	6 Deductions directly connected with income in column 5		
(1)												
(2)					ļ							
(3)												
(4)												
Nonexempt Controlled Organiz			T			40.1	Part of column	O that is	44	Dodustions directly		
7. Taxable Income	8 Net unrelated in (loss) (see instruc		1	Total of specific ayments made		incl	uded in the co nization's gros	ntrolling		Deductions directly nected with income in column 10		
(1)			ļ		_							
(2)												
(3)												
(4)							d columns 5 a			d columns 6 and 11		
Totals	come of a Sec	 ction 50)1(c)(7),	(9), or (17		Par		mn (A)		r here and on page 1, I, line 8, column (B) 5 Total deductions		
1. Description of income	2 Amount of	income		directly cor (attach sch	nected			t-asides schedule)		and set-asides (col 3 plus col 4)		
(1)				•		\longrightarrow						
(2)												
(3)									_			
(4)	Enter here and Part I, line 9, c		# F	The same of the sa	*	4 - 4	y 1	, D,		inter here and on page 1, Part I, line 9, column (B)		
Schedule I-Exploited Exe	mpt Activity In	come, (Other Th	an Adverti	ising Ir	come	(see instru	ctions)				
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income		directly connected with production of unrelated		4 Net incomfrom unrelation business 2 minus collif a gain, cocols 5 thro	ne (loss) ed trade (column umn 3) ompute	5. Gr from is no	oss income activity that it unrelated less income	6 Expen attributab column	ole to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)	· · · ·											
(2)												
(3)		•						,		-		
(4)												
	Enter here and on page 1, Part I, line 10, col (A)	page 1	ere and on I, Part I, , col (B)	A TANAH JAMBAN B		, , , ,	n yarayennen 63e I	1 1		Enter here and on page 1, Part II, line 26		
Schedule J- Advertising In	ICOMA (see instr	uctions)		*	~					4		
Part I Income From Per			Consol	idated Ras	ie							
Pant income From Pen	lodicals Report	eu on a	Conson	4 Advert						7 Excess readership		
1 _. Name of periodical	2 Gross advertising income		Direct sing costs	gain or (los 2 minus co a gain, coi cols 5 thro	ol 3) If mpute ough 7		Circulation ncome	6. Reader costs	-	costs (column 6 minus column 5, but not more than column 4)		
(1)]	F 19					<u>, </u>		
(2)],						<u>]</u> , [
(3)] }].		
(4)												
Totals (carry to Part II, line (5))												
		-								Form 990-T (2018)		

Form 990-T (2018)

1. Name of periodical	2 Gross advertising, income	3 Direct advertising costs	1 Z minus coi 3) If I			7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶			WW. 2007 1972	自己是	a Crise Series	
Totals, Part II (lines 1-5) :▶	'Enter here and on, a page 1, Part I, Inne 11; col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Schedule K - Compensation		irectors, and Ti	rustees (see instr	uctions)		
¹1. Name		2. Title		3 Percent of time devoted to business	4 Compensation unrelated	
(1)	-			%		
(2)	·			%		
(3)				-%		
(4)		·		%		

SCHEDULE D (Form 1120)

Capital Gains and Losses

OMB No 1545-0123

Department of the Treasury Internal Revenue Service

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

Name

► Go to www Irs.gov/Form1120 for Instructions and the latest information

Employer identification number 98-0680056

THE	OXFORD FUNDS				9	98-0680056
Part	Short-Term Capital Gains and Losses	(See instructions.)	•		
	See Instructions for how to figure the amounts to enter on the lines below	(d) Proceeds	(e) Cost	(g) Adjustments or loss from Form	1(s)	(h) Gain or (loss) Subtract column (e) from
	This form may be easier to complete if you round off cents to whole dollars	(sales pnce)	(or other basis)	8949, Part I, line column (g)	2,	column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1 b	Totals for all transactions reported on Form(s) 8949					
	with Box A checked					
2	Totals for all transactions reported on Form(s) 8949					
	with Box B checked					
3	Totals for all transactions reported on Form(s) 8949					
	with Box C checked		23,866.			-23,866.
4 5	Short-term capital gain from installment sales from the Short-term capital gain or (loss) from like-kind exchange.				5	
_					١.	,
6	Unused capital loss carryover (attach computation)				6)
_					_	22.000
	Net short-term capital gain or (loss) Combine lines		<u>n</u>		7	-23,866.
Pari		(See Instructions.)	<u> </u>	(g) Adjustments		(h) Coup or (loca)
	See instructions for how to figure the amounts to enter on the lines below	(d) Proceeds	(e)	or loss from Form	-	(h) Gain or (loss) Subtract column (e) from
	This form may be easier to complete if you round off cents to whole dollars	(sales price)	Cost (or other basis)	8949, Part II, line column (g)		column (d) and combine the result with column (g)
	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b		,			
	Totals for all transactions reported on Form(s) 8949 with Box D checked		· · · · · · · · · · · · · · · · · · ·			
9	Totals for all transactions reported on Form(s) 8949 with Box Echecked					
10	Totals for all transactions reported on Form(s) 8949					
	with Box F checked	148,125.	5,946.			142,179.
11	Enter gain from Form 4797, line 7 or 9				11	
12	Long-term capital gain from installment sales from F	Form 6252, line 26 or 37	,		12	
13	Long-term capital gain or (loss) from like-kind exchar	nges from Form 8824			13	
14	Capital gain distributions (see instructions)				14	
15	Net long-term capital gain or (loss) Combine lines 8	a through 14 in column	h		15	142,179.
Part			·······	· · · · · · · · · · · · · · · · · · ·	1	
T CIL	- Canmary or a are raile ii					
16	Enter excess of net short-term capital gain (line 7) o	ver net long-term capita	l loss (line 15)		16	
17	Net capital gain Enter excess of net long-term capit	tal gain (line 15) over ne	et short-term capital los	s (line 7)	17	118,313.
18	Add lines 16 and 17 Enter here and on Form 1120,				18	118,313.
	Note: If losses exceed gains, see Capital losses in the	-				

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2018

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.

Internal Revenue Service Name(s) shown on return

THE OXFORD FUNDS

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Social security number or taxpayer identification number 98-0680056

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(a) Description of property	not reported	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, if a If you enter an a enter a cod See the sepai	(h) Gain or (loss). Subtract column (e)	
(Example 100 sh XYZ Co)	Date acquired (Mo , day, yr)	disposed of (Mo, day, yr)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
FROM PASS-THROUGH INVESTMENTS	VARIOUS	VARIOUS		23,866	;		-23,866.
							
			1				
	<u></u>				1		
2 Totals. Add the amounts in columns negative amounts) Enter each total Schedule D, line 1b (if Box A above is checked) or line 3 (if Box C a	al here and inc e is checked), lin	lude on your e 2 (if Box B		23,866.			-23,866.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2018)

Form 8949 (2018)	Attachment Sequence No 12A Page						
Name(s) shown on return. Name and SSN or taxpayer identification no not required if shown on other side	Social security number or taxpayer identification number						
THE OXFORD FUNDS 98-0680056							
Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or su statement will have the same information as Form 1099-B. Either will show whether your be broker and may even tell you which box to check	• • •						
Part II Long-Term. Transactions involving capital assets you held m instructions). For short-term transactions, see page 1.	ore than 1 year are generally long-term (see						

8a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line

(D) Long-term transactions (E) Long-term transactions (F) Long-term transactions	reported on F	orm(s) 1099-	B showing basis			Note above)	
(a) Description of property	(b) Date acquired	(c) Date sold or disposed of	(d) Proceeds (sales pnce)	(e) Cost or other basis See the Note below	Adjustment, if a If you enter an a enter a coo See the sepa	(h) Gain or (loss) Subtract column (e) from column (d) and	
(Example 100 sh XYZ Co)	(Mo , day, yr)	(Mo , day, yr)	(see instructions)		(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
FROM PASS THROUGH INVESTMENTS	VARIOUS	VARIOUS	148,125	5,946			142,179
							113.302
			=-				
		-					
							_
2 Totals. Add the amounts in columns negative amounts) Enter each total							

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

148,125

5,946

Form 8949 (2018)

142,179

JSA 8X2616 1 000

Schedule D, line 8b (if Box D above is checked), line 9 (if Box E

above is checked), or line 10 (if Box F above is checked)

ATTACHMENT 2

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

PASS-THROUGH INVESTMENT INCOME

-839,291.

INCOME (LOSS) FROM PARTNERSHIPS

-839,291.

98-0680056							
ATTACHMENT	3	<u> </u>					

FORM 990T - LINE 50G - OTHER CREDITS AND PAYMENTS

FORMS 1042-S & 8805 292,248. TOTAL LINE 50G - OTHER CREDITS AND PAYMENTS 292,248.