

Form **990-PF**  
 Department of the Treasury  
 Internal Revenue Service

**Return of Private Foundation**  
**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 [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

OMB No 1545-0052  
**2018**  
**Open to Public Inspection**

**For calendar year 2018, or tax year beginning 01-01-2018, and ending 12-31-2018**

Name of foundation ESL CHARITABLE FOUNDATION		<b>A Employer identification number</b> 82-0548352
Number and street (or P O box number if mail is not delivered to street address) 225 CHESTNUT STREET	Room/suite	<b>B Telephone number (see instructions)</b> (585) 336-1000
City or town, state or province, country, and ZIP or foreign postal code ROCHESTER, NY 146042424		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here <input type="checkbox"/> <b>2</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
<b>I</b> Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ <u>45,027,504</u>	<b>J</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

<b>Part I Analysis of Revenue and Expenses</b> <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )</i>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received (attach schedule)	200,000			
	<b>2</b> Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B				
	<b>3</b> Interest on savings and temporary cash investments				
	<b>4</b> Dividends and interest from securities	1,385,893	1,187,468		
	<b>5a</b> Gross rents				
	<b>b</b> Net rental income or (loss)				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10	297,271			
	<b>b</b> Gross sales price for all assets on line 6a	297,271			
	<b>7</b> Capital gain net income (from Part IV, line 2)		494,398		
	<b>8</b> Net short-term capital gain				
	<b>9</b> Income modifications				
	<b>10a</b> Gross sales less returns and allowances				
<b>b</b> Less Cost of goods sold					
<b>c</b> Gross profit or (loss) (attach schedule)					
<b>11</b> Other income (attach schedule)	94,308	94,308	0		
<b>12 Total.</b> Add lines 1 through 11	1,977,472	1,776,174	0		
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc	0	0	0	0
	<b>14</b> Other employee salaries and wages				
	<b>15</b> Pension plans, employee benefits				
	<b>16a</b> Legal fees (attach schedule)				
	<b>b</b> Accounting fees (attach schedule)	2,600	1,300	0	1,300
	<b>c</b> Other professional fees (attach schedule)	217,942	217,942	0	0
	<b>17</b> Interest				
	<b>18</b> Taxes (attach schedule) (see instructions)	16,981	0	0	0
	<b>19</b> Depreciation (attach schedule) and depletion	2,826	0	0	
	<b>20</b> Occupancy				
	<b>21</b> Travel, conferences, and meetings	10,615	0	0	10,615
	<b>22</b> Printing and publications	237	0	0	237
	<b>23</b> Other expenses (attach schedule)	32,049	925	0	26,028
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	283,250	220,167	0	38,180
	<b>25</b> Contributions, gifts, grants paid	5,616,603			3,024,034
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	5,899,853	220,167	0	3,062,214	
<b>27</b> Subtract line 26 from line 12					
<b>a Excess of revenue over expenses and disbursements</b>	-3,922,381				
<b>b Net investment income</b> (if negative, enter -0-)		1,556,007			
<b>c Adjusted net income</b> (if negative, enter -0-)			0		

<b>Part II Balance Sheets</b> Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	3,408,064	1,410,665	1,410,665
	<b>2</b> Savings and temporary cash investments . . . . .			
	<b>3</b> Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>4</b> Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .	19,725		
	<b>10a</b> Investments—U S and state government obligations (attach schedule)	457,220	724,710	724,710
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .	25,019,628	25,012,328	25,012,328
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .	10,710,351	9,760,707	9,760,707
	<b>11</b> Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b> Investments—mortgage loans . . . . .	1,616,184	572,679	572,679
	<b>13</b> Investments—other (attach schedule) . . . . .	9,630,639	7,537,230	7,537,230
	<b>14</b> Land, buildings, and equipment basis ▶ _____ 14,131 Less accumulated depreciation (attach schedule) ▶ 4,946	12,011	9,185	9,185
<b>15</b> Other assets (describe ▶ _____)				
<b>16 Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	50,873,822	45,027,504	45,027,504	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .		675	
	<b>18</b> Grants payable . . . . .	35,000	2,627,569	
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ▶ _____)	10,760	13,691	
	<b>23 Total liabilities</b> (add lines 17 through 22) . . . . .	45,760	2,641,935	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	<b>24</b> Unrestricted . . . . .			
	<b>25</b> Temporarily restricted . . . . .			
	<b>26</b> Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	<b>27</b> Capital stock, trust principal, or current funds . . . . .	0	0	
	<b>28</b> Paid-in or capital surplus, or land, bldg, and equipment fund	0	0	
<b>29</b> Retained earnings, accumulated income, endowment, or other funds	50,828,062	42,385,569		
<b>30 Total net assets or fund balances</b> (see instructions) . . . . .	50,828,062	42,385,569		
<b>31 Total liabilities and net assets/fund balances</b> (see instructions) .	50,873,822	45,027,504		

<b>Part III Analysis of Changes in Net Assets or Fund Balances</b>			
<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)		<b>1</b>	50,828,062
<b>2</b> Enter amount from Part I, line 27a . . . . .		<b>2</b>	-3,922,381
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____		<b>3</b>	0
<b>4</b> Add lines 1, 2, and 3 . . . . .		<b>4</b>	46,905,681
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____		<b>5</b>	4,520,112
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .		<b>6</b>	42,385,569

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
<b>1 a CAPITAL GAIN DISTRIBUTIONS</b>		2018-01-01	2018-12-31
<b>b SCHWAB - PUBLICLY TRADED SECURITIES - ST</b>		2018-01-01	2018-12-31
<b>c SCHWAB - PUBLICLY TRADED SECURITIES - LT</b>		2017-10-20	2018-12-31
<b>d</b>			
<b>e</b>			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b> 198,425			198,425
<b>b</b> 5,888,275		5,887,195	1,080
<b>c</b> 2,868,058		2,573,165	294,893
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
<b>a</b>			198,425
<b>b</b>			1,080
<b>c</b>			294,893
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss)	<b>2</b>	494,398
<b>3</b> 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	<b>3</b>	

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No  
 If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

**1** Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2017	1,939,724	21,793,932	0.089003
2016	1,319,242	0	0.000000
2015	893,824	0	0.000000
2014	907,549	0	0.000000
2013	438,250	0	0.000000

<b>2</b> Total of line 1, column (d)	<b>2</b>	0.089003
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	<b>3</b>	0.017801
<b>4</b> Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	<b>4</b>	48,433,918
<b>5</b> Multiply line 4 by line 3	<b>5</b>	862,172
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	<b>6</b>	15,560
<b>7</b> Add lines 5 and 6	<b>7</b>	877,732
<b>8</b> Enter qualifying distributions from Part XII, line 4	<b>8</b>	3,062,214

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

Table with 11 rows for excise tax calculations. Includes fields for exempt foundations, tax under section 511, subtitle A tax, and credits/payments. Total amount owed is 3,423.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political campaigns, political expenditures, and state reporting requirements. Columns for Yes/No.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, distributions, public inspection requirements, and books in care.

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Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year 15

Table with 3 columns: Question, Yes, No. Row 16 regarding interest in foreign countries.

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

Main table with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

**5a** During the year did the foundation pay or incur any amount to

**(1)** Carry on propaganda, or otherwise attempt to influence legislation (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?  Yes  No

**(3)** Provide a grant to an individual for travel, study, or other similar purposes?  Yes  No

**(4)** Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.  Yes  No

**(5)** Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  Yes  No

**b** If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions. **5b**

Organizations relying on a current notice regarding disaster assistance check here.

**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  Yes  No  
If "Yes," attach the statement required by Regulations section 53.4945–5(d)

**6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **6b**  Yes  No  
If "Yes" to 6b, file Form 8870

**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes  No

**b** If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? **7b**  Yes  No

**8** Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?  Yes  No

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, foundation managers and their compensation. See instructions**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				

**2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000.  0

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**

<b>3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".</b>		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<b>Total number of others receiving over \$50,000 for professional services.</b>		<b>0</b>

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	

**Part IX-B Summary of Program-Related Investments (see instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
<b>1</b>	
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	
<b>Total.</b> Add lines 1 through 3	<b>0</b>

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	41,283,766
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	350,496
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	7,537,228
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	49,171,490
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	49,171,490
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	737,572
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	48,433,918
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	2,421,696

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here  and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	2,421,696
<b>2a</b>	Tax on investment income for 2018 from Part VI, line 5.	<b>2a</b>	15,560
<b>b</b>	Income tax for 2018 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	15,560
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	2,406,136
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	0
<b>5</b>	Add lines 3 and 4.	<b>5</b>	2,406,136
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	2,406,136

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	3,062,214
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	3,062,214
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	<b>5</b>	15,560
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	3,046,654

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
<b>1</b> Distributable amount for 2018 from Part XI, line 7				2,406,136
<b>2</b> Undistributed income, if any, as of the end of 2018				
<b>a</b> Enter amount for 2017 only. . . . .			0	
<b>b</b> Total for prior years 20___, 20___, 20___		0		
<b>3</b> Excess distributions carryover, if any, to 2018				
<b>a</b> From 2013. . . . .	438,250			
<b>b</b> From 2014. . . . .	907,549			
<b>c</b> From 2015. . . . .	893,798			
<b>d</b> From 2016. . . . .	1,319,242			
<b>e</b> From 2017. . . . .	864,851			
<b>f</b> Total of lines 3a through e. . . . .	4,423,690			
<b>4</b> Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ _____ 3,062,214				
<b>a</b> Applied to 2017, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2018 distributable amount. . . . .				2,406,136
<b>e</b> Remaining amount distributed out of corpus	656,078			
<b>5</b> Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a) )				0
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	5,079,768			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .		0		
<b>c</b> 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. . . . .		0		
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
<b>e</b> Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019 . . . . .				0
<b>7</b> 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). . . . .		0		
<b>8</b> Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions). . . . .	438,250			
<b>9</b> Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a . . . . .	4,641,518			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2014. . . . .	907,549			
<b>b</b> Excess from 2015. . . . .	893,798			
<b>c</b> Excess from 2016. . . . .	1,319,242			
<b>d</b> Excess from 2017. . . . .	864,851			
<b>e</b> Excess from 2018. . . . .	656,078			

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. . . . . ▶

**b** Check box to indicate whether the organization is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

**2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test—enter					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .					
<b>c</b> "Support" alternative test—enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)**

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

**a** The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

AJAMU KITWANA  
225 CHESTNUT STREET  
ROCHESTER, NY 14604  
(585) 336-1000  
AKITWANA@ESL.ORG

**b** The form in which applications should be submitted and information and materials they should include

APPLICATIONS SHOULD BE SUBMITTED IN WRITING, INCLUDING REQUESTED AMOUNT, DATE AND REASON FOR REQUEST. AN IRS LETTER OF 501(C)(3) STATUS, DEDUCTABILITY STATUS, W-9 FORM WITH TIN/EIN, A LIST OF ORGANIZATIONS' BOARD OF DIRECTORS, CEO, PRESIDENT MUST ALL BE PROVIDED AS WELL

**c** Any submission deadlines

NONE

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

SERVE THE GEOGRAPHICAL AREAS OF MEMBERS OF ESL FEDERAL CREDIT UNION. MUST BE 501(C)(3)

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total . . . . .</b>				<b>▶ 3a</b>
<b>b</b> <i>Approved for future payment</i> See Additional Data Table				
<b>Total . . . . .</b>				<b>▶ 3b</b>

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

Table with 5 columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include various income sources like Program service revenue, membership dues, and net rental income.

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Table with 2 columns: Line No. and Explanatory text. Intended for providing details on how activities relate to exempt purposes.

**Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

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

		Yes	No
<b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of			
<b>(1)</b> Cash.	<b>1a(1)</b>		No
<b>(2)</b> Other assets.	<b>1a(2)</b>		No
<b>b</b> Other transactions			
<b>(1)</b> Sales of assets to a noncharitable exempt organization.	<b>1b(1)</b>		No
<b>(2)</b> Purchases of assets from a noncharitable exempt organization.	<b>1b(2)</b>		No
<b>(3)</b> Rental of facilities, equipment, or other assets.	<b>1b(3)</b>		No
<b>(4)</b> Reimbursement arrangements.	<b>1b(4)</b>		No
<b>(5)</b> Loans or loan guarantees.	<b>1b(5)</b>		No
<b>(6)</b> Performance of services or membership or fundraising solicitations.	<b>1b(6)</b>		No
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees.	<b>1c</b>	Yes	

**d** If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
1c	468,658	ESL FEDERAL CREDIT UNION	ESL FEDERAL CREDIT UNION PROVIDES THE REPORTING ORGANIZATION WITH OFFICE SPACE AND THE USE OF EMPLOYEES AT NO CHARGE

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527?  Yes  No

**b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
ESL FEDERAL CREDIT UNION	501(C)(1)	COMMON MANAGEMENT

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 taxpayer) is based on all information of which preparer has any knowledge.

***** _____ Signature of officer or trustee	2019-10-03 _____ Date	***** _____ Title	May the IRS discuss this return with the preparer shown below (see instr )? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Paid Preparer Use Only</b>	Print/Type preparer's name  WENDY CAMPOS	Preparer's Signature	Date  2019-10-03	Check if self-employed <input type="checkbox"/>	PTIN  P00448102
	Firm's name ▶ MOSS ADAMS LLP				Firm's EIN ▶ 91-0189318
	Firm's address ▶ 805 SW BROADWAY STE 1200 PORTLAND, OR 97205				Phone no (503) 242-1447

**Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation**

<b>(a)</b> Name and address	Title, and average hours per week <b>(b)</b> devoted to position	<b>(c)</b> Compensation (If not paid, enter -0-)	<b>(d)</b> Contributions to employee benefit plans and deferred compensation	Expense account, <b>(e)</b> other allowances
DAVID FIEDLER 225 CHESTNUT STREET ROCHESTER, NY 14604	CHAIR 4 00	0	0	0
TOM ROGERS 225 CHESTNUT STREET ROCHESTER, NY 14604	VICE CHAIR & TREASURER 1 00	0	0	0
FAHEEM MASOOD 225 CHESTNUT STREET ROCHESTER, NY 14604	FIRST VICE CHAIR 1 00	0	0	0
ARLINE SANTIAGO 225 CHESTNUT STREET ROCHESTER, NY 14604	VICE CHAIR & SECRETARY 1 00	0	0	0
MAUREEN WOLFE 225 CHESTNUT STREET ROCHESTER, NY 14604	VICE CHAIR 1 00	0	0	0

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
19TH WARD COMMUNITY ASSOCIATION OF ROCHESTER NEW YORK INC 216 THURSTON ROAD ROCHESTER, NY 14619	NONE	PC	COMMUNITY IMPROVEMENT	1,200
AMERICAN RED CROSS GREATER ROCHESTER CHAPTER 50 PRINCE STREET ROCHESTER, NY 14607	NONE	PC	HUMAN SERVICES	12,500
ANTHONY L JORDAN HEALTH FOUNDATION 214C LAKE AVENUE ROCHESTER, NY 14608	NONE	PC	HEALTH	5,000
<b>Total . . . . .</b> ▶ <b>3a</b>				3,024,034

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BADEN STREET SETTLEMENT ROCHESTER INC 152 BADEN ST ROCHESTER, NY 146052056	NONE	PC	HUMAN SERVICES	164,990
BORINQUEN DANCE THEATRE INC 121 N FITZHUGH STREET ROCHESTER, NY 14614	NONE	PC	ARTS AND CULTURE	7,500
BOYS AND GIRLS CLUB OF ROCHESTER INC 500 GENESEE STREET ROCHESTER, NY 14611	NONE	PC	HUMAN SERVICES	15,000
<b>Total . . . . .</b> ▶ <b>3a</b>				3,024,034



**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CAMERON COMMUNITY MINISTRIES INC 48 CAMERON ST ROCHESTER, NY 14606	NONE	PC	HUMAN SERVICES	10,000
CAUSEWAVE COMMUNITY PARTNERS 274 N GOODMAN ST SUITE 269B ROCHESTER, NY 14607	NONE	PC	EDUCATION	76,000
CAUSEWAVE COMMUNITY PARTNERS 274 N GOODMAN ST SUITE 269B ROCHESTER, NY 14607	NONE	PC	COMMUNITY IMPROVEMENT	30,000
<b>Total . . . . .</b> ▶ <b>3a</b>				3,024,034

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CAUSEWAVE COMMUNITY PARTNERS 274 N GOODMAN ST SUITE 269B ROCHESTER, NY 14607	NONE	PC	COMMUNITY IMPROVEMENT	20,000
CENTER FOR GOVERNMENTAL RESEARCH 50 BROADWAY SUITE 1604 NEW YORK, NY 10004	NONE	PC	EMPLOYMENT	10,000
CENTER FOR GOVERNMENTAL RESEARCH 1 SOUTH WASHINGTON STREET SUITE 400 ROCHESTER, NY 14614	NONE	PC	COMMUNITY IMPROVEMENT	6,000
<b>Total . . . . . ▶ 3a</b>				3,024,034

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CHAMPION ACADEMY OF ROCHESTER (CO ROCHESTER AREA COMMUNITY FOUNDATION INIT 500 EAST AVENUE ROCHESTER, NY 14607	NONE	PC	EDUCATION	25,000
CHILDREN'S INSTITUTE INC 274 N GOODMAN ST SUITE 269B ROCHESTER, NY 14607	NONE	PC	HEALTH	150,000
CHILDREN'S INSTITUTE INC 274 N GOODMAN ST SUITE 269B ROCHESTER, NY 14607	NONE	PC	EDUCATION	65,000
<b>Total . . . . . ▶ 3a</b>				3,024,034

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a</b> <i>Paid during the year</i>				
COMMUNITY DESIGN CENTER ROCHESTER INC 1115 EAST MAIN STREET UNIT 61 ROCHESTER, NY 14609	NONE	PC	COMMUNITY IMPROVEMENT	15,000
CONKEY CRUISERS INCPO BOX 33780 ROCHESTER, NY 14621	NONE	PC	HEALTH	2,500
CONNECTED COMMUNITIES 410 ATLANTIC AVE BLDG 2 ROCHESTER, NY 14609	NONE	PC	COMMUNITY IMPROVEMENT	25,000
<b>Total . . . . .</b> ▶ <b>3a</b>				3,024,034

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CONSUMER CREDIT COUNSELING SERVICE OF ROCHESTER INC 1000 UNIVERSITY AVE SUITE 900 ROCHESTER, NY 14624	NONE	PC	COMMUNITY IMPROVEMENT	51,976
CONSUMER CREDIT COUNSELING SERVICE OF ROCHESTER INC 1000 UNIVERSITY AVE SUITE 900 ROCHESTER, NY 14624	NONE	PC	COMMUNITY IMPROVEMENT	16,000
CULVER MERCHANTS BUSINESS ASSOCIATION INC 155 WISCONSIN ST APT 4 ROCHESTER, NY 14609	NONE	PC	COMMUNITY IMPROVEMENT	1,500
<b>Total . . . . .</b> ▶ <b>3a</b>				3,024,034

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
E3 ROCHESTER INC 255 EAST AVENUE SUITE 310 ROCHESTER, NY 14604	NONE	PC	EDUCATION	25,000
FAMILY PROMISE OF ONTARIO COUNTY INC 1440 FALMOUTH LANE VICTOR, NY 14564	NONE	PC	HUMAN SERVICES	5,000
FOODLINK1999 MT READ BLVD ROCHESTER, NY 14615	NONE	PC	COMMUNITY IMPROVEMENT	175,000
<b>Total . . . . .</b> ▶ <b>3a</b>				3,024,034

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
GENESEE COUNTRY VILLAGE & MUSEUM 1410 FLINT HILL ROAD MUMFORD, NY 14511	NONE	PC	ARTS AND CULTURE	5,000
GENESEE SYMPHONY ORCHESTRA PO BOX 391 BATAVIA, NY 14021	NONE	PC	ARTS AND CULTURE	1,000
GEORGE ESTMAN MUSEUM 900 EAST AVE ROCHESTER, NY 146072219	NONE	PC	ARTS AND CULTURE	100,000
<b>Total . . . . .</b>				<b>3,024,034</b>

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
GEVA THEATRE CENTER INC 75 WOODBURY BOULEVARD ROCHESTER, NY 14607	NONE	PC	ARTS AND CULTURE	25,000
GIRLS ON THE RUN OF GREATER ROCHESTER PO BOX 71 FAIRPORT, NY 14450	NONE	PC	HUMAN SERVICES	2,500
GREATER ROCHESTER CHAMBER OF COMMERCE 150 STATE STREET 400 ROCHESTER, NY 14614	NONE	PC	ARTS AND CULTURE	25,000
<b>Total . . . . . ▶ 3a</b>				3,024,034



**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
GREATER ROCHESTER SUMMER LEARNING ASSOCIATION 274 NORTH GOODMAN STREET SUITE D103 ROCHESTER, NY 14607	NONE	PC	EDUCATION	1,000
GREECE ECUMENICAL FOOD SHELF INC 500 MAIDEN LANE ROCHESTER, NY 14616	NONE	PC	HUMAN SERVICES	7,003
HOBART AND WILLIAM SMITH COLLEGES 300 PULTENEY ST GENEVA, NY 144563304	NONE	PC	EDUCATION	8,333
<b>Total . . . . .</b> ▶ <b>3a</b>				3,024,034

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a</b> <i>Paid during the year</i>				
HONOR FLIGHT ROCHESTER INC PO BOX 23581 ROCHESTER, NY 14692	NONE	PC	HUMAN SERVICES	9,000
IBERO-AMERICAN ACTION LEAGUE 817 EAST MAIN ST ROCHESTER, NY 14605	NONE	PC	EDUCATION	77,000
ITS ABOUT CARING FOR KIDS (IAC) PO BOX 16201 ROCCESTER, NY 14616	NONE	PC	HUMAN SERVICES	5,000
<b>Total . . . . .</b>				<b>3a</b> 3,024,034

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<i>a Paid during the year</i>				
LEADERSHIP ROCHESTER 875 E MAIN STREET STE 140 ROCHESTER, NY 14605	NONE	PC	COMMUNITY IMPROVEMENT	1,500
LIFESPAN OF GREATER ROCHESTER INC 1900 S CLINTON AVENUE ROCHESTER, NY 14618	NONE	PC	HEALTH	100,000
LIFETIME ASSISTANCE INC 425 PAUL ROAD ROCHESTER, NY 14624	NONE	PC	HUMAN SERVICES	500
<b>Total . . . . .</b> ▶ <b>3a</b>				3,024,034

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MAKING A CONNECTION (MAC) ACADEMY (CCCSR INITIATIVE) 30 HART STREET ROCHESTER, NY 14605	NONE	PC	COMMUNITY IMPROVEMENT	2,500
MEMORIAL ART GALLERY - UNIVERSITY OF ROCHESTER 500 UNIVERSITY AVENUE ROCHESTER, NY 14607	NONE	PC	ARTS AND CULTURE	15,000
MERCY FLIGHT CENTRAL INC 2420 BRICKYARD RD CANANDAIGUA, NY 14424	NONE	PC	HEALTH	5,000
<b>Total . . . . .</b>				<b>3,024,034</b>

▶ **3a**

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MONROE COMMUNITY COLLEGE FOUNDATION 1000 EAST HENRIETTA ROAD ROCHESTER, NY 14623	NONE	PC	EDUCATION	9,964
MONROE COUNTY SHERIFF'S FOUNDATION 130 S PLYMOUTH AVENUE ROCHESTER, NY 14614	NONE	PC	COMMUNITY IMPROVEMENT	1,050
NAZARETH COLLEGE OF ROCHESTER 4245 EAST AVENUE ROCHESTER, NY 14618	NONE	PC	EDUCATION	25,000
<b>Total . . . . . ▶ 3a</b>				3,024,034

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
NCS COMMUNITY DEVELOPMENT CORPORATION 275 DRIVING PARK AVENUE ROCHESTER, NY 14613	NONE	PC	COMMUNITY IMPROVEMENT	5,000
NEIGHBORHOOD HOUSING SERVICES OF ROCHESTER INC 570 SOUTH AVENUE ROCHESTER, NY 14620	NONE	PC	COMMUNITY IMPROVEMENT	5,000
NEW FAITH COMMUNITY DBA SPIRITUS CHRISTI CHURCH 121 N FITZHUGH STREET ROCHESTER, NY 14614	NONE	PC	HUMAN SERVICES	3,000
<b>Total . . . . .</b> ▶ <b>3a</b>				3,024,034

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
OPEN DOOR MISSION 156 N PLYMOUTH AVE ROCHESTER, NY 14608	NONE	PC	HUMAN SERVICES	12,857
PATHSTONE CORPORATION 400 EAST AVENUE ROCHESTER, NY 146071910	NONE	PC	EDUCATION	55,000
PERINATAL NETWORK OF MONROE COUNTY 693 EAST AVENUE ROCHESTER, NY 14607	NONE	PC	HEALTH	3,000
<b>Total . . . . .</b> ▶ <b>3a</b>				3,024,034

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
R COMMUNITY BIKES INC 226 HUDSON AVE ROCHESTER, NY 14605	NONE	PC	HUMAN SERVICES	5,000
ROC THE FUTURE500 EAST AVENUE ROCHESTER, NY 14607	NONE	PC	EDUCATION	300,000
ROCHESTER AREA INTERFAITH HOSPITALITY NETWORK INC 142 WEBSTER AVENUE ROCHESTER, NY 14609	NONE	PC	HUMAN SERVICES	12,000
<b>Total . . . . .</b> ▶ <b>3a</b>				3,024,034



**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ROCHESTER BROADWAY THEATRE LEAGUE 885 EAST MAIN STREET ROCHESTER, NY 14605	NONE	PC	ARTS AND CULTURE	2,500
ROCHESTER MUSEUM AND SCIENCE CENTER 657 EAST AVE ROCHESTER, NY 14607	NONE	PC	EDUCATION	100,000
ROCHESTER ORATORIO SOCIETY INC 1050 EAST AVENUE ROCHESTER, NY 14607	NONE	PC	ARTS AND CULTURE	615
<b>Total . . . . . ▶ 3a</b>				3,024,034

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ROCHESTER PHILHARMONIC ORCHESTRA 108 EAST AVENUE ROCHESTER, NY 14604	NONE	PC	ARTS AND CULTURE	20,000
ROCHESTER PHILHARMONIC ORCHESTRA 108 EAST AVENUE ROCHESTER, NY 14604	NONE	PC	ARTS AND CULTURE	20,000
SAINTS PLACE46 S MAIN ST PITTSFORD, NY 14534	NONE	PC	HUMAN SERVICES	9,500
<b>Total . . . . .</b> ▶ <b>3a</b>				3,024,034

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SCOTT SPINO FOUNDATION INC 42 KIMROOK DRIVE ROCHESTER, NY 14612	NONE	PC	HUMAN SERVICES	2,500
SENECA PARK ZOO SOCIETY 2222 ST PAUL STREET ROCHESTER, NY 14621	NONE	PC	EDUCATION	10,000
SPIRITUS CHRISTI PRISON OUTREACH INC 934 CULVER ROAD ROCHESTER, NY 14609	NONE	PC	HUMAN SERVICES	5,000
<b>Total . . . . .</b> ▶ <b>3a</b>				3,024,034

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ST LUKE COMMUNITY FOUNDATION INC PO BOX 31051 1300 CLINTON SQUARE ROCHESTER, NY 14603	NONE	PC	HUMAN SERVICES	2,500
ST JOHN FISHER COLLEGE 3690 EAST AVENUE ROCHESTER, NY 14618	NONE	PC	COMMUNITY IMPROVEMENT	23,000
ST JOSEPH'S NEIGHBORHOOD CENTER 417 SOUTH AVENUE ROCHESTER, NY 14620	NONE	PC	COMMUNITY IMPROVEMENT	6,000
<b>Total . . . . .</b> ▶ <b>3a</b>				3,024,034

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a</b> <i>Paid during the year</i>				
THE CENTER FOR TEEN EMPOWERMENT 392 GENESEE ST ROCHESTER, NY 14611	NONE	PC	HUMAN SERVICES	5,000
THE HOUSING COUNCIL AT PATHSTONE 400 EAST AVENUE ROCHESTER, NY 146071910	NONE	PC	COMMUNITY IMPROVEMENT	49,352
THE ROCHESTER FRIENDLY HOME 3156 EAST AVENUE ROCHESTER, NY 14618	NONE	PC	HEALTH	10,000
<b>Total . . . . .</b> ▶ <b>3a</b>				3,024,034

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
UNITY HOSPITAL 1555 LONG POND RD ROCHESTER, NY 14626	NONE	PC	HEALTH	100,000
UNIVERSITY OF ROCHESTER 300 EAST RIVER ROAD BOX 270032 ROCHESTER, NY 14627	NONE	PC	HEALTH	2,500
UPSTATE NEW YORK FAMILIES FOR EFFECTIVE AUTISM TREATMENT INC 855 PUBLISHERS PKWY WEBSTER, NY 14580	NONE	PC	HUMAN SERVICES	2,500
<b>Total . . . . .</b> ▶ <b>3a</b>				3,024,034

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
UPSTATE NEW YORK FAMILIES FOR EFFECTIVE AUTISM TREATMENT INC 855 PUBLISHERS PKWY WEBSTER, NY 14580	NONE	PC	HUMAN SERVICES	2,500
UNITED WAY OF GREATER ROCHESTER 75 COLLEGE AVE ROCHESTER, NY 14607	NONE	PC	COMMUNITY IMPROVEMENT	356,300
UNITED WAY OF GREATER ROCHESTER 75 COLLEGE AVE ROCHESTER, NY 14607	NONE	PC	COMMUNITY IMPROVEMENT	200,000
<b>Total . . . . .</b> ▶ <b>3a</b>				3,024,034

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
UNITED WAY OF GREATER ROCHESTER-ROCHESTER-MONROE ANTI-POVERTY INITIATIVE (R 75 COLLEGE AVE ROCHESTER, NY 14607	NONE	PC	COMMUNITY IMPROVEMENT	265,000
URBAN LEAGUE OF ROCHESTER NY INC 265 N CLINTON AVE ROCHESTER, NY 14605	NONE	PC	EDUCATION	10,000
VETERANS OUTREACH CENTER 459 SOUTH AVENUE ROCHESTER, NY 14620	NONE	PC	HUMAN SERVICES	30,694
<b>Total . . . . .</b> ▶ <b>3a</b>				3,024,034



**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
YMCA OF GREATER ROCHESTER 44 EAST MAIN STREET ROCHESTER, NY 14604	NONE	PC	HUMAN SERVICES	8,500
YWCA OF ROCHESTER AND MONROE COUNTY 175 N CLINTON AVE ROCHESTER, NY 14604	NONE	PC	HUMAN SERVICES	2,700
MONROE COMMUNITY COLLEGE FOUNDATION 1000 EAST HENRIETTA ROAD ROCHESTER, NY 14623	NONE	PC	EDUCATION	35,000
<b>Total . . . . . ▶ 3a</b>				3,024,034

**TY 2018 Accounting Fees Schedule****Name:** ESL CHARITABLE FOUNDATION**EIN:** 82-0548352

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
ACCOUNTING SERVICES	2,600	1,300	0	1,300

**TY 2018 Investments Corporate Bonds Schedule****Name:** ESL CHARITABLE FOUNDATION**EIN:** 82-0548352**Investments Corporate Bonds Schedule**

<b>Name of Bond</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
ISHARES TIPS BOND ETF	1,103,313	1,103,313
VANGUARD TOTAL BOND MARKET ETF	5,364,497	5,364,497
DOUBLELINE TOTAL RETURN BD FD CL I	622,308	622,308
EATON VANCE FLOATING RATE FD CL I	442,731	442,731
TEMPLETON GLOBAL BOND FUND ADV CL	1,763,632	1,763,632
PIMCO INVESTMENT GRADE CREDIT BD INST	464,226	464,226

**TY 2018 Investments Corporate Stock Schedule****Name:** ESL CHARITABLE FOUNDATION**EIN:** 82-0548352**Investments Corporation Stock Schedule**

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
ISHARES CORE MSCI TOTAL INTEL STOCK ETF	5,429,763	5,429,763
ISHARES EDGE MSCI USA MOMENTUM ETF	1,253,877	1,253,877
SCHWAB FUNDAMENTAL US LARGE CO ETF	2,054,431	2,054,431
SPDR S&P GLOBAL NATURAL RESOURCES ETF	624,167	624,167
SPDR S&P 500 ETF	9,441,978	9,441,978
VANGUARD EXTENDED MARKET ETF	1,685,292	1,685,292
DAVIS INTL FD CL Y	2,324,921	2,324,921
NUVEEN NWQ SMALL CAP VALUE I	1,337,883	1,337,883
ISHARES CORE MSCI EMERGING ETF	860,016	860,016

**TY 2018 Investments Government Obligations Schedule****Name:** ESL CHARITABLE FOUNDATION**EIN:** 82-0548352**US Government Securities - End  
of Year Book Value:**

724,710

**US Government Securities - End  
of Year Fair Market Value:**

724,710

**State & Local Government  
Securities - End of Year Book  
Value:**

0

**State & Local Government  
Securities - End of Year Fair  
Market Value:**

0

**TY 2018 Investments - Other Schedule****Name:** ESL CHARITABLE FOUNDATION**EIN:** 82-0548352**Investments Other Schedule 2**

<b>Category/ Item</b>	<b>Listed at Cost or FMV</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
STONE RIDGE ALT LENDING RISK PREMIUM INST	FMV	1,484,431	1,484,431
GOLDMAN SACHS COMMODITY	FMV	376,824	376,824
GOLDMAN SACHS MLP ENERGY INFRASTRUCTURE INST	FMV	541,883	541,883
STONE RIDGE REINSURANCE RISK PREM INTERVAL	FMV	1,321,720	1,321,720
VERSUS CAP MULTI MNGR REAL ESTATE INCM FD INST	FMV	1,006,472	1,006,472
VERSUS CAP REAL ASSET FUND	FMV	484,269	484,269
ROYAL OAK REALTY TRUST	FMV	706,502	706,502
JPMORGAN BETABUILD MSCI US REIT ETF	FMV	542,439	542,439
BREAKWATER CREDIT OPP FUND CAYMAN LTD.	FMV	1,072,690	1,072,690

**TY 2018 Other Decreases Schedule****Name:** ESL CHARITABLE FOUNDATION**EIN:** 82-0548352

<b>Description</b>	<b>Amount</b>
UNREALIZED GAIN/LOSS ON INVESTMENTS	4,520,112

**TY 2018 Other Expenses Schedule****Name:** ESL CHARITABLE FOUNDATION**EIN:** 82-0548352**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TRADE ASSOCIATION DUES	5,280	0	0	5,280
PARKING	88	0	0	88
MEALS	2,977	0	0	1,489
SOFTWARE SERVICE AGREEMENT	18,225	0	0	18,225
MISCELLANEOUS EXPENSE	1,850	925	0	925
SUPPLIES	21	0	0	21
CHARITABLE SPONSORSHIPS	3,608	0	0	0



**TY 2018 Other Income Schedule****Name:** ESL CHARITABLE FOUNDATION**EIN:** 82-0548352**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
COBBLESTONE REIMBURSEMENT	94,308	94,308	

**TY 2018 Other Liabilities Schedule****Name:** ESL CHARITABLE FOUNDATION**EIN:** 82-0548352

<b>Description</b>	<b>Beginning of Year - Book Value</b>	<b>End of Year - Book Value</b>
ACCRUED MISCELLANEOUS	10,760	13,691

**TY 2018 Other Professional Fees Schedule****Name:** ESL CHARITABLE FOUNDATION**EIN:** 82-0548352

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
REOCCURING PROFESSIONAL SERVICES	217,942	217,942	0	0

**TY 2018 Taxes Schedule****Name:** ESL CHARITABLE FOUNDATION**EIN:** 82-0548352

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
INCOME TAXES	16,981	0	0	0

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**  
▶ Attach to Form 990, 990-EZ, or 990-PF  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information

OMB No 1545-0047  
**2018**

**Name of the organization**  
ESL CHARITABLE FOUNDATION

**Employer identification number**  
82-0548352

**Organization type** (check one)

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup> 3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> ESL CHARITABLE FOUNDATION	<b>Employer identification number</b> 82-0548352
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**Part I** **Contributors** (See instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ESL FEDERAL CREDIT UNION 225 CHESTNUT STREET ROCHESTER, NY 14604	\$ 200,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions )</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions )</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions )</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions )</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions )</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions )</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions )</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions )</small>

<b>Name of organization</b> ESL CHARITABLE FOUNDATION	<b>Employer identification number</b> 82-0548352
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**Part II Noncash Property**

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<small>(See instructions) Use duplicate copies of Part II if additional space is needed</small>			
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____

<b>Name of organization</b> ESL CHARITABLE FOUNDATION	<b>Employer identification number</b> 82-0548352
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**Part III** *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____