PKF O'CONNOR DAVIES, LLP 665 FIFTH AVENUE NEW YORK, NY 10022

THE ENGLISH-SPEAKING UNION OF THE UNITED STATES - NATIONAL HEADQUARTERS 144 EAST 39TH STREET NEW YORK, NY 10016

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PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 00-07-54

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

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

► Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

A F	or the	2016 calendar year, or tax year beginning $JUL 1$ , $2016$ and ending	JUN 30, 2017	
<b>B</b> c	heck if oplicable	C Name of organization THE ENGLISH-SPEAKING UNION OF THE UNITED	D Employer identifie	cation number
	Addres			
	Name change		13-1	623995
	Initial return Final return/	144 EAST 39TH STREET	uite <b>E</b> Telephone number (212	, )818-1200
	terminated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	14,792,913.
	Ameno return	NEW YORK, NY 10016	H(a) Is this a group re	eturn
	Application	F Name and address of principal officer: ChkibiOFfiek BROADWELL	for subordinates	? Yes X No
	pendin	SAME AS C ABOVE	H(b) Are all subordinates in	cluded? Yes No
<u> </u>	ax-exe	empt status: X 501(c)(3) 501(c) ( )	527 If "No," attach a	list. (see instructions)
J۷	Vebsit	e: ▶ WWW.ESUUS.ORG	H(c) Group exemption	n number ▶ 1899
		organization: X Corporation	ear of formation: $1920$ N	<b>1</b> State of legal domicile: <b>DE</b>
Pa	rt I	Summary		
•		Briefly describe the organization's mission or most significant activities: UNDER TH.		
Governance		${ t action, "the english-speaking union (esu) emp}$	LOYS ENGLISH .	AS A
rna	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of m	ore than 25% of its net ass	
ove		Number of voting members of the governing body (Part VI, line 1a)		26
<u>م</u>		Number of independent voting members of the governing body (Part VI, line 1b)		26
es 8		Total number of individuals employed in calendar year 2016 (Part V, line 2a)		23
ξ		Total number of volunteers (estimate if necessary)		3175
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12		0.
_	b	Net unrelated business taxable income from Form 990-T, line 34		0.
			Prior Year	Current Year
ē		Contributions and grants (Part VIII, line 1h)	1,200,637.	1,036,264.
Revenue		Program service revenue (Part VIII, line 2g)	502,067.	872,964.
3e		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	562,088.	1,228,651.
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	75,347.	90,367.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,340,139.	3,228,246.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	45,122.	395,612.
		Benefits paid to or for members (Part IX, column (A), line 4)	0. 1,040,388.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,040,388.	1,043,074.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
χĎ		Total fundraising expenses (Part IX, column (D), line 25)   115,195.	1,147,579.	1 056 011
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,233,089.	1,956,911. 3,395,597.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	107,050.	-167,351.
- S	19	Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	15,843,971.	23,439,065.
Asse Bala	21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)	190,020.	283,295.
Vet/	22	Net assets or fund balances. Subtract line 21 from line 20	15,653,951.	23,155,770.
Pa	rt II	Signature Block	13/033/3311	23/133/1701
Unde	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules and stat	ements, and to the best of my	knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which prepare	•	
Sigr	1	Signature of officer	Date	
Her		CHRISTOPHER BROADWELL, EXECUTIVE DIRECTOR		
		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check C	PTIN
Paid		GARRETT M. HIGGINS GARRETT M. HIGGINS	05/14/18 self-employ	
Prep	arer	Firm's name PKF O'CONNOR DAVIES, LLP	Firm's EIN ▶	27-1728945
Use	Only	Firm's address 665 FIFTH AVENUE		
		NEW YORK, NY 10022	Phone no. 21	2-286-2600
May	the IF	RS discuss this return with the preparer shown above? (see instructions)		X Yes No

Page 2

Form 990 (2016)	STATES -	NATIONAL	HEADQUARTERS	
Part III Statement o	f Program Serv	ice Accomplis	hments	

Га	Citatement of Frogram Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	FOUNDED IN 1920, THE ESU IS A NONPROFIT, NONPOLITICAL ORGANIZATION,
	WHICH UTILIZES ENGLISH AS A CATALYST TO FOSTER GLOBAL UNDERSTANDING
	AND GOOD WILL BY PROVIDING EDUCATIONAL OPPORTUNITIES AND CULTURAL
	EXCHANGE FOR STUDENTS, EDUCATORS, AND RECENT IMMIGRANTS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
	THE ANDREW ROMAY NEW IMMIGRANT CENTER (ARNIC):
	THE ANDREW ROMAY NEW IMMIGRANT CENTER (ARNIC) IS COMMITTED TO IMPROVING
	THE LIVES OF NEW IMMIGRANTS BY PROVIDING A WELCOMING ENVIRONMENT,
	RESOURCES, AND INFORMATION TO HELP THEM IMPROVE THEIR ENGLISH LANGUAGE
	SKILLS TO EXPLORE WORK AND STUDY OPPORTUNITIES, NETWORK, PURSUE
	CITIZENSHIP, AND ACQUIRE CULTURAL FLUENCY IN ORDER TO PARTICIPATE FULLY
	IN AMERICAN SOCIETY. ARNIC PARTICIPANTS RECEIVE A ONE-YEAR SCHOLARSHIP
	TO PARTICIPATE IN ENGLISH IN ACTION, ENGLISH LANGUAGE CLASSES,
	WORKSHOPS, AND CULTURAL AND CIVIC TRIPS AND EVENTS.
	ARNIC IS THE STANDARD-BEARER FOR THE ESU AND REFLECTS THE INSTITUTION'S
4b	(Code:) (Expenses \$340,417. including grants of \$340,417. ) (Revenue \$\$
	TEACHERS LEARNING ABROAD (TLAB):
	TEACHERS LEARNING ABROAD (TLAB) SCHOLARSHIPS PROVIDE AMERICAN HIGH
	SCHOOL TEACHERS WITH FUNDS TO CONTINUE THEIR EDUCATION AT PRESTIGIOUS
	CENTERS OF LEARNING IN THE UNITED KINGDOM: OXFORD UNIVERSITY,
	SHAKESPEARE'S GLOBE THEATRE, AND EDINBURGH UNIVERSITY. THROUGH 60
	YEARS, ESU TLAB SCHOLARS FROM ALL OVER THE US HAVE RETURNED FROM THEIR
	STUDIES TO THEIR CLASSROOMS INVIGORATED AND EQUIPPED TO SHARE THEIR
	NEWLY ACQUIRED TEACHING AND LEARNING STRATEGIES WITH MORE THAN 200,000
	STUDENTS NATIONWIDE. SINCE ITS INCEPTION, THE PROGRAM HAS SENT MORE
	THAN 2,550 AMERICAN HIGH SCHOOL AND MIDDLE SCHOOL TEACHERS TO SUMMER
	STUDY IN GREAT BRITAIN. IN FISCAL YEAR 2016-2017, IT PROVIDED 77
4c	(Code:) (Expenses \$
	ENGLISH IN ACTION:
	ENGLISH IN ACTION PAIRS NEWCOMERS TO THE UNITED STATES WITH VOLUNTEERS,
	FLUENT ENGLISH SPEAKERS, FOR ONE-ON-ONE CONVERSATION SESSIONS, HELPING
	THEM MASTER CONVERSATIONAL ENGLISH AND LEARN ABOUT LIFE IN THE US,
	WHILE ALSO FOSTERING CROSS-CULTURAL EXCHANGE. A HALLMARK OF THE
	PROGRAM IS ITS COMPREHENSIVE TUTOR TRAINING FOR THE VOLUNTEERS, WHICH
	EMPHASIZES THE BEST PRACTICES IN CROSS-CULTURAL LEARNING AND LEADERSHIP
	DEVELOPMENT. EXPANDED TUTOR TRAININGS FOCUSED THIS YEAR ON CULTURAL
	COMPETENCY AND WORKING WITH REFUGEES. IN ADDITION TO EXTENSIVE PROGRAM
	OPERATION IN NEW YORK CITY, ESU BRANCHES IN PORTLAND (OR), SEATTLE
	(WA), COLUMBUS (OH), LEXINGTON (VA), MONMOUTH COUNTY (NJ), AND NEW
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 1,628,113. including grants of \$ 55,195.) (Revenue \$ 213,028.)
<u>4e</u>	Total program service expenses ▶ 2,641,461.
	Form <b>990</b> (2016)

2

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# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19		X
			$\Delta \Delta \Delta$	( )

13-1623995

Part IV Checklist of Required Schedules (continued)

			Yes	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			37
	Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			Х
	Schedule K. If "No", go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
a	any tax-exempt bonds?  Did the exemptation act or on "on behalf of "incurar for bonds outstanding at any time during the year?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	234		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		Х
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes."			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			_
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_X_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		_X_
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations?			37
00	If "Yes," complete Schedule N, Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	32		Х
22	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
٠.	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

13-1623995

Part V Statements Regarding Other IRS Filings and Tax Compliance

a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  11a  12a		Check if Schedule O contains a response or note to any line in this Part V					
b Enter the number of Forms W-2G included in line 1a Enter-0+ in not applicable						Yes	No
to Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.  3 If a second to the calendar year ending with or within the year covered by this return.  3 If a second to the calendar year and they with or within the year covered by this return.  4 If year, the set in the second to second the second the second to second the second t			1a				
Legambling winnings to prize winners?  22 Enter the runber of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return  25 b if at least one is reported on line 2a, did the organization field all required federal employment tax returns?  26 b if at least one is reported on line 2a, did the organization field all required federal employment tax returns?  27 c was more an experiment of the second of the organization field and the organization have unrelated businesses gross income of \$1,000 or more during the year?  28 d of the organization thave unrelated businesses gross income of \$1,000 or more during the year?  39 d of the organization field and year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, socurities account, or other financial accounts (FBAR).  30 if "Yes," either the name of the foreign country. ►  31 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  32 Was the organization aparty to a prohibited tax sheller transaction?  33 b J organization aparty to a prohibited tax sheller transaction?  34 b J organization aparty to a prohibited tax sheller transaction?  35 c was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any confributions that were not tax deductables of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductables of the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  30 If "Yes," indicate the number of Forms 82821 filed during the year  31 b If "Yes," indicate the number of Forms 82821 filed during the year  32 b If "Yes," indicate the number of Forms 82821 filed during the year  33 b If "Yes," indicate the							
23   Better the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, led to the calendar year ending with or within the year covered by this enturn  15   If at least one is reported on line 2a, did the organization file all inequired federal employment tax returns?  26   X    37   State   The state of the state o	С						
filed for the calendar year ending with or within the year covered by this return  If all east one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-nê dece instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a Did who greated the december of the year?  4a A tray time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts)?  4a Different the name of the foreign country.  5b If Yes, "enter the name of the foreign country. [See Instructions for filing requirements for FiniCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5b Was the organization a party to a prohibited tax shelter transaction?  5c If Yes, "to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If Yes, "to line 5a or 5b, did the organization that it was or is a party to a prohibition and the organization solicit any contributions that were not tax deductibles of a charitable contributions?  6c If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles and charitable contributions or gifts were not tax deductibles on a charitable contributions?  6c If Yes, "did the organization netwer a payment in excess of 57 made party as a contribution and party for goods and services provided?  6c Did the organization netwe a payment in excess of 57 made party as a contribution of year payment in excess of 57 made party as a contribution of year payment in excess of 57 made party as a contribution of year payment in excess of 57 made party as a contribution of year			 I		1c		
b If all least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1a and 2a is greater than 250, you may be required to a-line (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a X  b if "Yes," has it filed a Form 990.17 for this year? # "No," is line 3b, provide an explanation in Schedule O  3b A at any time during the calendary year, did the organization have unduring the relative query did the organization was a bank account, securities account, or other financial accounts (FBAR).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for see the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line Sa or 5b, did the organization have very solicitation an express statement that such contributions or gifts were not tax deductible?  Organization set and apprehensive the very solicitation an express statement that such contributions or gifts were not tax deductible?  Organization receive a payment in excess of S75 made party as a contribution and party for goods and services provided to the payor?  To bill the organization receive a payment in excess of S75 made party as a contribution and party for goods and services provided to the payor?  To bill the organization receive a payment in excess of S75 made party as a contribution of payment or a personal benefit contract?  To bill the organization sell, exchange, or otherwise dispose of transplic personal property for which it was required?  To bill the organization sell, exchange, or otherwise dispose of transplic personal personal benefit contract?  To I will have granization received a contribution of qualified intellectual property, did the organization file a Form 1098-C7  Se	<b>2</b> a			0.0			
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h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Did the sponsoring organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10 Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  15 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b	f						<u> X</u>
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c Enter the amount of reserves on hand	b		Ι.	l			
14a     Did the organization receive any payments for indoor tanning services during the tax year?     14a     X       b     If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O     14b							
b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O			13c		4.		v
The provide all experiences of the second of							
	b	if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O		_	gan	(2010)

Form 990 (2016)

STATES - NATIONAL HEADQUARTERS

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 26 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 26 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, Х and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶NY Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request X Another's website Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

Form **990** (2016)

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State the name, address, and telephone number of the person who possesses the organization's books and records: CHRISTOPHER BROADWELL, ESU-NATIONAL HEADQUARTERS - 212-818-1200

statements available to the public during the tax year.

144 EAST 39TH STREET, NEW YORK, NY

#### Form 990 (2016) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

(A)  Name and Title	(B) Average hours per	(do box		Pos heck i	ition	l than ( s both	one n an	( <b>D</b> ) Reportable compensation	<b>(E)</b> Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) E. QUINN PEEPER	3.00	.,		.,					^	0
PRESIDENT	1 2 00	Х		Х				0.	0.	0.
(2) HOLLISTER STURGES	3.00	3,7		,,					_	0
TREASURER (THRU 6/2017)	2 00	Х		Х				0.	0.	0.
(3) PAUL BERESFORD-HILL CHAIRMAN	3.00	Х		х				0.	0.	0.
(4) LAURA J. PHELPS	3.00									
VICE CHAIR/INTERIM TREASURER		Х		х				0.	0.	0.
(5) CHARLES D. REAVES	3.00								-	
DIRECTOR		Х						0.	0.	0.
(6) CHRISTOPHER HODGKINS	3.00									
DIRECTOR		Х						0.	0.	0.
(7) CHRISTOPHER MEDALIS	3.00									
DIRECTOR		Х						0.	0.	0.
(8) DARRELL W. HILL	3.00									
DIRECTOR		Х						0.	0.	0.
(9) DONALD BEST	3.00									
DIRECTOR		Х						0.	0.	0.
(10) GEORGE T. WILLIAMSON	3.00									
DIRECTOR (THRU 10/2016)		Х						0.	0.	0.
(11) JAMES W. KERR, JR.	3.00									
DIRECTOR		Х						0.	0.	0.
(12) JAN SLEE	3.00	1								
DIRECTOR (THRU 10/2016)		Х						0.	0.	0.
(13) JEFFREY L. SCHNABEL	3.00									
DIRECTOR		Х						0.	0.	0.
(14) KAREN BLAIR BRAND	3.00	ļ								•
DIRECTOR	1 2 00	Х						0.	0.	0.
(15) LOVEDAY L. CONQUEST	3.00	.,							_	0
DIRECTOR (16) W. GURLGELINE GAREN	1 2 00	Х	$\vdash$		_	-		0.	0.	0.
(16) M. CHRISTINE CARTY	3.00	<b>.</b>							_	^
DIRECTOR  (17) MARY ALLCE PHELAN	3.00	Х				-		0.	0.	0.
(17) MARY ALICE PHELAN DIRECTOR	3.00	Х						0.	0.	0.
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Form **990** (2016)

Page 8

STATES - NATIONAL HEADQUARTERS

Part VII Section A. Officers, Directors, Trus		рюу	ees,			gnes	St C			$\neg$		<b>/[</b> ]	
(A)	(B) Average			•	<b>C)</b> sitior	1		(D)	(E)		Го	(F)	J
Name and title	hours per		not c	heck	more	than dis both		Reportable compensation	Reportable compensation			timated lount o	
	week					or/trus		from	from related			other	•
	(list any	director						the	organizations			oensati	on
	hours for	r dire				ted		organization	(W-2/1099-MISC)	.	fro	om the	
	related	trustee or	ruste			eusa		(W-2/1099-MISC)			_	anizatio	
	organizations below	ıal tru	onal t		oloyee	l com						relate	
	line)	Individual t	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	nizatio	าร
(18) POLLY W. COX	3.00		_	Ť						十			
DIRECTOR		Х						0.	0	١.			0.
(19) DONNA MILLER	3.00								_				
DIRECTOR		X			<u> </u>	_		0.	0	١.			0.
(20) PETER FREY	3.00	l											_
DIRECTOR	2 22	Х						0.	0	) •			0.
(21) JULIA HANSEN	3.00												_
DIRECTOR	2 00	Х			_	_		0.	0	١.			0.
(22) SUSAN SINCLAIR	3.00	٠,											^
DIRECTOR	1 2 00	X						0.	U	١.			0.
(23) PHILIP SJOGREN	3.00	٠,							_				^
DIRECTOR (THRU 10/2016)	3.00	Х				-		0.	U	<u> </u>			0.
(24) ROGER STACEY DIRECTOR	3.00	X						0.	0				0.
(25) WILLIAM B. MASCHMEIER	3.00	^						1	0	+			<u>.</u>
DIRECTOR	3.00	X						0.	١				0.
(26) CHERYL ALBUQUERQUE	3.00					$\vdash$		0.		┿			<u>.</u>
DIRECTOR	3:00	$\mathbf{x}$						0.	0				0.
	1		I		I	I		0.					0.
1b Sub-total c Total from continuation sheets to Part V	II Section A							125,455.		1.	18	3,78	
d Total (add lines 1b and 1c)								125,455.		1.		3,78	
2 Total number of individuals (including but i							o re	eceived more than \$100,	000 of reportable				
compensation from the organization								•	•				1
										_		Yes	No
3 Did the organization list any former officer	, director, or tru	uste	e, ke	y en	nplo	yee,	or	highest compensated er	nployee on				
line 1a? If "Yes," complete Schedule J for	such individual									. L	3		X
4 For any individual listed on line 1a, is the s													
and related organizations greater than \$15	0,000? If "Yes,	," co	mple	ete S	Sche	edule	Jf	for such individual		. L	4		X
5 Did any person listed on line 1a receive or	•				,			J					
rendered to the organization? If "Yes," cor Section B. Independent Contractors	nplete Schedul	e J f	or su	ıch ļ	pers	on .				<u>.</u>	5		X
Complete this table for your five highest co	mpensated inc	depe	nde	nt co	ontra	acto	rs th	nat received more than \$	S100,000 of compen	 ısatic	on fro	m	
the organization. Report compensation for	•	•											
(A)								(B)			(C		
Name and business	address	N	INC	3				Description of s	services	Col	mper	sation	
							_						
							- 1						

SEE PART VII, SECTION A CONTINUATION SHEETS

Total number of independent contractors (including but not limited to those listed above) who received more than

Form **990** (2016)

\$100,000 of compensation from the organization

Form 990 STATES -	NATIONA	L	HE	AD	QU	AR	TE	RS	13-162	3995
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, aı	nd H	ligh	est (	Compensated Employe	es (continued)	
<b>(A)</b> Name and title	(B) Average	(0)		Pos			1. 1	(D) Reportable	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	hours per week (list any hours for related organizations below line)	stee or director	lnstitutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) JACQUES BRUNSWICK DIRECTOR	3.00	х						0.	0.	0 .
(28) DUNCAN KARCHER DIRECTOR	3.00	х						0.	0.	0
(29) BETTIE MILLER DIRECTOR	3.00	x						0.	0.	0
(30) JULIA VAN DE WATER DIRECTOR	3.00	X						0.	0.	0
(31) CHRISTOPHER BROADWELL EXEC. DTR./SECRETARY	40.00			х				125,455.	0.	18,788
ZAZE. ZIK., ZZEKDIIKI				21				123,433.	•	10,700
								105 15-		40
Total to Part VII, Section A, line 1c								125,455.		18,788

Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
र र	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1 1	262,976.				
2,6	c	Fundraising events		,				
ifts, r A	d	Related organizations						
, G	۰ م	Government grants (contribution						
ons Sir	f	All other contributions, gifts, grant						
uti	•	similar amounts not included abov	1 1	773,288.				
trib	a	Noncash contributions included in lines 1	· · · · · · · · · · · · · · · · · · ·	16,627.				
Son	9 h	Total. Add lines 1a-1f			1,036,264.			
<u> </u>		Total Add III Ioo Ta Ti		Business Code	, ,			
ø.	2 a	EDUCATION FEES		611710	451,776.	451,776.		
vice	_ b			541990	395,273.	395,273.		
Ser	c	SPEAKERS AND CONFERENCE	IS	611710	25,915.	25,915.		
Program Service Revenue	d	-	IND IND CONTENENCES 011/10			,		
gra	e							
Pro	f	All other program service rever	nue					
		Total. Add lines 2a-2f			872,964.			
	3	Investment income (including						
		other similar amounts)			379,939.			379,939.
	4	Income from investment of tax						
	5	Royalties	•	· .				
		•	(i) Real	(ii) Personal				
	6 a	Gross rents	11,475					
		Less: rental expenses	0					
		Rental income or (loss)	11,475					
		Niet wentel in a succession (lease)			11,475.			11,475.
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	12,354,569					
	b	Less: cost or other basis						
		and sales expenses	11,505,857					
	С	Gain or (loss)	848,712					
	d	Net gain or (loss)			848,712.			848,712.
ıne	8 a	Gross income from fundraising including \$						
Other Revenu		contributions reported on line						
Re		Part IV, line 18	•	97,049.				
her	h	Less: direct expenses		55 050				
₽		Net income or (loss) from fund		, 	40,077.			40,077.
		Gross income from gaming ac			,			, ,
		Part IV, line 19		410.				
	b	Less: direct expenses		4 000				
		Net income or (loss) from gami			-1,428.			-1,428.
		Gross sales of inventory, less r			·			·
		and allowances		,				
	b	Less: cost of goods sold						
		Net income or (loss) from sales						
		Miscellaneous Revenue		Business Code				
	11 a	OTHER INCOME		900099	40,243.			40,243.
	b							
	С							
		All other revenue						
	е	Total. Add lines 11a-11d			40,243.			
	12	Total revenue. See instructions.			3,228,246.	872,964.	0.	1,319,018.

## Part IX Statement of Functional Expenses

o n	ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	<b>(D)</b> Fundraising
	Bb, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	01 000	01 000		
	and domestic governments. See Part IV, line 21	81,929.	81,929.		
2	Grants and other assistance to domestic	212 (02	212 (02		
_	individuals. See Part IV, line 22	313,683.	313,683.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	154,603.	112,852.	28,689.	13,062
6	trustees, and key employees	134,003.	112,052.	20,005.	15,002
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	755,910.	550,004.	140,308.	65,598
, 8	Pension plan accruals and contributions (include	, , , , , , , , , , , , , , , , , , , ,	330,0040	140,300	00,000
	section 401(k) and 403(b) employer contributions)	37,085.	28,204.	6,891.	1 990
9	Other employee benefits	20,780.	15,466.	4,374.	1,990 940 6,660
0	Payroll taxes	74,696.	54,730.	13,300.	6.666
1	Fees for services (non-employees):	7 1 7 0 3 0 0	31,7300	23,3001	0,000
	Management				
	Legal	65,403.	55,018.	10,385.	
	Accounting	62,996.	14,532.	47,136.	1,328
	Lobbying	0=7000			
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	87,903.		87,903.	
	Other. (If line 11g amount exceeds 10% of line 25,	0.7000		31/2331	
9	column (A) amount, list line 11g expenses on Sch O.)	183,071.	142,684.	31,550.	8,837
2	Advertising and promotion	3,526.	3,376.	150.	•
3	Office expenses	148,848.	84,419.	63,609.	820
4	Information technology	15,624.	10,674.	3,325.	1,625
5	Royalties	-	-		-
6	Occupancy	48,912.	25,211.	21,758.	1,943
7	Travel	131,483.	104,482.	21,853.	5,148
8	Payments of travel or entertainment expenses	-	-		-
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	625,583.	614,681.	10,902.	
0	Interest	3,294.	2,816.	478.	
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	134,005.	77,221.	52,162.	4,622
3	Insurance	52,950.	3,414.	49,536.	
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	000 040	000 100	24.2	
	TEACHERS LEARNING ABROA	277,042.	276,132.	910.	104
	OTHER EXPENSES	62,163.	30,659.	31,395.	109
	REPAIRS AND MAINTENANCE	32,298.	18,084.	12,327.	1,88
	PRIZES & AWARDS	14,471.	13,851.		620
	All other expenses	7,339.	7,339.	620 041	115 10
<u> </u>	Total functional expenses. Add lines 1 through 24e	3,395,597.	2,641,461.	638,941.	115,19
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.			•	

Form **990** (2016)

Part X Balance Sheet

. u	τχ	balance Sheet					
		Check if Schedule O contains a response or note	e to any lin	e in this Part X	<u> </u>		
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			109,750.	1	936,663.
	2	Savings and temporary cash investments			405,570.	2	1,653,165.
	3	Pledges and grants receivable, net			386,631.	3	200,941.
	4	Accounts receivable, net			9,848.	4	9,649.
	5	Loans and other receivables from current and fo			, , , , , , , , , , , , , , , , , , , ,		
		trustees, key employees, and highest compensa		,			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualif					
		section 4958(f)(1)), persons described in section	•	•			
		employers and sponsoring organizations of section	( / ( / )	. ,,			
"		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
Ass	8	Inventories for sale or use				8	
	9	B			7,203.	9	28,039.
		Land, buildings, and equipment: cost or other	 I I		7,2001	,	20,003
	iva	basis. Complete Part VI of Schedule D	102	4 660 068.			
	h	Less: accumulated depreciation	10a	1,443,237	3,138,609.	10c	3,216,831.
	11	Investments - publicly traded securities			11,769,879.	11	17,343,260.
	12	Investments - other securities. See Part IV, line 1				12	50,517.
	13	Investments - other securities. See Part IV, line 1 Investments - program-related. See Part IV, line 1				13	30,317
	14					14	
	15	Intangible assets Other assets See Bart IV line 11				15	
	16	Other assets. See Part IV, line 11				16	23,439,065.
	17	Total assets. Add lines 1 through 15 (must equa			184,154.	17	248,174
	18	Accounts payable and accrued expenses			101,131.	18	240,174
	19	Grants payable				19	
	20	Deferred revenue				20	
	21	Tax-exempt bond liabilities  Escrow or custodial account liability. Complete F				21	
	22	Loans and other payables to current and former				21	
ies	22	key employees, highest compensated employee					
Liabilities			,			22	
<u>E</u>	22	Complete Part II of Schedule L		- 41	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	23	1,000.
	23 24	Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated			<u> </u>	24	1,000.
	2 <del>4</del> 25					24	
	25	Other liabilities (including federal income tax, par parties, and other liabilities not included on lines	-				
			,	•	4,866.	25	34,121.
	26	Schedule D  Total liabilities. Add lines 17 through 25			190,020.	26	283,295.
	20	Organizations that follow SFAS 117 (ASC 958)			150,020	20	203,233
		complete lines 27 through 29, and lines 33 and		and III and			
ces	27	Unrestricted net assets			14,057,735.	27	18,104,200.
<u>a</u>	28	Temporarily restricted net assets			1,083,631.	28	2,348,414.
Ва	29	D			512,585.	29	2,703,156.
힡	29	Organizations that do not follow SFAS 117 (AS		hock hore	312,303.	23	2,703,130
Ę.			3C 930), C	neck nere			
ō	30	and complete lines 30 through 34.				20	
S	.51.)	Capital stock or trust principal, or current funds				30	
sets						0.4	
Assets	31	Paid-in or capital surplus, or land, building, or eq	juipment fu	ınd		31	
Net Assets or Fund Balances			uipment fu come, or of	ind ther funds		31 32 33	23,155,770.

Form **990** (2016)

STATES - NATIONAL HEADQUARTERS 13-1623995 Page 12 Part XI Reconciliation of Net Assets X Check if Schedule O contains a response or note to any line in this Part XI 3,228,246. Total revenue (must equal Part VIII, column (A), line 12) 3,395,597. Total expenses (must equal Part IX, column (A), line 25) 2 2 -167,351. Revenue less expenses. Subtract line 2 from line 1 3 3 15,653,951. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 4 1,417,366. 5 5 Net unrealized gains (losses) on investments 6 6 Donated services and use of facilities 7 7 Investment expenses 8 8 Prior period adjustments 6,251,804. Other changes in net assets or fund balances (explain in Schedule O) 9 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, 10 23,155,770. column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No X Accrual Accounting method used to prepare the Form 990: Cash Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis Separate basis Consolidated basis Х **b** Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, Х review, or compilation of its financial statements and selection of an independent accountant? 2c

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

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

Act and OMB Circular A-133?

Form 990 (2016)

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#### SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>. Inspection

THE ENGLISH-SPEAKING UNION OF THE UNITED Employer identification number

OMB No. 1545-0047

Open to Public Inspection

NATIONAL HEADQUARTERS 13-1623995 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n vour governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

13-1623995 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support			•			•
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ons)	•		12	
	First five years. If the Form 990 is for					n 501(c)(3)	
	organization, check this box and stop	p here					<b>&gt;</b>
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2016 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	%
	Public support percentage from 2015					15	%
16a	33 1/3% support test - 2016. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				▶□
b	33 1/3% support test - 2015. If the	organization did no	t check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances test	: - 2016. If the org	anization did not	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	nis box and stop I	<b>here.</b> Explain in Pa	rt VI how the organ	nization
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a	publicly supported	organization		▶□
b	10% -facts-and-circumstances test						
	more, and if the organization meets the	ne "facts-and-circur	mstances" test, ch	neck this box and	stop here. Explain	n in Part VI how the	е
	organization meets the "facts-and-circ	cumstances" test.	The organization o	qualifies as a public	cly supported orga	nization	<b>&gt;</b>
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	nd see instructions	s <b>&gt;</b>
					Sch	dule A (Form 990	or 990 E7\ 2016

13-1623995 Page 3

## Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	qualify under the tests listed better A. Public Support	elow, please comp	lete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
	Gifts, grants, contributions, and	(a) 2012	(b) 2013	(6) 2014	( <b>u)</b> 2013	(e) 2010	(i) Total
•	membership fees received. (Do not						
	include any "unusual grants.")	958,067.	574,905.	536,266.	1200637.	1036264.	4306139.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	246,558.	271,352.	475,293.	502,067.	872,964.	2368234.
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1204625.	846,257.	1011559.	1702704.	1909228.	6674373.
78	Amounts included on lines 1, 2, and	24 422	65 645	50 540		04 054	204 404
k	3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	31,480.	67,345.	72,540.	71,402.	81,354.	324,121.
	amount on line 13 for the year						0.
(	Add lines 7a and 7b	31,480.	67,345.	72,540.	71,402.	81,354.	324,121.
	Public support. (Subtract line 7c from line 6.)						6350252.
Se	ction B. Total Support	·	<b>-</b>		Г	Г	
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties	1204625. 414,681.	846,257. 373,070.	1011559.	1702704. 314,782.	1909228. 391,414.	1863186.
k	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses	414,001.	373,070.	305,255.	314,702.	331,414.	1003100:
	acquired after June 30, 1975						
	Add lines 10a and 10b	414,681.	373,070.	369,239.	314,782.	391,414.	1863186.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					38,649.	38,649.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	52,468.		9,106.	65,647.	40,243.	167,464.
13	Total support. (Add lines 9, 10c, 11, and 12.)	1671774.	1219327.	1389904.	2083133.	2379534.	8743672.
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3) organiza	ation,
check this box and <b>stop here</b>							
	ction C. Computation of Publi						
15	Public support percentage for 2016 (I	ine 8, column (f) di	vided by line 13, c	olumn (f))		15	72.63 %
16	Public support percentage from 2015					16	68.65 %
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	<b>16</b> (line 10c, colun	nn (f) divided by lir	ie 13, column (f))		17	21.31 %
18	25 (1						
198	33 1/3% support tests - 2016. If the	organization did n	ot check the box of	on line 14, and line	15 is more than 3	3 1/3%, and line 17	7 is not
k	more than 33 1/3%, check this box ar 33 1/3% support tests - 2015. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che						
20	20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

# Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
-	ı		
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Pa	Part IV   Supporting Organizations (continued)							
	, and the second		Yes	No				
11	Has the organization accepted a gift or contribution from any of the following persons?							
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)							
	below, the governing body of a supported organization?	11a						
b	A family member of a person described in (a) above?	11b						
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c						
Sec	Section B. Type I Supporting Organizations							
			Yes	No				
1	Did the directors, trustees, or membership of one or more supported organizations have the power to							
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the							
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or							
	controlled the organization's activities. If the organization had more than one supported organization,							
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported							
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1						
2	Did the organization operate for the benefit of any supported organization other than the supported							
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in							
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,							
0	supervised, or controlled the supporting organization.	2		Щ				
Sec	tion C. Type II Supporting Organizations							
			Yes	No				
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors							
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control							
	or management of the supporting organization was vested in the same persons that controlled or managed	4						
800	the supported organization(s). tion D. All Type III Supporting Organizations	1						
360	tion B. All Type III Supporting Organizations		V	N <sub>a</sub>				
4	Did the executation provide to each of its supported executations, by the last day of the fifth month of the		Yes	No				
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the							
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax							
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	4						
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?  Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1						
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how							
	the organization maintained a close and continuous working relationship with the supported organization(s).	2						
3	By reason of the relationship described in (2), did the organization's supported organizations have a							
Ū	significant voice in the organization's investment policies and in directing the use of the organization's							
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's							
	supported organizations played in this regard.	3						
Sec	tion E. Type III Functionally Integrated Supporting Organizations							
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).							
а	The organization satisfied the Activities Test. Complete line 2 below.							
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>							
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	uctions).						
2	Activities Test. Answer (a) and (b) below.		Yes	No				
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of							
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify							
	those supported organizations and explain how these activities directly furthered their exempt purposes,							
	how the organization was responsive to those supported organizations, and how the organization determined							
	that these activities constituted substantially all of its activities.	2a						
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more							
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the							
	reasons for the organization's position that its supported organization(s) would have engaged in these							
	activities but for the organization's involvement.	2b						
3	Parent of Supported Organizations. Answer (a) and (b) below.							
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or							
	trustees of each of the supported organizations? Provide details in Part VI.	3a						
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each							
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b						

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ıg Organi	zations		
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instruction					
	other Type III non-functionally integrated supporting organizations must co	omplete Sec	tions A through E.		
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
_3	Other gross income (see instructions)	3			
_4	Add lines 1 through 3	4			
_5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
_8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
c	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
	factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
	see instructions)	4			
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
_6	Multiply line 5 by .035	6			
_7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	tion C - Distributable Amount			Current Year	
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2			
_3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
_4	Enter greater of line 2 or line 3	4			
_5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions)	6			
7	Check here if the current year is the organization's first as a non-functional	lly integrate	d Type III supporting orga	ınization (see	

Schedule A (Form 990 or 990-EZ) 2016

instructions).

Par	t V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations <sub>(continued)</sub>					
Secti	on D - Distributions			Current Year				
_1_	1 Amounts paid to supported organizations to accomplish exempt purposes							
2	Amounts paid to perform activity that directly furthers exemp							
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpose	5						
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI). See instructions							
7	Total annual distributions. Add lines 1 through 6							
8	Distributions to attentive supported organizations to which the	ne organization is responsive						
	(provide details in Part VI). See instructions							
9	Distributable amount for 2016 from Section C, line 6							
10	Line 8 amount divided by Line 9 amount							
		(i)	(ii) Underdistributions	(iii) Distributable				
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Pre-2016	Amount for 2016				
1	Distributable amount for 2016 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2016 (reason-							
	able cause required- explain in Part VI). See instructions							
_3_	Excess distributions carryover, if any, to 2016:							
<u>a</u>								
<u>       b</u>								
c	From 2013							
d	From 2014							
е	From 2015							
f	Total of lines 3a through e							
<u>g</u>	Applied to underdistributions of prior years							
<u>h</u>	Applied to 2016 distributable amount							
<u>_i</u>	Carryover from 2011 not applied (see instructions)							
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2016 from Section D,							
	line 7: \$							
<u>a</u>	Applied to underdistributions of prior years							
<u> </u>	Applied to 2016 distributable amount							
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4							
5	Remaining underdistributions for years prior to 2016, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions							
6	Remaining underdistributions for 2016. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions							
7	Excess distributions carryover to 2017. Add lines 3j and 4c							
8	Breakdown of line 7:							
a								
	Excess from 2013							
	Excess from 2014							
	Excess from 2015							
	Excess from 2016							

Schedule A (Form 990 or 990-EZ) 2016

# THE ENGLISH-SPEAKING UNION OF THE UNITED

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,

Schedule A (Form 990 or 990-EZ) 2016 STATES - NATIONAL HEADQUARTERS 13-1623995 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;

line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME: OTHER INCOME 2012 AMOUNT: \$ 52,468. 2014 AMOUNT: \$ 9,106. 65,647. 2015 AMOUNT: \$ 2016 AMOUNT: \$ 40,243.

Part VI

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

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

2016

OMB No. 1545-0047

Name of the organization

Organization type (check one):

THE ENGLISH-SPEAKING UNION OF THE UNITED STATES - NATIONAL HEADQUARTERS

**Employer identification number** 

13-1623995

Filers of		Section:				
Form 990 or 990-EZ		X 501(c)( 3 ) (enter number) organization				
1 01111 000	3 01 330 EZ					
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
		527 political organization				
Form 990	O-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
Note: Or	nly a section 501(c)(7	covered by the <b>General Rule</b> or a <b>Special Rule</b> . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Kule					
X	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special I	Rules					
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% 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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
	•	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
THE ENGLISH-SPEAKING UNION OF THE UNITED
STATES - NATIONAL HEADQUARTERS

Employer identification number

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		\$5,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2		\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	Hame, address, and Zir 1 1	\$192,941.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
	Name, address, and ZIP + 4	\$ 10,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6	TT T	\$139,535.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization
THE ENGLISH-SPEAKING UNION OF THE UNITED
STATES - NATIONAL HEADQUARTERS

Employer identification number

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 5,207.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$5,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$9,750.	Person X Payroll

Name of organization
THE ENGLISH-SPEAKING UNION OF THE UNITED
STATES - NATIONAL HEADQUARTERS

Employer identification number

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.				
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
13		\$9,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
14		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
15	Hamo, address, and En 14	\$15,309.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No. 16	Name, address, and ZIP + 4	\$ 15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
17		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
18	Name, audress, and ZIP + 4	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization
THE ENGLISH-SPEAKING UNION OF THE UNITED
STATES - NATIONAL HEADOUARTERS

Employer identification number

13-1623995 Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed. (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 19 X Person **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 20 X Person **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (a) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 21 X Person **Payroll** 48,235. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for

noncash contributions.)

Name of organization
THE ENGLISH-SPEAKING UNION OF THE UNITED STATES - NATIONAL HEADQUARTERS

Employer identification number

Part II			
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
Part I	DONATED STOCK		
7	BONATED BIOCK	<del></del>	
		\$\$, 207.	06/23/17
(a) No.	(6)	(c)	(41)
from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncasti property given	(See instructions)	Date received
		\$	
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions)	Date received
Part I		(Coo mea acatom)	
		\ \$	
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions)	Date received
		\$	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncasti property given	(See instructions)	Date received
		<u> </u>	
	-	Ψ	
(a) No.	<i>(</i> 6)	(c)	(d)
from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	2000p.son or nonouth property given	(See instructions)	24.0 10001104
		<sub>\$</sub>	
23453 10-18		\$Schedule B /Form 9	90 990-F7 or 990-PF)

Name of organization Employer identification number THE ENGLISH-SPEAKING UNION OF THE UNITED STATES - NATIONAL HEADQUARTERS 13-1623995 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III 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 info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

## **SCHEDULE D** (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE ENGLISH-SPEAKING UNION OF THE UNITED STATES - NATIONAL HEADQUARTERS

**Employer identification number** 13-1623995

Par	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	or Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, line	6.					
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in w	_					
	are the organization's property, subject to the organization's ex						
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only						
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring						
Da							
Par			Part IV, line 7.				
1	Purpose(s) of conservation easements held by the organization						
	Preservation of land for public use (e.g., recreation or ed	. —	torically important land area				
	Protection of natural habitat	Preservation of a cer	tified historic structure				
_	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribution in the form					
	day of the tax year.		Held at the End of the Tax Year				
а							
b	, , , , , , , , , , , , , , , , , , , ,						
С	Number of conservation easements on a certified historic structure.						
d	Number of conservation easements included in (c) acquired aff						
_	listed in the National Register						
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the	e organization during the tax				
4	year ▶ Number of states where property subject to conservation ease	ement is legated					
5	Does the organization have a written policy regarding the period	· · · · · · · · · · · · · · · · · · ·					
3	violations, and enforcement of the conservation easements it h		Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting, h						
Ū	b	and ing of violations, and officioning con-	servation easements daring the year				
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conserva	ition easements during the year				
-	<b>▶</b> \$		men cacements adming the year				
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	(h)(4)(B)(i)				
	and section 170(h)(4)(B)(ii)?						
9	In Part XIII, describe how the organization reports conservation						
	include, if applicable, the text of the footnote to the organization	·					
	conservation easements.		ğ ç				
Pai	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.						
	Complete if the organization answered "Yes" on Form S	990, Part IV, line 8.					
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue stater	nent and balance sheet works of art,				
	historical treasures, or other similar assets held for public exhil	bition, education, or research in furthera	nce of public service, provide, in Part XIII,				
	the text of the footnote to its financial statements that describe	es these items.					
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statement	t and balance sheet works of art, historical				
	treasures, or other similar assets held for public exhibition, edu	ucation, or research in furtherance of pu	blic service, provide the following amounts				
	relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1						
			<b>L</b> .				
2	If the organization received or held works of art, historical treas	sures, or other similar assets for financia					
	the following amounts required to be reported under SFAS 116	6 (ASC 958) relating to these items:					
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$				
b	Assets included in Form 990, Part X						

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

Schedule D (Form 990) 2016

Pai	t III Organizations Maintaining Co	ollections of Art	, Historical Tre	asures, o	r Othe	r Simila	ar Assets	contin	ued)	ago —
3										
	(check all that apply):									
а	Public exhibition d Loan or exchange programs									
b	Scholarly research  e Other									
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further th	ne organizatio	n's exe	mpt purp	ose in Part	XIII.		
5	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be maintained as part of the organization?									
Pai	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or									
	reported an amount on Form 990, Part X, line 21.									
1a	Is the organization an agent, trustee, custodia	n or other intermedia	ary for contributions	s or other ass	ets not	included				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII a									
								Amount		
С	Beginning balance					1c				
d	Additions during the year									
е	Distributions during the year									
f	Ending balance					1f				
2a	Did the organization include an amount on Fo					lity?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds. Complete if	the organization and	swered "Yes" on Fo	rm 990, Part	IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two year	rs back	(d) Three	years back	(e) Four	years	back
1a	Beginning of year balance	11,879,890.	13,282,711.	13,038	3,864.	11,	273,571.	10,	318,	760.
b	Contributions	3,234,910.	75,565.	61	L,161.		73,228.		95,	255.
С	Net investment earnings, gains, and losses	2,475,425.	-370,979.	897	7,545.	2,	347,911.	. 1,493,405.		405.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	902,668.	1,032,650.	649	245.		609,559.		580,	783.
f	Administrative expenses	79,439.	74,757.	65,614.		46,287.			53,	066.
g	End of year balance	16,608,118.	11,879,890.	13,282,711.		13,	038,864.	11,	273,	571.
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a)	) held as:						
а	Board designated or quasi-endowment	72.43	_%							
b	Permanent endowment ►16.28	%								
С	Temporarily restricted endowment ▶11	L.29 %								
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.								
За	Are there endowment funds not in the posses	sion of the organizat	tion that are held ar	nd administer	ed for th	ne organi	zation	_		
	by:								Yes	No
	(i) unrelated organizations							3a(i)		<u>X</u>
	(**)							3a(ii)		<u>X</u>
b	If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?							3b		
4	Describe in Part XIII the intended uses of the		vment funds.							
Pai	t VI Land, Buildings, and Equipme	ent.								
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.										
	Description of property		` '   `   `		٠,	(c) Accumulated		(d) Book value		
	basis (investment)			, ,		preciation				
1a	Land			930,900.				930,900.		00.
b	Buildings		3,61			360,0	81.	2,251,581.		31.
С	Leasehold improvements									
d	Equipment		11	117,506.			156.	34	1,3	<u>50.</u>
е	e Other									
Total	Add lines 1a through 1e (Column (d) must ac	wed Forms OOO Don't	( aaluman (D) line 1	0-1				3.216	5 81	31.

schedule D (Form 990) 2016	STATES -	NATIONAL HEA	ADQUARTERS	
	THE ENGLI	SH-SPEAKING	ONTON OF THE	ONTLED

(a) Description of security or category (including name of security)	(b) Book value	11b. See Form 990, Par (c) Method of valu	ation: Cost or end-of-year market value
A	(b) Book value	(c) Mounda of Valu	ation: edet of one of year market value
N Olesak hald a with taken ata			
N 011			
(A)			
( <del>A</del> )			
(C)			
(D)			
(E)			
(F)			
(F) (G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
	F 000 D+ N/ I'	44 - O F 000 B.	A.V. Page 40
Complete if the organization answered "Yes"  (a) Description of investment	(b) Book value	11c. See Form 990, Par	ation: Cost or end-of-year market value
	(b) BOOK Value	(C) MELLIOU OL VAIU	ation. Oost of enu-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Complete if the organization answered "Yes"		11d. See Form 990, Par	
Complete if the organization answered "Yes"	on Form 990, Part IV, line Description	11d. See Form 990, Par	t X, line 15. <b>(b)</b> Book value
Complete if the organization answered "Yes"		11d. See Form 990, Par	
Complete if the organization answered "Yes" (a)		11d. See Form 990, Par	
Complete if the organization answered "Yes" (a)  (1)		11d. See Form 990, Par	
Complete if the organization answered "Yes" (a)  (1) (2)		11d. See Form 990, Par	
Complete if the organization answered "Yes" (a)  (1)  (2)  (3)		11d. See Form 990, Par	
Complete if the organization answered "Yes" (a)  (1) (2) (3) (4)		11d. See Form 990, Par	
Complete if the organization answered "Yes" (a)  (1) (2) (3) (4) (5)		11d. See Form 990, Par	
Complete if the organization answered "Yes" (a)  (1) (2) (3) (4) (5)		11d. See Form 990, Par	
Complete if the organization answered "Yes" (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)		11d. See Form 990, Par	
Complete if the organization answered "Yes" (a)  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line	Description		
Complete if the organization answered "Yes" (a)  (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description		
Complete if the organization answered "Yes" (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line	Description  2.15.)  on Form 990, Part IV, line	11e or 11f. See Form 99	(b) Book value
Complete if the organization answered "Yes" (a)  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes"	Description  2.15.)  on Form 990, Part IV, line		(b) Book value
Complete if the organization answered "Yes" (a)  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes"	Description  2.15.)  on Form 990, Part IV, line	11e or 11f. See Form 99	(b) Book value
Complete if the organization answered "Yes" (a)  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability	Description  2.15.)  on Form 990, Part IV, line	11e or 11f. See Form 99	(b) Book value
Complete if the organization answered "Yes"  (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes	Description  2.15.)  on Form 990, Part IV, line	11e or 11f. See Form 99 <b>(b)</b> Book value	(b) Book value
Complete if the organization answered "Yes" (a)  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability  (1) Federal income taxes (2) CAPITAL LEASES	Description  2.15.)  on Form 990, Part IV, line	11e or 11f. See Form 99 <b>(b)</b> Book value	(b) Book value
Complete if the organization answered "Yes" (a)  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability  (1) Federal income taxes (2) CAPITAL LEASES (3)	Description  2.15.)  on Form 990, Part IV, line	11e or 11f. See Form 99 <b>(b)</b> Book value	(b) Book value
Complete if the organization answered "Yes" (a)  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability  (1) Federal income taxes (2) CAPITAL LEASES (3) (4)	Description  2.15.)  on Form 990, Part IV, line	11e or 11f. See Form 99 <b>(b)</b> Book value	(b) Book value
Complete if the organization answered "Yes" (a)  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability  (1) Federal income taxes (2) CAPITAL LEASES (3) (4) (5)	Description  2.15.)  on Form 990, Part IV, line	11e or 11f. See Form 99 <b>(b)</b> Book value	(b) Book value
Complete if the organization answered "Yes" (a)  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability  (1) Federal income taxes (2) CAPITAL LEASES (3) (4) (5) (6) (7)	Description  2.15.)  on Form 990, Part IV, line	11e or 11f. See Form 99 <b>(b)</b> Book value	(b) Book value
Complete if the organization answered "Yes" (a)  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability  (1) Federal income taxes (2) CAPITAL LEASES (3) (4) (5) (6)	Description  2.15.)  on Form 990, Part IV, line	11e or 11f. See Form 99 <b>(b)</b> Book value	(b) Book value

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2016

BOARD DESIGNATED FUNDS: THE PRINCIPAL AND INCOME AND CAPITAL APPRECIATION EARNED FROM THESE FUNDS MAY BE USED FOR ANY PURPOSE BY THE ESU AS APPROVED BY THE BOARD.

LUARD-MORSE ENDOWMENT FUND - THE INVESTMENT INCOME AND CAPITAL APPRECIATION EARNED FROM THIS FUND ARE TEMPORARILY RESTRICTED FOR SCHOLARSHIPS AND FELLOWSHIPS.

SHELLENS LIBRARY ENDOWMENT FUND - THE INVESTMENT INCOME AND CAPITAL

Schedule D (Form 990) 2016

Part XIII Supplemental Information (continued)

APPRECIATION EARNED FROM THIS FUND ARE TEMPORARILY RESTRICTED FOR BOOK

SERVICES.

THE ENGLISH-SPEAKING UNION HAS ADOPTED THE TOTAL RETURN CONCEPT FOR THE

PURPOSE OF WITHDRAWING EARNINGS FROM ITS COMBINED INVESTMENTS. THE

BUDGETED ANNUAL DISTRIBUTION RATE WAS 5% OF THE THREE YEAR AVERAGE MARKET

VALUE OF THE COMBINED PORTFOLIO.

PART X, LINE 2:

ESU RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS

ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. MANAGEMENT HAS DETERMINED

THAT ESU HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL

STATEMENT DISCLOSURE OR RECOGNITION. ESU IS NO LONGER SUBJECT TO

EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR PERIODS PRIOR TO

JUNE 30, 2014.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

GAMING EXPENSES REPORTED ON PART VIII, LINE 9B

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SHAKESPEARE COMPETITION EXPENSES REPORTED ON PART IX 64,850.

TLAB SCHOLARSHIPS REPORTED ON PART IX 165,553.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 230,403.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

GAMING EXPENSES REPORTED ON PART VIII, LINE 9B 1,838.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2016

1,838.

#### **SCHEDULE G**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

.

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at <u>www.irs.gov/form990</u>. Inspection

THE ENGLISH-SPEAKING UNION OF THE UNITED Employer identification number

OMB No. 1545-0047

Open to Public Inspection

	- NATIONAL HEADQUAR			HE UNITED	13-1623	995
	Complete if the organization answe			n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
Indicate whether the organization rais	e Solicitat f Solicitat g Special  or oral agreement with any individual art VII) or entity in connection with prividuals or entities (fundraisers) pursua	ion of ion of fundra (includ	non-g gover aising of ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser) (ii) Activity		(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total			<b>—</b>			
List all states in which the organization or licensing.		ontrib	utions	or has been notified	it is exempt from re	gistration

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

Schedule G (Form 990 or 990-EZ) 2016

### THE ENGLISH-SPEAKING UNION OF THE UNITED

Schedule G (Form 990 or 990-EZ) 2016 STATES - NATIONAL HEADQUARTERS

13-1623995 Pag	ne <b>2</b>
----------------	-------------

Pa	ırt I					
		of fundraising event contributions and gro				s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			CHICAGO	CLEVELAND		(add col. (a) through
			EVENT	EVENT	6	col. <b>(c)</b> )
a)			(event type)	(event type)	(total number)	COI. (C))
Revenue						
eve	1	Gross receipts	43,792.	19,080.	34,177.	97,049.
щ						
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	43,792.	19,080.	34,177.	97,049.
	4	Cash prizes				
	_	Name and primary				
S	5	Noncash prizes				
Jse		Pont/facility costs				
(pe	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
irec	<b>'</b>	1 000 and beverages				
	8	Entertainment				
	9	Other direct expenses		11,625.	25,677.	56,972.
	10		1			56,972.
		Net income summary. Subtract line 10 from li				40,077.
Pa	irt I	Gaming. Complete if the organization	answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
ø.			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(4, 295	bingo/progressive bingo	(0) 0 11101 gaining	col. (a) through col. (c))
3eve						
	1	Gross revenue				
es	2	Cash prizes				
ens		Namanah miinaa				
Direct Expenses	3	Noncash prizes				
St.	4	Pont/facility costs				
۵	4	Rent/facility costs				
	5	Other direct expenses				
	_	Carlor direct experience	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
				,		
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>	
		ter the state(s) in which the organization condu				
а	ls t	the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b	If "	No," explain:				
	_					
	_					
		ere any of the organization's gaming licenses re			/ear?	Yes No
b	If "	Yes," explain:				
	_					
6000	00 00	9-12-16			Schedule G (For	m 990 or 990-EZ) 2016

### THE ENGLISH-SPEAKING UNION OF THE UNITED

Sch	edule G (Form 990 or 990-EZ) 2016 STATES - NATIONAL HEADQUARTERS 13-1	L6239	95	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Y	'es	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	Y	'es	No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	An outside facility	13b		<del>//</del>
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100		
14	The the hame and address of the person who prepares the organization's gaining/special events books and records.			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🔲 <b>Y</b>	'es	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization  \$\bigs\\$ and the amount			
	of gaming revenue retained by the third party > \$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandaton, distributions			
	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		<b>7</b>	□ Na
	retain the state gaming license?	Ұ	'es	NO
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
<b>D</b> -	organization's own exempt activities during the tax year > \$			
Pa	TT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line	nes 9, 9t	o, 10k	, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions			
_				

## THE ENGLISH-SPEAKING UNION OF THE UNITED

Schedule G (Form 990 or 990-EZ)  Part IV Supplemental Info	STATES - NATIONAL	HEADQUARTERS	13-1623995 Page 4
Part IV   Supplemental Info	rmation (continued)		
			ab adula 0 (Faura 200 au 200 FZ)

#### SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

THE ENGLISH-SPEAKING UNION OF THE UNITED **Employer identification number** Name of the organization 13-1623995 STATES - NATIONAL HEADQUARTERS Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) ORLANDO SHAKESPEARE THEATER 812 EAST ROLLINS STREET YOUNG COMPANY 59-2931698 501(C)(3) 0 SCHOLARSHIPS ORLANDO, FL 32803 13,100. ADULT LITERACY LEAGUE 345 WEST MICHIGAN STREET, SUITE 100 PRE-SCHOOL LITERACY ORLANDO, FL 32806 23-7076600 501(C)(3) PROGRAM SUPPORT 10,000 0. ORANGE COUNTY PUBLIC SCHOOL 445 WEST AMELIA STREET ALTERNATIVE EDUCATION ORLANDO, FL 32801 59-6000771 CITY OF ORLANDO 9,500 0. PROGRAM SUPPORT Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2016)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Page 2

Part III

STATES - NATIONAL HEADQUARTERS

Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(e) Method of valuation (f) Description of noncash assistance (book, FMV, appraisal, other) recipients cash grant cash assistance LUARD MORSE SCHOLARSHIPS 49,047. 0 ESU SCHOLARSHIPS 38 99,799 0 TLAB SCHOLARSHIPS 41 162 421 0 WATSONIAN SCHOLARSHIP 1,440. 0 DRUE HEINZ SCHOLARSHIP 0 976 Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2:

THE ORGANIZATION AWARDS THE LUARD MORSE SCHOLARSHIP TO DESERVING STUDENTS

ATTENDING UNITED NEGRO COLLEGE FUND INSTITUTIONS, OR HAMPTON AND HOWARD

UNIVERSITIES. THE SCHOLARSHIP COVERS FULL TUITION FOR A SEMESTER ABROAD AT

AN ENGLISH UNIVERSITY, AND A MODEST STIPEND FOR TRANSPORTATION AND LIVING

EXPENSES. THE SCHOLARSHIP IS OPEN TO SOPHOMORE STUDENTS IN ALL DISCIPLINES

AND HAS BEEN AWARDED TO STUDENTS MAJORING IN ECONOMICS, PHILOSOPHY,

FINANCE, MATHEMATICS LIBERAL ARTS, AND THE SCIENCES.

Schedule I (Form 990) STATES - NATIONAL HEADQUARTERS 13-1623995 Page 2
Part IV Supplemental Information
THE ESU FUNDS THE MAJORITY OF OUR SCHOLARSHIPS AND GRANTS BY PAYING THE
EDUCATIONAL INSTITUTE DIRECTLY THUS ENSURING THAT THE ASSISTANCE WE PROVIDE
IS USED FOR ITS INTENDED PURPOSES. ESU PROGRAM MANAGERS MONITOR SCHOLARS
THROUGH EMAIL AND PHONE COMMUNICATIONS AND ALL PROGRAMS REQUIRE THAT THE
BENEFACTOR SUBMIT WRITTEN REPORTS DURING AND AFTER THE SCHOLARSHIP.
RECIPIENTS OF ESU PROGRAMMING AID ARE SELECTED THROUGH THE PARTICULAR
CRITERIA EACH PROGRAM REQUIRES. FOR EXAMPLE, THE LUARD SCHOLARSHIP REQUIRES
AN APPLICATION, ESSAY WRITING AND INTERVIEW PROCESS.
THE ORGANIZATION MAINTAINS RECORDS OF ALL DISBURSEMENTS FOR SCHOLARSHIP
AWARDS AND ASSOCIATED STIPENDS IN THEIR ACCOUNTING BOOKS AND RECORDS IN
CONCERT WITH THE GENERALLY ACCEPTED ACCOUNTING PRINCIPLES.

#### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

➤ Attach to Form 990 or 990-EZ.
➤ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

2016
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE ENGLISH-SPEAKING UNION OF THE UNITED STATES - NATIONAL HEADQUARTERS

Employer identification number 13-1623995

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CATALYST TO FOSTER GLOBAL UNDERSTANDING AND GOOD WILL THROUGH
EDUCATIONAL OPPORTUNITIES AND CULTURAL EXCHANGE PROGRAMS. IN A
SHRINKING WORLD DOMINATED BY DOLLARS AND DIGITS, BLOOD NATIONAL BORDERS
AND UNPRECEDENTED NUMBERS OF DISPLACED PERSONS, THE ESU BELIEVES IN
BUILDING A BETTER WORLD THROUGH THE ENGLISH LANGUAGE AND INTERNATIONAL
EXCHANGE. WE WORK TO INSPIRE COMMON BONDS, PERSON-TO-PERSON, ONE
CONVERSATION, ONE PRESENTATION AND ONE EXCHANGE AT A TIME. BY
PROMOTING CREATIVE AND CONFIDENT CIVIL DISCOURSE, WE ENABLE
PARTICIPANTS TO RISE TO THEIR POTENTIAL AS INDIVIDUALS, THRIVE AS
GLOBAL CITIZENS, AND JOIN WORLDWIDE IN PURSUING CONDITIONS FOR PEACE.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
UNDER THE BANNER "ENGLISH IN ACTION," ESU MEMBERS WORK TOGETHER LOCALLY
AND NATIONALLY THROUGH A VARIETY OF PROGRAMS. ESU NATIONAL PROGRAMS
ARE SUPPORTED BY ITS UNRESTRICTED ENDOWMENT AND CORPORATE AND
FOUNDATION GRANTS AS WELL AS BY THE GENEROSITY OF ITS MEMBERS, WHO
BENEFIT FROM THE PERSONAL RELATIONSHIPS AND INTERNATIONAL EXPOSURE
GAINED FROM ENGLISH IN ACTION ACTIVITIES AND EVENTS WHILE THEY PROVIDE
FINANCIAL AND VOLUNTEER SUPPORT TO SUSTAIN ENGLISH IN ACTION
EDUCATIONAL PROGRAMS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PRIORITIES AND COURSE OF ACTION. DURING THE 2017 FISCAL YEAR, IN

ADDITION TO SPECIALLY TAILORED ENGLISH LANGUAGE SPEAKING AND WRITING

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

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization THE ENGLISH-SPEAKING UNION OF THE UNITED STATES - NATIONAL HEADQUARTERS	Employer identification number 13-1623995				
CLASSES, ARNIC PROGRAM HIGHLIGHTS INCLUDED THE 4TH ANNUAL	THANKSGIVING				
DINNER, AN ART SHOW OF PHOTOGRAPHS AND PAINTINGS BY ARNIC	MEMBERS,				
FIELD TRIPS TO NEW YORK STATE COURTS, AND THE TENEMENT MUS	EUM. SPECIAL				
WORKSHOPS WERE PRESENTED ON ENTREPRENEURSHIP, ONLINE SAFET	Y, SOCIAL				
MEDIA, AND THE JOB HUNT. LOCAL BANKING INSTITUTIONS HELD	CAREER DAYS				
THAT FOCUSED ON RESUME BUILDING AND INTERVIEWING. ADDITIO	NALLY,				
MEMBERS ATTENDED RANGERS HOCKEY GAMES AND SHAKESPEARE IN T	HE PARK				
PERFORMANCES, TOURED THE UNITED NATIONS, AND PARTICIPATED	IN OTHER				
AMERICAN CULTURAL EXPERIENCES. IN FISCAL YEAR 2017 ALONE,	THERE WERE				
240 ARNIC MEMBERS FROM 90 COUNTRIES, PARTICIPATING IN 53 C	LASSES, 28				
WORKSHOPS AND 16 FIELD TRIPS.					
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMEN	TS:				
SCHOLARSHIPS. THIS YEAR, TLAB WAS EXPANDED TO INCLUDE ONE	- TWO- AND				
THREE-WEEK EDUCATIONAL TRAVEL PROGRAMS FOR LIFE-LONG LEARN	ERS AS WELL				
AS TEACHERS.					
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMEN	TS:				
ORLEANS (LA) UNDERTAKE THE PROGRAM. THIS YEAR, ENGLISH IN	ACTION				
ENGAGED SOME 450 TUTORS AND NEARLY 550 STUDENTS FROM 94 CO	UNTRIES ON 6				
CONTINENTS.					
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:					
NATIONAL SHAKESPEARE COMPETITION:					
THE ENGLISH-SPEAKING UNION NATIONAL SHAKESPEARE COMPETITIO	N IS A				
SCHOOL-BASED PROGRAM FOR TEACHERS DESIGNED TO DEVELOP SPEA	KING SKILLS,				
CRITICAL THINKING, AND AN APPRECIATION FOR LITERATURE. ST	UDENTS READ,				

Name of the organization THE ENGLISH-SPEAKING UNION OF THE UNITED  STATES - NATIONAL HEADQUARTERS	Employer identification number 13-1623995
ANALYZE, PERFORM, AND RECITE SHAKESPEARE MONOLOGUES AND SO	NNETS IN
THREE QUALIFYING STAGES: AT THE SCHOOL, COMMUNITY, AND NAT	IONAL LEVELS.
IT IS THE ONLY NATIONAL SHAKESPEARE COMPETITION EXCLUSIVEL	Y FOR HIGH
SCHOOL STUDENTS.	
THE 34RD ANNUAL ESU NATIONAL SHAKESPEARE COMPETITION OCCUR	RED ON MAY 1,
2017 ON STAGE AT LINCOLN CENTER THEATER IN NEW YORK AND DR	EW 55
NATIONWIDE WINNERS OF ESU BRANCH COMPETITIONS. THE FIRST-	PLACE WINNER
FROM CALIFORNIA WON A FULL SCHOLARSHIP TO THE AMERICAN SHA	KESPEARE
CENTER THEATER CAMP IN STAUNTON, VA. THE SECOND AND THIRD	PLACE
WINNERS WERE FROM KENTUCKY AND MISSOURI. TO HONOR THE EVE	NT, THE
HONORABLE BILL DE BLASIO, MAYOR OF THE CITY OF NEW YORK, C	ITED THE
SHAKESPEARE COMPETITION'S 34RD SEASON, AND PROCLAIMED MAY	1ST WILLIAM
SHAKESPEARE DAY IN NEW YORK CITY.	
FOUNDED IN 1983, THE ESU NATIONAL SHAKESPEARE COMPETITION	HAS SERVED
MORE THAN 325,000 HIGH SCHOOL STUDENTS. ANNUALLY, THE PRO	GRAM REACHES
MORE THAN 21,500 STUDENTS IN 850 COMPETITIONS IN 55 ESU BR	ANCH
COMMUNITIES.	
SHAKESPEARE TEACHER PROGRAMS:	
ENGLISH AND DRAMA TEACHERS NATIONWIDE RETURNED TO THEIR CL.	ASSROOMS
BETTER PREPARED TO TEACH SHAKESPEARE AFTER ATTENDING ESU T	EACHING
SHAKESPEARE WORKSHOPS, PRODUCED IN PARTNERSHIP WITH THE WO	RLD-RENOWNED
FOLGER SHAKESPEARE LIBRARY. LOCAL PARTNERS INCLUDED CLEVE	LAND PUBLIC
LIBRARY, ELIZABETHTOWN COLLEGE IN CENTRAL PENNSYLVANIA, LE	MOYNE
COLLEGE IN SYRACUSE, PARTHENON MUSEUM IN NASHVILLE, UNIVER	SITY OF

632212 08-25-16

19040514 756359 1105110.000

Name of the organization THE ENGLISH-SPEAKING UNION OF THE UNITED **Employer identification number** STATES - NATIONAL HEADQUARTERS 13-1623995 COLORADO BOULDER, AND THE UNIVERSITY OF NORTH CAROLINA AT GREENSBORO. THE ESU SHAKESPEARE TEACHER PROGRAM SERVED MORE THAN 136 EDUCATORS FROM OVER 103 SCHOOLS IMPACTING 13,600 STUDENTS. ESU MIDDLE SCHOOL DEBATE IS AN EDUCATIONAL INITIATIVE FOR STUDENTS IN GRADES 5 TO 8 THAT WAS LAUNCHED WITH SUPPORT FROM THE NATIONAL ENDOWMENT FOR THE HUMANITIES. IT IS DESIGNED TO HELP YOUNG ADOLESCENTS DEVELOP CRITICAL THINKING AND LANGUAGE ARTS SKILLS. THE ESU PARTNERS WITH THE CLAREMONT MCKENNA COLLEGE MIDDLE SCHOOL PUBLIC DEBATE PROGRAM, INTERNATIONAL LEADERS IN MIDDLE SCHOOL DEBATE EDUCATION, TO ESTABLISH INTER-SCHOOL DEBATE PROGRAMS IN ESU BRANCH COMMUNITIES. THE ESU MIDDLE SCHOOL DEBATE PROGRAM CONTINUED TO EXPAND THIS YEAR. ITNOW INCLUDES LEAGUES IN NEW YORK, NEW JERSEY, AND WASHINGTON DC. MORE THAN 50 PUBLIC, PRIVATE, PAROCHIAL, AND CHARTER SCHOOLS PARTICIPATED, ENGAGING MORE THAN 1,950 STUDENTS IN WEEKLY AFTER-SCHOOL DEBATE ACTIVITIES. THE PROGRAM ORGANIZED 22 DAY-LONG SATURDAY TOURNAMENTS WHILE TRAINING SOME 700 JUDGES. NEARLY 30 SCHOOLS, ENCOMPASSING 260 STUDENTS, PARTICIPATED IN THE DAY. THE ESU SECONDARY SCHOOL EXCHANGE (SSE) IS A MERIT-BASED SCHOLARSHIP THAT PROVIDES TUITION AND ROOM AND BOARD FOR US SCHOLARS TO SPEND A SEMESTER OR YEAR BETWEEN HIGH SCHOOL AND COLLEGE (KNOWN AS A "GAP YEAR") AT A SELECT BRITISH OR ARGENTINE BOARDING SCHOOL, AND FOR UK

IN THIS YEAR,

SCHOLARS TO SPEND THEIR GAP YEAR AT SELECT US SCHOOLS.

STUDENTS HAVE PARTICIPATED.

Name of the organization THE ENGLISH-SPEAKING UNION OF THE UNITED STATES - NATIONAL HEADQUARTERS 13-1623995

21 SSE STUDENTS ATTENDED SELECT INDEPENDENT SCHOOLS IN THE UK, US, AND ARGENTINA THROUGH THE PROGRAM. SINCE ITS INCEPTION IN 1928, SOME 6,000

THE WALTER HINES PAGE SCHOLARSHIP IS NAMED AFTER THE HONORABLE WALTER
HINES PAGE, AMERICAN AMBASSADOR TO THE COURT OF ST. JAMES'S DURING
WORLD WAR I. THIS SCHOLARSHIP OFFERS BRITISH AND ARGENTINE TEACHERS
THE OPPORTUNITY TO TRAVEL AND EXCHANGE EDUCATIONAL IDEAS. SCHOLARS
TRAVEL TO THE US TO STUDY AN ASPECT OF EDUCATION THAT IS RELEVANT TO
THEIR OWN PROFESSIONAL INTERESTS AND DEVELOPMENT. SPONSORED BY THE ESU
OF THE COMMONWEALTH AND ESU ARGENTINA, THIS INTERNATIONAL EXCHANGE OF
EDUCATIONAL TECHNIQUES AND IDEAS BENEFITS THE EDUCATORS AND THEIR
STUDENTS ON THREE CONTINENTS. AMERICAN ESU BRANCH MEMBERS ENJOY
MEETING AND HOSTING THE TRAVELLING EDUCATORS. LAST YEAR, THE PROGRAM
PROVIDED FOUR EDUCATORS WITH THE OPPORTUNITY TO STUDY IN THE US.

EXPENSES \$ 1,628,113. INCLUDING GRANTS OF \$ 55,195. REVENUE \$ 213,028.

FORM 990, PART VI, SECTION A, LINE 6:

THE ENGLISH SPEAKING UNION OF THE UNITED STATES "ESU" SHALL HAVE CLASSES OF MEMBERS AS MAY BE DETERMINED FROM TIME TO TIME BY A RESOLUTION OF THE BOARD OF DIRECTORS. THE DESIGNATION AND CHARACTERISTICS OF EACH CLASS AND THE QUALIFICATIONS AND RIGHTS OF, AND THE LIMITATIONS UPON, THE MEMBERS OF EACH CLASS SHALL BE SET FORTH IN A RESOLUTION OF THE BOARD. AN ORGANIZATION OR INDIVIDUAL CAN BECOME A MEMBER OF THE ESU UPON PAYMENT OF MEMBERSHIP FEES.

MEMBERSHIP CLASSES ARE AS FOLLOWS: INDIVIDUAL MEMBERS, ORGANIZATIONAL MEMBERS, NATIONAL MEMBERS, MEMBERS-AT-LARGE, LIFE MEMBERS, AND HONORARY MEMBERS AS DETERMINED BY THE BOARD.

NOMINATIONS.

Name of the organization THE ENGLISH-SPEAKING UNION OF THE UNITED STATES - NATIONAL HEADQUARTERS 13-1623995

FORM 990, PART VI, SECTION A, LINE 7A:

ALL MEMBERSHIP CLASSES OF ESU HAVE THE RIGHT TO APPROVE BOARD MEMBER

ALL MEMBERSHIP CLASSES OF ESU HAVE THE RIGHTS AND PRIVILEGES TO NOMINATE

CANDIDATES AND ELECT THE BOARD OF DIRECTORS, INTRODUCE AND ADOPT MOTIONS TO

THE ANNUAL GENERAL MEETING (AGM), HAVE ACCESS IN A TIMELY FASHION TO A

SCHEDULE OF MEETINGS OF THE NATIONAL BOARD AND STANDING COMMITTEES AND TO

THE MINUTES OF THOSE MEETINGS AND OBSERVE MEETINGS OF THE NATIONAL BOARD

AND STANDING COMMITTEES.

FORM 990, PART VI, SECTION A, LINE 7B:

THE BYLAWS MAY BE AMENDED, REPEALED, OR MODIFIED, AND NEW BYLAWS ADOPTED,

BY THE AFFIRMATIVE VOTE OF TWO-THIRDS OF THE MEMBERSHIP AT THE ANNUAL

GENERAL MEETING. ANY NOTICE OF A MEETING AT WHICH THE BYLAWS ARE TO BE

AMENDED, REPEALED, OR MODIFIED SHALL INCLUDE NOTICE OF THE PROPOSED ACTION.

FORM 990, PART VI, SECTION B, LINE 11B:

THE ORGANIZATION HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM

AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT AN ACCURATE

AND COMPLETE RETURN IS FILED. AFTER THE RETURN HAS BEEN PREPARED A COPY IS

EMAILED TO BOTH THE EXECUTIVE DIRECTOR AND THE BOARD FOR REVIEW. ANY

COMMENTS ARE SUMMARIZED AND ADDRESSED. ONCE THIS PROCESS HAS BEEN

COMPLETED, THE RETURN IS READY TO BE FILED.

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

THE ENGLISH-SPEAKING UNION OF THE UNITED STATES - NATIONAL HEADQUARTERS

CURRENTLY HAS IN PLACE A CONFLICT OF INTEREST POLICY WHICH IT MONITORS AND

Name of the organization

**Employer identification number** 

13-1623995

STATES - NATIONAL HEADQUARTERS ENFORCES. THE BOARD CURRENTLY MANDATES THAT ALL MEMBERS OF THE GOVERNING BODY AND OFFICERS DISCLOSE ALL INTERESTS THAT COULD LEAD TO CONFLICTS WHEN ELECTED TO THE BOARD AND AGAIN UPON RE-ELECTION. THE ORGANIZATION HAS A WRITTEN POLICY THAT REQUIRES ALL MEMBERS OF MANAGEMENT AND THE GOVERNING BODY TO ANNUALLY SIGN A CONFLICT OF INTEREST POLICY AND DISCLOSE ANY POTENTIAL OR ACTUAL CONFLICTS THAT MAY EXIST. THE SIGNED CONFLICT OF INTEREST POLICY IS THEN SUBMITTED TO THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS WHO REVIEWS THE SIGNED ATTESTATIONS FOR POTENTIAL OR ACTUAL CONFLICTS. IF A POTENTIAL OR ACTUAL CONFLICT OF INTEREST EXISTS, THE AUDIT COMMITTEE WILL NOTIFY MEMBERS OF MANAGEMENT OR THE GOVERNING BODY ABOUT SUCH CONFLICT AND INVESTIGATE THE CONFLICT. THE OFFICER OR DIRECTOR WHO MAY HAVE A CONFLICT OF INTEREST WILL BE EXCUSED FROM THE BOARD OR COMMITTEE MEETING FOR THE DURATION OF THE DISCUSSION AND VOTE ON THE MATTER. THE RESULTS OF THE INVESTIGATION WILL BE SUMMARIZED AND DOCUMENTED BY THE AUDIT COMMITTEE AND IS THEN REPORTED TO THE BOARD CHAIRMAN. IF THE BOARD ESTABLISHES THAT AN ACTUAL CONFLICT EXISTS, THE MEMBER OF MANAGEMENT OR THE GOVERNING BODY WILL BE NOTIFIED IMMEDIATELY AND WILL NOT BE ALLOWED TO VOTE OR BE A PART OF ANY DECISIONS ABOUT ANY SUCH TRANSACTIONS THAT HAVE TO DO WITH THE CONFLICT UNTIL SUCH TIME THERE IS NO LONGER A CONFLICT. ALLACTION REGARDING FINANCIAL INTEREST TRANSACTIONS ARE RECORDED IN THE MINUTES OF THE BOARD OR BOARD COMMITTEE.

THE ENGLISH-SPEAKING UNION OF THE UNITED

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

THE ENGLISH-SPEAKING UNION USES A COMPENSATION COMMITTEE TO DETERMINE THE SALARY OF THE EXECUTIVE DIRECTOR. THE POLICY MANDATES THAT THIS EXECUTIVE COMPENSATION BE PERIODICALLY REVIEWED BY THE COMPENSATION COMMITTEE AND THAT THE COMMITTEE SHOULD BE FREE OF CONFLICTS OF INTEREST. IN ADDITION, THE APPROVING COMPENSATION COMMITTEE NEEDS TO REVIEW APPROPRIATE AND

Name of the organization THE ENGLISH-SPEAKING UNION OF THE UNITED **Employer identification number** STATES - NATIONAL HEADQUARTERS 13-1623995 ADEQUATE DATA TO DETERMINE THE REASONABLENESS OF COMPENSATION BEING CONSIDERED. THE COMPENSATION COMMITTEE IS REQUIRED TO USE A VARIETY OF INFORMATION AND STUDIES THAT ARE AVAILABLE TO DETERMINE THAT THE APPROPRIATE LEVEL OF COMPENSATION IS BEING PAID TO ITS EXECUTIVES. THE COMPENSATION COMMITTEE'S DECISION ON THE AMOUNT OF COMPENSATION PAID IS REQUIRED TO BE ADEQUATELY DOCUMENTED IN A CONTEMPORANEOUSLY WRITTEN FORMAT AND SHOULD DOCUMENT THE DATE OF THE DECISION, THE MEMBERS PRESENT DURING THE DECISION AND THOSE WHO VOTED ON IT, THE FULL TERMS OF THE TRANSACTION THAT WAS APPROVED AND THE COMPARABLE DATA USED AND RELIED UPON TO MAKE THE DECISION. THE PROCESS FOR DETERMINING EXECUTIVE COMPENSATION WAS LAST UNDERTAKEN ON 07/01/2015. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON ITS WEBSITE WWW.ESUUS.ORG. A COPY OF THE FINANCIAL STATEMENTS WILL BE SENT UPON REQUEST OR CAN BE SEEN AT THE NATIONAL HEADQUARTERS. ITS FEDERAL FORM 990 IS AVAILABLE ONLINE AND MAY BE STUDIED AT THE NATIONAL HEADQUARTERS UPON REQUEST. ALL GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE ALSO AVAILABLE AT THE NATIONAL HEADQUARTERS UPON REQUEST. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: 6,251,804. NON-OPERATING TRANSFERS

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT IS RESPONSIBLE FOR THE

OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN

INDEPENDENT ACCOUNTANT. THE PROCESS HAS NOT CHANGED FROM THE PRIOR

YEAR.

Schedule O (Form 990 or 990-EZ) (2016)

Schedule O (Form 990 or 990-EZ) (2016)  Name of the organization THE ENGLISH-SPEAKING UNION OF THE UNITED Employer identification number					
Name of the organization	THE ENGLISH-SPEAKING UNION OF THE UNITED	Employer identification number 13-1623995			
	STATES - NATIONAL HEADQUARTERS	13-1623995			
		•			

#### SCHEDULE R (Form 990)

## **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

THE ENGLISH-SPEAKING UNION OF THE UNITED

STATES - NATIONAL HEADQUARTERS

Open to Public Inspection

OMB No. 1545-0047

Employer identification number 13-1623995

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
ALBANY BRANCH, LLC - 81-3748370					THE ENGLISH-SPEAKING
144 EAST 39TH STREET					UNION OF THE UNITED
NEW YORK, NY 10016	ENGLISH LANGUAGE EDUCATION	DELAWARE	4,005.	8,241.	STATES - NATIONAL
ATLANTA BRANCH, LLC - 81-3218848					THE ENGLISH-SPEAKING
4042 COYTE DRIVE					UNION OF THE UNITED
MARIETTA, GA 30062	ENGLISH LANGUAGE EDUCATION	DELAWARE	73,386.	286,427.	STATES - NATIONAL
AUSTIN BRANCH, LLC - 81-3396719					THE ENGLISH-SPEAKING
144 EAST 39TH STREET					UNION OF THE UNITED
NEW YORK, NY 10016	ENGLISH LANGUAGE EDUCATION	DELAWARE	19,593.	77,518.	STATES - NATIONAL
BIRMINGHAM BRANCH, LLC - 82-5524378					THE ENGLISH-SPEAKING
2500 ABERDEEN ROAD					UNION OF THE UNITED
BIRMINGHAM, AL 35223	ENGLISH LANGUAGE EDUCATION	DELAWARE	1,925.	4,394.	STATES - NATIONAL

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a)  Name, address, and EIN  of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	Dlic charity Direct controlling s (if section entity	(g) Section 512(b)(13) controlled entity?		
					501(c)(3))	501(c)(3))		Yes

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

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entity
BOSTON BRANCH, LLC - 82-1445545					THE ENGLISH-SPEAKING
145 EAST 39TH STREET					UNION OF THE UNITED
NEW YORK, NY 10016	ENGLISH LANGUAGE EDUCATION	DELAWARE	20,655.	117,169.	STATES - NATIONAL
BUFFALO BRANCH, LLC - 82-1470975					THE ENGLISH-SPEAKING
146 EAST 39TH STREET					UNION OF THE UNITED
NEW YORK, NY 10016	ENGLISH LANGUAGE EDUCATION	DELAWARE	0.	0.	STATES - NATIONAL
CENTRAL FLORIDA BRANCH, LLC - 81-4462754					THE ENGLISH-SPEAKING
1840 WINCHESTER DR					UNION OF THE UNITED
WINTER PARK, FL 32789	ENGLISH LANGUAGE EDUCATION	DELAWARE	485,446.	3,560,729.	STATES - NATIONAL
CENTRAL PENNSYLVANIA BRANCH, LLC -					THE ENGLISH-SPEAKING
81-3765123, 144 EAST 39TH STREET, NEW YORK,					UNION OF THE UNITED
NY 10016	ENGLISH LANGUAGE EDUCATION	DELAWARE	935.	735.	STATES - NATIONAL
CHARLESTON BRANCH, LLC - 81-3253595					THE ENGLISH-SPEAKING
1127 WAYFARER LANE					UNION OF THE UNITED
CHARLESTON, SC 29412	ENGLISH LANGUAGE EDUCATION	DELAWARE	7,790.	20,610.	STATES - NATIONAL
CHARLOTTE BRANCH, LLC - 81-3747980					THE ENGLISH-SPEAKING
828 CHEROKEE RD					UNION OF THE UNITED
CHARLOTTE, NC 28207	ENGLISH LANGUAGE EDUCATION	DELAWARE	0.	3,042.	STATES - NATIONAL
CHARLOTTESVILLE BRANCH, LLC - 81-3309578					THE ENGLISH-SPEAKING
675 BERKMAR COURT					UNION OF THE UNITED
CHARLOTTESVILLE, VA 22903	ENGLISH LANGUAGE EDUCATION	DELAWARE	14,936.	38,695.	STATES - NATIONAL
CHICAGO BRANCH, LLC - 81-3606427					THE ENGLISH-SPEAKING
144 EAST 39TH STREET					UNION OF THE UNITED
NEW YORK, NY 10016	ENGLISH LANGUAGE EDUCATION	DELAWARE	70,255.	107,392.	STATES - NATIONAL
CINCINNATI BRANCH, LLC - 81-3294669					THE ENGLISH-SPEAKING
66 EAST HOLLISTER STREET					UNION OF THE UNITED
CINCINNATI, OH 45219	ENGLISH LANGUAGE EDUCATION	DELAWARE	19,533.	23,926.	STATES - NATIONAL
CLEVELAND BRANCH, LLC - 81-3794983					THE ENGLISH-SPEAKING
2516 HANSON AVE					UNION OF THE UNITED
LAKEWOOD, OH 44124	ENGLISH LANGUAGE EDUCATION	DELAWARE	68,936.	20,632.	STATES - NATIONAL

(a)  Name, address, and EIN  of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
COLONIAL NORTH CAROLINA BRANCH, LLC -					THE ENGLISH-SPEAKING
81-3522911, 144 EAST 39TH STREET, NEW YORK,					UNION OF THE UNITED
NY 10016	ENGLISH LANGUAGE EDUCATION	DELAWARE	1,626.	1,979.	STATES - NATIONAL
COLUMBIA BRANCH, LLC - 81-4003136					THE ENGLISH-SPEAKING
144 EAST 39TH STREET					UNION OF THE UNITED
NEW YORK, NY 10016	ENGLISH LANGUAGE EDUCATION	DELAWARE	5,946.	12,111.	STATES - NATIONAL
COLUMBUS BRANCH, LLC - 81-3248000					THE ENGLISH-SPEAKING
144 EAST 39TH STREET					UNION OF THE UNITED
NEW YORK, NY 10016	ENGLISH LANGUAGE EDUCATION	DELAWARE	7,347.	6,314.	STATES - NATIONAL
DALLAS BRANCH, LLC - 81-4095613					THE ENGLISH-SPEAKING
144 EAST 39TH STREET					UNION OF THE UNITED
NEW YORK, NY 10016	ENGLISH LANGUAGE EDUCATION	DELAWARE	2,734.	26,560.	STATES - NATIONAL
DELAWARE BRANCH, LLC - 82-1772606					THE ENGLISH-SPEAKING
144 EAST 39TH STREET					UNION OF THE UNITED
NEW YORK, NY 10016	ENGLISH LANGUAGE EDUCATION	DELAWARE	0.	806.	STATES - NATIONAL
DENVER BRANCH, LLC - 81-3363352					THE ENGLISH-SPEAKING
5930 S CIMARRON WAY					UNION OF THE UNITED
LITTLETON, CO 80123	ENGLISH LANGUAGE EDUCATION	DELAWARE	42,924.	256,896.	STATES - NATIONAL
DESERT BRANCH, LLC - 81-5328163					THE ENGLISH-SPEAKING
144 EAST 39TH STREET					UNION OF THE UNITED
NEW YORK, NY 10016	ENGLISH LANGUAGE EDUCATION	DELAWARE	3,625.	20,424.	STATES - NATIONAL
FORT LAUDERDALE BRANCH, LLC - 82-2118887					THE ENGLISH-SPEAKING
144 EAST 39TH STREET					UNION OF THE UNITED
NEW YORK, NY 10016	ENGLISH LANGUAGE EDUCATION	DELAWARE	4,359.	18,879.	STATES - NATIONAL
GREENSBORO BRANCH, LLC - 82-5526501					THE ENGLISH-SPEAKING
711 DOVER RD					UNION OF THE UNITED
GREENSBORO, NC 27408	ENGLISH LANGUAGE EDUCATION	DELAWARE	11,698.	8,123.	STATES - NATIONAL
GREENWICH BRANCH, LLC - 81-3218140					THE ENGLISH-SPEAKING
40 WEST ELM STREET, APT. 5-H					UNION OF THE UNITED
GREENWICH, CT 06830	ENGLISH LANGUAGE EDUCATION	DELAWARE	68,547.	44,391.	STATES - NATIONAL

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entity
HAWAII BRANCH, LLC - 81-4305359					THE ENGLISH-SPEAKING
144 EAST 39TH STREET					UNION OF THE UNITED
NEW YORK, NY 10016	ENGLISH LANGUAGE EDUCATION	DELAWARE	11,835.	3,493.	STATES - NATIONAL
HOUSTON BRANCH, LLC - 81-4419866					THE ENGLISH-SPEAKING
303 ISOLDE DRIVE					UNION OF THE UNITED
HOUSTON, TX 77024	ENGLISH LANGUAGE EDUCATION	DELAWARE	13,211.	96,713.	STATES - NATIONAL
INDIANAPOLIS BRANCH, LLC - 81-3688589					THE ENGLISH-SPEAKING
144 EAST 39TH STREET					UNION OF THE UNITED
NEW YORK, NY 10016	ENGLISH LANGUAGE EDUCATION	DELAWARE	7,248.	22,174.	STATES - NATIONAL
JACKSON, MISSISSIPPI BRANCH, LLC -					THE ENGLISH-SPEAKING
81-4079357, 144 EAST 39TH STREET, NEW YORK,					UNION OF THE UNITED
NY 10016	ENGLISH LANGUAGE EDUCATION	DELAWARE	4,615.	4,953.	STATES - NATIONAL
JACKSONVILLE BRANCH, LLC - 81-3536689					THE ENGLISH-SPEAKING
144 EAST 39TH STREET					UNION OF THE UNITED
NEW YORK, NY 10016	ENGLISH LANGUAGE EDUCATION	DELAWARE	7,227.	2,279.	STATES - NATIONAL
KANSAS CITY BRANCH, LLC - 81-3325416					THE ENGLISH-SPEAKING
8361 SOMERSET DRIVE, #102					UNION OF THE UNITED
PRAIRIE VILLAGE, KS 66207	ENGLISH LANGUAGE EDUCATION	DELAWARE	5,389.	1,761.	STATES - NATIONAL
KENTUCKY BRANCH, LLC - 81-3781020					THE ENGLISH-SPEAKING
144 EAST 39TH STREET					UNION OF THE UNITED
NEW YORK, NY 10016	ENGLISH LANGUAGE EDUCATION	DELAWARE	19,532.	34,105.	STATES - NATIONAL
LEXINGTON, VIRGINIA BRANCH, LLC - 81-3510013					THE ENGLISH-SPEAKING
144 EAST 39TH STREET					UNION OF THE UNITED
NEW YORK, NY 10016	ENGLISH LANGUAGE EDUCATION	DELAWARE	18,796.	39,879.	STATES - NATIONAL
LOS ANGELES BRANCH, LLC - 81-5343652					THE ENGLISH-SPEAKING
144 EAST 39TH STREET					UNION OF THE UNITED
NEW YORK, NY 10016	ENGLISH LANGUAGE EDUCATION	DELAWARE	13,304.	8,931.	STATES - NATIONAL
MARYLAND BRANCH, LLC - 82-5076077					THE ENGLISH-SPEAKING
144 EAST 39TH STREET	7				UNION OF THE UNITED
NEW YORK, NY 10016	ENGLISH LANGUAGE EDUCATION	DELAWARE	5,214.	110,808.	STATES - NATIONAL

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entity
MEMPHIS BRANCH, LLC - 81-5364787					THE ENGLISH-SPEAKING
144 EAST 39TH STREET					UNION OF THE UNITED
NEW YORK, NY 10016	ENGLISH LANGUAGE EDUCATION	DELAWARE	40,777.	1,181.	STATES - NATIONAL
MIAMI BRANCH, LLC - 82-1855578					THE ENGLISH-SPEAKING
157 ATLANTIC AVE					UNION OF THE UNITED
TAVERNIER, FL 33070	ENGLISH LANGUAGE EDUCATION	DELAWARE	45.	3,766.	STATES - NATIONAL
MICHIGAN BRANCH, LLC - 81-4374905					THE ENGLISH-SPEAKING
144 EAST 39TH STREET					UNION OF THE UNITED
NEW YORK, NY 10016	ENGLISH LANGUAGE EDUCATION	DELAWARE	285.	3,979.	STATES - NATIONAL
MONMOUTH COUNTY BRANCH, LLC - 81-3224811					THE ENGLISH-SPEAKING
5 DENISE CT					UNION OF THE UNITED
FAIR HAVEN, NJ 07704	ENGLISH LANGUAGE EDUCATION	DELAWARE	15,999.	7,380.	STATES - NATIONAL
NAPLES BRANCH, LLC - 81-3901065					THE ENGLISH-SPEAKING
144 EAST 39TH STREET					UNION OF THE UNITED
NEW YORK, NY 10016	ENGLISH LANGUAGE EDUCATION	DELAWARE	61,504.	343,973.	STATES - NATIONAL
NASHVILLE BRANCH, LLC - 81-3825601					THE ENGLISH-SPEAKING
144 EAST 39TH STREET					UNION OF THE UNITED
NEW YORK, NY 10016	ENGLISH LANGUAGE EDUCATION	DELAWARE	4,225.	7,545.	STATES - NATIONAL
NEW ORLEANS BRANCH, LLC - 81-3241716					THE ENGLISH-SPEAKING
862 CAMP ST					UNION OF THE UNITED
NEW ORLEANS, LA 70130	ENGLISH LANGUAGE EDUCATION	DELAWARE	28,695.	14,856.	STATES - NATIONAL
NEW YORK BRANCH, LLC - 81-3678593					THE ENGLISH-SPEAKING
144 EAST 39TH STREET					UNION OF THE UNITED
NEW YORK, NY 10016	ENGLISH LANGUAGE EDUCATION	DELAWARE	44,870.	26,577.	STATES - NATIONAL
OKLAHOMA CITY BRANCH, LLC - 81-3467821					THE ENGLISH-SPEAKING
144 EAST 39TH STREET					UNION OF THE UNITED
NEW YORK, NY 10016	ENGLISH LANGUAGE EDUCATION	DELAWARE	25,547.	12,234.	STATES - NATIONAL
PALM BEACH BRANCH, LLC - 82-1920861					THE ENGLISH-SPEAKING
243 KENLYN ROAD					UNION OF THE UNITED
PALM BEACH, FL 33480	ENGLISH LANGUAGE EDUCATION	DELAWARE	100,735.	214,330.	STATES - NATIONAL

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entity
PHILADELPHIA BRANCH, LLC - 81-3858030					THE ENGLISH-SPEAKING
144 EAST 39TH STREET	-				UNION OF THE UNITED
NEW YORK, NY 10016		DELAWARE	54,532.	152 578	STATES - NATIONAL
PHOENIX BRANCH, LLC - 82-5419036			31,332.	202,070.	THE ENGLISH-SPEAKING
7328 E. ARLINGTON ROAD	7				UNION OF THE UNITED
SCOTTSDALE, AZ 85250		DELAWARE	0.	0.	STATES - NATIONAL
PORTLAND BRANCH, LLC - 82-5486141					THE ENGLISH-SPEAKING
6210 SE MAIN ST.	7				UNION OF THE UNITED
PORTLAND, OR 97215		DELAWARE	1,145.	72,770.	STATES - NATIONAL
PRINCETON BRANCH, LLC - 81-3226666			·	·	THE ENGLISH-SPEAKING
2 TOWPATH COURT	7				UNION OF THE UNITED
PRINCETON, NJ 10016	ENGLISH LANGUAGE EDUCATION	DELAWARE	22,336.	183,173.	STATES - NATIONAL
RESEARCH TRIANGLE BRANCH, LLC - 81-3489736					THE ENGLISH-SPEAKING
PO BOX 12464					UNION OF THE UNITED
RALEIGH, NC 27605	ENGLISH LANGUAGE EDUCATION	DELAWARE	20,662.	10,863.	STATES - NATIONAL
RHODE ISLAND BRANCH, LLC - 82-1904760					THE ENGLISH-SPEAKING
144 EAST 39TH STREET					UNION OF THE UNITED
NEW YORK, NY 10016	ENGLISH LANGUAGE EDUCATION	DELAWARE	0.	0.	STATES - NATIONAL
RICHMOND BRANCH, LLC - 81-3848024					THE ENGLISH-SPEAKING
144 EAST 39TH STREET					UNION OF THE UNITED
NEW YORK, NY 10016	ENGLISH LANGUAGE EDUCATION	DELAWARE	30,328.	150,900.	STATES - NATIONAL
ROCHESTER BRANCH, LLC - 82-1935744	_				THE ENGLISH-SPEAKING
144 EAST 39TH STREET	_				UNION OF THE UNITED
NEW YORK, NY 10016	ENGLISH LANGUAGE EDUCATION	DELAWARE	0.	20,215.	STATES - NATIONAL
SALISBURY BRANCH, LLC - 82-5456501	_				THE ENGLISH-SPEAKING
311 MAJESTIC HEIGHTS DRIVE	_				UNION OF THE UNITED
SALISBURY, NC 28144	ENGLISH LANGUAGE EDUCATION	DELAWARE	12,674.	14,094.	STATES - NATIONAL
SAN DIEGO BRANCH, LLC - 82-1817249	_				THE ENGLISH-SPEAKING
144 EAST 39TH STREET	_				UNION OF THE UNITED
NEW YORK, NY 10016	ENGLISH LANGUAGE EDUCATION	DELAWARE	780.	0.	STATES - NATIONAL

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN of disregarded entity	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling entity
or disregarded criticy		foreign country)			Criticy
SAN FRANCISCO BRANCH, LLC - 82-0949539					THE ENGLISH-SPEAKING
144 EAST 39TH STREET					UNION OF THE UNITED
NEW YORK, NY 10016	ENGLISH LANGUAGE EDUCATION	DELAWARE	10,511.	137,310.	STATES - NATIONAL
SANDHILLS (PINEHURST) NORTH CAROLINA BRANCH,					THE ENGLISH-SPEAKING
LLC - 81-3268568, 29 LA QUINTA LOOP,					UNION OF THE UNITED
PINEHURST, NC 28374	ENGLISH LANGUAGE EDUCATION	DELAWARE	31,017.	30,846.	STATES - NATIONAL
SAVANNAH BRANCH, LLC - 82-0968879					THE ENGLISH-SPEAKING
144 EAST 39TH STREET					UNION OF THE UNITED
NEW YORK, NY 10016	ENGLISH LANGUAGE EDUCATION	DELAWARE	3,519.	1,258.	STATES - NATIONAL
SEATTLE BRANCH, LLC - 81-3345976					THE ENGLISH-SPEAKING
2515 EAST ROANOKE ST.					UNION OF THE UNITED
SEATTLE, WA 98112	ENGLISH LANGUAGE EDUCATION	DELAWARE	33,935.	65,414.	STATES - NATIONAL
SHREVEPORT BRANCH, LLC - 82-5505962					THE ENGLISH-SPEAKING
188 CAPLIS ROAD.					UNION OF THE UNITED
ELM GROVE, LA 71051	ENGLISH LANGUAGE EDUCATION	DELAWARE	12,520.	15,512.	STATES - NATIONAL
SOUTHWESTERN VIRGINIA BRANCH, LLC -					THE ENGLISH-SPEAKING
81-3220559, 2114 RIVER OAKS DRIVE, SALEM, VA					UNION OF THE UNITED
24153	ENGLISH LANGUAGE EDUCATION	DELAWARE	11,794.	10,537.	STATES - NATIONAL
ST. LOUIS, MISSOURI BRANCH, LLC - 81-3328016					THE ENGLISH-SPEAKING
200 JEFFERSON RD.					UNION OF THE UNITED
ST. LOUIS, MO 63119	ENGLISH LANGUAGE EDUCATION	DELAWARE	16,293.	51,119.	STATES - NATIONAL
SYRACUSE BRANCH, LLC - 82-1283124					THE ENGLISH-SPEAKING
144 EAST 39TH STREET					UNION OF THE UNITED
NEW YORK, NY 10016	ENGLISH LANGUAGE EDUCATION	DELAWARE	14,637.	27,592.	STATES - NATIONAL
TUCSON BRANCH, LLC - 81-4404483					THE ENGLISH-SPEAKING
144 EAST 39TH STREET					UNION OF THE UNITED
NEW YORK, NY 10016	ENGLISH LANGUAGE EDUCATION	DELAWARE	2,912.	3,650.	STATES - NATIONAL
TULSA BRANCH, LLC - 82-1875540					THE ENGLISH-SPEAKING
145 EAST 39TH STREET					UNION OF THE UNITED
NEW YORK, NY 10016	ENGLISH LANGUAGE EDUCATION	DELAWARE	11,695.	17,025.	STATES - NATIONAL

(-)	(1-)	(-)	(4)	(-)	(5)
(a)  Name, address, and EIN  of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity
ASHINGTON, DC AREA BRANCH, LLC - 81-2783510					THE ENGLISH-SPEAKING
510 ALBERMARLE ST NW					UNION OF THE UNITED
ASHINGTON, DC 20008	ENGLISH LANGUAGE EDUCATION	DELAWARE	4,199.	0.	STATES - NATIONAL
	-				
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Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(b)	(c)	(d)	(e)	(f)	(g)	(i	ո)	(i)	()	i)	(k)
Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets			amount in box	parti	aging ner?	Percentage ownership
	country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	
		Primary activity  Legal domicile (state or foreign	Primary activity Legal Direct controlling	Primary activity Legal Direct controlling Predominant income	Primary activity    Legal domicile (state or foreign   foreign   foreign	Primary activity Legal Direct controlling Predominant income Share of total Share of	Primary activity    Legal domicile (state or foreign   state or foreign   controlling   controlling	Primary activity  Legal domicile (state or foreign foreign for foreign foreign for foreign for foreign for foreign for foreign for foreign	Primary activity    Legal domicile (state or state or sta	Primary activity    Legal domicile (state or entity)	Primary activity  Legal domicile (state or foreign price)  entity  Direct controlling entity  Predominant income (related, unrelated, excluded from tax under)  Primary activity  Share of total share of end-of-year assets  End-of-year assets  Disproportionate allocations?  amount in box 20 of Schedule

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	tion b)(13) rolled tity?
		,						Yes	No

Yes No

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	Gift, grant, or capital contribution to related organization(s)				1b			
С	Gift, grant, or capital contribution from related organization(s)				1c			
					1d			
е	Loans or loan guarantees by related organization(s)				1e			
f	Dividends from related organization(s)				1f			
g	Sale of assets to related organization(s)				<b>1</b> g			
h	Purchase of assets from related organization(s)				1h			
i	Exchange of assets with related organization(s)				1i			
j	Lease of facilities, equipment, or other assets to related organization(s)				1j			
k	Lease of facilities, equipment, or other assets from related organization(s)				1k			
	Performance of services or membership or fundraising solicitations for related organ				11			
	Performance of services or membership or fundraising solicitations by related organ				1m			
	m Performance of services or membership or fundraising solicitations by related organization(s)  n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)							
					10			
р	Reimbursement paid to related organization(s) for expenses				1p			
q	Reimbursement paid by related organization(s) for expenses				1q			
-	•							
r	Other transfer of cash or property to related organization(s)				1r			
s	Other transfer of cash or property from related organization(s)				1s			
2	If the answer to any of the above is "Yes," see the instructions for information on wh	ho must complete th	is line, including covered rela	ationships and transaction thresholds.				
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	volved			
(1)								
<b></b>								
(2)								
(3)								
<u>(U)</u>								
(4)								
.,								
(5)								
(6)								
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Schedule R (Form 990) 2016

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprotion allocat	opor- ate tions?		General manage partne	(k) al or Percentage ging ownership
	-									
										-
	_							Ochodolo		

Provide additional information for responses to questions on Schedule R. See instructions.

PART I, IDENTIFICATION OF DISREGARDED ENTITIES:

NAME OF DISREGARDED ENTITY:

ALBANY BRANCH, LLC

DIRECT CONTROLLING ENTITY: THE ENGLISH-SPEAKING UNION OF THE UNITED STATES

- NATIONAL HEADQUARTERS

NAME OF DISREGARDED ENTITY:

ATLANTA BRANCH, LLC

DIRECT CONTROLLING ENTITY: THE ENGLISH-SPEAKING UNION OF THE UNITED STATES

NATIONAL HEADQUARTERS

NAME OF DISREGARDED ENTITY:

AUSTIN BRANCH, LLC

DIRECT CONTROLLING ENTITY: THE ENGLISH-SPEAKING UNION OF THE UNITED STATES

- NATIONAL HEADQUARTERS

NAME OF DISREGARDED ENTITY:

BIRMINGHAM BRANCH, LLC

DIRECT CONTROLLING ENTITY: THE ENGLISH-SPEAKING UNION OF THE UNITED STATES

- NATIONAL HEADQUARTERS

NAME OF DISREGARDED ENTITY:

BOSTON BRANCH, LLC

DIRECT CONTROLLING ENTITY: THE ENGLISH-SPEAKING UNION OF THE UNITED STATES

- NATIONAL HEADQUARTERS

NAME OF DISREGARDED ENTITY:

Provide additional information for responses to questions on Schedule R. See instructions.

BUFFALO BRANCH, LLC

DIRECT CONTROLLING ENTITY: THE ENGLISH-SPEAKING UNION OF THE UNITED STATES

- NATIONAL HEADQUARTERS

NAME OF DISREGARDED ENTITY:

CENTRAL FLORIDA BRANCH, LLC

DIRECT CONTROLLING ENTITY: THE ENGLISH-SPEAKING UNION OF THE UNITED STATES

- NATIONAL HEADQUARTERS

NAME OF DISREGARDED ENTITY:

CENTRAL PENNSYLVANIA BRANCH, LLC

DIRECT CONTROLLING ENTITY: THE ENGLISH-SPEAKING UNION OF THE UNITED STATES

- NATIONAL HEADQUARTERS

NAME OF DISREGARDED ENTITY:

CHARLESTON BRANCH, LLC

DIRECT CONTROLLING ENTITY: THE ENGLISH-SPEAKING UNION OF THE UNITED STATES

NATIONAL HEADQUARTERS

NAME OF DISREGARDED ENTITY:

CHARLOTTE BRANCH, LLC

DIRECT CONTROLLING ENTITY: THE ENGLISH-SPEAKING UNION OF THE UNITED STATES

- NATIONAL HEADQUARTERS

NAME OF DISREGARDED ENTITY:

CHARLOTTESVILLE BRANCH, LLC

DIRECT CONTROLLING ENTITY: THE ENGLISH-SPEAKING UNION OF THE UNITED STATES

- NATIONAL HEADQUARTERS

Provide additional information for responses to questions on Schedule R. See instructions.

NAME OF DISREGARDED ENTITY:

CHICAGO BRANCH, LLC

DIRECT CONTROLLING ENTITY: THE ENGLISH-SPEAKING UNION OF THE UNITED STATES

- NATIONAL HEADQUARTERS

NAME OF DISREGARDED ENTITY:

CINCINNATI BRANCH, LLC

DIRECT CONTROLLING ENTITY: THE ENGLISH-SPEAKING UNION OF THE UNITED STATES

- NATIONAL HEADQUARTERS

NAME OF DISREGARDED ENTITY:

CLEVELAND BRANCH, LLC

DIRECT CONTROLLING ENTITY: THE ENGLISH-SPEAKING UNION OF THE UNITED STATES

NATIONAL HEADQUARTERS

NAME OF DISREGARDED ENTITY:

COLONIAL NORTH CAROLINA BRANCH, LLC

DIRECT CONTROLLING ENTITY: THE ENGLISH-SPEAKING UNION OF THE UNITED STATES

- NATIONAL HEADQUARTERS

NAME OF DISREGARDED ENTITY:

COLUMBIA BRANCH, LLC

DIRECT CONTROLLING ENTITY: THE ENGLISH-SPEAKING UNION OF THE UNITED STATES

- NATIONAL HEADQUARTERS

NAME OF DISREGARDED ENTITY:

COLUMBUS BRANCH, LLC

THE ENGLISH-SPEAKING UNION OF THE UNITED 13-1623995 Page 5 STATES - NATIONAL HEADQUARTERS Schedule R (Form 990) 2016 Part VII Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions. DIRECT CONTROLLING ENTITY: THE ENGLISH-SPEAKING UNION OF THE UNITED STATES NATIONAL HEADQUARTERS NAME OF DISREGARDED ENTITY: DALLAS BRANCH, LLC DIRECT CONTROLLING ENTITY: THE ENGLISH-SPEAKING UNION OF THE UNITED STATES NATIONAL HEADQUARTERS NAME OF DISREGARDED ENTITY: DELAWARE BRANCH, LLC DIRECT CONTROLLING ENTITY: THE ENGLISH-SPEAKING UNION OF THE UNITED STATES - NATIONAL HEADQUARTERS NAME OF DISREGARDED ENTITY: DENVER BRANCH, LLC DIRECT CONTROLLING ENTITY: THE ENGLISH-SPEAKING UNION OF THE UNITED STATES NATIONAL HEADQUARTERS

NAME OF DISREGARDED ENTITY:

DESERT BRANCH, LLC

DIRECT CONTROLLING ENTITY: THE ENGLISH-SPEAKING UNION OF THE UNITED STATES

- NATIONAL HEADQUARTERS

NAME OF DISREGARDED ENTITY:

FORT LAUDERDALE BRANCH, LLC

DIRECT CONTROLLING ENTITY: THE ENGLISH-SPEAKING UNION OF THE UNITED STATES

- NATIONAL HEADQUARTERS

Provide additional information for responses to questions on Schedule R. See instructions.

NAME OF DISREGARDED ENTITY:

GREENSBORO BRANCH, LLC

DIRECT CONTROLLING ENTITY: THE ENGLISH-SPEAKING UNION OF THE UNITED STATES

- NATIONAL HEADQUARTERS

NAME OF DISREGARDED ENTITY:

GREENWICH BRANCH, LLC

DIRECT CONTROLLING ENTITY: THE ENGLISH-SPEAKING UNION OF THE UNITED STATES

- NATIONAL HEADQUARTERS

NAME OF DISREGARDED ENTITY:

HAWAII BRANCH, LLC

DIRECT CONTROLLING ENTITY: THE ENGLISH-SPEAKING UNION OF THE UNITED STATES

NATIONAL HEADQUARTERS

NAME OF DISREGARDED ENTITY:

HOUSTON BRANCH, LLC

DIRECT CONTROLLING ENTITY: THE ENGLISH-SPEAKING UNION OF THE UNITED STATES

- NATIONAL HEADQUARTERS

NAME OF DISREGARDED ENTITY:

INDIANAPOLIS BRANCH, LLC

DIRECT CONTROLLING ENTITY: THE ENGLISH-SPEAKING UNION OF THE UNITED STATES

NATIONAL HEADQUARTERS

NAME OF DISREGARDED ENTITY:

JACKSON, MISSISSIPPI BRANCH, LLC

DIRECT CONTROLLING ENTITY: THE ENGLISH-SPEAKING UNION OF THE UNITED STATES

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THE ENGLISH-SPEAKING UNION OF THE UNITED 13-1623995 Page 5 STATES - NATIONAL HEADQUARTERS Schedule R (Form 990) 2016 Part VII Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions. - NATIONAL HEADQUARTERS NAME OF DISREGARDED ENTITY: JACKSONVILLE BRANCH, LLC DIRECT CONTROLLING ENTITY: THE ENGLISH-SPEAKING UNION OF THE UNITED STATES NATIONAL HEADQUARTERS NAME OF DISREGARDED ENTITY: KANSAS CITY BRANCH, LLC DIRECT CONTROLLING ENTITY: THE ENGLISH-SPEAKING UNION OF THE UNITED STATES NATIONAL HEADQUARTERS NAME OF DISREGARDED ENTITY: KENTUCKY BRANCH, LLC DIRECT CONTROLLING ENTITY: THE ENGLISH-SPEAKING UNION OF THE UNITED STATES - NATIONAL HEADQUARTERS

NAME OF DISREGARDED ENTITY:

LEXINGTON, VIRGINIA BRANCH, LLC

DIRECT CONTROLLING ENTITY: THE ENGLISH-SPEAKING UNION OF THE UNITED STATES

- NATIONAL HEADQUARTERS

NAME OF DISREGARDED ENTITY:

LOS ANGELES BRANCH, LLC

DIRECT CONTROLLING ENTITY: THE ENGLISH-SPEAKING UNION OF THE UNITED STATES

- NATIONAL HEADQUARTERS

NAME OF DISREGARDED ENTITY:

Provide additional information for responses to questions on Schedule R. See instructions.

MARYLAND BRANCH, LLC

DIRECT CONTROLLING ENTITY: THE ENGLISH-SPEAKING UNION OF THE UNITED STATES

- NATIONAL HEADQUARTERS

NAME OF DISREGARDED ENTITY:

MEMPHIS BRANCH, LLC

DIRECT CONTROLLING ENTITY: THE ENGLISH-SPEAKING UNION OF THE UNITED STATES

- NATIONAL HEADQUARTERS

NAME OF DISREGARDED ENTITY:

MIAMI BRANCH, LLC

DIRECT CONTROLLING ENTITY: THE ENGLISH-SPEAKING UNION OF THE UNITED STATES

NATIONAL HEADQUARTERS

NAME OF DISREGARDED ENTITY:

MICHIGAN BRANCH, LLC

DIRECT CONTROLLING ENTITY: THE ENGLISH-SPEAKING UNION OF THE UNITED STATES

NATIONAL HEADQUARTERS

NAME OF DISREGARDED ENTITY:

MONMOUTH COUNTY BRANCH, LLC

DIRECT CONTROLLING ENTITY: THE ENGLISH-SPEAKING UNION OF THE UNITED STATES

- NATIONAL HEADQUARTERS

NAME OF DISREGARDED ENTITY:

NAPLES BRANCH, LLC

DIRECT CONTROLLING ENTITY: THE ENGLISH-SPEAKING UNION OF THE UNITED STATES

- NATIONAL HEADQUARTERS

65 09-06-16 Schedule R (Form 990) 2016

Schedule R (Form 990) 2016 STATES - NATIONAL HEADQUARTERS 13-1623995 Page	ae <b>5</b>
Part VII Supplemental Information.	<u> </u>
Provide additional information for responses to questions on Schedule R. See instructions.	
NAME OF DISREGARDED ENTITY:	
NASHVILLE BRANCH, LLC	
DIRECT CONTROLLING ENTITY: THE ENGLISH-SPEAKING UNION OF THE UNITED STATES	
- NATIONAL HEADQUARTERS	
NAME OF DISREGARDED ENTITY:	
NEW ORLEANS BRANCH, LLC	
DIRECT CONTROLLING ENTITY: THE ENGLISH-SPEAKING UNION OF THE UNITED STATES	
- NATIONAL HEADQUARTERS	
NAME OF DISREGARDED ENTITY:	
NEW YORK BRANCH, LLC	
DIRECT CONTROLLING ENTITY: THE ENGLISH-SPEAKING UNION OF THE UNITED STATES	
- NATIONAL HEADQUARTERS	
NAME OF DISREGARDED ENTITY:	
OKLAHOMA CITY BRANCH, LLC	
DIRECT CONTROLLING ENTITY: THE ENGLISH-SPEAKING UNION OF THE UNITED STATES	
- NATIONAL HEADQUARTERS	
NAME OF DISREGARDED ENTITY:	
PALM BEACH BRANCH, LLC	
DIRECT CONTROLLING ENTITY: THE ENGLISH-SPEAKING UNION OF THE UNITED STATES	
- NATIONAL HEADQUARTERS	

NAME OF DISREGARDED ENTITY:

PHILADELPHIA BRANCH, LLC

Provide additional information for responses to questions on Schedule R. See instructions.

DIRECT CONTROLLING ENTITY: THE ENGLISH-SPEAKING UNION OF THE UNITED STATES

- NATIONAL HEADQUARTERS

NAME OF DISREGARDED ENTITY:

PHOENIX BRANCH, LLC

DIRECT CONTROLLING ENTITY: THE ENGLISH-SPEAKING UNION OF THE UNITED STATES

- NATIONAL HEADQUARTERS

NAME OF DISREGARDED ENTITY:

PORTLAND BRANCH, LLC

DIRECT CONTROLLING ENTITY: THE ENGLISH-SPEAKING UNION OF THE UNITED STATES

- NATIONAL HEADQUARTERS

NAME OF DISREGARDED ENTITY:

PRINCETON BRANCH, LLC

DIRECT CONTROLLING ENTITY: THE ENGLISH-SPEAKING UNION OF THE UNITED STATES

- NATIONAL HEADQUARTERS

NAME OF DISREGARDED ENTITY:

RESEARCH TRIANGLE BRANCH, LLC

DIRECT CONTROLLING ENTITY: THE ENGLISH-SPEAKING UNION OF THE UNITED STATES

NATIONAL HEADQUARTERS

NAME OF DISREGARDED ENTITY:

RHODE ISLAND BRANCH, LLC

DIRECT CONTROLLING ENTITY: THE ENGLISH-SPEAKING UNION OF THE UNITED STATES

- NATIONAL HEADQUARTERS

Provide additional information for responses to questions on Schedule R. See instructions.

NAME OF DISREGARDED ENTITY:

RICHMOND BRANCH, LLC

DIRECT CONTROLLING ENTITY: THE ENGLISH-SPEAKING UNION OF THE UNITED STATES

- NATIONAL HEADQUARTERS

NAME OF DISREGARDED ENTITY:

ROCHESTER BRANCH, LLC

DIRECT CONTROLLING ENTITY: THE ENGLISH-SPEAKING UNION OF THE UNITED STATES

- NATIONAL HEADQUARTERS

NAME OF DISREGARDED ENTITY:

SALISBURY BRANCH, LLC

DIRECT CONTROLLING ENTITY: THE ENGLISH-SPEAKING UNION OF THE UNITED STATES

NATIONAL HEADQUARTERS

NAME OF DISREGARDED ENTITY:

SAN DIEGO BRANCH, LLC

DIRECT CONTROLLING ENTITY: THE ENGLISH-SPEAKING UNION OF THE UNITED STATES

- NATIONAL HEADQUARTERS

NAME OF DISREGARDED ENTITY:

SAN FRANCISCO BRANCH, LLC

DIRECT CONTROLLING ENTITY: THE ENGLISH-SPEAKING UNION OF THE UNITED STATES

NATIONAL HEADQUARTERS

NAME OF DISREGARDED ENTITY:

SANDHILLS (PINEHURST) NORTH CAROLINA BRANCH, LLC

DIRECT CONTROLLING ENTITY: THE ENGLISH-SPEAKING UNION OF THE UNITED STATES

632165 09-06-16

THE ENGLISH-SPEAKING UNION OF THE UNITED 13-1623995 Page 5 STATES - NATIONAL HEADQUARTERS Schedule R (Form 990) 2016 Part VII Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions. - NATIONAL HEADQUARTERS NAME OF DISREGARDED ENTITY: SAVANNAH BRANCH, LLC DIRECT CONTROLLING ENTITY: THE ENGLISH-SPEAKING UNION OF THE UNITED STATES NATIONAL HEADQUARTERS NAME OF DISREGARDED ENTITY: SEATTLE BRANCH, LLC DIRECT CONTROLLING ENTITY: THE ENGLISH-SPEAKING UNION OF THE UNITED STATES NATIONAL HEADQUARTERS NAME OF DISREGARDED ENTITY: SHREVEPORT BRANCH, LLC DIRECT CONTROLLING ENTITY: THE ENGLISH-SPEAKING UNION OF THE UNITED STATES - NATIONAL HEADQUARTERS NAME OF DISREGARDED ENTITY: SOUTHWESTERN VIRGINIA BRANCH, LLC DIRECT CONTROLLING ENTITY: THE ENGLISH-SPEAKING UNION OF THE UNITED STATES - NATIONAL HEADQUARTERS NAME OF DISREGARDED ENTITY: ST. LOUIS, MISSOURI BRANCH, LLC DIRECT CONTROLLING ENTITY: THE ENGLISH-SPEAKING UNION OF THE UNITED STATES

- NATIONAL HEADQUARTERS

NAME OF DISREGARDED ENTITY:

632165 09-06-16

### TAX RETURN FILING INSTRUCTIONS

**NEW YORK FORM CHAR500** 

#### FOR THE YEAR ENDING

JUNE 30, 2017

#### PREPARED FOR:

THE ENGLISH-SPEAKING UNION OF THE UNITED STATES - NATIONAL HEADQUARTERS 144 EAST 39TH STREET NEW YORK, NY 10016

#### PREPARED BY:

PKF O'CONNOR DAVIES, LLP 665 FIFTH AVENUE NEW YORK, NY 10022

#### **AMOUNT OF TAX:**

BALANCE DUE OF \$775

#### MAKE CHECK PAYABLE TO:

DEPARTMENT OF LAW

#### **MAIL TAX RETURN TO:**

NYS OFFICE OF ATTORNEY GENERAL CHARITIES BUREAU REGISTRATION SECTION 120 BROADWAY NEW YORK, NY 10271

#### RETURN MUST BE MAILED ON OR BEFORE:

MAY 15, 2018

#### **SPECIAL INSTRUCTIONS:**

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL(S).

ALSO BE SURE THAT THE ATTACHED COPY OF THE FEDERAL FORM 990 HAS BEEN PROPERLY SIGNED AND DATED.

## **CHAR500**

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to:

NYS Office of the Attorney General
Charities Bureau Registration Section
120 Broadway
New York, NY 10271

2016

Open to Public Inspection

1.General Information For Fiscal Year Beginning (mm/dd/yyyy) 07/01/2016 and Ending (mm/dd/yyyy) 06/30/2017 Check if Applicable: Name of Organization: Employer Identification Number (EIN): THE ENGLISH-SPEAKING UNION OF THE UNITED 13-1623995 Address Change Name Change Mailing Address: NY Registration Number: 144 EAST 39TH STREET 00 - 07 - 54Initial Filing City / State / ZIP: Telephone: Final Filing NEW YORK, NY 10016 212 818-1200 Amended Filing Email: Reg ID Pending Website: WWW.ESUUS.ORG INFO@ESUUS.ORG Check your organization's Confirm your Registration Category in the EPTL only X DUAL (7A & EPTL) EXEMPT registration category: \_\_\_\_ 7A only Charities Registry at www.CharitiesNYS.com 2. Certification See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report. CHRISTOPHER BROADWELL President or Authorized Officer: EXECUTIVE DIRECTOR Signature Print Name and Title Date LAURA J. PHELPS TREASURER Chief Financial Officer or Treasurer: Print Name and Title Date Signature 3. Annual Reporting Exemption Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees. 3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc, did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year. Or the organization qualifies for another 7A exemption (see instructions). 3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year. 4. Schedules and Attachments See the following page X No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for a checklist of Yes for fund raising activity in NY State? If yes, complete Schedule 4a. schedules and attachments to X No 4b. Did the organization receive government grants? If yes, complete Schedule 4b. complete your filing.

25.

7A filing fee:

Make a single check or money order

payable to:

"Department of Law"

750.

Total fee:

775.

EPTL filing fee:

\$

5. Fee

See the checklist on the

fee(s). Indicate fee(s) you

are submitting here:

next page to calculate your

#### THE ENGLISH-SPEAKING UNION OF THE UNITED STATES - NATIONAL HEADQUARTERS

## **CHAR500**

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

### **Checklist of Schedules and Attachments**

Check the schedules you must submit with your CHAR500 as described in Part 4:  If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raiser  If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	s (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
Check the financial attachments you must submit with your CHAR500:    X   IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable   X   All additional IRS Form 990 Schedules, including Schedule B (Schedule of Columbia)     Our organization was eligible for and filed an IRS 990-N e-postcard. We have	
If you are a 7A only or DUAL filer, submit the applicable independent Certified Publi Review Report if you received total revenue and support greater than \$250,000 X Audit Report if you received total revenue and support greater than \$750,000 No Review Report or Audit Report is required because total revenue and support greater than \$750,000 No Review Report or Audit Report is Report or Report or Audit Report is Report or Report or Audit Report is Report or Re	00 and up to \$750,000.  Doort is less than \$250,000
Calculate Your Fee	
For 7A and DUAL filers, calculate the 7A fee:	Is my Registration Category 7A, EPTL, DUAL or EXEMPT? Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:
\$0, if you checked the 7A exemption in Part 3a  X \$25, if you did not check the 7A exemption in Part 3a	<b>7A</b> filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")
For EPTL and DUAL filers, calculate the EPTL fee:	<b>EPTL</b> filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.
\$0, if you checked the EPTL exemption in Part 3b \$25, if the NET WORTH is less than \$50,000	<b>DUAL</b> filers are registered under both 7A and EPTL.
\$50, if the NET WORTH is \$50,000 or more but less than \$250,000 \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000 \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000 \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$1500, if the NET WORTH is \$50,000,000 or more	<b>EXEMPT</b> filers have registered with the NY Charities Bureau and meet conditions in <b>Schedule E - Registration Exemption for Charitable Organizations</b> . These organizations are not required to file annual financial reports but may do so voluntarily.
	Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com
Send Your Filing Send your CHAR500, all schedules and attachments, and total fee to:	Where do I find my organization's NET WORTH?  NET WORTH for fee purposes is calculated on:
NYS Office of the Attorney General Charities Bureau Registration Section 120 Broadway	- IRS Form 990 Part I, line 22 - IRS Form 990 EZ Part I, line 21 - IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and

New York, NY 10271

668461 12-29-16 1019 CHAR500 Annual Filing for Charitable Organizations (Updated December 2016)

Total Liabilities (Part II, line 23(b)).