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CLIENT'S COPY



THE ENGLISH-SPEAKING UNION OF THE UNITED
STATES - NATIONAL HEADQUARTERS
144 east 39th Street
NEW YORK, NY 10016

Enclosed is the organization's 2015 Exempt Organization
return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. The return
has been transmitted electronically to the IRS and no further
action is required.

We sincerely appreciate the opportunity to serve you. Please
contact us if you have any questions concerning the tax
return.

A copy of the return is enclosed for your files. We suggest
that you retain this copy indefinitely.

THE ENGLISH-SPEAKING UNION OF THE UNITED
STATES - NATIONAL HEADQUARTERS
144 east 39th Street
NEW YORK, NY 10016

Enclosed are the 2015 Exempt Organization returns, as
follows...

2015 Form 990

2015 New York Form CHAR500

Instructions for filing the above forms are furnished for
easy reference. Your copies should be retained for your
files.

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2016

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 due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has qualified for electronic filing. The return has been transmitted electronically to the IRS and no further action is required.

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2015, or fiscal year beginning **JUL 1**, 2015, and ending **JUN 30**, 20**16**

▶ Do not send to the IRS. Keep for your records.

► Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

2015

Name of exempt organization

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

Employer identification number	
--------------------------------	--

13-1623995

Name and title of officer

CHRISTOPHER BROADWELL
EXECUTIVE DIRECTOR

Part I	Type of Return and Return Information (Whole Dollars Only)
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Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here <input checked="checked" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>2,340,139.</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II	Declaration and Signature Authorization of Officer
----------------	---

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize PKF O'CONNOR DAVIES, LLP to enter my PIN 10016
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ► Date ►

Part III	Certification and Authentication
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ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

26242303218

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ► PKF O'CONNOR DAVIES, LLP Date ► 05/15/17

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

Form **990**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

2015Open to Public
Inspection**A** For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE ENGLISH-SPEAKING UNION OF THE UNITED STATES - NATIONAL HEADQUARTERS Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 144 EAST 39TH STREET City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10016 F Name and address of principal officer: CHRISTOPHER BROADWELL SAME AS C ABOVE	D Employer identification number 13-1623995 E Telephone number (212) 879-6800 G Gross receipts \$ 8,138,487. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ 1899
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: ▶ WWW.ESUUS.ORG K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation: 1920 M State of legal domicile: DE		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE ENGLISH-SPEAKING UNION (ESU) EMPLOYS ENGLISH AS A CATALYST TO FOSTER GLOBAL UNDERSTANDING AND 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 30 4 Number of independent voting members of the governing body (Part VI, line 1b) 30 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 17 6 Total number of volunteers (estimate if necessary) 3175 7a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7b Net unrelated business taxable income from Form 990-T, line 34 0.																									
Revenue	8 Contributions and grants (Part VIII, line 1h) 536,266. 9 Program service revenue (Part VIII, line 2g) 475,293. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 840,673. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -2,283. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,849,949.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:35%; text-align: right;">Prior Year</th> <th style="width:35%; text-align: right;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">536,266.</td> <td style="text-align: right;">1,200,637.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">475,293.</td> <td style="text-align: right;">502,067.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">840,673.</td> <td style="text-align: right;">562,088.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">-2,283.</td> <td style="text-align: right;">75,347.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">1,849,949.</td> <td style="text-align: right;">2,340,139.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	536,266.	1,200,637.	9 Program service revenue (Part VIII, line 2g)	475,293.	502,067.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	840,673.	562,088.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-2,283.	75,347.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,849,949.	2,340,139.						
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Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 28,314. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,035,496. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 140,173. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,004,741. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,068,551. 19 Revenue less expenses. Subtract line 18 from line 12 -218,602.	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td>13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)</td> <td style="text-align: right;">28,314.</td> <td style="text-align: right;">45,122.</td> </tr> <tr> <td>14 Benefits paid to or for members (Part IX, column (A), line 4)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</td> <td style="text-align: right;">1,035,496.</td> <td style="text-align: right;">1,040,388.</td> </tr> <tr> <td>16a Professional fundraising fees (Part IX, column (A), line 11e)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>b Total fundraising expenses (Part IX, column (D), line 25) ▶ 140,173.</td> <td></td> <td></td> </tr> <tr> <td>17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)</td> <td style="text-align: right;">1,004,741.</td> <td style="text-align: right;">1,147,579.</td> </tr> <tr> <td>18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)</td> <td style="text-align: right;">2,068,551.</td> <td style="text-align: right;">2,233,089.</td> </tr> <tr> <td>19 Revenue less expenses. Subtract line 18 from line 12</td> <td style="text-align: right;">-218,602.</td> <td style="text-align: right;">107,050.</td> </tr> </tbody> </table>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	28,314.	45,122.	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,035,496.	1,040,388.	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 140,173.			17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,004,741.	1,147,579.	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,068,551.	2,233,089.	19 Revenue less expenses. Subtract line 18 from line 12	-218,602.	107,050.
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Net Assets or Fund Balances	20 Total assets (Part X, line 16) 16,895,175. 21 Total liabilities (Part X, line 26) 415,236. 22 Net assets or fund balances. Subtract line 21 from line 20 16,479,939.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:35%; text-align: right;">Beginning of Current Year</th> <th style="width:35%; text-align: right;">End of Year</th> </tr> </thead> <tbody> <tr> <td>20 Total assets (Part X, line 16)</td> <td style="text-align: right;">16,895,175.</td> <td style="text-align: right;">15,843,971.</td> </tr> <tr> <td>21 Total liabilities (Part X, line 26)</td> <td style="text-align: right;">415,236.</td> <td style="text-align: right;">190,020.</td> </tr> <tr> <td>22 Net assets or fund balances. Subtract line 21 from line 20</td> <td style="text-align: right;">16,479,939.</td> <td style="text-align: right;">15,653,951.</td> </tr> </tbody> </table>		Beginning of Current Year	End of Year	20 Total assets (Part X, line 16)	16,895,175.	15,843,971.	21 Total liabilities (Part X, line 26)	415,236.	190,020.	22 Net assets or fund balances. Subtract line 21 from line 20	16,479,939.	15,653,951.												
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Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer CHRISTOPHER BROADWELL, EXECUTIVE DIRECTOR Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name GARRETT M. HIGGINS Preparer's signature GARRETT M. HIGGINS Date 05/15/17 Check <input type="checkbox"/> if self-employed PTIN P00543209 Firm's name ▶ PKF O'CONNOR DAVIES, LLP Firm's address ▶ 665 FIFTH AVENUE NEW YORK, NY 10022 Firm's EIN ▶ 27-1728945 Phone no. (212) 286-2600	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

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

Form 990 (2015)

13-1623995 Page 2

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III ☒ X

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 ☒ 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 ☒ 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 \$ 275,817. including grants of \$) (Revenue \$ 185,867.)
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 \$ 111,855. including grants of \$ 45,122.) (Revenue \$ 44,028.)
NATIONAL SHAKESPEARE COMPETITION:

THE ENGLISH-SPEAKING UNION NATIONAL SHAKESPEARE COMPETITION IS A
SCHOOL-BASED PROGRAM FOR TEACHERS DESIGNED TO DEVELOP SPEAKING SKILLS,
CRITICAL THINKING, AND AN APPRECIATION FOR LITERATURE. STUDENTS READ,
ANALYZE, PERFORM, AND RECITE SHAKESPEARE MONOLOGUES AND SONNETS IN
THREE QUALIFYING STAGES: AT THE SCHOOL, COMMUNITY, AND NATIONAL LEVELS.
IT IS THE ONLY NATIONAL SHAKESPEARE COMPETITION EXCLUSIVELY FOR HIGH
SCHOOL STUDENTS.

THE 33RD ANNUAL ENGLISH-SPEAKING UNION NATIONAL SHAKESPEARE COMPETITION
OCCURRED ON MAY 2, 2016 ON STAGE AT LINCOLN CENTER THEATER IN NEW YORK

4c (Code:) (Expenses \$ 75,846. including grants of \$) (Revenue \$ 122,518.)
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 \$ 1,058,214. including grants of \$) (Revenue \$ 149,654.)

4e Total program service expenses 1,521,732.

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

Form 990 (2015)

13-1623995 Page **3**

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Form **990** (2015)

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

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Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>		X
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
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? <i>If "Yes," complete Schedule L, Part III</i>		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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c 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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		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	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	21	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	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	17	
b	If at 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 e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any 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 account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
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 organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) 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		
11	Section 501(c)(12) organizations. Enter:		
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		
13	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		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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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.

Check if Schedule O contains a response or note to any line in this Part VI ☒ **X**

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 30		
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.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 30		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6	X	
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?	7a	X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 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	9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X	
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X	
13 Did the organization have a written whistleblower policy?	13	X	
14 Did the organization have a written document retention and destruction policy?	14	X	
15 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?			
a The organization's CEO, Executive Director, or top management official	15a	X	
b Other officers or key employees of the organization	15b		X
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 taxable entity during the year?	16a		X
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?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **►NY**

18 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.
☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 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
144 EAST 39TH STREET, NEW YORK, NY 10016

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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.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) E. QUINN PEEPER PRESIDENT	3.00	X		X				0.	0.	0.
(2) HOLLISTER STURGES TREASURER	3.00	X		X				0.	0.	0.
(3) PAUL BERESFORD-HILL CHAIRMAN	3.00	X		X				0.	0.	0.
(4) LAURA J. PHELPS VICE CHAIR	3.00	X		X				0.	0.	0.
(5) ANNE DUPONT WESTBROOK DIRECTOR THRU 12/1/2015	3.00	X						0.	0.	0.
(6) CHARLES D. REAVES DIRECTOR	3.00	X						0.	0.	0.
(7) CHRISTOPHER HODGKINS DIRECTOR	3.00	X						0.	0.	0.
(8) CHRISTOPHER MEDALIS DIRECTOR	3.00	X						0.	0.	0.
(9) DARRELL W. HILL DIRECTOR	3.00	X						0.	0.	0.
(10) DONALD BEST DIRECTOR	3.00	X						0.	0.	0.
(11) F. DAVID GRISSET DIRECTOR	3.00	X						0.	0.	0.
(12) GEORGE T. WILLIAMSON DIRECTOR	3.00	X						0.	0.	0.
(13) GLORIA B. NORRIS REGION 2 CHAIRMAN	3.00	X						0.	0.	0.
(14) HENRY WILLIAMS III DIRECTOR	3.00	X						0.	0.	0.
(15) JAMES W. KERR, JR. REGION 7 CHAIRMAN	3.00	X						0.	0.	0.
(16) JAN SLEE DIRECTOR	3.00	X						0.	0.	0.
(17) JEFFREY L. SCHNABEL REGION 6 CHAIRMAN	3.00	X						0.	0.	0.

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KAREN BLAIR BRAND DIRECTOR	3.00	X						0.	0.	0.
(19) LOVEDAY L. CONQUEST DIRECTOR	3.00	X						0.	0.	0.
(20) M. CHRISTINE CARTY DIRECTOR	3.00	X						0.	0.	0.
(21) MARY ALICE PHELAN REGION 5 CHAIRMAN	3.00	X						0.	0.	0.
(22) JOSIAH BUNTING, III DIRECTOR	3.00	X						0.	0.	0.
(23) PAUL HAIGNEY DIRECTOR	3.00	X						0.	0.	0.
(24) POLLY W. COX DIRECTOR	3.00	X						0.	0.	0.
(25) T. HOKE HUSS DIRECTOR	3.00	X						0.	0.	0.
(26) ELLEN LECOMPTE REGION 4 CHAIRMAN THRU 10/5/2016	3.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								233,179.	0.	31,395.
d Total (add lines 1b and 1c)								233,179.	0.	31,395.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **2**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) DONNA MILLER DIRECTOR	3.00	X						0.	0.	0.
(28) PETER FREY DIRECTOR	3.00	X						0.	0.	0.
(29) JULIA HANSEN DIRECTOR	3.00	X						0.	0.	0.
(30) SUSAN SINCLAIR DIRECTOR	3.00	X						0.	0.	0.
(31) PHILIP SJOGREN DIRECTOR	3.00	X						0.	0.	0.
(32) ROGER STACEY DIRECTOR	3.00	X						0.	0.	0.
(33) CHRISTOPHER BROADWELL EXEC DTR/SECRETARY	40.00			X				130,285.	0.	19,169.
(34) EDWARD MOHYLOWSKI DEPUTY EXECUTIVE DIRECTOR	40.00					X		102,894.	0.	12,226.
Total to Part VII, Section A, line 1c								233,179.		31,395.

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Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b	149,398.					
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,051,239.					
	g Noncash contributions included in lines 1a-1f: \$		7,464.					
	h Total. Add lines 1a-1f							1,200,637.
Program Service Revenue			Business Code					
	2 a EDUCATION FEES		611710	433,594.	433,594.			
	b SPEAKERS AND CONFERENCES		611710	36,931.	36,931.			
	c BOOK SERVICES		611710	31,542.	31,542.			
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f			502,067.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			305,082.			305,082.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	(i) Real	(ii) Personal					
		9,700.						
		b Less: rental expenses	0.					
		c Rental income or (loss)	9,700.					
	d Net rental income or (loss)			9,700.			9,700.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		6,055,354.						
		b Less: cost or other basis and sales expenses	5,798,348.					
		c Gain or (loss)	257,006.					
	d Net gain or (loss)			257,006.			257,006.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a						
		b Less: direct expenses	b					
		c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	a						
		b Less: direct expenses	b					
c Net income or (loss) from gaming activities								
10 a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a OTHER INCOME		900099	65,647.			65,647.		
	b							
	c							
	d All other revenue							
e Total. Add lines 11a-11d			65,647.					
12 Total revenue. See instructions.			2,340,139.	502,067.	0.	637,435.		

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	45,122.	45,122.		
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, trustees, and key employees	148,444.	101,539.	37,465.	9,440.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	753,341.	482,288.	199,116.	71,937.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	42,181.	28,270.	9,009.	4,902.
9 Other employee benefits	25,519.	17,072.	5,362.	3,085.
10 Payroll taxes	70,903.	47,704.	15,660.	7,539.
11 Fees for services (non-employees):				
a Management				
b Legal	38,617.	9,654.	28,963.	
c Accounting	76,679.	19,170.	57,509.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	74,757.		74,757.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	165,871.	123,389.	34,644.	7,838.
12 Advertising and promotion	5,218.	5,135.	74.	9.
13 Office expenses	120,679.	73,409.	26,021.	21,249.
14 Information technology	8,825.	4,567.	3,157.	1,101.
15 Royalties				
16 Occupancy	45,196.	29,083.	11,304.	4,809.
17 Travel	168,873.	153,070.	14,157.	1,646.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,420.	2,328.	92.	
20 Interest	4,430.	1,108.	3,322.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	108,254.	86,603.	16,238.	5,413.
23 Insurance	35,781.	9,536.	26,245.	
24 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 O.)				
a BRITISH SUMMER INSTITUT	246,956.	246,956.		
b EQUIPMENT MAINTENANCE	18,008.	9,720.	7,262.	1,026.
c PRIZES & AWARDS	14,389.	14,389.		
d SPEAKER EXPENSES	10,965.	10,965.		
e All other expenses	1,661.	655.	827.	179.
25 Total functional expenses. Add lines 1 through 24e	2,233,089.	1,521,732.	571,184.	140,173.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

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

Form 990 (2015)

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	102,251.	1	109,750.
	2 Savings and temporary cash investments	939,260.	2	405,570.
	3 Pledges and grants receivable, net	8,260.	3	386,631.
	4 Accounts receivable, net	8,685.	4	9,848.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	4,763.	9	7,203.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	4,521,451.		
	b Less: accumulated depreciation	1,382,842.		
	11 Investments - publicly traded securities	3,205,531.	10c	3,138,609.
	12 Investments - other securities. See Part IV, line 11	12,600,162.	11	11,769,879.
	13 Investments - program-related. See Part IV, line 11	26,263.	12	16,481.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 34)	16,895,175.	15	15,843,971.	
Liabilities	17 Accounts payable and accrued expenses	249,134.	16	184,154.
	18 Grants payable		17	
	19 Deferred revenue		18	
	20 Tax-exempt bond liabilities		19	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21	
	23 Secured mortgages and notes payable to unrelated third parties	151,000.	22	1,000.
	24 Unsecured notes and loans payable to unrelated third parties		23	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	15,102.	24	4,866.
	26 Total liabilities. Add lines 17 through 25	415,236.	25	190,020.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	15,164,117.	26	14,057,735.
	28 Temporarily restricted net assets	813,307.	27	1,083,631.
	29 Permanently restricted net assets	502,515.	28	512,585.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		29	
	31 Paid-in or capital surplus, or land, building, or equipment fund		30	
	32 Retained earnings, endowment, accumulated income, or other funds		31	
	33 Total net assets or fund balances	16,479,939.	32	15,653,951.
	34 Total liabilities and net assets/fund balances	16,895,175.	33	15,843,971.

Form **990** (2015)

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

Form 990 (2015)

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,340,139.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,233,089.
3	Revenue less expenses. Subtract line 2 from line 1	3	107,050.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16,479,939.
5	Net unrealized gains (losses) on investments	5	-933,038.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	15,653,951.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b	Were the organization's financial statements audited by an independent accountant? _____ 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X
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 Act and OMB Circular A-133? _____	3a	X
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 _____	3b	

Form **990** (2015)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2015

Open to Public Inspection

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization **THE ENGLISH-SPEAKING UNION OF THE UNITED STATES - NATIONAL HEADQUARTERS** Employer identification number **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 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ 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)**.
- 4 ☐ 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: _____
- 5 ☐ 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)**.
- 7 ☐ 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.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☒ 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.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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.**
- 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.**
- 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.**
- d ☐ **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.**
- e ☐ 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.

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization'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						
5 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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4						
8 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 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2015

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

(Complete only if you checked the box on line 9 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	319,427.	958,067.	574,905.	536,266.	1,200,637.	3,589,302.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	214,561.	246,558.	271,352.	475,293.	502,067.	1,709,831.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization'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	533,988.	1,204,625.	846,257.	1,011,559.	1,702,704.	5,299,133.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	26,100.	31,480.	66,925.	70,460.	75,543.	270,508.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b	26,100.	31,480.	66,925.	70,460.	75,543.	270,508.
8 Public support. (Subtract line 7c from line 6.)						5,028,625.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6	533,988.	1,204,625.	846,257.	1,011,559.	1,702,704.	5,299,133.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	404,207.	414,681.	373,070.	369,239.	314,782.	1,875,979.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	404,207.	414,681.	373,070.	369,239.	314,782.	1,875,979.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	22,759.	52,468.		9,106.	65,647.	149,980.
13 Total support. (Add lines 9, 10c, 11, and 12.)	960,954.	1,671,774.	1,219,327.	1,389,904.	2,083,133.	7,325,092.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	68.65 %
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	62.70 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	25.61 %
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	30.80 %

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
b A family member of a person described in (a) above?		
c 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 .		

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.		
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, supervised, or controlled the supporting organization.		

Section 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 the supported organization(s).		

Section D. All Type III Supporting Organizations

	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 organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported 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).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a 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.		

Section 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):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a 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.	Yes	No
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.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a 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 .		
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.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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		
Section 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		
e 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		
Section 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 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2015

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
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 organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2015 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				
b				
c				
d	From 2013			
e	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2016. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
c	Excess from 2013			
d	Excess from 2014			
e	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; 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, 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:**MISCELLANEOUS**

2011 AMOUNT: \$ 22,759.

2012 AMOUNT: \$ 52,468.

2014 AMOUNT: \$ 9,106.

2015 AMOUNT: \$ 65,647.

Schedule A

Payments from Disqualified Persons Included on Part III, Line 7a

2015

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2011 Amount	2012 Amount	2013 Amount	2014 Amount	2015 Amount
ALICE BOYNE	0.	0.	85.	0.	0.
ALICE DUPONT WESTBROOK	0.	0.	0.	1,025.	0.
ALICE J. IRBY	500.	550.	1,285.	785.	300.
BARBARA KIFFMEYER	500.	0.	1,130.	500.	0.
BARBARA WILLETTE	100.	500.	600.	0.	0.
CHARLES REAVES	0.	0.	2,400.	1,550.	1,535.
CHRISTOPHER MEDALIS	500.	750.	1,000.	1,500.	1,750.
CHRISTINE CARTY	500.	750.	1,500.	1,550.	2,250.
CHRISTOPHER BROADWELL	0.	0.	600.	0.	0.
CHRISTOPHER HODGKINS	0.	500.	580.	550.	985.
COURTNEY PITT	0.	300.	750.	0.	0.
DARRELL W. HILL	10,500.	1,640.	1,205.	750.	570.
MARIE D. THORNBURG	800.	850.	0.	0.	1,610.
DONALD BEST	0.	0.	0.	10,000.	485.
DR. CHAS. TREADWAY	0.	500.	175.	0.	0.
DR. E. QUINN PEEPER	2,500.	10,000.	15,000.	9,600.	13,145.
F. DAVID GRISSET	0.	0.	500.	500.	960.
GEORGE WILLIAMSON	0.	2,000.	1,600.	500.	4,455.
GLORIA B. NORRIS	0.	0.	1,235.	500.	500.
HENRY P. WILLIAMS, III	300.	550.	100.	150.	500.
HOLLISTER STURGES, III	0.	500.	950.	775.	500.
JAMES KERR	300.	300.	915.	500.	1,735.
JAN SLEE	0.	0.	0.	425.	1,660.
JEAN BRUCE POOLE	500.	500.	950.	0.	0.
Total to Schedule A, Part III, Line 7a					

Schedule A**Payments from Disqualified Persons
Included on Part III, Line 7a****2015****** Do Not File ********* Not Open to Public Inspection *****

Payer's Name	2011 Amount	2012 Amount	2013 Amount	2014 Amount	2015 Amount
JEAN PAUL ELARD	500.	790.	1,080.	0.	200.
JEFFREY SCHNABEL	0.	0.	2,560.	775.	2,055.
JEREMY WOAN	1,000.	2,500.	5,450.	0.	0.
JOHN RAMPE	500.	500.	500.	0.	0.
JOSIAH BUNTING III	0.	0.	11,150.	9,600.	0.
KAREN BLAIR-BRAND	0.	0.	0.	350.	1,063.
LAURA PHELPS	0.	0.	250.	5,000.	1,235.
LOVEDAY CONQUEST	0.	0.	2,270.	1,025.	2,570.
MARK STOLLAR	0.	0.	375.	0.	0.
MARY B. PHELAN	0.	0.	500.	775.	500.
MR & MRS J. JONES	1,000.	1,000.	150.	0.	0.
PATRICIA SCHROEDER	4,000.	500.	0.	0.	0.
PAUL BERESFORD HILL	0.	0.	0.	10,000.	5,485.
PAUL HAIGNEY	0.	0.	0.	6,000.	5,500.
PHILIP COX	0.	1,000.	0.	0.	0.
POLLY W. COX	0.	0.	2,600.	3,275.	2,785.
RAYMOND VICKERS	0.	600.	300.	0.	0.
RICHARD BIERNACKI	300.	300.	500.	0.	0.
RICHARD KNIGHT, JR.	0.	500.	75.	0.	0.
THOMAS HUSS	1,000.	1,000.	2,970.	1,500.	1,050.
VIVIEN H. GURFEIN	800.	500.	1,865.	0.	0.
WILLIAM B. MASCHMEIER	0.	1,100.	1,770.	1,000.	2,085.
WILLIAM R. MILLER	0.	1,000.	0.	0.	10,000.
DONNA M. MILLER	0.	0.	0.	0.	585.
Total to Schedule A, Part III, Line 7a					

Schedule A**Payments from Disqualified Persons
Included on Part III, Line 7a****2015****** Do Not File ********* Not Open to Public Inspection *****

Payer's Name	2011 Amount	2012 Amount	2013 Amount	2014 Amount	2015 Amount
ELLEN P. LECOMPTE	0.	0.	0.	0.	1,035.
JULIA HANSEN	0.	0.	0.	0.	2,985.
ROGER F. STACEY	0.	0.	0.	0.	500.
SUSAN R. SINCLAIR	0.	0.	0.	0.	1,000.
MARY ALICE PHELAN	0.	0.	0.	0.	1,970.
Total to Schedule A, Part III, Line 7a	26,100.	31,480.	66,925.	70,460.	75,543.

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.

OMB No. 1545-0047

2015**Name of the organization**THE ENGLISH-SPEAKING UNION OF THE UNITED
STATES - NATIONAL HEADQUARTERS**Employer identification number**

13-1623995

Organization type(check one):**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.**Special Rules**☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).**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) (2015)**

Name of organization THE ENGLISH-SPEAKING UNION OF THE UNITED STATES - NATIONAL HEADQUARTERS	Employer identification number 13-1623995
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE AXE-HOUGHTON FOUNDATION C/O FOUNDATION SOURCE, 55 WALLS DRIVE FAIRFIELD, CT 06824	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CNC FOUNDATION 1423 HAMILTON AVENUE PALO ALTO, CA 94301-3150	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	DR. E. QUINN PEEPER 1121 DELACHAISE STREET NEW ORLEANS, LA 70115	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	FOUNDATION TO PROMOTE OPEN SOCIETY 224 WEST 57TH STREET NEW YORK, NY 10019	\$ 578,821.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	LAURENCE C. MORSE, PHD 160 GUINEA ROAD STAMFORD, CT 06903	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	MR. WILLIAM R. MILLER CBE THE LOMBARDY, 111 E. 56TH ST. STE. 211 NEW YORK, NY 10022	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE ENGLISH-SPEAKING UNION OF THE UNITED STATES - NATIONAL HEADQUARTERS	Employer identification number 13-1623995
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	MR. ANDREW ROMAY 200 WEST 86TH STREET, APT. 20-D NEW YORK, NY 10024	\$ 174,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	THE T. ROWE PRICE PROGRAM FOR CHARITABLE GIVING P.O. BOX 17115 BALTIMORE, MD 21297	\$ 9,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	THE MOUNTBATTEN INSTITUTE 50 EAST 42ND STREET, SUITE 200 NEW YORK, NY 10017	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	F. M. KIRBY FOUNDATION, INC. 17 DEHART STREET, PO BOX 151 MORRISTOWN, NJ 07963	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	MR. PAUL J. HAIGNEY LAZARD, 4 EMBARCADERO CENTER SAN FRANCISCO, CA 94111	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	MR & MRS ROBERT P. MORSE 860 UNITED NATIONS PLAZA NEW YORK, NY 10017	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE ENGLISH-SPEAKING UNION OF THE UNITED STATES - NATIONAL HEADQUARTERS	Employer identification number 13-1623995
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	BRISTOL-MYERS SQUIBB FOUNDATION 300 BRICKSTONE SQUARE, SUITE 601 ANDOVER, MA 01810	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	HENRY E. NILES FOUNDATION C/O SMITH & GRANT; 9 GREENWICH OFFICE PK, 3RD FL. GREENWICH, CT 06831	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	DR. PAUL BERESFORD-HILL CBE KST. K 50 EAST 42ND STREET, SUITE 200 NEW YORK, NY 10017	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	FAIRVIEW CAPITAL PARTNERS 75 ISHAM ROAD, SUITE 200 WEST HARTFORD, CT 06107	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	MS. GINA GOLDHAMMER 284 LOCHA DRIVE JUPITER, FL 33458	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	ROBERT AND ARDIS JAMES FOUNDATION 521 FIFTH AVENUE, SUITE 1804 NEW YORK, NY 10175	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE ENGLISH-SPEAKING UNION OF THE UNITED STATES - NATIONAL HEADQUARTERS	Employer identification number 13-1623995
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	THE HEARST FOUNDATIONS 300 WEST 57TH STREET, 26TH FL NEW YORK, NY 10019	\$ 75,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

13-1623995

Part II

[illegible]

Name of organization

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

Employer identification number

13-1623995

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(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 www.irs.gov/form990.**

OMB No. 1545-0047

2015

Open to Public Inspection

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

Part 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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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 impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during 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)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2015

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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	13,282,711.	13,038,864.	11,273,571.	10,318,760.	10,461,175.
b Contributions	75,565.	61,161.	73,228.	95,255.	120,015.
c Net investment earnings, gains, and losses	-370,979.	897,545.	2,347,911.	1,493,405.	365,866.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,032,650.	649,245.	609,559.	580,783.	565,368.
f Administrative expenses	74,757.	65,614.	46,287.	53,066.	62,928.
g End of year balance	11,879,890.	13,282,711.	13,038,864.	11,273,571.	10,318,760.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☒ 90.51 %
 b Permanent endowment ☒ 4.31 %
 c Temporarily restricted endowment ☒ 5.17 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		930,900.		930,900.
b Buildings		3,453,042.	1,260,500.	2,192,542.
c Leasehold improvements				
d Equipment		137,509.	122,342.	15,167.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,138,609.

Schedule D (Form 990) 2015

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

Schedule D (Form 990) 2015

13-1623995 Page **3**

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-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.) ►		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) CAPITAL LEASES	4,866.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	4,866.	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 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) 2015

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	1,384,817.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-933,038.
b	Donated services and use of facilities	2b	52,500.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-880,538.
3	Subtract line 2e from line 1	3	2,265,355.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	74,757.
b	Other (Describe in Part XIII.)	4b	27.
c	Add lines 4a and 4b	4c	74,784.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,340,139.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	2,210,805.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	52,500.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	52,500.
3	Subtract line 2e from line 1	3	2,158,305.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	74,757.
b	Other (Describe in Part XIII.)	4b	27.
c	Add lines 4a and 4b	4c	74,784.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,233,089.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:**INTENDED USES OF ENDOWMENT FUNDS****THE INTENDED USES OF THE ENDOWMENT FUND ARE AS FOLLOWS:**

BOARD DESIGNATED ENDOWMENT FUND - THE INVESTMENT INCOME AND CAPITAL

APPRECIATION EARNED FROM THIS FUND MAY BE USED BY ESU FOR ITS UNRESTRICTED

PURPOSES. THE ACCUMULATED INVESTMENT INCOME AND CAPITAL APPRECIATION NET

OF TRANSFERS TO CURRENT OPERATIONS ARE REPORTED AS UNRESTRICTED

BOARD-DESIGNATED ENDOWMENT NET ASSETS.

LUCY DOLBIAC LUARD 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

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:

THE ENGLISH-SPEAKING UNION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. MANAGEMENT HAS DETERMINED THAT THE ENGLISH-SPEAKING UNION HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT DISCLOSURE OR RECOGNITION. THE ENGLISH-SPEAKING UNION IS NO LONGER SUBJECT TO AUDITS BY THE APPLICABLE TAXING JURISDICTIONS FOR PERIODS PRIOR TO JUNE 30, 2013.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

BANK INTEREST RECLASS REPORTED IN PART VIII, LINE 3 27.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

BANK INTEREST RECLASS REPORTED IN PART VIII, LINE 3 27.

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.**

OMB No. 1545-0047

2015

**Open to Public
Inspection**

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

Employer identification number
13-1623995

Part I General Information on Grants and Assistance

- 1** 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 criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**
- 2** 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 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) (2015)

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

13-1623995

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
RECIPIENT OF THE LUARD MORSE SCHOLARSHIPS: FULL TUITION AND STIPEND FOR LIVING EXPENSES IN THE UNITED KINGDOM FOR 1 SEMESTER	2	45,122.	0.		

Part IV **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.

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 www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization THE ENGLISH-SPEAKING UNION OF THE UNITED STATES - NATIONAL HEADQUARTERS	Employer identification number 13-1623995
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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, BOX B:

THE ORGANIZATION AMENDED ITS RETURN TO REFLECT THE FOLLOWING CHANGES:

1. REVISED PART I, LINE 1 FOR THE MOST SIGNIFICANT ACTIVITIES FOR THE PAST FISCAL YEAR
2. REVISED PART III, LINE 1 FOR THE ORGANIZATION'S MISSION STATEMENT
3. REVISED THE DESCRIPTIONS IN PART III, LINES 4A - 4D FOR THE ORGANIZATION'S PROGRAM ACCOMPLISHMENTS DURING FISCAL YEAR 2016.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ESU MEMBERS WORK TOGETHER LOCALLY AND NATIONALLY THROUGH A VARIETY OF PROGRAMS. ESU NATIONAL PROGRAMS ARE SUPPORTED BY ITS UNRESTRICTED

Name of the organization	THE ENGLISH-SPEAKING UNION OF THE UNITED STATES - NATIONAL HEADQUARTERS	Employer identification number	13-1623995
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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 ESU ACTIVITIES AND EVENTS WHILE THEY PROVIDE FINANCIAL AND VOLUNTEER SUPPORT TO SUSTAIN ESU EDUCATIONAL PROGRAMS.

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

PRIORITIES AND COURSE OF ACTION. DURING THE 2016 FISCAL YEAR, ARNIC CONTINUED TO BUILD ON THE MOMENTUM BEGUN IN PREVIOUS YEARS, PARTICULARLY WITH REGARDS TO ITS PROGRAM PARTNERSHIPS WITH ORGANIZATIONS INCLUDING STREETWISE PARTNERS AND THE NEW YORK JUNIOR LEAGUE BOTH OF WHICH HAVE LAID THE FOUNDATION FOR AN ONGOING SPECIAL BUSINESS MENTORSHIP PROGRAM TO PAIR RECENT IMMIGRANTS WITH AMERICAN PROFESSIONALS.

IN MAY 2016, THE THIRD ANNUAL ARNIC GRADUATION CEREMONY WAS HOSTED BY OPEN SOCIETY FOUNDATIONS, A MAJOR DONOR TO THE PROGRAM. GRADUATION SPEAKERS INCLUDED HASAN MINHAJ OF THE DAILY SHOW, AND, ON BEHALF OF HER FELLOW GRADUATES, MS. FALONNE BELJUBY BILLY DEMBI, ORIGINALLY FROM THE REPUBLIC OF THE CONGO. IN FISCAL YEAR 2016 ALONE, THERE WERE 365 ARNIC MEMBERS. SINCE ITS LAUNCH IN 2013, ARNIC HAS SERVED MORE THAN 500 RECENT IMMIGRANTS FROM 66 COUNTRIES OF ORIGIN.

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

AND DREW 55 NATIONWIDE WINNERS OF ESU BRANCH COMPETITIONS. THE FIRST-PLACE WINNER FROM HAWAII WON A FULL SCHOLARSHIP TO THE ROYAL ACADEMY OF DRAMATIC ART YOUNG ACTORS SUMMER SCHOOL IN LONDON, ENGLAND.

THE RUNNER-UP, REPRESENTING THE GREENWICH BRANCH OF THE ESU, WON A FULL

Name of the organization	THE ENGLISH-SPEAKING UNION OF THE UNITED STATES - NATIONAL HEADQUARTERS	Employer identification number	13-1623995
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SCHOLARSHIP TO THE AMERICAN SHAKESPEARE CENTER THEATRE CAMP IN STAUNTON, VIRGINIA. TO HONOR THE EVENT, THE HONORABLE BILL DE BLASIO, MAYOR OF THE CITY OF NEW YORK, CITED THE SHAKESPEARE COMPETITION'S 33RD SEASON, AND PROCLAIMED MAY 2ND WILLIAM SHAKESPEARE DAY IN NEW YORK CITY.

THE NATIONAL SHAKESPEARE COMPETITION PARTICIPATED IN SHAKESPEARE400, THE INTERNATIONAL YEARLONG OBSERVANCE OF SHAKESPEARE'S LIFE, LEGACY, AND WORK IN HONOR OF THE QUADRICENTENNIAL OF SHAKESPEARE'S DEATH.

FOUNDED IN 1983, THE ESU NATIONAL SHAKESPEARE COMPETITION HAS SERVED MORE THAN 300,000 HIGH SCHOOL STUDENTS. ANNUALLY, THE PROGRAM REACHES MORE THAN 21,500 STUDENTS IN 850 COMPETITIONS IN 55 ESU BRANCH COMMUNITIES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
ORLEANS (LA) UNDERTAKE THE PROGRAM. THIS YEAR, ENGLISH IN ACTION ENGAGED OVER 400 TUTORS AND NEARLY 700 STUDENTS FROM SOME 65 COUNTRIES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
BRITISH UNIVERSITY SUMMER SCHOOL (BUSS) 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 NEARLY 60 YEARS, ESU BUSS 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

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PROGRAM HAS SENT MORE THAN 2,500 AMERICAN HIGH SCHOOL AND MIDDLE SCHOOL TEACHERS TO SUMMER STUDY IN GREAT BRITAIN. IN FISCAL YEAR 2015-2016, IT PROVIDED 54 SCHOLARSHIPS.

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 CONTINUES TO GROW SIGNIFICANTLY. THIS YEAR, 50 SCHOOLS - PUBLIC, PRIVATE, PAROCHIAL, AND CHARTER - COMPRISED SIX DEBATE LEAGUES - THREE IN NEW YORK, TWO IN NEW JERSEY, AND ONE IN WASHINGTON, D.C. MORE THAN 1,700 STUDENTS ENGAGED IN WEEKLY AFTER-SCHOOL DEBATE ACTIVITIES TO DEVELOP AND HONE STUDENT'S PUBLIC SPEAKING, CRITICAL THINKING, LISTENING, AND DEBATING SKILLS. PARTICIPATING IN 1,530 INDIVIDUAL DEBATES, OUR PROGRAM HAD A RECORD YEAR FOR PARTICIPATION.

ON APRIL 16TH, THE 2016 ESU MSPDP CHAMPIONSHIP TOURNAMENT (EAST COAST) WAS HELD AT STONE BRIDGE MIDDLE SCHOOL IN ALLENTOWN, NJ. ALL SIX ESU DEBATE LEAGUES PARTICIPATED BRINGING TOGETHER 250 DEBATERS FROM 29 SCHOOLS FROM NEW YORK, NEW JERSEY, VIRGINIA, MARYLAND, AND WASHINGTON, D.C. THROUGHOUT THE CHAMPIONSHIP TOURNAMENT, 216 ROUNDS OF DEBATE TOOK PLACE WITH THE HELP OF MORE THAN 100 VOLUNTEER JUDGES, LOGGING APPROXIMATELY 6,000 MINUTES OF DEBATE. WITH FIVE ROUNDS OF DEBATE, PLUS

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AN ADDITIONAL GRAND PUBLIC DEBATE ON THE TOPIC "JUSTICE ANTONIN SCALIA'S SUPREME COURT CAREER DID MORE GOOD THAN HARM."

SHAKESPEARE TEACHER PROGRAMS

AS PART OF SHAKESPEARE400, THE INTERNATIONAL YEARLONG OBSERVANCE OF SHAKESPEARE'S LIFE, LEGACY, AND WORK IN HONOR OF THE QUADRICENTENNIAL OF HIS DEATH, THE 2016 ESU WORKSHOPS FOCUSED ON TEACHING THE 1623 FIRST FOLIO, THE FIRST COLLECTION OF SHAKESPEARE'S WORKS INCLUDING THE FIRST-KNOWN PRINTING OF MANY OF HIS PLAYS. ESU TEACHING SHAKESPEARE WORKSHOPS UNDERWRITTEN BY ESU BRANCHES TOOK PLACE IN HONOLULU (HI); SYRACUSE (NY); FORT LAUDERDALE (FL); RED BANK (NJ); PROVIDENCE (RI); KANSAS CITY (MO) AND NEW YORK CITY. AMONG THE ESU'S PARTNER ORGANIZATIONS IN THE WORKSHOPS WERE THE KANSAS CITY PUBLIC LIBRARY, THE NEW-YORK HISTORICAL SOCIETY, BROWN UNIVERSITY, LEMOYNE COLLEGE, AND TWO RIVER THEATER OF NJ. ADDITIONALLY, ESU BRANCHES IN CENTRAL FLORIDA, LOS ANGELES, OKLAHOMA CITY, AND TULSA (OK) ORGANIZED INDEPENDENT SUMMER SHAKESPEARE WORKSHOPS FOR TEACHERS.

SINCE ITS INCEPTION IN 2010, THE ESU SHAKESPEARE TEACHER PROGRAMS HAVE SERVED MORE THAN 1,000 EDUCATORS FROM OVER 30 STATES.

ESU LUARD MORSE SCHOLARSHIPS PROVIDE \$25,000 MERIT AWARDS FOR TOP STUDENTS ATTENDING UNITED NEGRO COLLEGE FUND INSTITUTIONS OR HOWARD AND HAMPTON UNIVERSITIES, TO SPEND A SEMESTER OF STUDY AT THE BRITISH UNIVERSITY OF THEIR CHOICE. SCHOLARS HAVE STUDIED AT PRESTIGIOUS BRITISH CENTERS OF LEARNING INCLUDING OXFORD, CAMBRIDGE AND THE LONDON SCHOOL OF ECONOMICS. TALIA SHARPP, A POLITICAL SCIENCE MAJOR, AND ADAYA STURKEY, A BIOLOGY MAJOR, BOTH STUDENTS AT HAMPTON UNIVERSITY IN

Name of the organization	THE ENGLISH-SPEAKING UNION OF THE UNITED STATES - NATIONAL HEADQUARTERS	Employer identification number	13-1623995
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HAMPTON, VA WERE SELECTED AS THIS YEAR'S RECIPIENTS OF THE ENGLISH-SPEAKING UNION LUARD MORSE SCHOLARSHIP. MS. SHARPP STUDIED AT THE UNIVERSITY OF LONDON, AND MS. STURKEY STUDIED AT OXFORD UNIVERSITY. SINCE 1969, THE LUARD MORSE SCHOLARSHIP HAS SENT 77 AFRICAN-AMERICAN SCHOLARS TO 19 BRITISH UNIVERSITIES.

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 SCHOLARS TO SPEND THEIR GAP YEAR AT SELECT US SCHOOLS. IN THIS YEAR, 38 SSE STUDENTS ATTENDED SELECT INDEPENDENT SCHOOLS IN THE UK, US, AND ARGENTINA THROUGH THE PROGRAM. SINCE ITS INCEPTION IN 1928, SOME 6,000 STUDENTS HAVE PARTICIPATED.

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.

THE ESU NATIONAL SPEAKERS PROGRAM PRESENTS PROMINENT LECTURERS IN THE

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FIELDS OF HISTORY, POLITICS, THE ARTS, LITERATURE, AND CURRENT EVENTS IN CITIES ACROSS THE COUNTRY THROUGH THE NETWORK OF ESU BRANCHES. THE ESU NATIONAL ORGANIZATION UNDERWROTE THE EVELYN WRENCH SPEAKER PROGRAM AND PLANNED THEM IN COOPERATION WITH BRANCHES THROUGHOUT THE US. STARTED IN 1920, THE PROGRAM IS NAMED FOR ESU FOUNDER SIR EVELYN WRENCH. THIS YEAR'S WRENCH SPEAKERS INCLUDED RICHARD BUCKLEY OBE, CO-DIRECTOR OF THE UNIVERSITY OF LEICESTER ARCHEOLOGICAL SERVICES; SIMON CLAXTON, RETIRED ENGLISH SCHOOLTEACHER AND FORMER ESU EXCHANGE STUDENT; THE LORD LISVANE KCB, RETIRED CLERK OF THE HOUSE OF COMMONS; ROBERT HULSE, DIRECTOR, LONDON'S BRUNEL MUSEUM; SIR CHRISTOPHER HUM KCMG, FORMER BRITISH AMBASSADOR TO CHINA; PAUL EDMONDSON, HEAD OF RESEARCH AND KNOWLEDGE, SHAKESPEARE BIRTHPLACE TRUST; AND ANDREA MAYS, AUTHOR AND PROFESSOR OF ECONOMICS, CAL STATE UNIVERSITY AT LONG BEACH. THESE SPEAKERS TRAVELLED TO ALL 8 ESU REGIONS AND SPOKE TO 2,477 ESU MEMBERS AT 47 ESU BRANCHES.

THE ESU INTERNATIONAL PUBLIC SPEAKING COMPETITION BRINGS 50 INTERNATIONAL COMPETITORS TO LONDON FOR A WEEK IN WHICH STUDENTS PARTICIPATE IN A RANGE OF ACTIVITIES CENTERED ON BOTH COMMUNICATION AND CULTURAL EXCHANGE. THE ESU SENT SHELBY RAGIN, SOPHOMORE AT THE PEDDIE SCHOOL IN HIGHSTOWN, NJ, TO LONDON TO REPRESENT THE US THIS YEAR. COMPETITORS VISITED AND PARTICIPATED IN WORKSHOPS AT SHAKESPEARE'S GLOBE THEATER, ATTENDED A THEATER PERFORMANCE IN LONDON'S WEST END, AND WORKED WITH SOME OF THE ESU OF THE COMMONWEALTH'S MOST EXPERIENCED SPEECH AND DEBATE MENTORS. SINCE ITS INCEPTION IN 1981, THE COMPETITION HAS SERVED MORE THAN 40,000 YOUNG PEOPLE FROM MORE THAN 50 COUNTRIES AROUND THE GLOBE.

EXPENSES \$ 1,058,214. INCLUDING GRANTS OF \$ 0. REVENUE \$ 149,654.

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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.

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

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:

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

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

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

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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 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. ALL ACTION REGARDING FINANCIAL INTEREST TRANSACTIONS ARE RECORDED IN THE MINUTES OF THE BOARD OR BOARD COMMITTEE.

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

THE ENGLISH-SPEAKING UNION HAS THE FOLLOWING WRITTEN COMPENSATION POLICY FOR THEIR COMPENSATION COMMITTEE TO FOLLOW IN ESTABLISHING THE COMPENSATION FOR THE CEO, EXECUTIVE DIRECTOR, TOP MANAGEMENT OFFICIAL, OTHER OFFICERS OR KEY EMPLOYEES. THE POLICY MANDATES THAT 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 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.

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FORM 990, PART XII, LINE 2C:

THE PROCESS FOR ASSUMING RESPONSIBILITY FOR AUDIT OVERSIGHT AND THE
SELECTION OF AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR
YEAR.



THE ENGLISH-SPEAKING UNION OF THE UNITED
STATES - NATIONAL HEADQUARTERS
144 east 39th Street
NEW YORK, NY 10016

We have prepared and enclosed your 2015 New York Form
CHAR500, Annual Filing Report. The report should be signed,
dated, and mailed as indicated.

NEW YORK FORM CHAR500:

The New York Form CHAR500 should be mailed on or before May
15, 2017 to:

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

Enclose a check or money order for \$775.00, payable to
Department of Law.

The report should be signed and dated by the authorized
individual(s).

The attached copy of federal Form 990 must be properly signed
and dated.

A copy of the return is enclosed for your files. We suggest
that you retain this copy indefinitely.

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING

June 30, 2016

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 due or refund	Balance due of \$775.00
Make check payable to	Department of Law
Mail tax return and check (if applicable) 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, 2017
Special Instructions	The report should be signed and dated by the authorized individual(s). The attached copy of federal Form 990 must be 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

2015

**Open to Public
Inspection**

1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) 07/01/2015 and Ending (mm/dd/yyyy) 06/30/2016		
Check if Applicable: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending	Name of Organization: THE ENGLISH-SPEAKING UNION OF THE UNITED	Employer Identification Number (EIN): 13-1623995
	Mailing Address: 144 EAST 39TH STREET	NY Registration Number: 00-07-54
	City / State / ZIP: NEW YORK, NY 10016	Telephone: 212 818-1200
	Website: WWW.ESUUS.ORG	Email: INFO@ESUUS.ORG
Check your organization's registration category: <input type="checkbox"/> 7A only <input type="checkbox"/> EPTL only <input checked="" type="checkbox"/> DUAL (7A & EPTL) <input type="checkbox"/> EXEMPT		
Confirm your Registration Category in the 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.

President or Authorized Officer:	CHRISTOPHER BROADWELL EXECUTIVE DIRECTOR	
Signature	Print Name and Title	Date
Chief Financial Officer or Treasurer:	HOLLISTER STURGES TREASURER	
Signature	Print Name and Title	Date

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 for a checklist of schedules and attachments to complete your filing.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4b. Did the organization receive government grants? If yes, complete Schedule 4b.

5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee: \$ <u>25.</u>	EPTL filing fee: \$ <u>750.</u>	Total fee: \$ <u>775.</u>	Make a single-check or money order payable to: "Department of Law"
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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 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 Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- ☐ If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- ☒ IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- ☒ All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors).
- ☐ Our organization was eligible for and filed an IRS 990-N e-postcard. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- ☐ Review Report if you received total revenue and support greater than \$250,000 and up to \$500,000.
- ☒ Audit Report if you received total revenue and support greater than \$500,000
- ☐ No Review Report or Audit Report is required because total revenue and support is less than \$250,000
- ☐ We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- ☐ \$0, if you checked the 7A exemption in Part 3a
- ☒ \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- ☐ \$0, if you checked the EPTL exemption in Part 3b
- ☐ \$25, if the NET WORTH is less than \$50,000
- ☐ \$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

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

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

Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")**EPTL** filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.**DUAL** filers are registered under both 7A and EPTL.**EXEMPT** filers have registered with the NY Charities Bureau and meet conditions in **Schedule E - Registration Exemption for Charitable Organizations**. 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**Where do I find my organization's NET WORTH?**

NET WORTH for fee purposes is calculated on:

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