

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.

A For the 2014 calendar year, or tax year beginning **JUL 1, 2014** and ending **JUN 30, 2015**

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 type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE ENGLISH-SPEAKING UNION OF THE UNITED STATES - GROUP RETURN		D Employer identification number 23-7037147
	Doing business as		E Telephone number (212) 879-6800
	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		
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 <input type="checkbox"/>			
L Year of formation:		M State of legal domicile:	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE ENGLISH-SPEAKING UNION, A NONPROFIT, NONPOLITICAL ORGANIZATION, ADVANCES GLOBAL UNDERSTANDING			
	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)	347	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	347	
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	3	
	6	Total number of volunteers (estimate if necessary)	1086	
		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)	Prior Year 818,575. Current Year 494,045.	
	9	Program service revenue (Part VIII, line 2g)	612,164. 590,300.	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	340,581. 235,200.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	63,009. 24,065.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,834,329. 1,343,610.	
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	356,651. 345,497.
		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)	61,461. 44,125.
		16a	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
		b	Total fundraising expenses (Part IX, column (D), line 25)	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,076,472. 1,015,664.		
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,494,584. 1,405,286.		
19	Revenue less expenses. Subtract line 18 from line 12	339,745. -61,676.		
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 6,762,644. End of Year 6,689,165.	
	21	Total liabilities (Part X, line 26)	65,553. 42,491.	
	22	Net assets or fund balances. Subtract line 21 from line 20	6,697,091. 6,646,674.	

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 <i>Christopher Broadwell</i> Date 5/13/2016			
	CHRISTOPHER BROADWELL, EXECUTIVE DIRECTOR Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name GARRETT M. HIGGINS	Preparer's signature GARRETT M. HIGGINS	Date	Check if self-employed <input type="checkbox"/> PTIN P00543209
	Firm's name PKF O'CONNOR DAVIES, LLP		Firm's EIN 27-1728945	
	Firm's address 665 FIFTH AVENUE NEW YORK, NY 10022		Phone no. (212) 286-2600	

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

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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:

THE ESU CELEBRATES ENGLISH AS A SHARED LANGUAGE TO FOSTER GLOBAL UNDERSTANDING AND GOODWILL BY PROVIDING EDUCATIONAL AND CULTURAL OPPORTUNITIES FOR STUDENTS, EDUCATORS, AND MEMBERS.
THE ESU, A NON-PROFIT, NON-POLITICAL ORGANIZATION:

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 \$ 130,746. including grants of \$) (Revenue \$)
THE ENGLISH-SPEAKING UNION NATIONAL SHAKESPEARE COMPETITION, A SCHOOL-BASED PROGRAM FOR TEACHERS DESIGNED TO DEVELOP SPEAKING SKILLS, CRITICAL THINKING AND AN APPRECIATION OF LITERATURE IN STUDENTS. IT IS THE ONLY NATIONAL SHAKESPEARE COMPETITION IN THE US AND THE ONLY SUCH PROGRAM EXCLUSIVELY FOR HIGH SCHOOL STUDENTS ACROSS THE COUNTRY. STUDENTS READ, ANALYZE, PERFORM AND RECITE SHAKESPEAREAN MONOLOGUES AND SONNETS IN THREE QUALIFYING STAGES: AT THE SCHOOL, COMMUNITY AND NATIONAL LEVELS.

THE 32ND ANNUAL ENGLISH-SPEAKING UNION NATIONAL SHAKESPEARE COMPETITION OCCURRED ON APRIL 27, 2015 AT LINCOLN CENTER THEATER IN NEW YORK AND DREW 57 WINNERS OF ESU BRANCH COMPETITIONS NATIONWIDE. THE FIRST-PLACE

4b (Code:) (Expenses \$ 198,624. including grants of \$ 199,317.) (Revenue \$)
BRITISH UNIVERSITY SUMMER SCHOOL FELLOWSHIPS (BUSS) THAT PROVIDE AMERICAN HIGH SCHOOL TEACHERS THE OPPORTUNITY TO CONTINUE THEIR EDUCATION AT PRESTIGIOUS CENTERS OF LEARNING IN THE UNITED KINGDOM: OXFORD UNIVERSITY, SHAKESPEARE'S GLOBE AND EDINBURGH UNIVERSITY. THROUGH NEARLY 60 YEARS, ESU BUSS SCHOLARS FROM ALL OVER THE US HAVE RETURNED 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 BUSS PROGRAM HAS SENT MORE THAN 2,500 AMERICAN HIGH SCHOOL AND MIDDLE SCHOOL TEACHERS TO SUMMER STUDY IN BRITAIN, AND THIS YEAR IT PROVIDED 51 SCHOLARSHIPS.

4c (Code:) (Expenses \$ 884,732. including grants of \$ 146,180.) (Revenue \$ 590,300.)
SHAKESPEARE TEACHER PROGRAMS THAT OFFER MIDDLE SCHOOL AND HIGH SCHOOL ENGLISH AND DRAMA TEACHERS ACROSS THE COUNTRY PROFESSIONAL DEVELOPMENT OPPORTUNITIES, IN PARTNERSHIP WITH THE WORLD-RENOWNED FOLGER SHAKESPEARE LIBRARY. THROUGH ONE- AND TWO-DAY INTENSIVE AND INTERACTIVE WORKSHOPS, TEACHERS LEARN THE FOLGER'S EASILY ADAPTABLE METHODS AND RECEIVE MATERIALS DESIGNED TO ENGAGE THEIR STUDENTS IN THE BARD'S WORKS. THIS YEAR, ALL TEACHER WORKSHOPS CENTERED ON ROMEO AND JULIET, PERHAPS THE SHAKESPEARE PLAY MOST FREQUENTLY TAUGHT IN THE US. TEACHERS LEARNED VARIOUS APPROACHES IN PRESENTING THE PLAY'S AGE-OLD COMPLEXITIES WITH VIGOR WHILE REVEALING ITS CONTEMPORARY RELEVANCE. SINCE ITS INCEPTION IN 2010, THE ESU SHAKESPEARE TEACHER PROGRAMS HAVE SERVED MORE THAN 825 EDUCATORS FROM 27 STATES.

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,214,102.

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <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
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?		

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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? If "Yes," complete Schedule L, Part I	25a	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? If "Yes," complete Schedule L, Part I	25b	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? If "Yes," complete Schedule L, Part II	26	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? If "Yes," complete Schedule L, Part III	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
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? If "Yes," complete Schedule L, Part IV	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	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? If "Yes," complete Schedule R, Part I	33	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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)? If "Yes," complete Schedule R, Part V, line 2	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	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? If "Yes," complete Schedule R, Part VI	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	X

Note. All Form 990 filers are required to complete Schedule O

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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	1a 5		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
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	2a 3		
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)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
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)?	4a		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?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
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?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
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?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
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.	13a		
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	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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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 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.	1a	347	
b Enter the number of voting members included in line 1a, above, who are independent	1b	347	
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		
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 NONE

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) MRS. ANN COOK CALHOUN BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(2) ANNA LEE BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(3) DR. PAUL BERESFORD-HILL MBE BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(4) DR. GERALD BILLIONS BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(5) DR. CHARLES CARLTON BRANCH SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(6) DR. LOVEDAY CONQUEST BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(7) DR. HOWARD F. CREVELING, JR. BRANCH VICE PRESIDENT & SECRETARY	1.00	X		X				0.	0.	0.
(8) DR. ALBERT C. GORDON BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(9) DR. WILLIAM R. GRIFFITH BRANCH TREASURER	1.00	X		X				0.	0.	0.
(10) DR. FRITZ HAMER BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(11) DR. AND SUSAN FORD HAMMAKER BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(12) DR. GERALD G. HAWKINS BRANCH TREASURER/ SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(13) DR. KARL E. HENION II BRANCH SCHOLARSHIP CHAIR	1.00	X		X				0.	0.	0.
(14) DR. CHRISTOPHER HODGKINS BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(15) DR. CHARLES C. JACKSON, JR. BRANCH PRESI/SPEAKER CONT/MEMBERSHIP	1.00	X		X				0.	0.	0.
(16) DR. ALLISON K. LENHARDT BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(17) DR. EILEEN MACMILLAN BRANCH PRESIDENT	1.00	X		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) DR. HEATHER B. MCCABE BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(19) DR. E. QUINN PEEPER BRANCH SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(20) DR. DONALD J. ROSATO BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(21) DR. GEORGE SUMNER BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(22) DR. BARBEE TUCKER-PIGOTT, PH.D BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(23) DR. JULIA C. VAN DE WATER BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(24) DR. ALAN WAGGONER BRANCH VP/ SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(25) DR. RICHARD T. WHITEHEAD BRANCH TREASURER	1.00	X		X				0.	0.	0.
(26) DR. MARJORIE J. WILLIAMS BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	0.	0.

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 **0**

	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

432008
11-07-14

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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) JUDGE HUGH CAMPBELL BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(28) MISS CATHARINE-MARY DONOVAN BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(29) MISS ELIZABETH PAPPS BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(30) MR. RICHARD I. LAUF BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(31) MR. A. RANDALL ALT BRANCH TREASURER	1.00	X		X				0.	0.	0.
(32) MR. ROBERT AMOTT BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(33) MR. AND MRS. VAN MANNING BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(34) MR. JAMES W. AREND BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(35) MR. FRANK PAUL BARBER BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(36) MR. RONALD BARR BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(37) MR. ROBERT N BAYLESS BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(38) MR. ANTHONY BEALS BRANCH TREASURER	1.00	X		X				0.	0.	0.
(39) MR. WILLIAM BERGER BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(40) MR. RONALD BLATE BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(41) MR. PAUL T. BOGHOSIAN BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(42) MR. PAUL W. BOLTZ BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(43) MR. JOHN BOUBELIK BRANCH TREASURER	1.00	X		X				0.	0.	0.
(44) MR. JOHN BRAZIEL BRANCH SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(45) MR. ROBERT A. BROOKER BRANCH VP/ SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(46) MR. DANIEL BUKOVAC BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

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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			
(47) MR. DENNIS CALTAGIRONE BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(48) MR. AND MRS. BRAD CHAMPLIN BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(49) MR. RICK CHERRY BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(50) MR. GREGORY J. CHICO BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(51) MR. ANTONIO CINELLI BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(52) MR. ARTHUR H. DIETZ, JR. BRANCH TREASURER	1.00	X		X				0.	0.	0.
(53) MR. WAYNE DIMM BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(54) MR. CHARLES L. DOWNS BRANCH SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(55) MR. JEAN PAUL ELARD BRANCH TREASURER	1.00	X		X				0.	0.	0.
(56) MR. JOHN EVERITT BRANCH SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(57) MR. LOUIS C. FANTASIA, JR. BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(58) MR. JOHN J. FARRELL BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(59) MR. G. OCIE FORD BRANCH TREASURER	1.00	X		X				0.	0.	0.
(60) MR. EDWARD FRICK BRANCH TREASURER	1.00	X		X				0.	0.	0.
(61) MR. HERSCHEL GENTRY BRANCH TREASURER	1.00	X		X				0.	0.	0.
(62) MR. DAVID GRANT BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(63) MR. JEROME M. GRDINA BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(64) MR. F. DAVID GRISSETT BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(65) MR. PETER D. GROVER BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(66) MR. CONRAD E. GRUNDLEHNER BRANCH TREASURER	1.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

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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			
(67) MR. BRUCE D. HAEFNER BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(68) MR. JOHN HAMMAKER BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(69) MR. JOHN HANES BRANCH SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(70) MR. MICHAEL D. HAROLD BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(71) MR. O. DELTON HARRISON, JR. BRANCH SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(72) MR. WYATT R. HASKELL BRANCH PRESIDENT/ SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(73) MR. GARY HAYES BRANCH TREASURER	1.00	X		X				0.	0.	0.
(74) MR. DOUGLAS A. HAYWARD BRANCH PATRON CHAIR/VP	1.00	X		X				0.	0.	0.
(75) MR. JEROME HELM BRANCH PRES/SHAKES CONT/SPEAKER CONT	1.00	X		X				0.	0.	0.
(76) MR. LAWRENCE HOLLINGSWORTH BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(77) MR. JIM HOLT BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(78) MR. ERVIN HOUSTON BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(79) MR. KEITH A. HUBBARD BRANCH TREASURER	1.00	X		X				0.	0.	0.
(80) MR. FRED W. HUENEFELD, JR. BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(81) MR. MARSHALL C. HUNT, JR. BRANCH PRES/ SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(82) MR. ROBERT J. HUSSON BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(83) MR. DEAN JACKSON BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(84) MR. JAY HAROLD JAKOVIC BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(85) MR. PEGRAM JOHNSON III BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(86) MR. LESLIE JOHNSON BRANCH TREASURER	1.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

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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			
(87) MR. RICHARD F. JONES BRANCH SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(88) MR. WILLIAM J. JORDAN BRANCH TREASURER	1.00	X		X				0.	0.	0.
(89) MR. MICHAEL KAKOS BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(90) MR. EDWARD KAZLAUSKAS, PH.D. BRANCH TREASURER	1.00	X		X				0.	0.	0.
(91) MR. C. BRIAN KELLY BRANCH SHAKESP COORDIN/SPEAKER CONT	1.00	X		X				0.	0.	0.
(92) MR. LEFTWICH D. KIMBROUGH BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(93) MR. JOHN KINDRED BRANCH TREASURER	1.00	X		X				0.	0.	0.
(94) MR. JOHN KINDRED BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(95) MR. STEPHEN C. KOCH BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(96) MR. JAMES LANDER BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(97) MR. DAVID R. LANG BRANCH TREASURER	1.00	X		X				0.	0.	0.
(98) MR. ANDREW LANNERD BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(99) MR. MARK LAWHORN BRANCH PRESIDENT/TREASURER	1.00	X		X				0.	0.	0.
(100) MR. KEITH W. LERCH BRANCH SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(101) MR. JOHN F. LEYS BRANCH PRES/ SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(102) MR. BARRY LISS BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(103) MR. DEAN LOSHBAUGH BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(104) MR. NIELS LYSTER BRANCH TREASURER	1.00	X		X				0.	0.	0.
(105) MR. WAYNE K. MADDOX BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(106) MR. WILLIAM A. MARTIN BRANCH DEVELOPMENT CHAIR	1.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

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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			
(107) MR. EDWARD W. MARTIN BRANCH PATRON CHAIR/VP/SECTY	1.00	X		X				0.	0.	0.
(108) MR. WILLIAM B. MASCHMEIER BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(109) MR. DENNIS F. MCCOY BRANCH SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(110) MR. RALPH M. MCDERMID, JR. BRANCH TREASURER	1.00	X		X				0.	0.	0.
(111) MR. KIRAN MEHTA BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(112) MR. FRANKLIN MILLER BRANCH PATRON CHAIR	1.00	X		X				0.	0.	0.
(113) MR. HARTMAN MITCHELL BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(114) MR. EDWARD MOHYLOWSKI BRANCH TREASURER	1.00	X		X				0.	0.	0.
(115) MR. C. BRAXTON MONCURE BRANCH TREASURER	1.00	X		X				0.	0.	0.
(116) MR. REID MOORE, JR. BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(117) MR. STEPHEN MOUTON BRANCH SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(118) MR. JAMES J. MUNNIS, ESQ. BRANCH PRESIDENT/VP	1.00	X		X				0.	0.	0.
(119) MR. H. B. NICHOLSON III BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(120) MR. ANTHONY A. PELLING BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(121) MR. JOHN A. PERRY BRANCH PRES/ SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(122) MR. JOHN N. RAMPE BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(123) MR. WILLIAM L. RENFRO BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(124) MR. DAVID RICHARDT BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(125) MR. JOHN G. RILEY BRANCH TREASURER	1.00	X		X				0.	0.	0.
(126) MR. BRAD ROBBERT BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

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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			
(127) MR. DELMAR L. ROBERTS BRANCH SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(128) MR. JOHN C. ROBERTSON BRANCH TREASURER	1.00	X		X				0.	0.	0.
(129) MR. DAVID ROBICHAUD BRANCH TREASURER	1.00	X		X				0.	0.	0.
(130) MR. CHARLES ROBINSON BRANCH TREASURER	1.00	X		X				0.	0.	0.
(131) MR. GEORGE D. ROBISON III BRANCH TREASURER	1.00	X		X				0.	0.	0.
(132) MR. JERRY E. ROCKHOLD BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(133) MR. RALPH ROGERS BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(134) MR. MICHAEL D. ROSS BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(135) MR. RAYMOND D. SAVAGE BRANCH TREASURER	1.00	X		X				0.	0.	0.
(136) MR. JEFFREY L. SCHNABEL BRANCH PRES/SPEAKER CONT./MEMBERSHIP	1.00	X		X				0.	0.	0.
(137) MR. RONALD H. SCHUCH BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(138) MR. FREDERIC W. SCHWARTZ, JR. BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(139) MR. CHRISTOPHER SCOTT BRANCH SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(140) MR. W. TUNSTALL SEARCY, JR. BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(141) MR. TERRANCE A. SECKER BRANCH VP/ SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(142) MR. JAN SLEE BRANCH PRESIDENT/TREASURER	1.00	X		X				0.	0.	0.
(143) MR. RICHARD SMARG BRANCH PRESIDENT/TREASURER	1.00	X		X				0.	0.	0.
(144) MR. KENNETH G. SORENSEN BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(145) MR. ROGER F. STACEY BRANCH VP/SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(146) MR. GEORGE STEPHENS BRANCH SPEAKER CONTACT	1.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

**THE ENGLISH-SPEAKING UNION OF THE UNITED
STATES - GROUP RETURN**

Form 990

23-7037147

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			
(147) MR. THOMAS D. STEVENSON BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(148) MR. THOMAS STRAUS BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(149) MR. RICHARD STURM BRANCH TREASURER	1.00	X		X				0.	0.	0.
(150) MR. RICHARD TARNOW BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(151) MR. CHARLES I. THOMPSON BRANCH TREASURER	1.00	X		X				0.	0.	0.
(152) MR. ROBERT A. VINYARD BRANCH PRES./SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(153) MR. JOSEPH P. WALKER, III BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(154) MR. ERNEST W. WEAVER, JR. BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(155) MR. BRIAN D. WHITE BRANCH SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(156) MR. MACLIN D. WHITEMAN BRANCH TREASURER	1.00	X		X				0.	0.	0.
(157) MR. GEORGE T. WILLIAMSON BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(158) MR. MARTIN WILLIS-JACKSON BRANCH TREASURER	1.00	X		X				0.	0.	0.
(159) MR. MARTIN WILSON BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(160) MR. GERALD A. WOOD BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(161) MR. CHRISTOPHER WRIGHT BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(162) MR. JESSE G. WRIGHT, JR. BRANCH SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(163) MR. RALPH WYNDRUM BRANCH PRES./MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(164) MRS. PATRICIA T. ALEXANDER BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(165) MRS. DEBORAH MCARDLE BRANCH TREASURER	1.00	X		X				0.	0.	0.
(166) MRS. CATHERINE BAUM BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

**THE ENGLISH-SPEAKING UNION OF THE UNITED
STATES - GROUP RETURN**

Form 990

23-7037147

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			
(167) MRS. KAREN BLAIR-BRAND PHD BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(168) MRS. PHYLLIS BLANCHARD BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(169) MRS. MELODY BLANKENSHIP BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(170) MRS. LYN M. BRADFORD BRANCH TREASURER	1.00	X		X				0.	0.	0.
(171) MRS. DORSEY C. BREWER BRANCH TREASURER	1.00	X		X				0.	0.	0.
(172) MRS. JACQUELINE L. BROWN BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(173) MRS. MARY BUCKLEY BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(174) MS. DULCIE BULL BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(175) MRS. SHED H. CAFFEY BRANCH SCHOLARSHIP CHAIR	1.00	X		X				0.	0.	0.
(176) MRS. BETTY JANE BRINDEY CHALFA BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(177) MRS. BETTY CLARKE BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(178) MRS. BETTE COOK BRANCH TREASURER	1.00	X		X				0.	0.	0.
(179) MRS. JAMES COOPER BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(180) MRS. POLLY WILLIAMS COX BRANCH SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(181) MRS. MORTIMER L. CURRAN BRANCH VP/MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(182) MRS. WENDY DAVENPORT BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(183) MRS. GISELA DAVIS BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(184) MRS. LISA DAVIS BRANCH TREASURER	1.00	X		X				0.	0.	0.
(185) MRS. CAROL DENT BRANCH CORRESPONDING SECRETARY	1.00	X		X				0.	0.	0.
(186) MRS. GERI DICKS BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

**THE ENGLISH-SPEAKING UNION OF THE UNITED
STATES - GROUP RETURN**

Form 990

23-7037147

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			
(187) MRS. PHYLLIS DONNELLY-INGOLD BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(188) MRS. TERRI DULA BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(189) MRS. ANNE JONES BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(190) MRS. GELENE ELLSWORTH BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(191) MRS. CAROL C. ENGLER BRANCH SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(192) MRS. ADELE EVERETT BRANCH SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(193) MRS. MALLORY FARRANDS BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(194) MRS. MARGARET FLETCHER BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(195) MRS. SANDRA FRANK BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(196) MRS. LINDA FREEMAN BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(197) MRS. LOUISE GENTRY BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(198) MRS. ROSE GORDON BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(199) MRS. ANNE GUERRA BRANCH PRES./ SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(200) MRS. SHARON HABERER BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(201) MRS. STEPHANIE HILLARD BRANCH SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(202) MRS. ANNE HOGG BRANCH SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(203) MRS. NANCY HOLLINGSWORTH BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(204) MRS. JEAN G. HUENEFELD BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(205) MRS. SUSAN S. HUSSON BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(206) MRS. TONI L. IOSSI BRANCH SECTY/SPEAKER CONTACT	1.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

**THE ENGLISH-SPEAKING UNION OF THE UNITED
STATES - GROUP RETURN**

Form 990

23-7037147

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			
(207) MRS. SUSAN JAROSZ BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(208) MRS. MARSHA JENSEN BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(209) MRS. NANCY KARAPIN BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(210) MRS. LINDA KILLIAN BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(211) MRS. MARY KOENIG BRANCH PRES/VP/CONTACT/COORDINATOR	1.00	X		X				0.	0.	0.
(212) MRS. NATALIE KOPPLIN BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(213) MRS. FRANCES LANCEFIELD BRANCH TREASURER	1.00	X		X				0.	0.	0.
(214) MRS. SUSAN J. LAUF BRANCH TREASURER	1.00	X		X				0.	0.	0.
(215) MRS. SUZANNE LAVINS BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(216) MRS. ELLEN M. LECOMPTE BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(217) MRS. HARVEY ANNE LEIMBROOK BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(218) MRS. GAVIN G. K. LETTS BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(219) MRS. JOHN A. LEWINGTON BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(220) MRS. SUE LLOYD BRANCH SECTY/ MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(221) MRS. MARIE MAINWARING BRANCH TREASURER	1.00	X		X				0.	0.	0.
(222) MRS. HARRIET MARGOLIS BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(223) MRS. KATHRYN MARMION BRANCH VP/SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(224) MRS. BRENDA MARTIN BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(225) MRS. ROY L. MCDONALD BRANCH VP/SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(226) MRS. JEAN MORRIS BRANCH PRES./ SPEAKER CONTACT	1.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

**THE ENGLISH-SPEAKING UNION OF THE UNITED
STATES - GROUP RETURN**

Form 990

23-7037147

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			
(227) MRS. HILTON D. MOSER BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(228) MRS. NELDA NARDONE BRANCH TREASURER	1.00	X		X				0.	0.	0.
(229) MRS. CHARLOTTE NEAL BRANCH SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(230) MRS. TOMMIE PARDUE BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(231) MRS. DORIANNE B. PARKER BRANCH PRES./MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(232) MS. JANET PITMAN BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(233) MRS. KAREN PITTMAN BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(234) MRS. CYNTHIA POINSETT BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(235) MRS. JEAN BRUCE POOLE BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(236) MRS. NATALIE THOMAS PRAY BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(237) MRS. HOPE PRICE BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(238) MRS. ANN ROBARDS BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(239) MRS. FRANCINE ROBERSON BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(240) MRS. MINETTE SABER BRANCH VP/SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(241) MRS. CYNTHIA SECKER BRANCH SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(242) MRS. SUSAN B. SMITH BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(243) MRS. JANET SMUGA BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(244) MRS. SHIRLEY P. SPEARS BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(245) MRS. VANESSA STRICKLAND BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(246) MRS. CORDELIA THOMPSON BRANCH SECRETARY	1.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

**THE ENGLISH-SPEAKING UNION OF THE UNITED
STATES - GROUP RETURN**

Form 990

23-7037147

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			
(247) MRS. FREDERICK W. TOOHEY BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(248) MRS. CATHERINE TOWNSEND BRANCH TREASURER	1.00	X		X				0.	0.	0.
(249) MRS. ANNABELLE RADCLIFFE-TRENN BRANCH TREASURER	1.00	X		X				0.	0.	0.
(250) MRS. CAROL VAUGHN BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(251) MRS. JULIANE WAGENER BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(252) MRS. DALE WHEARY BRANCH SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(253) MRS. INDIA WHEDBEE BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(254) MRS. HENRY C. WICK III BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(255) MS. NOLA ANN ACKER BRANCH TREASURER	1.00	X		X				0.	0.	0.
(256) MS. SUSANNA ADKINS BRANCH OFFICE MGR/SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(257) MS. RAE ANNIS BRANCH TREASURER	1.00	X		X				0.	0.	0.
(258) MS. VICTORIA ARNOLD BRANCH OFFICE MANAGER	1.00	X		X				0.	0.	0.
(259) MS. CONSTANCE W. ATWELL BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(260) MS. BARBARA BARBARICS BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(261) MS. PATRICIA BATES BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(262) MS. LORNA BENNETT BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(263) MS. FRANCES ALISON BOK BRANCH TREASURER	1.00	X		X				0.	0.	0.
(264) MS. GINGER BRYANT BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(265) MS. RUTH A. BRYANT BRANCH PRES./SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(266) MS. MARY GILMORE CAFFREY BRANCH SECRETARY	1.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

**THE ENGLISH-SPEAKING UNION OF THE UNITED
STATES - GROUP RETURN**

Form 990

23-7037147

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			
(267) MS. SUSAN CAMPBELL BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(268) MS. LOUISE CECIL BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(269) MS. SHAWNNA CHAMBERLIN BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(270) MS. MARTHA CHAWNER BRANCH SPEAKER CONTACT/COORDINATOR	1.00	X		X				0.	0.	0.
(271) MS. CHARLOTTE E. CHUMLEA BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(272) MS. KITTY COMSTOCK BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(273) MS. KATHLEEN CREEKMUIR BRANCH SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(274) MS. VIRGINIA DE LA GARZA BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(275) MS. GWEN DIXIE BRANCH TREASURER	1.00	X		X				0.	0.	0.
(276) MS. MARTHA DOUGLAS-OSMUNDSON BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(277) MS. VIRGINIA O. DULWORTH BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(278) MS. JO ELLIS BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(279) MS. SUSAN M. FERRIS BRANCH PRES./SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(280) MS. DREW GIBBONS BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(281) MS. ELEANOR GIBBS BRANCH TREASURER	1.00	X		X				0.	0.	0.
(282) MS. CAROL S. A. GIBSON BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(283) MS. BETH GODDARD BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(284) MS. BETH GODDARD BRANCH TREASURER/OFFICE MGR	1.00	X		X				0.	0.	0.
(285) MS. PAMELA GRABCYNSKI BRANCH VP/SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(286) MS. SUE GRAY-GOLLER BRANCH TREASURER	1.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

**THE ENGLISH-SPEAKING UNION OF THE UNITED
STATES - GROUP RETURN**

Form 990

23-7037147

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			
(287) MS. LYNN HAFF BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(288) MS. PATRICIA HAGGERTY BRANCH OFFICE MANAGER	1.00	X		X				0.	0.	0.
(289) MS. PAULA HELLER BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(290) MS. SONJA HERZINGER BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(291) MS. JACQUELYN HOVANESIAN BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(292) MS. JACLYN JERABEK BRANCH TREASURER/SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(293) MS. CATERINA KAVANAGH BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(294) MS. MARGARET KING BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(295) MS. CHRISTIAN KIRKPATRICK BRANCH SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(296) MS. KATHRYN LANG BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(297) MS. KAREN LANNAN BRANCH SECRETARY/TREASURER	1.00	X		X				0.	0.	0.
(298) MS. GLORIA A. LAVERTY BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(299) MS. SHEILA W. LEITH BRANCH VP/SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(300) MS. MADELINE LEVINSON BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(301) MS. HILDA LEWIS BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(302) MS. WENDY LOW BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(303) MS. LINDA S. MACINTOSH BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(304) MS. NANCY MAHAR BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(305) MS. MICHELE MANN BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(306) MS. PATRICIA LYONS MCNEER BRANCH SECRETARY	1.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

**THE ENGLISH-SPEAKING UNION OF THE UNITED
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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			
(307) MS. KAY MILLER BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(308) MS. JACQUELINE Z. MILLS BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(309) MS. BARBARA MURRAY BRANCH OFFICE MANAGER	1.00	X		X				0.	0.	0.
(310) MS. BARBARA R. NEVIUS BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(311) MS. DENISE M. NIGHMAN BRANCH SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(312) MS. MARY O'KANE BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(313) MS. HIROMI OKUMURA BRANCH TREASURER	1.00	X		X				0.	0.	0.
(314) MS. MARY ELIZABETH O'NEILL BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(315) MS. PATRICIA OSBORN BRANCH SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(316) MS. SUSANNAH G. PATTON BRANCH PROGRAM COORDINATOR/MGR	1.00	X		X				0.	0.	0.
(317) MS. LAURA J. PHELPS BRANCH TREASURER	1.00	X		X				0.	0.	0.
(318) MS. PEGGY L. PHILLIPS BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(319) MS. COURTNEY PITT BRANCH PRES/SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(320) MS. CHRISTINA PORTER BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(321) MS. COLLEEN PORTER BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(322) MS. CAROLYN L. REED BRANCH SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(323) MS. ALLIS RENNIE BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(324) MS. SUZANNE BARKSDALE RICE BRANCH SECTY/ SHAKESPEARE COORDINATO	1.00	X		X				0.	0.	0.
(325) MS. CAROLE A. RIECK BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(326) MS. BETH SMALLEY ROBERTS BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

**THE ENGLISH-SPEAKING UNION OF THE UNITED
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23-7037147

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			
(327) MS. JULIE A. ROBINSON BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(328) MS. LYNN ROGERS BRANCH TREASURER	1.00	X		X				0.	0.	0.
(329) MS. MARCIA D. ROWEN BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(330) MS. ANGELA RUBIN BRANCH SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(331) MS. STEFANIE SASAKI BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(332) MS. J. KIMBERLY SCHOLES BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(333) MS. DOT SOWERBY BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(334) MS. PATRICIA S. TALTON BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(335) MS. KIM THEISS BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(336) MS. ELIZABETH K. TRACY BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(337) MS. CAMI VAN ANNE BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(338) MS. KRISSY VILLEMONT BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(339) MS. JOANN WALLACE BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(340) MS. MARY-PATRICIA WARNEKE BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(341) MS. SHERRY WEISS BRANCH TREASURER	1.00	X		X				0.	0.	0.
(342) MS. BARBARA G. WILLETTE BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(343) MS. JACQUELINE WILLIAMS BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(344) MS. SARAH L. WILLIAMS BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(345) MS. SUSAN WILSON BRANCH ASST TREASURER/COORDINATOR	1.00	X		X				0.	0.	0.
(346) MS. PATRICIA WILSON BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

Form 990

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**THE ENGLISH-SPEAKING UNION OF THE UNITED
STATES - GROUP RETURN**

Form 990 (2014)

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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	183,673.				
	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	310,372.				
	g Noncash contributions included in lines 1a-1f: \$		1,626.				
	h Total. Add lines 1a-1f			494,045.			
Program Service Revenue	2 a EVENTS INCOME	Business Code	541990	590,300.	590,300.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			590,300.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			122,696.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		(i) Real	(ii) Personal				
b Less: rental expenses							
c Rental income or (loss)							
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
b Less: cost or other basis and sales expenses							
c Gain or (loss)							
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		a		130,974.			
b Less: direct expenses		b		115,619.			
c Net income or (loss) from fundraising events				15,355.			15,355.
9 a Gross income from gaming activities. See Part IV, line 19		a		4,191.			
b Less: direct expenses		b		100.			
c Net income or (loss) from gaming activities				4,091.			4,091.
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	11 a OTHER INCOME	Business Code	541990	4,619.			4,619.
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			4,619.			
	12 Total revenue. See instructions.			1,343,610.	590,300.	0.	259,265.

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**THE ENGLISH-SPEAKING UNION OF THE UNITED
STATES - GROUP RETURN**

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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	1,735.	1,735.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	343,762.	343,762.		
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				
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	40,468.	9,648.	30,820.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	309.		309.	
10 Payroll taxes	3,348.	326.	3,022.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	1,907.		1,907.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	22,325.		22,325.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	63,760.	8,642.	55,118.	
12 Advertising and promotion	4,291.	2,575.	1,716.	
13 Office expenses	71,541.	47,387.	24,154.	
14 Information technology	35.	21.	14.	
15 Royalties				
16 Occupancy	17,430.	2,155.	15,275.	
17 Travel	10,753.	5,757.	4,996.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	609,522.	592,862.	16,660.	
20 Interest	82.		82.	
21 Payments to affiliates	51,859.	49,865.	1,994.	
22 Depreciation, depletion, and amortization	275.		275.	
23 Insurance	9,325.	350.	8,975.	
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 SHAKESPEARE PROGRAMS	135,268.	133,574.	1,694.	
b SHAKESPEARE INSTITUTE	15,499.	15,443.	56.	
c RECOGNITION & AWARDS	1,792.		1,792.	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,405,286.	1,214,102.	191,184.	0.
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
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Form 990 (2014)

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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	1,183,515.	1	904,181.
	2 Savings and temporary cash investments	860,104.	2	947,834.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	23,114.	4	62,470.
	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	8,000.	9	1,375.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b		
			10c	
	11 Investments - publicly traded securities	4,657,553.	11	4,771,732.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	30,358.	15	1,573.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	6,762,644.	16	6,689,165.	
Liabilities	17 Accounts payable and accrued expenses	41,290.	17	11,075.
	18 Grants payable	7,500.	18	4,500.
	19 Deferred revenue	1,378.	19	306.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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	15,385.	25	26,610.
	26 Total liabilities. Add lines 17 through 25	65,553.	26	42,491.
	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		6,697,091.	27	6,646,674.
28 Temporarily restricted net assets			28	
29 Permanently restricted net assets			29	
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			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		6,697,091.	33	6,646,674.
34 Total liabilities and net assets/fund balances	6,762,644.	34	6,689,165.	

Form 990 (2014)

**THE ENGLISH-SPEAKING UNION OF THE UNITED
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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

☒ **X**

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,343,610.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,405,286.
3	Revenue less expenses. Subtract line 2 from line 1	3	-61,676.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,697,091.
5	Net unrealized gains (losses) on investments	5	58,668.
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	-47,409.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,646,674.

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 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	
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** (2014)

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.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization **THE ENGLISH-SPEAKING UNION OF THE UNITED STATES - GROUP RETURN** Employer identification number **23-7037147**

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.)
- 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 or IRC section (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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 2014 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2014. 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 - 2013. 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 - 2014. 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 - 2013. 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"/>

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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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	630,738.	605,926.	791,881.	818,575.	494,045.	3,341,165.
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	842,653.	863,649.	826,035.	612,164.	590,300.	3,734,801.
3 Gross receipts from activities that are not an unrelated trade or business under section 513				52,481.	19,446.	71,927.
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	1,473,391.	1,469,575.	1,617,916.	1,483,220.	1,103,791.	7,147,893.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
8 Public support (Subtract line 7c from line 6.)						7,147,893.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	1,473,391.	1,469,575.	1,617,916.	1,483,220.	1,103,791.	7,147,893.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	96,648.	122,797.	120,202.	102,510.	122,696.	564,853.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	96,648.	122,797.	120,202.	102,510.	122,696.	564,853.
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.)	53,604.	84,337.	3,229.	8,843.	4,619.	154,632.
13 Total support. (Add lines 9, 10c, 11, and 12.)	1,623,643.	1,676,709.	1,741,347.	1,594,573.	1,231,106.	7,867,378.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	90.85 %
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	91.53 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	7.18 %
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	6.27 %

19a **33 1/3% support tests - 2014.** 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 - 2013.** 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 ☐

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Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of 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? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

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. 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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.		Yes	No
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.	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
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 .	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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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).		

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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 2014 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-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

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Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.
Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS

2010 AMOUNT: \$ 53,604.

2011 AMOUNT: \$ 84,337.

2012 AMOUNT: \$ 3,229.

2013 AMOUNT: \$ 8,843.

2014 AMOUNT: \$ 4,619.

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

2014

Name of the organization

THE ENGLISH-SPEAKING UNION OF THE UNITED
STATES - GROUP RETURN

Employer identification number

23-7037147

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 foundation

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

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

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or 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) (2014)

Name of organization THE ENGLISH-SPEAKING UNION OF THE UNITED STATES - GROUP RETURN	Employer identification number 23-7037147
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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	ANN L. HENEGAN 104 MOORINGS PARK DRIVE. #D304 NAPLES, FL 34105	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CLEVELAND BRANCH SCHOLARSHIP TRUST 1082 KIRTLAND LANE LAKEWOOD, OH 44107	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ISLA FRIEND ESTATE C/O LEFF & COHEN, 300 S. WACKER DR. CHICAGO, IL 60606	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	COMMUNITY FOUNDATION OF BROWARD 910 E. LAS OLAS BOULEVARD; # 200 FORT LAUDERDALE, FL 33301	\$ 5,130.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	SIDNEY STERN MEMORIAL TRUST PO BOX 457 PACIFIC PALISADES, CA 90272	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	MOSTYN AND SUE LLOYD 10 CRYSTAL SPRINGS ROAD SAN MATEO, CA 94402	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

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Part III

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

FORM 990 LINE H(B) - LIST OF AFFILIATED STATEMENT 1
 ORGANIZATIONS INCLUDED IN GROUP RETURN

NAME OF ORGANIZATION	ORGANIZATION'S ADDRESS	EMPLOYER ID
ALBANY	3208 FLORENCE DRIVE - LATHAM, NY 12110	14-6039610
ATLANTA	495 PRADO, NE - ATLANTA, GA 30309	58-6067611
AUSTIN	201 ORION ROAD - GEORGETOWN, TX 78633	74-6087421
BIRMINGHAM	2500 ABERDEEN ROAD - BIRMINGHAM, AL 35223	63-6062851
BOSTON	247 FISHER AVENUE - BROOKLINE, MA 02445	04-2111206
CENTRAL FLORIDA	P.O. BOX 243 - WINTER PARK, FL 32790	59-6200236
CENTRAL PENNSYLVANIA	P.O. BOX 2371 - CARLISLE, PA 19102	25-1651601
CHARLESTON	678 FISHERMAN'S BEND - CHARLESTON, SC 29407	57-6034370
CHARLOTTESVILLE	520 RODES DRIVE - CHARLOTTESVILLE, VA 22903	54-6070401
CHICAGO	401 E. ONTARIO #4505 - CHICAGO, IL 60611	36-2274388
CINCINNATI	5564 DRY RIDGE RD - COLUMBUS, OH 43221	31-6079799
CLEVELAND	2516 HANSON AVE - LAKEWOOD, OH 44124	34-6597020
CLEVELAND SCHOLARSHIP	2517 HANSON AVE - LAKEWOOD, OH 44124	34-7001238
COLONIAL NC	111 VAND CT. - NEW BERN, NC 28562	22-3396460
COLUMBIA	107 ASPEN LANE - COLUMBIA, SC 29212	57-6034371
COLUMBUS	1356 LA ROCHELLE DRIVE - COLUMBUS, OH 43221	31-6079798

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DELAWARE	374 SPRINGHOUSE LANE - HOCKESSIN, DE 19707	51-0238373
DENVER	475 W. 12TH AVE. BELVEDERE TOWER 10A - DENVER, CO 80204	84-6050624
DESERT	P.O. BOX 204 - PALM DESERT, CA 92261	77-0493920
FORT WORTH	1600 TEXAS STREET, #2201 - FORT WORTH, TX 76102	95-6063721
FT. LAUDERDALE	451 HERITAGE DRIVE, APT 40 - POMPANO BEACH, FL 33060	59-1578265
GREENSBORO	711 DOVER RD - GREENSBORO, NC 27408	56-1738649
GREENWICH	52 LAFAYETTE PLACE #3G - GREENWICH, CT 06830	06-1306505
HAWAII	1521 PUNAHOU STREET #401 - HONOLULU, HI 96822	99-6014708
HOUSTON	2720 UNIVERSITY - HOUSTON, TX 77005	74-1293798
INDIANAPOLIS	1752 GLENCARY CRST. - INDIANAPOLIS, IN 46228	35-6072424
JACKSON	316 WATER GARDEN TERRACE - JACKSON, MS 39110	64-0627049
JACKSONVILLE	2970 ST. JOHNS AVE, APT 10G. - JACKSONVILLE, FL 32205	59-6200235
KANSAS CITY	8436 LEE BLVD. - LEAWOOD, KS 66206	43-6075077
KENTUCKY	FAIRVIEW F2300 WENDLER LANE - LOUISVILLE, KY 40272	61-6053477
LEXINGTON	P.O. BOX 88 - ROCKBDGE BATH, VA 24473	23-7061662
LOS ANGELES	2714 FLEUR DRIVE - SAN MARINO, CA 91108	95-6188095
MARYLAND	6607 DARNALL RD. - RUXTON, MD 21204	52-0608002
MEMPHIS	500 KINGSGATE CV. - MEMPHIS, TN 38117	62-6074719

THE ENGLISH-SPEAKING UNION OF THE UNITED

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MIAMI	P.O. BOX 370844 - KEY LARGO, FL 33037	23-7070646
MICHIGAN	11 FAIRLAKE LN. - GROSSE POINTE, MI 48236	38-6146370
MONMOUTH COUNTY	35 COONEY TERRACE - FAIR HAVEN, NJ 07704	22-6095530
MONROE	2203 PARGOUD BLVD - MONROE, LA 71201	22-3396461
NAPLES	1185 IMMOKALEE ROAD, SUITE 120 - NAPLES, FL 34110	65-0246558
NASHVILLE	6666 BROOKMAN TERRACE 110 - NASHVILLE, TN 38117	62-6074718
NEW ORLEANS	300 TRANSCONTINENTAL DRIVE - METAIRIE, LA 70006	72-6035511
NEW YORK	144 E. 39 STREET - NEW YORK, NY 10036	13-3591483
NEWPORT	7 COWSILL LANE - NEWPORT, RI 02840	05-6033890
NIAGARA FRONTIER	8 TILLINGHAST PLACE - BUFFALO, NY 14216	51-0194880
OKLAHOMA CITY	12500 SAINT ANDREWS DRIVE, APT 8 - OKLAHOMA CITY, OK 73120	73-6112438
PALM BEACH	243 KERILYN ROAD - PALM BEACH, FL 33480	59-6200230
PHILADELPHIA	215 S. 16TH STREET #14 - PHILADELPHIA, PA 19102	23-1287102
PHOENIX	7328 E. ARLINGTON ROAD - SCOTTSDALE, AZ 85250	86-6031148
PORTLAND	6210 SE MAIN ST. - PORTLAND, OR 97215	93-6042659
PRINCETON	4590 PROVIDENCE LINE RD. - PRINCETON, NJ 08540	22-6095532
PROVIDENCE	160 PLEASANT STREET. - RUMFORD, RI 02840	05-6033889
RESEARCH TRIANGLE	2716 ANDERSON DRIVE. - RALEIGH, NC 27608	56-6093180

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RICHMOND	2351 FOUNDERS CREEK CT. - MIDLOTHIAN, VA 23113	54-6047866
ROCHESTER	84 MIDDLESEX ROAD. - ROCHESTER, NY 12110	16-6090365
SALISBURY	10 DOGWOOD ROAD. - SPENCER, NC 28144	56-6093183
SAN DIEGO	2119 BELLOC CT. - SAN DIEGO, CA 92109	23-7056058
SAN FRANCISCO	112 BLACKBURN AVE. - MENLO PARK, CA 94025	94-1156273
SANDHILLS	29 LA QUINTA LOOP - PINEHURST, NC 28374	56-1254844
SAVANNAH	1 MARSH BIRD LANE - SAVANNAH, GA 31411	58-6067609
SEATTLE	P.O. BOX 3013 - BELLEVUE, WA 98009	91-6074829
SHREVEPORT	188 CAPLIS ROAD. - ELM GROVE, LA 71051	72-6035510
SOUTHWEST VIRGINIA	2114 RIVER OAKS DRIVE - SALEM, VA 24153	54-6070403
ST. LOUIS	200 JEFFERSON RD. - ST. LOUIS, MO 63119	43-6075078
SYRACUSE	4252 ALTAIR CRSE - LIVERPOOL, NY 13090	16-6090366
TOLEDO	6550 CARRIETOWNE LANE - TOLEDO, OH 43615	51-0194883
TUCSON	6611 CIRCULA OTANA - TUCSON, AZ 85750	23-7157278
TULSA	4626 S. MAPLEWOOD AVE - TULSA, OK 74135	73-6112443
WASHINGTON	4000 CATHEDRAL AVE - WASHINGTON, DC 20016	53-0063345
CHARLOTTE	1245 PROVIDENCE ROAD - CHARLOTTE , NC 28207	56-6093181
GREENVILLE	144 E. 39TH STREET - NEW YORK, NY 10016	57-0896194

NEW HAVEN

144 E. 39TH STREET - NEW YORK, 06-0955179
NY 10016

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" to 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

2014

Open to Public
Inspection

Name of the organization **THE ENGLISH-SPEAKING UNION OF THE UNITED STATES - GROUP RETURN**

Employer identification number
23-7037147

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to 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" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ 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?

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

7 Amount of expenses incurred in monitoring, inspecting, 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)?

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" to 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 in 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 in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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" to 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 in Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment ☐ _____ %
b Permanent endowment ☐ _____ %
c Temporarily restricted endowment ☐ _____ %

The percentages in 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)	<input type="checkbox"/>	<input type="checkbox"/>
3a(ii)	<input type="checkbox"/>	<input type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

b If "Yes" to 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" to 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				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ☐ 0.

Schedule D (Form 990) 2014

**THE ENGLISH-SPEAKING UNION OF THE UNITED
STATES - GROUP RETURN**

Schedule D (Form 990) 2014

23-7037147 Page **3**

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to 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" to 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" to 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" to 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) OTHER LIABILITIES	26,610.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	26,610.	

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) 2014

Part XI	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
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Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII		Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.		
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Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1 Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		3	
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		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4c	
5 Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

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.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization	THE ENGLISH-SPEAKING UNION OF THE UNITED STATES - GROUP RETURN	Employer identification number	23-7037147
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Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

THE ENGLISH-SPEAKING UNION OF THE UNITED

Schedule G (Form 990 or 990-EZ) 2014 STATES - GROUP RETURN

23-7037147 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 NEW YEARS EVE - CHICAGO	(b) Event #2 ELIOT ENGEL DINNER - PAL	(c) Other events 11	(d) Total events (add col. (a) through col. (c))
	(event type)	(event type)	(total number)	
Revenue				
1 Gross receipts	47,169.	15,250.	68,555.	130,974.
2 Less: Contributions				
3 Gross income (line 1 minus line 2)	47,169.	15,250.	68,555.	130,974.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	73,018.	13,289.	29,312.	115,619.
10 Direct expense summary. Add lines 4 through 9 in column (d)				115,619.
11 Net income summary. Subtract line 10 from line 3, column (d)				15,355.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

THE ENGLISH-SPEAKING UNION OF THE UNITED

Schedule G (Form 990 or 990-EZ) 2014 STATES - GROUP RETURN

23-7037147 Page 3

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

THE ENGLISH-SPEAKING UNION OF THE UNITED
STATES - GROUP RETURN

Schedule G (Form 990 or 990-EZ)

23-7037147 Page 4

Part IV Supplemental Information (continued)

Lined area for supplemental information.

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THE ENGLISH-SPEAKING UNION OF THE UNITED STATES - GROUP RETURN

Employer identification number
23-7037147

- ☒ 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" to 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.

[illegible]

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Schedule I (Form 990) (2014)

THE ENGLISH-SPEAKING UNION OF THE UNITED STATES - GROUP RETURN

(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
ESU SCHOLARSHIPS	59	144,445.	0.		
BRITISH UNIVERSITY SUMMER SCHOOL SCHOLARSHIPS	40	199,317.	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:

SCHOLARSHIPS AND FELLOWSHIPS GIVEN OUT IN THE UNITED STATES ARE ONLY GIVEN AFTER AN APPLICATION PROCESS IN WHICH EACH BRANCH CHECKS THE QUALIFICATIONS OF ALL APPLICANTS. EACH APPLICANT IS REQUIRED TO REAPPLY EACH YEAR THEY ARE ELIGIBLE FOR A GRANT. THIS PROCESS ENSURES THAT ALL RECIPIENTS ARE DESERVING OF THE GRANTS AND THAT THEY MEET ALL APPLICABLE QUALIFICATIONS ON A YEARLY BASIS.

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

2014

Open to Public
Inspection

Name of the organization

THE ENGLISH-SPEAKING UNION OF THE UNITED
STATES - GROUP RETURN

Employer identification number
23-7037147

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

AND GOODWILL BY PROVIDING EDUCATIONAL AND CULTURAL OPPORTUNITIES AND
SCHOLARSHIPS FOR STUDENTS, EDUCATORS AND MEMBERS THROUGH ITS NATIONAL
PROGRAMS.

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

ADVANCES GLOBAL UNDERSTANDING BY PROVIDING EDUCATIONAL OPPORTUNITIES
THROUGH PROGRAMS AND SCHOLARSHIP FOR STUDENTS, EDUCATORS, AND
MEMBERS; PROMOTES COMMUNICATION AND OPEN EXCHANGE OF IDEAS AMONG THE
WORLD'S SPEAKERS OF ENGLISH; ENRICHES COMMUNITIES THROUGH ACTIVE
INVOLVEMENT OF ITS BRANCH MEMBERS IN OUTREACH PROGRAMS; OFFERS FINANCIAL
ASSISTANCE TO STUDENTS AND EDUCATORS TO FURTHER ACADEMIC PURSUITS IN
ENGLISH-RELATED STUDIES, AND DEVELOPS COMMON BONDS THROUGH A SHARED
INTEREST IN THE ENGLISH LANGUAGE AND CULTURE TO STRENGTHEN FRIENDSHIP
AMONG MEMBERS AND THOSE THEY SERVE.

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

WINNER FROM HAWAII RECEIVED A FULL SCHOLARSHIP TO ATTEND THE ROYAL
ACADEMY OF DRAMATIC ART'S YOUNG ACTORS SUMMER SCHOOL IN LONDON, ENGLAND
IN SUMMER 2015. THE RUNNER-UP, REPRESENTING THE PHILADELPHIA BRANCH OF
THE ESU, WON A FULL SCHOLARSHIP TO THE AMERICAN SHAKESPEARE CENTER'S
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 32ND SEASON, PROCLAIMED APRIL 27TH WILLIAM SHAKESPEARE
DAY.

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THE NEW BOOK PRESS, PUBLISHER OF WORDPLAY SHAKESPEARE (EBOOKS OF THE BARD'S PLAYS FEATURING VIDEO PERFORMANCES OF A WHOLE PLAY ALONGSIDE THE COMPLETE TEXT), OFFERED PRIZES TO ALL HIGH SCHOOL TEACHERS PARTICIPATING IN THE 2015 ENGLISH-SPEAKING UNION NATIONAL SHAKESPEARE COMPETITION. THIS PARTNERSHIP GAVE TEACHERS AND STUDENTS NATIONWIDE ACCESS TO THOUSANDS OF CLASSROOM HOURS OF SHAKESPEARE PLAYS, ALLOWING THEM TO UNDERSTAND AND PARTICIPATE IN BOTH CLOSE TEXT READINGS AND PERFORMANCE. AND, FOR JOHN WATT (MID-PACIFIC INSTITUTE), THE TEACHER OF THIS YEAR'S FIRST-PLACE WINNER, NEW BOOK PRESS AWARDED AN IPAD FULLY LOADED WITH WORDPLAY SHAKESPEARE PLAYS. THE ESU NATIONAL SHAKESPEARE COMPETITION HAS SERVED MORE THAN 296,000 HIGH SCHOOL STUDENTS SINCE ITS INCEPTION AND IMPACTS 2,400 TEACHERS AND 21,200 STUDENTS ANNUALLY IN 56 ESU BRANCH COMMUNITIES

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

THE ESU NATIONAL SPEAKERS PROGRAM PRESENTS PROMINENT LECTURERS IN THE 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 UNDERWRITES THE EVELYN WRENCH SPEAKER PROGRAM AND PLANS THEM IN COOPERATION WITH BRANCHES THROUGHOUT THE US. THIS YEAR'S WRENCH SPEAKERS INCLUDED NICHOLAS BENNETT JP, FORMER BRITISH GOVERNMENT MINISTER AND MEMBER OF PARLIAMENT; ROBERT HULSE, DIRECTOR, LONDON'S BRUNEL MUSEUM; REAR ADMIRAL JOHN LIPPIETT CB CBE DL, DIRECTOR-GENERAL, THE MARY ROSE TRUST; DIANA PRESTON, NOTED HISTORIAN AND AUTHOR; DR. LEE PROSSER, CURATOR OF HISTORIC BUILDINGS, HISTORIC ROYAL PALACES; LORD LISVANE KCB, MEMBER OF THE HOUSE OF LORDS AND RETIRED CLERK OF THE

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HOUSE OF COMMONS; AND DR. JONATHAN ROSE, WILLIAM R. KENAN PROFESSOR OF HISTORY, DREW UNIVERSITY.

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 THROUGH PUBLIC SPEAKING. 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. THIS YEAR, 40 SCHOOLS COMPRISED FIVE DEBATE LEAGUES IN NEW YORK CITY AND NEW JERSEY -- BIG APPLE, GOTHAM, EMPIRE, GARDEN CITY AND JERSEY SHORE -- WITH APPROXIMATELY 900 STUDENTS PARTICIPATING. THIS REPRESENTED AN 80% INCREASE IN THE NUMBER OF PUBLIC, CHARTER AND INDEPENDENT SCHOOLS THAT PARTICIPATED THE PREVIOUS YEAR. THERE WERE 1,260 INDIVIDUAL DEBATES THROUGH THIS PROGRAM. ON MAY 29, THE 2015 ENGLISH-SPEAKING UNION MIDDLE SCHOOL PUBLIC DEBATE PROGRAM NATIONAL CHAMPIONSHIP WAS HELD AT THE MORGAN LIBRARY & MUSEUM IN NEW YORK CITY AND FEATURED A 28-MINUTE DEBATE BETWEEN EAST COAST CHAMPIONS FROM THE HACKLEY SCHOOL (TARRYTOWN, NY) AND THE WEST COAST CHAMPIONS FROM THE PEGASUS SCHOOL (HUNTINGTON BEACH, CA). ARGUING IN FAVOR OF THE PROPOSITION, "THE UNITED STATES SHOULD ABOLISH THE DEATH PENALTY," THE HACKLEY SCHOOL PREVAILED. ON APRIL 18, THE ESU HOSTED THE FIRST ESU MSPDP CHAMPIONSHIP TOURNAMENT-EAST COAST. HELD AT THE HACKLEY SCHOOL IN TARRYTOWN, NY, 95 TEAMS FROM 33 SCHOOLS PARTICIPATED, TOTALING 300 MIDDLE SCHOOL STUDENTS AND 100 TEACHER-COACHES AND CERTIFIED JUDGES. WITH FIVE ROUNDS OF DEBATE, PLUS AN ADDITIONAL GRAND PUBLIC DEBATE ON THE TOPIC "THE US SHOULD PAY RANSOM FOR HOSTAGES," AT DAY'S END THE ESU

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HAD SPONSORED 236 ROUNDS OF DEBATES OR 6,608 MINUTES OF TALKING. SINCE ITS INCEPTION, THE ESU MIDDLE SCHOOL DEBATE PROGRAM SERVED MORE THAN 1,250 STUDENTS, AND THERE WERE 1,260 INDIVIDUAL DEBATES IN 2014-15.

ENGLISH IN ACTION PAIRS NEWCOMERS TO THE US WITH AMERICAN 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, WHICH EMPHASIZES THE BEST PRACTICES IN CROSS-CULTURAL LEARNING AND LEADERSHIP DEVELOPMENT.

EXPANDED TUTOR TRAININGS INCREASED NEARLY 300% THIS YEAR. THIS YEAR, THE ESU PARTNERED WITH THE MOTH, AN ACCLAIMED NOT-FOR-PROFIT ORGANIZATION DEDICATED TO THE ART AND CRAFT OF STORYTELLING, FOR A FIVE-WEEK STORYTELLING WORKSHOP. A GROUP OF EIA TUTORS AND STUDENTS AND ARNIC MEMBERS LEARNED HOW TO SHAPE THEIR LIFE EXPERIENCES INTO WELL-CRAFTED, COMPELLING STORIES. IN ADDITION TO EXTENSIVE OPERATION IN NEW YORK CITY, ESU BRANCHES IN PORTLAND (OR), SEATTLE, COLUMBUS (OH), LEXINGTON (VA), MONMOUTH COUNTY (NJ), AND NEW ORLEANS UNDERTAKE THE PROGRAM. IN THIS YEAR, ENGLISH IN ACTION SERVED MORE THAN MORE THAN 400 VOLUNTEERS AND MORE THAN 750 STUDENTS FROM SOME 66 COUNTRIES.

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

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STUDENTS HAVE PARTICIPATED.

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:

MEMBERS OF ESU HAVE THE RIGHTS A 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:

MEMBERS 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. DATA OF THE INDIVIDUAL BRANCHES ARE REVIEWED

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BY THE INDIVIDUAL BRANCH EXECUTIVE DIRECTORS PRIOR TO BEING COMPILED INTO THE GROUP RETURN. AFTER THE RETURN HAS BEEN PREPARED IT IS SUBMITTED ELECTRONICALLY TO BOTH THE EXECUTIVE DIRECTOR AND THE BOARD OF THE ENGLISH SPEAKING UNION OF THE UNITED STATES - NATIONAL HEADQUARTERS 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 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 WILL BE SUBMITTED TO THE CORPORATE COMPLIANCE OFFICER WHO REVIEWS THE SIGNED ATTESTATIONS FOR POTENTIAL OR ACTUAL CONFLICTS. IF A POTENTIAL OR ACTUAL CONFLICT OF INTEREST EXISTS, THE CORPORATE COMPLIANCE OFFICER WILL NOTIFY MEMBERS OF MANAGEMENT OR THE GOVERNING BODY ABOUT SUCH CONFLICT AND INVESTIGATE THE CONFLICT. THE RESULTS OF THE INVESTIGATION WILL BE SUMMARIZED AND DOCUMENTED BY THE CORPORATE COMPLIANCE OFFICER AND BE REPORTED TO THE GOVERNING BODY. IF THE CORPORATE COMPLIANCE OFFICER 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.

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

THE ENGLISH-SPEAKING UNION HAS A 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 EXECUTIVE. 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. THIS PROCESS WAS LAST PERFORMED ON FEBRUARY 24, 2014.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S FEDERAL FORM 990 IS AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE SERVICE CODE AS IT IS POSTED ON THE ORGANIZATION'S WEB SITE, ON GUIDESTAR.ORG AND OTHER SIMILAR WEBSITES. IN ADDITION, FORMS 990 AND 1023, AS WELL AS THE FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, ARTICLES OF INCORPORATION AND BY-LAWS ARE AVAILABLE UPON WRITTEN REQUEST OF THE ORGANIZATION AT THE NATIONAL HEADQUARTERS, 144 EAST 39TH STREET, NEW YORK, NY 10016, OR BY CALLING THE ORGANIZATION AT 212-879-6800. ALL BRNACH OFFICE GOVERNING

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DOCUMENTS AND THE BRANCH CONFLICT OF INTEREST POLICY ARE ALSO AVAILABLE AT
THE BRANCH UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ADJUSTMENT BY NATIONAL HEADQUARTERS -4.

ADJUSTMENT FOR GROUP NO LONGER INCLUDED IN 2014 FORM 990 -47,405.

TOTAL TO FORM 990, PART XI, LINE 9 -47,409.

FORM 8868

LIST OF AFFILIATED
ORGANIZATIONS INCLUDED IN GROUP RETURN

STATEMENT 2

NAME OF ORGANIZATION	ORGANIZATION'S ADDRESS	EMPLOYER ID
ALBANY	3208 FLORENCE DRIVE - LATHAM, NY 12110	14-6039610
ATLANTA	495 PRADO, NE - ATLANTA, GA 30309	58-6067611
AUSTIN	201 ORION ROAD - GEORGETOWN, TX 78633	74-6087421
BIRMINGHAM	2500 ABERDEEN ROAD - BIRMINGHAM, AL 35223	63-6062851
BOSTON	247 FISHER AVENUE - BROOKLINE, MA 02445	04-2111206
CENTRAL FLORIDA	P.O. BOX 243 - WINTER PARK, FL 32790	59-6200236
CENTRAL PENNSYLVANIA	P.O. BOX 2371 - CARLISLE, PA 19102	25-1651601
CHARLESTON	678 FISHERMAN'S BEND - CHARLESTON, SC 29407	57-6034370
CHARLOTTESVILLE	520 RODES DRIVE - CHARLOTTESVILLE, VA 22903	54-6070401
CHICAGO	401 E. ONTARIO #4505 - CHICAGO, IL 60611	36-2274388
CINCINNATI	5564 DRY RIDGE RD - COLUMBUS, OH 43221	31-6079799
CLEVELAND	2516 HANSON AVE - LAKEWOOD, OH 44124	34-6597020
CLEVELAND SCHOLARSHIP	2517 HANSON AVE - LAKEWOOD, OH 44124	34-7001238
COLONIAL NC	111 VAND CT. - NEW BERN, NC 28562	22-3396460
COLUMBIA	107 ASPEN LANE - COLUMBIA, SC 29212	57-6034371
COLUMBUS	1356 LA ROCHELLE DRIVE - COLUMBUS, OH 43221	31-6079798

DELAWARE	374 SPRINGHOUSE LANE - HOCKESSIN, DE 19707	51-0238373
DENVER	475 W. 12TH AVE. BELVEDERE TOWER 10A - DENVER, CO 80204	84-6050624
DESERT	P.O. BOX 204 - PALM DESERT, CA 92261	77-0493920
FORT WORTH	1600 TEXAS STREET, #2201 - FORT WORTH, TX 76102	95-6063721
FT. LAUDERDALE	451 HERITAGE DRIVE, APT 40 - POMPANO BEACH, FL 33060	59-1578265
GREENSBORO	711 DOVER RD - GREENSBORO, NC 27408	56-1738649
GREENWICH	52 LAFAYETTE PLACE #3G - GREENWICH, CT 06830	06-1306505
HAWAII	1521 PUNAHOU STREET #401 - HONOLULU, HI 96822	99-6014708
HOUSTON	2720 UNIVERSITY - HOUSTON, TX 77005	74-1293798
INDIANAPOLIS	1752 GLENCARY CRST. - INDIANAPOLIS, IN 46228	35-6072424
JACKSON	316 WATER GARDEN TERRACE - JACKSON, MS 39110	64-0627049
JACKSONVILLE	2970 ST. JOHNS AVE, APT 10G. - JACKSONVILLE, FL 32205	59-6200235
KANSAS CITY	8436 LEE BLVD. - LEAWOOD, KS 66206	43-6075077
KENTUCKY	FAIRVIEW F2300 WENDLER LANE - LOUISVILLE, KY 40272	61-6053477
LEXINGTON	P.O. BOX 88 - ROCKBDGE BATH, VA 24473	23-7061662
LOS ANGELES	2714 FLEUR DRIVE - SAN MARINO, CA 91108	95-6188095
MARYLAND	6607 DARNALL RD. - RUXTON, MD 21204	52-0608002
MEMPHIS	500 KINGSGATE CV. - MEMPHIS, TN 38117	62-6074719

MIAMI	P.O. BOX 370844 - KEY LARGO, FL 33037	23-7070646
MICHIGAN	11 FAIRLAKE LN. - GROSSE POINTE, MI 48236	38-6146370
MONMOUTH COUNTY	35 COONEY TERRACE - FAIR HAVEN, NJ 07704	22-6095530
MONROE	2203 PARGOUD BLVD - MONROE, LA 71201	22-3396461
NAPLES	1185 IMMOKALEE ROAD, SUITE 120 - NAPLES, FL 34110	65-0246558
NASHVILLE	6666 BROOKMAN TERRACE 110 - NASHVILLE, TN 38117	62-6074718
NEW ORLEANS	300 TRANSCONTINENTAL DRIVE - METAIRIE, LA 70006	72-6035511
NEW YORK	144 E. 39 STREET - NEW YORK, NY 10036	13-3591483
NEWPORT	7 COWSILL LANE - NEWPORT, RI 02840	05-6033890
NIAGARA FRONTIER	8 TILLINGHAST PLACE - BUFFALO, NY 14216	51-0194880
OKLAHOMA CITY	12500 SAINT ANDREWS DRIVE, APT 8 - OKLAHOMA CITY, OK 73120	73-6112438
PALM BEACH	243 KERILYN ROAD - PALM BEACH, FL 33480	59-6200230
PHILADELPHIA	215 S. 16TH STREET #14 - PHILADELPHIA, PA 19102	23-1287102
PHOENIX	7328 E. ARLINGTON ROAD - SCOTTSDALE, AZ 85250	86-6031148
PORTLAND	6210 SE MAIN ST. - PORTLAND, OR 97215	93-6042659
PRINCETON	4590 PROVIDENCE LINE RD. - PRINCETON, NJ 08540	22-6095532
PROVIDENCE	160 PLEASANT STREET. - RUMFORD, RI 02840	05-6033889
RESEARCH TRIANGLE	2716 ANDERSON DRIVE. - RALEIGH, NC 27608	56-6093180

RICHMOND	2351 FOUNDERS CREEK CT. - MIDLOTHIAN, VA 23113	54-6047866
ROCHESTER	84 MIDDLESEX ROAD. - ROCHESTER, NY 12110	16-6090365
SALISBURY	10 DOGWOOD ROAD. - SPENCER, NC 28144	56-6093183
SAN DIEGO	2119 BELLOC CT. - SAN DIEGO, CA 92109	23-7056058
SAN FRANCISCO	112 BLACKBURN AVE. - MENLO PARK, CA 94025	94-1156273
SANDHILLS	29 LA QUINTA LOOP - PINEHURST, NC 28374	56-1254844
SAVANNAH	1 MARSH BIRD LANE - SAVANNAH, GA 31411	58-6067609
SEATTLE	P.O. BOX 3013 - BELLEVUE, WA 98009	91-6074829
SHREVEPORT	188 CAPLIS ROAD. - ELM GROVE, LA 71051	72-6035510
SOUTHWEST VIRGINIA	2114 RIVER OAKS DRIVE - SALEM, VA 24153	54-6070403
ST. LOUIS	200 JEFFERSON RD. - ST. LOUIS, MO 63119	43-6075078
SYRACUSE	4252 ALTAIR CRSE - LIVERPOOL, NY 13090	16-6090366
TOLEDO	6550 CARRIETOWNE LANE - TOLEDO, OH 43615	51-0194883
TUCSON	6611 CIRCULA OTANA - TUCSON, AZ 85750	23-7157278
TULSA	4626 S. MAPLEWOOD AVE - TULSA, OK 74135	73-6112443
WASHINGTON	4000 CATHEDRAL AVE - WASHINGTON, DC 20016	53-0063345
CHARLOTTE	1245 PROVIDENCE ROAD - CHARLOTTE , NC 28207	56-6093181
GREENVILLE	144 E. 39TH STREET - NEW YORK, NY 10016	57-0896194

THE ENGLISH-SPEAKING UNION OF THE UNITED

23-7037147

NEW HAVEN

144 E. 39TH STREET - NEW YORK, 06-0955179
NY 10016