

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2013**Open to Public
Inspection**

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 **2013** calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> 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	G Gross receipts \$ 2,236,196.	
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10016		H(a) Is this a group return STMT 1 for subordinates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number 1899
F Name and address of principal officer: ALICE BOYNE 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 ▶		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: TO PROMOTE SCHOLARSHIP AND THE ADVANCEMENT OF KNOWLEDGE THROUGH THE EFFECTIVE USE OF ENGLISH.		
	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)	3	430
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	430
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	5
	6 Total number of volunteers (estimate if necessary)	6	1150
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	791,881.	818,575.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	625,394.	612,164.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	219,962.	340,581.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	76,985.	63,009.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,714,222.	1,834,329.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	332,062.	356,651.
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	62,881.	61,461.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,091,901.	1,076,472.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,486,844.	1,494,584.
	19 Revenue less expenses. Subtract line 18 from line 12	227,378.	339,745.
	Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year
21 Total liabilities (Part X, line 26)		5,795,444.	6,762,644.
22 Net assets or fund balances. Subtract line 21 from line 20		62,233.	65,553.
		5,733,211.	6,697,091.

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	Date			
	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 05/15/15	Check <input type="checkbox"/> if self-employed	PTIN P00543209
	Firm's name ▶ 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

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 ENGLISH-SPEAKING UNION OF THE UNITED STATES (ESU US) IS A
 NON-PROFIT, NON-POLITICAL, EDUCATIONAL ORGANIZATION WHOSE MISSION IS
 TO PROMOTE SCHOLARSHIP AND THE ADVANCEMENT OF KNOWLEDGE THROUGH THE
 EFFECTIVE USE OF ENGLISH IN AN EXPANDING GLOBAL COMMUNITY. THE ESU

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 \$ 132,515. including grants of \$) (Revenue \$)
 THE ENGLISH-SPEAKING UNION NATIONAL SHAKESPEARE COMPETITION IS 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. STUDENTS READ, ANALYZE,
 PERFORM AND RECITE SHAKESPEAREAN MONOLOGUES AND SONNETS IN THREE
 QUALIFYING STAGES: AT THE SCHOOL, COMMUNITY AND NATIONAL LEVELS.
 SINCE ITS LAUNCH IN 1983 WITH 500 STUDENTS, THE COMPETITION HAS ENGAGED
 MORE THAN 275,000 YOUNG PEOPLE OF ALL BACKGROUNDS TO DISCOVER
 SHAKESPEARE'S UNIVERSAL THEMES AND TO COMMUNICATE THEIR UNDERSTANDING
 OF THEM. THE ESU NATIONAL SHAKESPEARE COMPETITION ENGAGED SOME 15,000
 STUDENTS IN THE YEAR ENDING 6/30/14. VOLUNTEERS IN 58 ESU BRANCHES

4b (Code:) (Expenses \$ 209,897. including grants of \$ 209,897.) (Revenue \$)
 THE ENGLISH-SPEAKING UNION BRITISH UNIVERSITY SUMMER SCHOOL FELLOWSHIPS
 (BUSS) 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 THEATER AND
 EDINBURGH UNIVERSITY. THROUGH NEARLY 60 YEARS, ESU BUSS SCHOLARS FROM
 ALL OVER THE US HAVE RETURNED TO THEIR CLASSROOMS AFTER INTENSIVE
 SUMMER STUDY INVIGORATED AND EQUIPPED TO SHARE THEIR NEWLY ACQUIRED
 TEACHING AND LEARNING STRATEGIES WITH MORE THAN 200,000 STUDENTS
 NATIONWIDE. THE BUSS PROGRAM IS ONE OF THE ESU'S MOST SUCCESSFUL
 PARTNERSHIPS BETWEEN THE BRANCHES AND THE NATIONAL HEADQUARTERS.
 ESTABLISHED IN 1961, IT HAS PROVIDED HUNDREDS OF EDUCATORS AN EXPANDING
 PROFESSIONAL ACADEMIC EXPERIENCE, AS PARTICIPATING ESU BRANCHES PROVIDE

4c (Code:) (Expenses \$ 960,573. including grants of \$ 146,754.) (Revenue \$ 612,164.)
 ENGLISH-SPEAKING UNION BRANCH EVENTS OFTEN TAKE THE FORM OF EDUCATIONAL
 LECTURES, DEMONSTRATIONS OR PERFORMANCES AND INVOLVE ESU MEMBERS AND
 OTHERS IN LIFELONG LEARNING. THE EVENTS ALSO PROVIDE THE OPPORTUNITY
 FOR MEMBERS TO BECOME MORE INVOLVED IN THE ESU'S CHARITABLE PROGRAMS
 AND TO TAKE ON LEADERSHIP ROLES IN THE BRANCH. BRANCH EVENTS ARE OFTEN
 SHARED WITH OTHER ORGANIZATIONS AND INSTITUTIONS.

4d Other program services (Describe in Schedule O.)
 (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **1,302,985.**

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>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	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>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	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>	10	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>	11a	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>	11b	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>	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	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>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	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>	12a	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>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 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>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

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

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Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 6		
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 5		
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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
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 and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the 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	1a	430		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b Enter the number of voting members included in line 1a, above, who are independent	1b	430		
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, physical address, and telephone number of the person who possesses the books and records of the organization: **CHRISTOPHER BROADWELL, ESU-NATIONAL HEADQUARTERS - (212) 818-1200**
144 EAST 39TH STREET, NEW YORK, NY 10016

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. TONI L. IOSSI BRANCH SECRETARY / BRANCH SPEAKER CO	1.00	X		X				0.	0.	0.
(2) DR. ALBERT C. GORDON BRANCH PRESIDENT / BRANCH SHAKESPEAR	1.00	X		X				0.	0.	0.
(3) DR. ALLISON LENHARDT BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(4) DR. ANN COOK CALHOUN BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(5) DR. CHARLES C. JACKSON, JR. BRANCH MEMBERSHIP CHAIR / BRANCH PRE	1.00	X		X				0.	0.	0.
(6) DR. CHARLES CARLTON BRANCH SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(7) DR. CHARLES W. GAY BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(8) DR. CHRISTOPHER HODGKINS PHD BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(9) DR. CLIVE W. BRIDGHAM BRANCH PRESIDENT / BRANCH TREASURER	1.00	X		X				0.	0.	0.
(10) DR. DAVID G. HENRITZY BRANCH SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(11) DR. DONALD J. ROSATO BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(12) DR. E. H. PEACOCK, JR. BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(13) DR. E. QUINN PEEPER BRANCH PRESIDENT / BRANCH SPEAKER CO	1.00	X		X				0.	0.	0.
(14) DR. EDWARD KAZLAUSKAS, PH.D. BRANCH MEMBERSHIP CHAIR / BRANCH TRE	1.00	X		X				0.	0.	0.
(15) DR. EILEEN MACMILLAN BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(16) DR. GEORGE SUMNER BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(17) DR. GERALD BILLIONS BRANCH PRESIDENT	1.00	X		X				0.	0.	0.

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. GERALD C. HAWKINS BRANCH SPEAKER CONTACT / BRANCH TREA	1.00	X		X				0.	0.	0.
(19) DR. GORDON A. HAMILTON BRANCH TREASURER	1.00	X		X				0.	0.	0.
(20) DR. HEATHER B. MCCABE BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(21) DR. HELEN B. WARREN BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(22) DR. HOWARD F. CREVELING, JR. BRANCH SECRETARY / BRANCH VICE PRESI	1.00	X		X				0.	0.	0.
(23) DR. JOHN A. LARSON BRANCH SECRETARY / BRANCH SPEAKER CO	1.00	X		X				0.	0.	0.
(24) DR. JOHN A. WILLHARDT BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(25) DR. JOHN S. DEVERTER BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(26) DR. JOHN SOLIDAY BRANCH MEMBERSHIP CHAIR / BRANCH SHA	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	3	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	4	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	5	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

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

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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) DR. KARL E. HENION II BRANCH SCHOLARSHIP CHAIR	1.00	X		X				0.	0.	0.
(28) DR. LOVEDAY CONQUEST BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(29) DR. MARIETTA GRUNDLEHNER BRANCH TREASURER	1.00	X		X				0.	0.	0.
(30) DR. MARJORIE J. WILLIAMS BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(31) DR. MARTIN WILSON BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(32) DR. RALPH T. KAM BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(33) DR. RICHARD T. WHITEHEAD BRANCH TREASURER	1.00	X		X				0.	0.	0.
(34) DR. ROBERT DORNQUAST BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(35) DR. STANLEY MAYERS BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(36) DR. SUSAN D. SINCLAIR BRANCH PRESIDENT / BRANCH SPEAKER CO	1.00	X		X				0.	0.	0.
(37) DR. SYLVIA LAHVIS BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(38) DR. THOMAS A. MASON BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(39) GEN. MR. DOUGLAS J. O'CONNOR BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(40) JUDGE JAMES W. KERR, JR. BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(41) MISS CATHARINE-MARY DONOVAN BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(42) MISS ELIZABETH PAPPS BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(43) MISS SARAH-THERESA Y. MURAKAMI BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(44) MR. WAYNE DIMM BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(45) MR. A. GRAHAM DOWN BRANCH PRESIDENT / BRANCH VICE PRESI	1.00	X		X				0.	0.	0.
(46) MR. A. RANDALL ALT 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

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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. AND MRS. BRAD CHAMPLIN BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(48) MR. AND MRS. VAN MANNING BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(49) MR. ANDREW F. MCCLINTOCK BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(50) MR. ANDREW LANNERD BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(51) MR. ANTHONY A. PELLING BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(52) MR. ANTHONY W. HANTJIS BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(53) MR. ARNOL SELLARS BRANCH TREASURER	1.00	X		X				0.	0.	0.
(54) MR. ART DODD BRANCH TREASURER	1.00	X		X				0.	0.	0.
(55) MR. ARTHUR H. DIETZ, JR. BRANCH TREASURER	1.00	X		X				0.	0.	0.
(56) MR. BARRY LISS BRANCH MEMBERSHIP CHAIR / BRANCH VIC	1.00	X		X				0.	0.	0.
(57) MR. BERNARD L. MARIE BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(58) MR. BRAD ROBBERT BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(59) MR. BRADBURY P. FOSS, JR. BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(60) MR. BRIAN D. WHITE BRANCH SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(61) MR. BRIAN E. O'MALLEY BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(62) MR. BROOK RICHARDS BRANCH TREASURER	1.00	X		X				0.	0.	0.
(63) MR. BRUCE HAEFNER BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(64) MR. C. BRAXTON MONCURE BRANCH TREASURER / BRANCH VICE PRESI	1.00	X		X				0.	0.	0.
(65) MR. C. BRIAN KELLY BRANCH SHAKESPEARE COORDINATOR / BRA	1.00	X		X				0.	0.	0.
(66) MR. CALVIN H. CHESSON BRANCH PRESIDENT	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

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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. CHARLES H. MADDREY BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(68) MR. CHARLES I. THOMPSON BRANCH TREASURER	1.00	X		X				0.	0.	0.
(69) MR. CHARLES L. DOWNS BRANCH SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(70) MR. CHARLES ROBINSON BRANCH TREASURER	1.00	X		X				0.	0.	0.
(71) MR. CHARLIE BUCKLEY BRANCH TREASURER	1.00	X		X				0.	0.	0.
(72) MR. CHRISTIAN KIRKPATRICK BRANCH SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(73) MR. CHRISTOPHER SCOTT BRANCH SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(74) MR. CHRISTOPHER WRIGHT BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(75) MR. CHUCK HUSSUNG BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(76) MR. CLIFFORD J. HALL BRANCH PATRON CHAIR	1.00	X		X				0.	0.	0.
(77) MR. CONRAD E. GRUNDLEHNER BRANCH TREASURER	1.00	X		X				0.	0.	0.
(78) MR. DANIEL BUKOVAC BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(79) MR. DANIEL J. FORAKER BRANCH TREASURER	1.00	X		X				0.	0.	0.
(80) MR. DAVID C. BURNHAM BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(81) MR. DAVID GRANT BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(82) MR. DAVID RICHARDT BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(83) MR. DAVID ROBICHAUD BRANCH TREASURER	1.00	X		X				0.	0.	0.
(84) MR. DEAN LOSHBAUGH BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(85) MR. DELMAR L. ROBERTS BRANCH SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(86) MR. DENNIS F. MCCOY 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

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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. DON J. MCELVEEN BRANCH TREASURER	1.00	X		X				0.	0.	0.
(88) MR. DOUGLAS A. HAYWARD BRANCH PATRON CHAIR / BRANCH VICE PR	1.00	X		X				0.	0.	0.
(89) MR. DURWARD W. OWEN BRANCH TREASURER	1.00	X		X				0.	0.	0.
(90) MR. EDGAR G. DAVIS BRANCH PATRON CHAIR	1.00	X		X				0.	0.	0.
(91) MR. EDWARD FRICK BRANCH TREASURER	1.00	X		X				0.	0.	0.
(92) MR. EDWARD W. HARVEY BRANCH TREASURER	1.00	X		X				0.	0.	0.
(93) MR. EDWARD W. MARTIN BRANCH PATRON CHAIR / BRANCH SECRETA	1.00	X		X				0.	0.	0.
(94) MR. ERIVAN R. MORALES BRANCH SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(95) MR. ERNEST W. WEAVER, JR. BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(96) MR. ERVIN HOUSTON BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(97) MR. F. DAVID GRISSETT BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(98) MR. FIROZE S. RAO BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(99) MR. FRANK PAUL BARBER BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(100) MR. FRANKLIN MILLER BRANCH PATRON CHAIR	1.00	X		X				0.	0.	0.
(101) MR. FRED P. WOOD BRANCH TREASURER	1.00	X		X				0.	0.	0.
(102) MR. FRED W. HUENEFELD, JR. BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(103) MR. FREDERIC W. SCHWARTZ, JR. BRANCH PRESIDENT / BRANCH VICE PRESI	1.00	X		X				0.	0.	0.
(104) MR. GEORGE D. ROBISON III BRANCH TREASURER	1.00	X		X				0.	0.	0.
(105) MR. GEORGE HALYAK BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(106) MR. GEORGE I. TYNDALL, JR. BRANCH PRESIDENT / 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

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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. GEORGE STEPHENS BRANCH SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(108) MR. GEORGE T. WILLIAMSON BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(109) MR. GERALD A. WOOD BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(110) MR. GREGORY J. CHICO BRANCH PRESIDENT / BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(111) MR. GREGORY J. KING BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(112) MR. HARTMAN MITCHELL BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(113) MR. HERSCHEL GENTRY BRANCH TREASURER	1.00	X		X				0.	0.	0.
(114) MR. HUGH CAMPBELL BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(115) MR. JACK LAFLIN BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(116) MR. JAMES J. MUNNIS, ESQ. BRANCH PRESIDENT / BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(117) MR. JAMES LANDER BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(118) MR. JAMES W. AREND BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(119) MR. JAN SLEE BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(120) MR. JAY HAROLD JAKOVIC BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(121) MR. JEAN PAUL ELARD BRANCH TREASURER	1.00	X		X				0.	0.	0.
(122) MR. JEFFREY JOHNSON BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(123) MR. JEFFREY L. SCHNABEL BRANCH MEMBERSHIP CHAIR / BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(124) MR. JEROME HELM BRANCH PRESIDENT / BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(125) MR. JEROME M. GRDINA BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(126) MR. JERRY E. ROCKHOLD 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

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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. JERRY HUFF BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(128) MR. JERRY L. HUGHES BRANCH SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(129) MR. JESSE G. WRIGHT, JR. BRANCH SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(130) MR. JIM HOLT BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(131) MR. JIM N. DIMOS BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(132) MR. JOHN A. PERRY BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(133) MR. JOHN A. QUINTUS BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(134) MR. JOHN BOUBELIK BRANCH TREASURER	1.00	X		X				0.	0.	0.
(135) MR. JOHN BRAZIEL BRANCH SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(136) MR. JOHN C. ROBERTSON BRANCH TREASURER	1.00	X		X				0.	0.	0.
(137) MR. JOHN D. GREGO BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(138) MR. JOHN EVERITT BRANCH SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(139) MR. JOHN F. LEYS BRANCH PRESIDENT / BRANCH SHAKESPEAR	1.00	X		X				0.	0.	0.
(140) MR. JOHN FARRELL BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(141) MR. JOHN G. RILEY BRANCH TREASURER	1.00	X		X				0.	0.	0.
(142) MR. JOHN HAMMAKER BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(143) MR. JOHN HANES BRANCH PRESIDENT / BRANCH SPEAKER CO	1.00	X		X				0.	0.	0.
(144) MR. JOHN KINDRED BRANCH TREASURER / BRANCH VICE PRESI	1.00	X		X				0.	0.	0.
(145) MR. JOHN N. RAMPE BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(146) MR. JOHN O. SELVAGE BRANCH SPEAKER CONTACT / BRANCH TREA	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. JOSEPH P. WALKER, III BRANCH PRESIDENT / BRANCH TREASURER	1.00	X		X				0.	0.	0.
(148) MR. KEENE R. KELLEY BRANCH TREASURER	1.00	X		X				0.	0.	0.
(149) MR. KEITH A. HUBBARD BRANCH TREASURER	1.00	X		X				0.	0.	0.
(150) MR. KEITH W. LERCH BRANCH SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(151) MR. KENNETH G. SORENSEN BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(152) MR. KIRAN MEHTA BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(153) MR. LAWRENCE HOLLINGSWORTH BRANCH PRESIDENT / BRANCH TREASURER	1.00	X		X				0.	0.	0.
(154) MR. LEFTWICH D. KIMBROUGH BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(155) MR. MACLIN D. WHITEMAN BRANCH TREASURER	1.00	X		X				0.	0.	0.
(156) MR. MARK LAWHORN BRANCH PRESIDENT / BRANCH TREASURER	1.00	X		X				0.	0.	0.
(157) MR. MARK STOLLAR BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(158) MR. MARSHALL C. HUNT, JR. BRANCH PRESIDENT / BRANCH SPEAKER CO	1.00	X		X				0.	0.	0.
(159) MR. MATTHEW V. RIGG BRANCH TREASURER	1.00	X		X				0.	0.	0.
(160) MR. MICHAEL D. HAROLD BRANCH SCHOLARSHIP CHAIR / BRANCH SE	1.00	X		X				0.	0.	0.
(161) MR. MICHAEL D. ROSS BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(162) MR. MICHAEL KAKOS BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(163) MR. MIKE AUER BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(164) MR. MILES C. MCDONNELL JR. BRANCH TREASURER	1.00	X		X				0.	0.	0.
(165) MR. NICHOLAS CLASSEN BRANCH PRESIDENT / BRANCH VICE PRESI	1.00	X		X				0.	0.	0.
(166) MR. NIELS LYSTER 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			
(167) MR. O. DELTON HARRISON, JR. BRANCH SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(168) MR. PAUL T. BOGHOSIAN BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(169) MR. PAUL W. BOLTZ BRANCH MEMBERSHIP CHAIR / BRANCH TRE	1.00	X		X				0.	0.	0.
(170) MR. PEGRAM JOHNSON III BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(171) MR. PETER ALLEN BRANCH SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(172) MR. PETER D. GROVER BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(173) MR. PHILIP R. AUSTIN BRANCH SPEAKER CONTACT / BRANCH TREA	1.00	X		X				0.	0.	0.
(174) MR. RALPH M. MCDERMID, JR. BRANCH TREASURER	1.00	X		X				0.	0.	0.
(175) MR. RALPH ROGERS BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(176) MR. RALPH WYNDRUM BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(177) MR. RAYMOND D. SAVAGE BRANCH TREASURER	1.00	X		X				0.	0.	0.
(178) MR. REID MOORE, JR. BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(179) MR. RICHARD I. LAUF BRANCH SPEAKER CONTACT / BRANCH VICE	1.00	X		X				0.	0.	0.
(180) MR. RICHARD S. GOWER BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(181) MR. RICHARD SMARG BRANCH PRESIDENT / BRANCH TREASURER	1.00	X		X				0.	0.	0.
(182) MR. RICHARD T. BIERNACKI BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(183) MR. RICHARD TARNOW BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(184) MR. RICK CHERRY BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(185) MR. ROBERT A. BROOKER BRANCH SPEAKER CONTACT / BRANCH VICE	1.00	X		X				0.	0.	0.
(186) MR. ROBERT A. VINYARD BRANCH PRESIDENT / BRANCH SPEAKER CO	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) MR. ROBERT AMOTT BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(188) MR. ROBERT HANKES BRANCH MEMBERSHIP CHAIR / BRANCH PRE	1.00	X		X				0.	0.	0.
(189) MR. ROBERT J. HUSSON BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(190) MR. ROBERT N BAYLESS BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(191) MR. ROGER F. STACEY BRANCH SPEAKER CONTACT / BRANCH VICE	1.00	X		X				0.	0.	0.
(192) MR. RON FICK BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(193) MR. RONALD BARR BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(194) MR. RONALD H. SCHUCH BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(195) MR. ROY GREENFIELD BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(196) MR. STEPHEN C. KOCH BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(197) MR. STEPHEN MOUTON BRANCH SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(198) MR. TERRANCE A. SECKER BRANCH SPEAKER CONTACT / BRANCH VICE	1.00	X		X				0.	0.	0.
(199) MR. THOMAS D. STEVENSON BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(200) MR. THOMAS STRAUS BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(201) MR. THOMAS WEINZIERL BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(202) MR. W. TUNSTALL SEARCY, JR. BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(203) MR. W. WESLEY DEVOTO OBE BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(204) MR. WARREN EDWARDS BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(205) MR. WAYNE K. MADDOX BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(206) MR. WILLIAM A. MARTIN BRANCH DEVELOPMENT 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			
(207) MR. WILLIAM BERGER BRANCH PRESIDENT / BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(208) MR. WILLIAM G. KELLY, JR. BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(209) MR. WILLIAM J. JORDAN BRANCH TREASURER	1.00	X		X				0.	0.	0.
(210) MR. WILLIAM L. RENFRO BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(211) MR. WILLIAM SCHWARTZ BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(212) MR. WYATT R. HASKELL BRANCH PRESIDENT / BRANCH SPEAKER CO	1.00	X		X				0.	0.	0.
(213) MRS. ADELE EVERETT BRANCH SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(214) MRS. ANN BRANAGAN BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(215) MRS. ANN ROBARDS BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(216) MRS. ANNABELLE RADCLIFFE-TRENN BRANCH TREASURER	1.00	X		X				0.	0.	0.
(217) MRS. ANNE HOGG BRANCH SPEAKER CONTACT / BRANCH TREASURER	1.00	X		X				0.	0.	0.
(218) MRS. ANNE JONES BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(219) MRS. ANNE MCDONALD BRANCH SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(220) MRS. ANNE R. GUERRA BRANCH PRESIDENT / BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(221) MRS. ANNE W. TURNER BRANCH TREASURER	1.00	X		X				0.	0.	0.
(222) MRS. BETTE COOK BRANCH TREASURER	1.00	X		X				0.	0.	0.
(223) MRS. BETTE DUNKER BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(224) MRS. BETTY CLARKE BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(225) MRS. BETTY JANE BRINDEY CHALFA BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(226) MRS. CAROL C. ENGLER 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			
(227) MRS. CAROL VAUGHN BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(228) MRS. CATHERINE BAUM BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(229) MRS. CATHERINE TOWNSEND BRANCH TREASURER	1.00	X		X				0.	0.	0.
(230) MRS. CATHERINE WILDERMUTH BRANCH PRESIDENT / BRANCH SHAKESPEAR	1.00	X		X				0.	0.	0.
(231) MRS. CHARLOTTE NEAL BRANCH SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(232) MRS. CORDELIA THOMPSON BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(233) MRS. CRISTULL HASSON BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(234) MRS. CYNTHIA SECKER BRANCH SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(235) MRS. DAISY P. CROWLEY BRANCH SECRETARY / BRANCH SPEAKER CO	1.00	X		X				0.	0.	0.
(236) MRS. DALE WHEARY BRANCH SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(237) MRS. DEBORAH MCARDLE BRANCH TREASURER	1.00	X		X				0.	0.	0.
(238) MRS. DOE THORNBURG OBE BRANCH PATRON CHAIR	1.00	X		X				0.	0.	0.
(239) MRS. DORIANNE B. PARKER BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(240) MRS. DORSEY C. BREWER BRANCH TREASURER	1.00	X		X				0.	0.	0.
(241) MRS. ELAINE WOOD BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(242) MRS. ELLEN LECOMPTE BRANCH PRESIDENT / BRANCH SHAKESPEAR	1.00	X		X				0.	0.	0.
(243) MRS. FRANCES LANCEFIELD BRANCH TREASURER	1.00	X		X				0.	0.	0.
(244) MRS. FRANCINE ROBERSON BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(245) MRS. FREDERICK W. TOOHEY BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(246) MRS. GAVIN G. K. LETTS BRANCH VICE PRESIDENT	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. GELENE ELLSWORTH BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(248) MRS. GERI DICKS BRANCH MEMBERSHIP CHAIR / BRANCH PRE	1.00	X		X				0.	0.	0.
(249) MRS. GHIA G. TRUESDALE BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(250) MRS. GISELA DAVIS BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(251) MRS. GLORIA NOBLES BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(252) MRS. HARRIET MARGOLIS BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(253) MRS. HARVEY ANNE LEIMBROOK BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(254) MRS. HENRY C. WICK III BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(255) MRS. HERBERT J. MAINWARING BRANCH TREASURER	1.00	X		X				0.	0.	0.
(256) MRS. HILDA GRIFFITH BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(257) MRS. HILTON D. MOSER BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(258) MRS. HOPE PRICE BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(259) MRS. JACQUELINE L. LETT BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(260) MRS. JAMES COOPER BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(261) MRS. JANET SMUGA BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(262) MRS. JEAN BRUCE POOLE BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(263) MRS. JEAN G. HUENEFELD BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(264) MRS. JEAN MORRIS BRANCH PRESIDENT / BRANCH SPEAKER CO	1.00	X		X				0.	0.	0.
(265) MRS. JEAN S. STEPHENS BRANCH CHAIR OF BD.	1.00	X		X				0.	0.	0.
(266) MRS. JEANNE SHORT 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			
(267) MRS. JOHN A. LEWINGTON BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(268) MRS. JUDITH K. FRANCIS BRANCH OFFICE MANAGER	1.00	X		X				0.	0.	0.
(269) MRS. JULIANE WAGENER BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(270) MRS. KAREN MCABEE BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(271) MRS. KATHY EVANS BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(272) MRS. KITTY ROBISON BRANCH MEMBERSHIP CHAIR	0.00	X		X				0.	0.	0.
(273) MRS. LESLIE THOMAS BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(274) MRS. LINDA DEFOOR WICKHAM BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(275) MRS. LINDA FREEMAN BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(276) MRS. LINDA KILLIAN BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(277) MRS. LINDA STEWART BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(278) MRS. LISA DAVIS BRANCH TREASURER	1.00	X		X				0.	0.	0.
(279) MRS. LOIS LEWIS BRANCH TREASURER	1.00	X		X				0.	0.	0.
(280) MRS. LOUISE GENTRY BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(281) MRS. LOUISE HALYAK BRANCH TREASURER	1.00	X		X				0.	0.	0.
(282) MRS. LYN M. BRADFORD BRANCH TREASURER	1.00	X		X				0.	0.	0.
(283) MRS. MALLORY FARRANDS BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(284) MRS. MARGARET FLETCHER BRANCH TREASURER	1.00	X		X				0.	0.	0.
(285) MRS. MARGARET NORWOOD BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(286) MRS. MARIE JACKMAN 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			
(287) MRS. MARION STRATON BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(288) MRS. MARLENE HOLBROOK BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(289) MRS. MARSHA JENSEN BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(290) MRS. MARY ALICE PHELAN BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(291) MRS. MARY KOENIG BRANCH PRESIDENT / BRANCH SHAKESPEARE	1.00	X		X				0.	0.	0.
(292) MRS. MATILDE JONES BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(293) MRS. MELODY BLANKENSHIP BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(294) MRS. MINETTE SABER BRANCH SPEAKER CONTACT / BRANCH VICE	1.00	X		X				0.	0.	0.
(295) MRS. MORTIMER L. CURRAN BRANCH MEMBERSHIP CHAIR / BRANCH VIC	1.00	X		X				0.	0.	0.
(296) MRS. NANCY HOLLINGSWORTH BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(297) MRS. NANCY KARAPIN BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(298) MRS. NATALIE KOPPLIN BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(299) MRS. NATALIE THOMAS PRAY BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(300) MRS. NELDA NARDONE BRANCH TREASURER	1.00	X		X				0.	0.	0.
(301) MRS. PATRICA SHERMAN BRANCH SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(302) MRS. PATRICIA T. ALEXANDER BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(303) MRS. PATRICIA TAYLOR BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(304) MRS. PATRICIA WOODS BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(305) MRS. PHYLLIS BLANCHARD BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(306) MRS. PHYLLIS DONNELLY-INGOLD BRANCH MEMBERSHIP CHAIR / BRANCH VIC	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			
(307) MRS. POLLY WILLIAMS COX BRANCH SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(308) MRS. RENEE GLIDDEN BRANCH TREASURER	1.00	X		X				0.	0.	0.
(309) MRS. RHODA AUER BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(310) MRS. RICK PITTMAN BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(311) MRS. RITA T. POTTER BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(312) MRS. ROBERT J. MARMION BRANCH SHAKESPEARE COORDINATOR /BRAN	1.00	X		X				0.	0.	0.
(313) MRS. ROSE GORDON BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(314) MRS. ROY L. MCDONALD BRANCH SPEAKER CONTACT / BRANCH VICE	1.00	X		X				0.	0.	0.
(315) MRS. SALLIE H. SPILLER BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(316) MRS. SANDRA FRANK BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(317) MRS. SHARON HABERER BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(318) MRS. SHED H. CAFFEY BRANCH SCHOLARSHIP CHAIR	1.00	X		X				0.	0.	0.
(319) MRS. SHIRLEY P. SPEARS BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(320) MRS. SIDNEY MCGINTY BRANCH TREASURER	1.00	X		X				0.	0.	0.
(321) MRS. STEPHANIE HILLARD BRANCH SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(322) MRS. SUE LLOYD BRANCH MEMBERSHIP CHAIR / BRANCH SEC	1.00	X		X				0.	0.	0.
(323) MRS. SUSAN B. SMITH BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(324) MRS. SUSAN J. LAUF BRANCH TREASURER	1.00	X		X				0.	0.	0.
(325) MRS. SUSAN JAROSZ BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(326) MRS. SUSAN R. WILLIAMS BRANCH VICE PRESIDENT	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			
(327) MRS. SUSAN S. HUSSON BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(328) MRS. SUZANNE LAVINS BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(329) MRS. TERRI DULA BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(330) MRS. TOMMIE PARDUE BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(331) MRS. VALERIE COTTON BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(332) MRS. WENDY DAVENPORT BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(333) MRS. WENDY H. JONES BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(334) MRS. WENDY HANKES BRANCH TREASURER	1.00	X		X				0.	0.	0.
(335) MS. ALICE S. KIRBY BRANCH PRESIDENT / BRANCH VICE PRESI	1.00	X		X				0.	0.	0.
(336) MS. ALINE J. GORRINGE BRANCH SPEAKER CONTACT / BRANCH VICE	1.00	X		X				0.	0.	0.
(337) MS. ALLIS RENNIE BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(338) MS. ANDRELLA T. BRUNSON BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(339) MS. ANGELA RUBIN BRANCH SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(340) MS. ANN HOLLAND BRANCH SCHOLARSHIP CHAIR	1.00	X		X				0.	0.	0.
(341) MS. ANNALEE BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(342) MS. BARBARA BARBARICS BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(343) MS. BARBARA G. WILLETTE BRANCH MEMBERSHIP CHAIR / BRANCH PRE	1.00	X		X				0.	0.	0.
(344) MS. BARBARA MURRAY BRANCH OFFICE MANAGER	1.00	X		X				0.	0.	0.
(345) MS. BARBARA R. NEVIUS BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(346) MS. BARBARA SCHEU BRANCH VICE PRESIDENT	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			
(347) MS. BARBARA T. MARTIN BRANCH DEVELOPMENT CHAIR	1.00	X		X				0.	0.	0.
(348) MS. BETH GODDARD BRANCH OFFICE MANAGER	1.00	X		X				0.	0.	0.
(349) MS. BETH SMALLEY ROBERTS BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(350) MS. BETSY LAFLIN BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(351) MS. BRANDY S. CULP BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(352) MS. CAMI VAN ANNE BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(353) MS. CANDANCE GILMARTIN BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(354) MS. CAROL S. A. GIBSON BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(355) MS. CAROLE A. RIECK BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(356) MS. CAROLYN L. REED BRANCH SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(357) MS. CATERINA KAVANAGH BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(358) MS. CHARLOTTE E. CHUMLEA BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(359) MS. CHRISTINA PORTER BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(360) MS. CHRISTINE IMRAN BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(361) MS. COLLEEN PORTER BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(362) MS. CONSTANCE W. ATWELL BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(363) MS. COURTNEY PITT BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(364) MS. D. ELIZABETH CROMPTON BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(365) MS. DENISE M. NIGHMAN BRANCH SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(366) MS. DOROTHY CHIPPS 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			
(367) MS. DOT SOWERBY BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(368) MS. DREW GIBBONS BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(369) MS. DULCIE BULL BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(370) MS. EDNA L. FULLER BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(371) MS. ELAINE JENKS EMERSON BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(372) MS. ELAINE MESIGH BRANCH TREASURER	1.00	X		X				0.	0.	0.
(373) MS. ELEANOR GIBBS BRANCH TREASURER	1.00	X		X				0.	0.	0.
(374) MS. ELSA LITTLE BRANCH TREASURER	1.00	X		X				0.	0.	0.
(375) MS. FRANCES ALISON BOK BRANCH TREASURER	1.00	X		X				0.	0.	0.
(376) MS. GEORGIA LOCHRIDGE BRANCH TREASURER	1.00	X		X				0.	0.	0.
(377) MS. GINGER BRYANT BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(378) MS. GLORIA A. LAVERTY BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(379) MS. GWEN DIXIE BRANCH TREASURER	1.00	X		X				0.	0.	0.
(380) MS. HILDA LEWIS BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(381) MS. HIROMI OKUMURA BRANCH TREASURER	1.00	X		X				0.	0.	0.
(382) MS. JACLYN JERABEK BRANCH SPEAKER CONTACT / BRANCH TREA	1.00	X		X				0.	0.	0.
(383) MS. JACQUELINE MILLS BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(384) MS. JACQUELINE WILLIAMS BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(385) MS. JACQUELYN HOVANESIAN BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(386) MS. JANE EARLE BRANCH PRESIDENT	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			
(387) MS. JANET PITMAN BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(388) MS. JANICE FLANAGAN BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(389) MS. JANIFER BENNETT BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(390) MS. JENNIFER DEREMER BRANCH TREASURER	1.00	X		X				0.	0.	0.
(391) MS. JENNIFER G. FIDURA BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(392) MS. JO ELLIS BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(393) MS. JOANN WALLACE BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(394) MS. JUDY BECK BRANCH TREASURER	1.00	X		X				0.	0.	0.
(395) MS. JULIE A. ROBINSON BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(396) MS. JUNE F. INMAN BRANCH SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(397) MS. KAREN LANNAN BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(398) MS. KATHLEEN CREEKMUIR BRANCH SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(399) MS. KATHRYN LANG BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(400) MS. KAY MILLER BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(401) MS. KIM THEISS BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(402) MS. KITTY COMSTOCK BRANCH OFFICE MANAGER	1.00	X		X				0.	0.	0.
(403) MS. LAURA J. PHELPS BRANCH PRESIDENT / BRANCH TREASURER	1.00	X		X				0.	0.	0.
(404) MS. LINDA A. DRYDEN BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(405) MS. LISA H. HOFFMAN BRANCH SPEAKER CONTACT / BRANCH VICE	1.00	X		X				0.	0.	0.
(406) MS. LORNA BENNETT 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			
(407) MS. LOUISE CECIL BRANCH MEMBERSHIP CHAIR / BRANCH PRE	1.00	X		X				0.	0.	0.
(408) MS. LYNN HAFF BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(409) MS. LYNN ROGERS BRANCH TREASURER	1.00	X		X				0.	0.	0.
(410) MS. MADELINE LEVINSON BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(411) MS. MARCIA D. ROWEN BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(412) MS. MARGARET KING BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(413) MS. MARTHA A. BARNHILL BRANCH SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(414) MS. MARTHA CHAWNER BRANCH SHAKESPEARE COORDINATOR / BRA	1.00	X		X				0.	0.	0.
(415) MS. MARY H. BRADBURY BRANCH SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(416) MS. MARY O'KANE BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(417) MS. MARY-PATRICIA WARNEKE BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(418) MS. MAUREEN MAUDE BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(419) MS. MAUREEN QUIMBY BRANCH SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(420) MS. MELISSA R. CULVER BRANCH TREASURER	1.00	X		X				0.	0.	0.
(421) MS. MICHELE MANN BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(422) MS. NADINE KOFMAN BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(423) MS. NANCY DANZER BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(424) MS. NANCY MAHAR BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(425) MS. NORMA FERGUSON BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(426) MS. OLIVIA CAMBS 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			
(427) MS. PAMELA GRABCYNSKI BRANCH SPEAKER CONTACT / BRANCH VICE	1.00	X		X				0.	0.	0.
(428) MS. PATRICIA A. MOORE BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(429) MS. PATRICIA BATES BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(430) MS. PATRICIA HAGGERTY BRANCH OFFICE MANAGER	1.00	X		X				0.	0.	0.
(431) MS. PATRICIA JOHNSTON BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(432) MS. PATRICIA LYONS MCNEER BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(433) MS. PATRICIA OSBORN BRANCH SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(434) MS. PATRICIA S. TALTON BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(435) MS. PATRICIA WILSON BRANCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(436) MS. PAULA A. SASSI BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(437) MS. PEGGY L. PHILLIPS BRANCH SHAKESPEARE COORDINATOR / BRA	1.00	X		X				0.	0.	0.
(438) MS. RAE ANNIS BRANCH TREASURER	1.00	X		X				0.	0.	0.
(439) MS. ROSE GORDON BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(440) MS. RUTH A. BRYANT BRANCH PRESIDENT / BRANCH SPEAKER CO	1.00	X		X				0.	0.	0.
(441) MS. SANDRA BOYD BRANCH SPEAKER CONTACT	1.00	X		X				0.	0.	0.
(442) MS. SARAH L. ATWOOD BRANCH PRESIDENT / BRANCH VICE PRESI	1.00	X		X				0.	0.	0.
(443) MS. SARAH L. WILLIAMS BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(444) MS. SHAWNNA CHAMBERLIN BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(445) MS. SHEILA W. LEITH BRANCH SHAKESPEARE COORDINATOR / BRA	1.00	X		X				0.	0.	0.
(446) MS. SHERRY WEISS 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			
(447) MS. SONJA HERZINGER BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(448) MS. STEFANIE SASAKI BRANCH SHAKESPEARE COORDINATOR	1.00	X		X				0.	0.	0.
(449) MS. STEPHANIE MORRELL BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(450) MS. SUE GRAY-GOLLER BRANCH TREASURER	1.00	X		X				0.	0.	0.
(451) MS. SUSAN CAMPBELL BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
(452) MS. SUSAN M. FERRIS BRANCH PRESIDENT / BRANCH SPEAKER CO	1.00	X		X				0.	0.	0.
(453) MS. SUSAN TIPPETT BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(454) MS. SUSANNA ADKINS BRANCH OFFICE MANAGER	1.00	X		X				0.	0.	0.
(455) MS. SUSANNAH G. PATTON BRANCH OFFICE MANAGER	1.00	X		X				0.	0.	0.
(456) MS. SUZANNE BARKSDALE RICE BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(457) MS. VALERIE J. DEELY GOLDBLATT BRANCH MEMBERSHIP CHAIR / BRANCH SEC	1.00	X		X				0.	0.	0.
(458) MS. VICTORIA ARNOLD BRANCH OFFICE MANAGER	1.00	X		X				0.	0.	0.
(459) MS. VIRGINIA DE LA GARZA BRANCH MEMBERSHIP CHAIR	1.00	X		X				0.	0.	0.
(460) MS. VIRGINIA O. DULWORTH BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(461) MS. WENDY LOW BRANCH PRESIDENT / BRANCH SHAKESPEAR	1.00	X		X				0.	0.	0.
(462) REV. ANNE MARIE RICHARDS BRANCH TREASURER	1.00	X		X				0.	0.	0.
(463) REV. DR. JOHN FREDERICK BRANCH SECRETARY	1.00	X		X				0.	0.	0.
(464) SUSAN FORD HAMMAKER RN, PHD BRANCH PRESIDENT	1.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of RevenueCheck 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 198,008.				
	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 620,567.				
	g Noncash contributions included in lines 1a-1f: \$	16,603.				
	h Total. Add lines 1a-1f		818,575.			
Program Service Revenue	2 a EVENTS INCOME	Business Code 541990	612,164.	612,164.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		612,164.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		100,825.			100,825.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real 1,685.				
	b Less: rental expenses	0.				
	c Rental income or (loss)	1,685.				
	d Net rental income or (loss)		1,685.			1,685.
	7 a Gross amount from sales of assets other than inventory	(i) Securities 479,512.				
	b Less: cost or other basis and sales expenses	239,756.				
	c Gain or (loss)	239,756.				
	d Net gain or (loss)		239,756.			239,756.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a 211,789.				
	b Less: direct expenses	b 162,111.				
	c Net income or (loss) from fundraising events		49,678.			49,678.
	9 a Gross income from gaming activities. See Part IV, line 19	a 2,803.				
	b Less: direct expenses	b 0.				
	c Net income or (loss) from gaming activities		2,803.			2,803.
10 a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11 a OTHER INCOME	541990	7,158.			7,158.	
b INITIATION FEES	541990	1,685.			1,685.	
c						
d All other revenue						
e Total. Add lines 11a-11d		8,843.				
12 Total revenue. See instructions.		1,834,329.	612,164.	0.	403,590.	

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 governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	356,651.	356,651.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. 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	57,936.	13,786.	44,150.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	3,525.	839.	2,686.	
11 Fees for services (non-employees):				
a Management				
b Legal	4,927.	4,927.		
c Accounting	3,302.		3,302.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	22,965.		22,965.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	57,183.	7,180.	50,003.	
12 Advertising and promotion				
13 Office expenses	67,486.	47,840.	19,646.	
14 Information technology				
15 Royalties				
16 Occupancy	13,557.	2,600.	10,957.	
17 Travel	2,733.	2,563.	170.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	658,321.	643,223.	15,098.	
20 Interest	85.		85.	
21 Payments to affiliates	52,620.	52,620.		
22 Depreciation, depletion, and amortization	187.		187.	
23 Insurance	9,642.	525.	9,117.	
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	132,565.	132,515.	50.	
b SHAKESPEARE INSTITUTE	28,846.	28,846.		
c MISCELLANEOUS	22,053.	8,870.	13,183.	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,494,584.	1,302,985.	191,599.	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)

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	1,132,025.	1	1,183,515.
	2 Savings and temporary cash investments	1,795,067.	2	860,104.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	41,041.	4	23,114.
	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	7,845.	9	8,000.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b		
	11 Investments - publicly traded securities	2,792,876.	11	4,657,553.
	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	26,590.	15	30,358.
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,795,444.	16	6,762,644.	
Liabilities	17 Accounts payable and accrued expenses	28,602.	17	41,290.
	18 Grants payable	9,686.	18	7,500.
	19 Deferred revenue	1,160.	19	1,378.
	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	22,785.	25	15,385.
	26 Total liabilities. Add lines 17 through 25	62,233.	26	65,553.
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	5,733,211.	27	6,697,091.
	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	5,733,211.	33	6,697,091.	
34 Total liabilities and net assets/fund balances	5,795,444.	34	6,762,644.	

Form 990 (2013)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,834,329.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,494,584.
3	Revenue less expenses. Subtract line 2 from line 1	3	339,745.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,733,211.
5	Net unrealized gains (losses) on investments	5	624,126.
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	9.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,697,091.

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		X
2b	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		X
2c	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.		
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?		X
3b	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		

Form **990** (2013)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2013

Open to Public
Inspection

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

Name of the organization **THE ENGLISH-SPEAKING UNION OF THE UNITED STATES - 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 that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____	11g(i)	
(ii) A family member of a person described in (i) above? _____	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? _____	11g(iii)	

h 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 in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 IV.)						
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 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2013. 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 - 2012. 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 - 2013. 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 IV 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 - 2012. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	801,871.	630,738.	605,926.	791,881.	818,575.	3,648,991.
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	856,799.	842,653.	863,649.	826,035.	612,164.	4,001,300.
3 Gross receipts from activities that are not an unrelated trade or business under section 513					52,481.	52,481.
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	1,658,670.	1,473,391.	1,469,575.	1,617,916.	1,483,220.	7,702,772.
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.)						7,702,772.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	1,658,670.	1,473,391.	1,469,575.	1,617,916.	1,483,220.	7,702,772.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	85,489.	96,648.	122,797.	120,202.	102,510.	527,646.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	85,489.	96,648.	122,797.	120,202.	102,510.	527,646.
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 IV.)	35,301.	53,604.	84,337.	3,229.	8,843.	185,314.
13 Total support. (Add lines 9, 10c, 11, and 12.)	1,779,460.	1,623,643.	1,676,709.	1,741,347.	1,594,573.	8,415,732.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	91.53 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	91.19 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	6.27 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	6.04 %

19a 33 1/3% support tests - 2013. 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 - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV **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

2009 AMOUNT: \$ 35,301.

2010 AMOUNT: \$ 53,604.

2011 AMOUNT: \$ 84,337.

2012 AMOUNT: \$ 3,229.

2013 AMOUNT: \$ 8,843.

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

2013**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 foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.**Special Rules**☐ For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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 of \$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) (2013)

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	BEVERLY PERSKY 180 E. PEARSON STREET. APT. 6106 CHICAGO, IL 60611	\$ 18,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	BRITIAN MEETS THE BAY 206 CLARK DRIVE SAN MATEO, CA 94109	\$ 11,244.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	CLEVELAND BRANCH SCHOLARSHIP TRUST 1082 KIRTLAND LANE LAKEWOOD, OH 44107	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	ENGLISH SPEAKING UNION MARYLAND BRANCH 406 BOSLEY AVENUE TOWSON, MD 21204	\$ 16,603.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	ESTATE OF DAVID GORDON 43 NORHT COURT STREET WESTMINSTER, MD 21157	\$ 46,631.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE ENGLISH-SPEAKING UNION OF THE UNITED STATES - 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
7	ESTATE OF JOAN HEMPY 5551 RIDGEWOOD DRIVE, # 501 NAPLES, FL 34108	\$ 233,443.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	GENE STOTE 3330 ROBIN ROAD LOUISVILLE, KY 40213	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	ISLE FRIEND ESTATE 144 EAST 39TH STREET NEW YORK, NY 10016	\$ 33,807.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	MARIAN JOHNSON 144 EAST 39TH STREET NEW YORK, NY 10016	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	MRS. DAVID J. MCDANIEL 1250 JONES STREET, # 101 SAN FRANCISCO, CA 94109	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	SIDNEY STERN TRUST 144 EAST 39TH STREET NEW YORK, NY 10016	\$ 6,500.	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

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

23-7037147

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

[illegible]

Name of organization THE ENGLISH-SPEAKING UNION OF THE UNITED STATES - GROUP RETURN	Employer identification number 23-7037147
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ► \$ _____

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
1			
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
2			
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
3			
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
4			
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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

DALLAS	4046 HIGH SUMMIT - DALLAS, TX 75244	75-6063720
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

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.

OMB No. 1545-0047

2013Open to Public
Inspection▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990Name 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 contributions to (during year)		
3 Aggregate 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).

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

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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)? ☐ Yes ☐ No

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

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

Complete if the organization answered "Yes" 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) Revenues 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 Revenues 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

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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? ☐ 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

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

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

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 10(c).) ☐ 0.

Schedule D (Form 990) 2013

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	15,385.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	15,385.	

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 ☐

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 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.

SCHEDULE G
(Form 990 or 990-EZ)

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

2013

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.

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.

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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		NEW YEARS EVE	FIRST LADY OF BV	13		
		(event type)	(event type)	(total number)		
1	Gross receipts	47,826.	13,320.	150,643.	211,789.	
2	Less: Contributions					
3	Gross income (line 1 minus line 2)	47,826.	13,320.	150,643.	211,789.	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	55,358.	9,753.	97,000.	162,111.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				162,111.
	11	Net income summary. Subtract line 10 from line 3, column (d)				49,678.

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			
	2	Cash prizes			
Direct Expenses	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 operates gaming activities: _____

a Is the organization licensed to operate 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: _____

- 11** Does the organization operate 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 operated 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 complete this part to provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2013

**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 **General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II **Grants and Other Assistance to Governments and Organizations in the United States.** 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.

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

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

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

Schedule I (Form 990) (2013)

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

23-7037147

Part III

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
ESU SCHOLARSHIPS	78	146,754.	0.		
BRITISH UNIVERSITY SUMMER SCHOOL SCHOLARSHIPS	41	209,897.	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:

EXPLANATION: 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.

OMB No. 1545-0047

2013

Open to Public
Inspection

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

Name of the organization THE ENGLISH-SPEAKING UNION OF THE UNITED STATES - GROUP RETURN	Employer identification number 23-7037147
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FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

USES THE SHARED BOND OF THE ENGLISH LANGUAGE TO IMPROVE LIVES AND

COMMUNICATION THROUGH A VARIETY OF EDUCATIONAL AND CULTURAL PROGRAMS.

IT WAS FORMALLY ORGANIZED IN 1920 FROM THE CONVICTION OF ITS FOUNDER,

SIR EVELYN WRENCH, THAT, GIVEN THE OPPORTUNITY TO KNOW ONE ANOTHER

PERSONALLY, PEOPLE WHO SHARED A COMMON LANGUAGE WOULD DISCOVER THAT

THEY ALSO SHARED VALUES, WHATEVER THEIR DIFFERENCES IN NATIONALITY OR

BACKGROUND. WHILE IT STARTED IN BRITAIN AND IN THE UNITED STATES AS AN

ANGLO-AMERICAN ASSOCIATION, THE ORGANIZATION HAS GROWN TO INCLUDE

ENGLISH-SPEAKING UNIONS IN OVER 50 COUNTRIES.

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

ADMINISTERED THE LOCAL COMPETITIONS AND THE WINNERS OF THOSE LOCAL

COMPETITIONS WERE SENT TO NEW YORK CITY FOR THE ESU NATIONAL

SHAKESPEARE COMPETITION HELD ON STAGE AT LINCOLN CENTER. THE

COMPETITORS ARE USUALLY VASTLY DIVERSE ETHNICALLY, RACIALLY AND

ECONOMICALLY AND HAVE INCLUDED FIRST GENERATION AMERICANS FROM HOMES

WHERE ENGLISH IS NOT THE PRIMARY LANGUAGE. APPROXIMATELY SEVENTY

PERCENT OF THE LOCAL BRANCH COMPETITION WINNERS COME FROM PUBLIC

SCHOOLS. THE COMPETITION'S PANELS OF JUDGES INCLUDE ACTORS AND

THEATRICAL TEACHERS, DIRECTORS, CRITICS AND INSTRUCTORS OF LITERATURE

AND ENGLISH. SEVERAL ESU BRANCHES PARTNER WITH COMMUNITY INSTITUTIONS

TO SPONSOR WORKSHOPS FOR TEACHERS ON TEACHING SHAKESPEARE THROUGH

PERFORMANCE.

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

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

Schedule O (Form 990 or 990-EZ) (2013)

332211
09-04-13

FINAL AS FILED

Schedule O (Form 990 or 990-EZ) (2013)

Page 2

Name of the organization	THE ENGLISH-SPEAKING UNION OF THE UNITED STATES - GROUP RETURN	Employer identification number	23-7037147
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TUITION GRANTS AND TRAVEL STIPENDS SO THAT THE TEACHERS MAY BECOME STUDENTS THEMSELVES, AND STUDY ENGLISH LITERATURE, TEACHING SHAKESPEARE THROUGH PERFORMANCE OR SOCIAL STUDIES IN ENGLAND AND SCOTLAND. IN FISCAL YEAR ENDING 6/30/14, 46 AMERICAN HIGH SCHOOL TEACHERS WERE AWARDED SUMMER SCHOLARSHIPS. SINCE THE PROGRAM'S INCEPTION, MORE THAN 2,000 HIGH SCHOOL AND MIDDLE SCHOOL TEACHERS BE RECEIVED THESE SCHOLARSHIPS.

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

EXPLANATION: 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:

EXPLANATION: 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:

332212
09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

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EXPLANATION: MEMBERS HAVE THE RIGHT TO APPROVE BOARD MEMBER NOMINATIONS.

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

EXPLANATION: 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 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:

EXPLANATION: 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

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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.

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

EXPLANATION: 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:

EXPLANATION: THE ORGANIZATION'S FEDERAL FORM 990 IS AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE SERVICE

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THE ENGLISH-SPEAKING UNION OF THE UNITED STATES - GROUP RETURN	23-7037147

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 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 9.

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

DALLAS	4046 HIGH SUMMIT - DALLAS, TX 75244	75-6063720
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