

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**  
Open to Public Inspection

**A** For the 2015 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>The Mangrove Foundation</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>c/o The Atlantic Philanthropies 16 We</b> City or town, state or province, country, and ZIP or foreign postal code <b>Hamilton, Bermuda BERMUDA HM GX</b> <b>F</b> Name and address of principal officer: <b>David Walsh</b> <b>c/o Atlantic Philanthropies, 75 Varick St, N</b>	<b>D</b> Employer identification number <b>98-0216844</b> <b>E</b> Telephone number <b>(441) 295-4896</b> <b>G</b> Gross receipts \$ <b>49598858.</b> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)( <b>4</b> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>N/A</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: <b>1999</b> <b>M</b> State of legal domicile: <b>BD</b>		

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>The purpose of the Mangrove Foundation is the promotion of social welfare.</b> <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) <span style="float:right">3 <u>2</u></span> <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <span style="float:right">4 <u>2</u></span> <b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a) <span style="float:right">5 <u>0</u></span> <b>6</b> Total number of volunteers (estimate if necessary) <span style="float:right">6 <u>0</u></span> <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <span style="float:right">7a <u>0.</u></span> <b>7b</b> Net unrelated business taxable income from Form 990-T, line 34 <span style="float:right">7b <u>69613.</u></span>																												
<b>Revenue</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th style="text-align:center;">Prior Year</th> <th style="text-align:center;">Current Year</th> </tr> <tr> <td><b>8</b> Contributions and grants (Part VIII, line 1h)</td> <td style="text-align:right;">0.</td> <td style="text-align:right;">0.</td> </tr> <tr> <td><b>9</b> Program service revenue (Part VIII, line 2g)</td> <td style="text-align:right;">0.</td> <td style="text-align:right;">0.</td> </tr> <tr> <td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 5)</td> <td style="text-align:right;">56849839.</td> <td style="text-align:right;">49598858.</td> </tr> <tr> <td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6, 9c, 10c, and 11e)</td> <td style="text-align:right;">0.</td> <td style="text-align:right;">0.</td> </tr> <tr> <td><b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII column (A), line 12)</td> <td style="text-align:right;">56849839.</td> <td style="text-align:right;">49598858.</td> </tr> </table>		Prior Year	Current Year	<b>8</b> Contributions and grants (Part VIII, line 1h)	0.	0.	<b>9</b> Program service revenue (Part VIII, line 2g)	0.	0.	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 5)	56849839.	49598858.	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6, 9c, 10c, and 11e)	0.	0.	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII column (A), line 12)	56849839.	49598858.										
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**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <i>David Walsh</i> <b>David Walsh, President</b> Type or print name and title	Date <b>1-15-2016</b>
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<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶	Firm's EIN ▶		Phone no.	
	Firm's address ▶				

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

9-50 20

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 purpose of The Mangrove Foundation is the promotion of social welfare throughout the world, including through grants to nonprofit organizations which promote assistance to the disadvantaged, particularly those that serve children and youth and the ageing, and

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 X

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 X

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 \$ 4000000. including grants of \$ 4000000. ) (Revenue \$ )

Grant to China Medical Board to advance health equity in Southeast Asia by identifying, connecting and preparing a generation of young multi-disciplinary leaders dedicated to driving systemic change to advance health equity.

4b (Code ) (Expenses \$ 5000000. including grants of \$ 5000000. ) (Revenue \$ )

Grant to Open Society Foundations to ensure the longer term sustainability of a small number of key human rights organisations that advocate for the Constitution in South Africa.

4c (Code ) (Expenses \$ 2500000. including grants of \$ 2500000. ) (Revenue \$ )

Grant to Center on Budget and Policy Priorities to support the launch of a new, in-house institute to develop in-depth, long-term solutions to major policy issues affecting low-income, vulnerable populations and for a leadership development program on fiscal policy.

4d Other program services (Describe in Schedule O)

(Expenses \$ 18208675. including grants of \$ 18208675. ) (Revenue \$ )

4e Total program service expenses 65708675.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
<b>23</b> 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	
<b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
<b>27</b> 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
<b>28</b> 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)		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>b</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
<b>c</b> 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	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</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>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	X	

**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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	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		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</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		
<b>c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

**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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	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?		X
<b>3</b>	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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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?	X	
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	a The governing body?	X	
<b>8b</b>	b Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>10b</b>	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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b>	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?		X
<b>15</b>	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?		
<b>15a</b>	a The organization's CEO, Executive Director, or top management official		X
<b>15b</b>	b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		X
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>16b</b>	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?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed None
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: Mei Wang - 441.294.4963  
Sterling House, Wesley Street, Hamilton BERMUDA HM GX





**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	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				
	g	Noncash contributions included in lines 1a-1f \$					
	h	<b>Total. Add lines 1a-1f</b>					
	<b>Program Service Revenue</b>			<b>Business Code</b>			
2 a							
b							
c							
d							
e							
f		All other program service revenue					
g	<b>Total. Add lines 2a-2f</b>						
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts)		17489400.		17489400.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	(ii) Personal			
		b	Less: rental expenses				
		c	Rental income or (loss)				
		d	Net rental income or (loss)				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b	Less: cost or other basis and sales expenses				
		c	Gain or (loss)				
		d	Net gain or (loss)			32109458.	32109458.
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
		b	Less: direct expenses	b			
		c	Net income or (loss) from fundraising events				
	9 a	Gross income from gaming activities See Part IV, line 19	a				
		b	Less: direct expenses	b			
		c	Net income or (loss) from gaming activities				
	10 a	Gross sales of inventory, less returns and allowances	a				
b		Less: cost of goods sold	b				
c		Net income or (loss) from sales of inventory					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
11 a							
	b						
	c						
	d	All other revenue					
e	<b>Total. Add lines 11a-11d</b>						
12	<b>Total revenue. See instructions.</b>			49598858.	0.	0.49598858.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	61330802.	61330802.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	4377873.	4377873.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages				
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes				
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management	1000000.		1000000.	
<b>b</b> Legal				
<b>c</b> Accounting	7000.		7000.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	-546404.		-546404.	
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses				
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy				
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization				
<b>23</b> Insurance				
<b>24</b> 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.)				
<b>a</b> Tax	95000.		95000.	
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	66264271.	65708675.	555596.	0.
<b>26</b> 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
	2 Savings and temporary cash investments	0.	2 0.
	3 Pledges and grants receivable, net		3
	4 Accounts receivable, net		4
	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		9
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	
	b Less accumulated depreciation	10b	10c
	11 Investments - publicly traded securities		11
	12 Investments - other securities See Part IV, line 11	192771125.	12 156801493.
	13 Investments - program-related See Part IV, line 11		13
	14 Intangible assets		14
	15 Other assets See Part IV, line 11		15
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	192771125.	16 156801493.	
Liabilities	17 Accounts payable and accrued expenses	0.	17 102000.
	18 Grants payable	25233968.	18 54787916.
	19 Deferred revenue		19
	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		25
	26 <b>Total liabilities.</b> Add lines 17 through 25	25233968.	26 54889916.
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>		
	27 Unrestricted net assets	167537157.	27 101911577.
	28 Temporarily restricted net assets		28
	29 Permanently restricted net assets		29
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>		
	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	167537157.	33 101911577.	
34 <b>Total liabilities and net assets/fund balances</b>	192771125.	34 156801493.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	49598858.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	66264271.
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-16665413.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	167537157.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-39173097.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-9787070.
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	101911577.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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		
<b>2a</b>	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
<b>b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>c</b>	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		
<b>3a</b>	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
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2015)

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**  
Open to Public  
Inspection

Name of the organization **The Mangrove Foundation** Employer identification number **98-0216844**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Preservation of land for public use (e.g., recreation or education)  Preservation of a historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

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

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

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

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

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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 on lines 2a, 2b, and 2c should equal 100%

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

- (i) unrelated organizations
- (ii) related organizations

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

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

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests	156801493.	End-of-Year Market Value
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	156801493.	

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

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.**

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	638691.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-39173097.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	-39173097.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	39811788.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII)	<b>4b</b>	9787070.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	9787070.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	49598858.

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

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	66264271.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	66264271.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	66264271.

**Part XIII Supplemental Information.**

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

**Part XI, Line 4b - Other Adjustments:**

Dividend from AFC in excess of book gain 9787070.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

Employer identification number

**The Mangrove Foundation**

**98-0216844**

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
Bermuda	1	1	Independent Audit procedures		7000.
<b>3 a Sub-total</b>	1	1			7000.
<b>b Total from continuation sheets to Part I</b>	0	0			0.
<b>c Totals (add lines 3a and 3b)</b>	1	1			7000.

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Bermuda	To provide core support to this anchor nonprofit agency for	200000.		0.		
		Bermuda	"To build capacity to sustain social change through support for this anchor	86535.		0.		
		Ireland	"To achieve better outcomes for young people in Ireland by supporting a Best	121010.		0.		
		Ireland	To improve outcomes for vulnerable populations by supporting the	15665.		0.		
		Vietnam	To ensure sustainability of the country's leading institution of public	678000.		0.		
		Vietnam	To improve health outcomes for the marginalised population by	300000.		0.		
		South Africa	To provide core support to this news service that will enable it to hold	172800.		0.		
		South Africa	To conclude our support to advance the human and socio-economic rights	657694.		0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

See Part V for Column (d) descriptions 18

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Ireland	"To enable more older people with dementia to live and die at home with dignity, by	116169.		0.		
		Australia	To improve the evidence-based planning for effective and	250000.		0.		
		Australia	To improve the country's nursing education and training by building	780000.		0.		
		Vietnam	To complete the primary health care reform and improve access to quality	1000000.		0.		



**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)  Yes  No

Schedule F (Form 990) 2015

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs. expenditures per region); Part II, line 1 (accounting method), Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

**Part I, Line 2:**

We take all reasonable measures to fulfill our responsibilities as a tax exempt social welfare organization. We want to make sure that our funds are used for the intended purposes and do not support illegal activities. Because we appreciate the important work that our grantees do around the world, we strive to fulfill our oversight responsibilities without creating undue burdens for them or being unduly intrusive into their affairs. To ensure the appropriate use of our grant funds and compliance with all laws, the foundation has extensive procedures for making and monitoring grants. These include the following: a pre-grant review, legal review, counter-signed grant letters, site visits, and periodic financial and narrative reports.

**Part II, Column (d):**

Region: Bermuda

(d) Purpose of Grant: To provide core support to this anchor nonprofit agency, for implementation of its agenda to secure policy and service-sector gains that improve the lives of older people as well strengthen Age Concern for the longer term.

Region: Bermuda

(d) Purpose of Grant: "To build capacity to sustain social change through support for this anchor organisation, which advances the rule of law and improves access to justice for citizens and residents by championing compliance with international human rights law.

Region: Ireland

**Part V** Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs expenditures per region), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

(d) Purpose of Grant: "To achieve better outcomes for young people in Ireland by supporting a Best Practice Unit in its transition to sustainability, as it delivers evidence based programmes, particularly for young people experiencing adversity.

Region: Ireland

(d) Purpose of Grant: To improve outcomes for vulnerable populations by supporting the development and application of integrated models of service planned and delivered across the lifecourse.

Region: Vietnam

(d) Purpose of Grant: To ensure sustainability of the country's leading institution of public health by improving human resource capacity in teaching, research and operations management in preparation for a campus expansion.

Region: Vietnam

(d) Purpose of Grant: To improve health outcomes for the marginalised population by strengthening the capacity of this national Institute to take actions on health inequity and conduct research on equity in health.

Region: South Africa

(d) Purpose of Grant: To provide core support to this news service that will enable it to hold government accountable to citizens by investigating, analysing and reporting authoritatively on public health issues.

**Part V** Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

Region: South Africa

(d) Purpose of Grant: To conclude our support to advance the human and socio-economic rights of asylum seekers, refugees and undocumented migrants, by providing core support to key organisations and leveraging additional resources for the future.

Region: Ireland

(d) Purpose of Grant: "To enable more older people with dementia to live and die at home with dignity, by supporting the development and dissemination of best practice models of innovation and care.

Region: Australia

(d) Purpose of Grant: To improve evidence-based planning for effective and efficient community health services in Central Viet Nam by establishing a sustainable Institute for Community Health Research at the Hue University of Medicine and Pharmacy, and building community health research capacity for health professionals in five central provinces.

Region: Australia

(d) Purpose of Grant: To improve the country's nursing education and training by building the foundation for the national scale-up through implementing competency-based nursing curriculum, training more nursing educators and working with the government to expand the model.

Region: Vietnam

(d) Purpose of Grant: To complete the primary health care reform and improve access to quality health services for the people in this

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information

mountainous province by completing facility construction, providing  
essential medical equipment, and addressing clean water needs in the  
community.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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

OMB No 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

**The Mangrove Foundation**

Employer identification number  
**98-0216844**

**Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Arizona Capital Representation Project - 101 E Pennington Street - Tucson, AZ 85701	86-0624668	501(c)(3)	100000.	0.			To reduce death sentences and executions in Arizona through case consulting, direct representation and
Bridgespan Group 535 Boylston Street Boston, MA 02116	31-1625487	501(c)(3)	385000.	0.			To build philanthropic practice knowledge, attract additional funding for social
Brooklyn Film Networks 365 Bridge St., Studio 5PRO Brooklyn, NY 11201	06-1597787	501(c)(3)	300000.	0.			To produce two short documentary films about the scope and impact of Atlantic's 30-plus years
Center on Budget and Policy Priorities - 820 First Street, NE - Washington, DC 20002	52-1234565	501(c)(3)	2500000.	0.			To support the launch of a new, in-house institute to develop in-depth, long-term solutions to
China Medical Board 2 Arrow Street Cambridge, MA 02138	13-1659319	501(c)(3)	40000000.	0.			To advance health equity in Southeast Asia by identifying, connecting and preparing a
Economic Policy Institute 1333 H St., N.W. Suite 300 Washington, DC 20005	52-1368964	501(c)(3)	150000.	0.			To conduct economic analyses of key Social Security reform proposals for their impact on

**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

27.

1.

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

Schedule I (Form 990) (2015)

See Part IV for Column (h) descriptions

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(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
Equal Justice Initiative of Alabama, Inc. - 122 Commerce Street - Montgomery, AL 36104	63-1135091	501(c)(3)	1250000.	0.			To promote narrative change for racial equity by supporting the Race and Poverty Project to
Equal Justice USA 20 Jay Street, #808 Brooklyn, NY 11201	26-1316408	501(c)(3)	1600000.	0.			To strengthen death penalty repeal and reform campaigns by providing strategic assistance in
Grantmakers in Aging 2001 Jefferson Davis Highway Arlington, VA 22202	13-4014982	501(c)(3)	117250.	0.			To improve older adult economic security/retirement security by increasing
Green For All 1611 Telegraph Avenue, Suite 600 Oakland, CA 94612	26-1140201	501(c)(3)	2000000.	0.			To improve educational and long-term employment outcomes for low-income youth of colour and
Gulf Region Advocacy Center 2307 Union Street Houston, TX 77007	36-4512524	501(c)(3)	50000.	0.			To reduce death sentences and executions in states with high use of the death penalty through
John Jay Foundation 524 West 59 Street New York, NY 10019	13-3434602	501(c)(3)	1000000.	0.			To create a professorship to build a sustainable portfolio of research, policy advocacy, teaching
MASS Design Group MassDesignLab Boston, MA 02118	61-1659704	501(c)(3)	128540.	0.			To extend the evaluation of capital building investments, applying the assessment framework to
Massachusetts General Hospital Palliative Care Service - Founders House 600 - Boston, MA 02114	04-2697983	501(c)(3)	75000.	0.			To improve access by getting palliative home care services covered under the National Health
National Academy of Sciences 500 5th Street, NW Washington, DC 20001	53-0196932	501(c)(3)	125000.	0.			To strengthen accountability for improved educational outcomes for vulnerable

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).

(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
National Coalition to Abolish the Death Penalty - 1620 L Street - Washington, DC 20036	23-2290483	501(c)(3)	150012.	0.			To coordinate the implementation of the Abolition 2025 Campaign strategy through the
National Council of La Raza 1126 16th Street, NW Washington, DC 20036	86-0212873	501(c)(3)	75000.	0.			To substantially increase the number of Latino children with health insurance coverage by
New Venture Fund 1201 Connecticut Avenue NW Washington, DC 20036	20-5806345	501(c)(3)	250000.	0.			To connect advocacy and social change organizations to upcoming film and TV content and
Open Society Foundations 224 West 57th Street New York, NY 10019	81-0623035	501(c)(3)	5000000.	0.			To ensure the longer term sustainability of a small number of key human rights organizations that
Open Society Institute - Baltimore 201 North Charles Street Baltimore, MD 21201	13-7029285	501(c)(3)	250000.	0.			To advance implementation of positive discipline reform in Maryland through training and
Pathfinder International 9 Galen Street, Suite 217 Watertown, MA 02472	53-2635320	501(c)(3)	300000.	0.			To complete the development of a health information and management system in Thai
Philanthropy New York 79 Fifth Avenue New York, NY 10003-3076	13-3001403	501(c)(3)	800000.	0.			To support a fellowship programme of diverse emerging leaders in philanthropy.
Sargent Shriver National Center on Poverty Law - 50 East Washington - Chicago, IL 60602	36-3151279	501(c)(3)	175000.	0.			To advance policy influence goals concerning community schools, Elev8 and
Social Science Research Council One Pierrepont Plaza Brooklyn, NY 11201	13-1325070	501(c)(3)	925000.	0.			To enable an external evaluation of the Health Equity in Southeast Asia Initiative, providing

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
Texas Defender Service 510 S. Congress Austin, TX 78704	76-0481649	501(c)(3)	1100000.	0.			To reduce the use of the death penalty in Texas and Pennsylvania, and to reduce support for and
Thaler Pekar & Partners 920 Hudson Street, Suite 5A Hoboken, NJ 07030	20-3704583	For-Profit Compa	475000.	0.			To complete The Atlantic Philanthropies oral history video project, the purpose of which is
The Marshall Project 250 W. 57th St, Suite 2514 New York, NY 10127	46-4353634	501(c)(3)	2000000.	0.			To promote narrative change for racial equity by supporting in-depth analysis and
Trustees of Boston College 140 Commonwealth Avenue Chestnut Hill, MA 02476	04-2103545	501(c)(3)	50000.	0.			To support a two-day conference, co-sponsored by Boston College Law School and the Stanford

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**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:**

We take all reasonable measures to fulfill our responsibilities as a tax exempt charitable organization. We want to make sure that our funds are used for the intended charitable purposes and do not support illegal activities. Because we appreciate the important work that our grantees do around the world, we strive to fulfill our oversight responsibilities without creating undue burdens for them or being unduly intrusive into their affairs. To ensure the appropriate use of our grant funds and compliance with U.S. laws, the foundation has extensive procedures for

**Part IV** Supplemental Information

making and monitoring grants. These include the following: a pre-grant review, legal review, counter-signed grant letters, site visits, and periodic financial and narrative reports.

Part II, line 1, Column (h):

Name of Organization or Government:

Arizona Capital Representation Project

(h) Purpose of Grant or Assistance: To reduce death sentences and executions in Arizona through case consulting, direct representation and training.

Name of Organization or Government: Bridgespan Group

(h) Purpose of Grant or Assistance: To build philanthropic practice knowledge, attract additional funding for social change, and improve returns on investment by applying a strategic review lens to big bet grantmaking in Atlantic s history, and by disseminating case studies and findings to other funders and intermediaries.

Name of Organization or Government: Brooklyn Film Networks

(h) Purpose of Grant or Assistance: To produce two short documentary films about the scope and impact of Atlantic s 30-plus years of grantmaking in the United States and the values and giving philosophy of Chuck Feeney.

Name of Organization or Government:

Center on Budget and Policy Priorities

(h) Purpose of Grant or Assistance: To support the launch of a new, in-house institute to develop in-depth, long-term solutions to major

**Part IV** Supplemental Information

policy issues affecting low-income, vulnerable populations and for a leadership development program on fiscal policy.

Name of Organization or Government: China Medical Board

(h) Purpose of Grant or Assistance: To advance health equity in Southeast Asia by identifying, connecting and preparing a generation of young multi-disciplinary leaders dedicated to driving systemic change to advance health equity.

Name of Organization or Government: Economic Policy Institute

(h) Purpose of Grant or Assistance: To conduct economic analyses of key Social Security reform proposals for their impact on low-wage workers, older women and people of colour.

Name of Organization or Government:

Equal Justice Initiative of Alabama, Inc.

(h) Purpose of Grant or Assistance: To promote narrative change for racial equity by supporting the Race and Poverty Project to educate the public on the history of racial discrimination faced by African American communities.

Name of Organization or Government: Equal Justice USA

(h) Purpose of Grant or Assistance: To strengthen death penalty repeal and reform campaigns by providing strategic assistance in policy, organising and communications work.

Name of Organization or Government: Grantmakers in Aging

(h) Purpose of Grant or Assistance: To improve older adult economic

Schedule I (Form 990)

**Part IV** Supplemental Information

security/retirement security by increasing the visibility of the issues and engaging and educating philanthropy, national ageing organisations and the general public.

Name of Organization or Government: Green For All

(h) Purpose of Grant or Assistance: To improve educational and long-term employment outcomes for low-income youth of colour and expand and diversify the health care workforce by providing intensive technology and coding skills training to Linked Learning health career pathway students in Oakland, California.

Name of Organization or Government: Gulf Region Advocacy Center

(h) Purpose of Grant or Assistance: To reduce death sentences and executions in states with high use of the death penalty through training of capital defence teams, consulting on cases and direct representation.

Name of Organization or Government: John Jay Foundation

(h) Purpose of Grant or Assistance: To create a professorship to build a sustainable portfolio of research, policy advocacy, teaching and mentorship on race, bias and policing.

Name of Organization or Government: MASS Design Group

(h) Purpose of Grant or Assistance: To extend the evaluation of capital building investments, applying the assessment framework to consider impact of Atlantic's investments at the University of California, San Francisco s Mission Bay campus, and disseminate implications to other funders, organizations receiving capital grants and intermediaries.

**Part IV** Supplemental Information

Name of Organization or Government:

Massachusetts General Hospital Palliative Care Service

(h) Purpose of Grant or Assistance: To improve access by getting palliative home care services covered under the National Health Insurance, expanding the home care model for patients with serious chronic illnesses, and providing training of palliative care trainers and leaders.

Name of Organization or Government: National Academy of Sciences

(h) Purpose of Grant or Assistance: To strengthen accountability for improved educational outcomes for vulnerable students through the development of a comprehensive set of indicators of programme effectiveness and disparities reduction.

Name of Organization or Government:

National Coalition to Abolish the Death Penalty

(h) Purpose of Grant or Assistance: To coordinate the implementation of the Abolition 2025 Campaign strategy through the National Coalition to Abolish the Death Penalty s affiliate network.

Name of Organization or Government: National Council of La Raza

(h) Purpose of Grant or Assistance: To substantially increase the number of Latino children with health insurance coverage by promoting Medicaid expansion and new coverage options in selected states, supporting CHIP reauthorisation and improving communications to Latino communities about available options.

Name of Organization or Government: New Venture Fund

**Part IV** Supplemental Information

(h) Purpose of Grant or Assistance: To connect advocacy and social change organizations to upcoming film and TV content and storylines that are relevant to their work, making it easier for advocates and storytellers to use popular culture to build momentum for change on important social issues.

Name of Organization or Government: Open Society Foundations

(h) Purpose of Grant or Assistance: To ensure the longer term sustainability of a small number of key human rights organisations that advocate for the Constitution in South Africa.

Name of Organization or Government: Open Society Institute - Baltimore

(h) Purpose of Grant or Assistance: To advance implementation of positive discipline reform in Maryland through training and technical assistance to districts across the state.

Name of Organization or Government: Pathfinder International

(h) Purpose of Grant or Assistance: "To complete the development of a health information and management system in Thai Nguyen Province and prepare the model for wider adoption throughout Viet Nam.

Name of Organization or Government:

Sargent Shriver National Center on Poverty Law

(h) Purpose of Grant or Assistance: To advance policy influence goals concerning community schools, Elev8 and school-based health centres by increasing the integration of data and evaluation findings, improving the communications plans, and enhancing capacity of other local and national grantees to tailor their advocacy in light of evaluation results and

Schedule I (Form 990)

**Part IV** Supplemental Information

emergent opportunities.

Name of Organization or Government: Social Science Research Council

(h) Purpose of Grant or Assistance: To enable an external evaluation of the Health Equity in Southeast Asia Initiative, providing formative evaluation support to the new initiative and developmentally appropriate summative feedback concerning performance during the initial three years of the long term project.

Name of Organization or Government: Texas Defender Service

(h) Purpose of Grant or Assistance: To reduce the use of the death penalty in Texas and Pennsylvania, and to reduce support for and use of the death penalty nationally through strategic communications.

Name of Organization or Government: Thaler Pekar & Partners

(h) Purpose of Grant or Assistance: To complete The Atlantic Philanthropies oral history video project, the purpose of which is to record the memories and experiences of staff, board members and others in the history and evolution of the foundation.

Name of Organization or Government: The Marshall Project

(h) Purpose of Grant or Assistance: To promote narrative change for racial equity by supporting in-depth analysis and investigative reporting on race and criminal justice.

Name of Organization or Government: Trustees of Boston College

(h) Purpose of Grant or Assistance: To support a two-day conference, co-sponsored by Boston College Law School and the Stanford Center on

**Part IV** Supplemental Information

Philanthropy and Civil Society, to develop scholarship benefiting the public discourse surrounding issues of philanthropy and the lifespan of foundations.

Lined area for supplemental information.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization

The Mangrove Foundation

Employer identification number

98-0216844

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?  
**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?  
**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?  
**b** Any related organization?  
 If "Yes" to line 5a or 5b, describe in Part III

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?  
**b** Any related organization?  
 If "Yes" on line 6a or 6b, describe in Part III

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2015



**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information

**Part I, Line 4b:**

David Walsh - participation in non-qualified deferred compensation plan -

\$31,620.

Cynthia Richards - participation in non-qualified deferred compensation

plan - \$16,800.





**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

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

OMB No 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

The Mangrove Foundation

Employer identification number

98-0216844

Form 990, Part III, Line 1, Description of Organization Mission:

(continued) those which promote human rights and reconciliation. The  
Mangrove Foundation works in conjunction with the other nonprofit  
organizations that comprise The Atlantic Philanthropies.

Form 990, Part III, Line 4d, Other Program Services:

Grants to promote social welfare throughout the world.

Expenses \$ 18208675. including grants of \$ 18208675. Revenue \$ 0.

Form 990, Part VI, Section A, line 7a:

The company has 3 members who elect the directors of the organization.

Form 990, Part VI, Section B, line 11:

The Tax return is prepared by an accountant and reviewed by the President.  
Significant issues are discussed with the board.

Form 990, Part VI, Section B, Line 12c:

Any potential conflict of interest which could result in a direct or  
indirect financial or personal benefit to a member, director, officer or key  
employee must be disclosed in good faith or known to the Board of Directors  
or committee authorizing a contract or other transaction. The interested  
individual may participate in the information-gathering stage of the Board  
of Director's or committee's discussion but will retire from the room in  
which the Board of Directors or a committee thereof is meeting and will not  
participate in the final deliberation or decision regarding such contract  
of other transaction. Such interested individual may not vote on such

Name of the organization

The Mangrove Foundation

Employer identification number

98-0216844

contract or other transaction. Compliance is updated and re-certified by each officer and director annually.

Form 990, Part VI, Section C, Line 19:

upon request

Form 990, Part XI, line 9, Changes in Net Assets:

Dividend from AFC

-9787070.





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

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

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

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)		X
<b>c</b> Gift, grant, or capital contribution from related organization(s)		X
<b>d</b> Loans or loan guarantees to or for related organization(s)		X
<b>e</b> Loans or loan guarantees by related organization(s)		X
<b>f</b> Dividends from related organization(s)	X	
<b>g</b> Sale of assets to related organization(s)		X
<b>h</b> Purchase of assets from related organization(s)		X
<b>i</b> Exchange of assets with related organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
<b>o</b> Sharing of paid employees with related organization(s)		X
<b>p</b> Reimbursement paid to related organization(s) for expenses		X
<b>q</b> Reimbursement paid by related organization(s) for expenses		X
<b>r</b> Other transfer of cash or property to related organization(s)		X
<b>s</b> Other transfer of cash or property from related organization(s)		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	The Atlantic Philanthropies (USA), Inc	L	1000000	Based on Activity
(2)				
(3)				
(4)				
(5)				
(6)				



