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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

<u>A</u>	For the	e 2023 calendar year, or tax year beginning and o	ending		
	Check if applicable	C Name of organization		D Employer identifi	cation number
	Addre chang	MARIANO RIVERA PUBLIC FOUNDATION			
	Name chang			81-09492	67
	Initial return	_	Room/suite	E Telephone numbe	
	Final	321 CHATTAHOOCHER DRIVE	rtoom/suito	30283219	
	return/ termin ated			G Gross receipts \$	4,467,528.
	Ameno return			H(a) Is this a group re	
	Applic tion	F Name and address of principal officer: NAOMI GANDIA		for subordinates	
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	
1	Tax-exe	empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) 4947(a)(1) of the status is $x = 1000$	or 527	If "No," attach a	list. See instructions
	Websit			H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	of formation: 2015 n	M State of legal domicile: DE
Р	art I	Summary			
٥	1	Briefly describe the organization's mission or most significant activities: PROVI	IDE IM	POVERISHED	YOUTH WITH
Activities & Governance		AN EDUCATION THAT WILL EMPOWER THEM FOR T			
ğ	2	Check this box if the organization discontinued its operations or dispose		1	
Š	3			<u>3</u>	9
વ	4	Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2023 (Part V, line 2a)			7
<u>+</u>	5	Total number of individuals employed in calendar year 2023 (Fart v, line 2a) Total number of volunteers (estimate if necessary)			0
; <u>÷</u>	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
۵	(b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
	 ~			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		1,858,305.	1,107,159.
1	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		643.	-288,510.
α	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		15,701.	2,889.
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		1,874,649.	821,538.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	2,745.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ď	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		129,760.	
Fynansas	2 16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
2 X) b	Total fundraising expenses (Part IX, column (D), line 25) 14,38		311,388.	110,127.
_	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		441,148.	227,681.
		Revenue less expenses. Subtract line 18 from line 12		1,433,501.	593,857.
	<u> 19</u>	nevenue less expenses. Subtract line 10 nom line 12	Be	ginning of Current Year	End of Year
Net Assets or	20 20	Total assets (Part X, line 16)		4,187,906.	4,963,936.
Ass	21	Total liabilities (Part X, line 26)		11,427.	193,600.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		4,176,479.	4,770,336.
Р	art II	Signature Block			
Un	der pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	/ knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.	
		Olerahura of alliana		Dete	
Sig		Signature of officer		Date	
He	re	NAOMI GANDIA, TREASURER Type or print name and title			
			Tr	Date Check	PTIN
Pai	ч	Print/Type preparer's name JONATHAN D. MOLL, CPA Preparer's signature		0/08/24 of self-employ	
	parer	Firm's name BELFINT, LYONS & SHUMAN, P.A.	1	Firm's EIN 5	1-0232399
	Only	Firm's address 1011 CENTRE RD, STE 310		THIII SEIN J	_ 0000000
	. Oy	WILMINGTON, DE 19805		Phone no 30	2-225-0600
Ma	v the IF	RS discuss this return with the preparer shown above? See instructions		11 Holle Ho. 5 6	X Yes No
		Paperwork Reduction Act Notice, see the separate instructions. 332001 12	2-21-23		Form 990 (2023)

Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Taxpayer identification number (TIN) Name of exempt organization, employer, or other filer, see instructions. Type or **Print** 81-0949267 MARIANO RIVERA PUBLIC FOUNDATION File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 321 CHATTAHOOCHEE DRIVE return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. BEAR, DE 19701 Enter the Return Code for the return that this application is for (file a separate application for each return) 01 Application Is For Return | Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 12 05 Form 8870 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of NAOMI GANDIA 321 CHATTAHOOCHEE DRIVE - BEAR, DE 19701 Telephone No. 302-832-1940 Fax No. _ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN)
. If this is for the whole group, check this . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15 , 20 24 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 23 or tax year beginning ______, 20 ____, and ending ___ If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

	Check if Schedule O contains a response or note to any line in this Part III	٦
1	Briefly describe the organization's mission:	_
	TO PROVIDE YOUTH FROM IMPOVERISHED FAMILIES WITH AN EDUCATION THAT	
	WILL EMPOWER THEM FOR THE FUTURE.	
		_
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	0
_	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No.	0
4	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 \$ 118,982 • including grants of \$ 2,745 •) (Revenue \$	
	THE MRF MENTORSHIP PROGRAM IS DESIGNED TO EQUIP HIGH SCHOOL YOUNG MEN	- ′
	(AGES 16-20) WITH THE MENTORSHIP, SKILLS, AND TOOLS NEEDED TO BE	_
	SUCCESSFUL IN EVERY AREA OF THEIR LIVES, INCLUDING EDUCATION AND	
	CAREER.	
	THE PROGRAM ALSO OFFERS SPORTS ACTIVITIES AND MONTHLY OUTINGS THAT	
	BROADENS THEIR SCOPE AND POTENTIAL FUTURE.	_
	DURING 2023, THE ORGANIZATION OPERATED MENTORSHIP PROGRAMS IN FLORIDA	
	AND NEW JERSEY.	
4b	(Code:) (Expenses \$	_
40	(Code:) (Expenses \$	ر –
		_
		_
		_
		_
4.		_
4c	(Code:) (Expenses \$	_)
		_
		_
		_
		_
		_
		_
		_
		_
		_
4d		
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 118,982.	_
70	TOTAL PROGRAM SOLVICE EXPENSES	

Form 990 (2023) MARIANO RIVERA PUBLIC FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	ا		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	- '-		1
8	, , ,			X
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		 ₩
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			3,7
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			l
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b				
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	<u> </u>		
.0	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	_ 		
		16		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	"		 ^
"		17		X
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	⊢'′		 ^
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	Х	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	^	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_~
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Form 990 (2023) MARIANO RIVERA PUBLIC FOUNDATION
Part IV Checklist of Required Schedules (continued)

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par	t 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			\Box
	1 1 -		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	(2022)
	40.04.00	1 0 4:	~~~!!	" " " " " C

Form 990 (2023) MARIANO RIVERA PUBLIC FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No				
2 a	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	2 a	7							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	X					
3а	· · · · · · · · · · · · · · · · · · ·			3a		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					7.7				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	nt)?	4a		X				
b	If "Yes," enter the name of the foreign country									
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			_		v				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction for a prohibited tax sh			5b 5c						
	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?									
оа	6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
h	any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
b	were not tax deductible?		•	6b						
7	Organizations that may receive deductible contributions under section 170(c).			00						
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices r	provided to the payor?	7a	х					
b			payor :	7b	X					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was									
_	to file Form 8282?			7c		Х				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	t?	7e		Х				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7f		Х				
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	99 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ition fi	le a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	e							
	sponsoring organization have excess business holdings at any time during the year?			8						
9	Sponsoring organizations maintaining donor advised funds.									
а				9a						
b				9b						
10	Section 501(c)(7) organizations. Enter:	۱	1							
a	Initiation fees and capital contributions included on Part VIII, line 12	10a								
b 14	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:	1440								
a	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against	11a								
b	amounts due or received from them.)	11b								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		•							
а	Is the organization licensed to issue qualified health plans in more than one state?			13a						
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans	13b								
С	Enter the amount of reserves on hand	13c								
				14a		X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					3,7				
	excess parachute payment(s) during the year?			15		X				
	If "Yes," see the instructions and file Form 4720, Schedule N.		_			77				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incor	me'?	16		X				
17	If "Yes," complete Form 4720, Schedule O.		_							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac			47						
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17						
	If "Yes," complete Form 6069.									

Form 990 (2023) MARIANO RIVERA PUBLIC FOUNDATION 81-0949267 Page Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response Page 6 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	•		
	(This desire is requested in a manufacture of the control of the c		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d financ	cial	
	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			
	NAOMI GANDIA - 302-832-1940			
	321 CHATTAHOOCHEE DRIVE, BEAR, DE 19701			_

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average		not c	Pos	ition _{more}	than o		Reportable	Reportable	Estimated
	hours per week	box	, unles	ss per	son is	s both	n an	compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	r direc				ted		organization	(W-2/1099-MISC/	from the
	related	stee o	truste		ao	bensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tru	ional 1		ploye	t com		1099-NEC)		and related
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) LISA VEGA	40.00									
EXEC. DIR. (JAN - JUL '23)				Х				40,625.	0.	0.
(2) MARIANO RIVERA	5.00									
FOUNDER & PRESIDENT		Х		Х				0.	0.	0.
(3) CLARA RIVERA	5.00								_	_
FOUNDER & VICE PRESIDENT		Х		Х				0.	0.	0.
(4) RUSSELL SILBERGLIED	5.00									
BOARD SECRETARY		Х		Х				0.	0.	0.
(5) NAOMI GANDIA	5.00									
BOARD TREASURER		Х		Х				0.	0.	0.
(6) DAVID HRYCK	2.00								•	•
BOARD MEMBER	2 00	Х						0.	0.	0.
(7) JAMES KAPLAN	2.00	37							_	0
BOARD MEMBER (8) LARRY WEISS	2.00	Х						0.	0.	0.
BOARD MEMBER	2.00	Х						0.	0.	0.
(9) JASMINE MCNEALY	2.00	Λ						0.	0.	<u></u>
BOARD MEMBER	2.00	Х						0.	0.	0.
(10) JOSEPH DEPAOLO	2.00							•	•	•
BOARD MEMBER		Х						0.	0.	0.
									•	
										000

332007 12-21-23 Form **990** (2023)

Pai	T VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	Hig	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)			•	C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos heck		າ than ເ	one	Reportable	Reportable	,	Es	stimate	ed
		hours per	box	, unle	ss per	rson i	is both or/trus	n an	compensation	compensatio		ar	nount	of
		week (list any		T			T	l	from the	from related organization			other pensa	tion
		hours for	Individual trustee or director				Ļ			(W-2/1099-MIS		l	rom th	
		related	ee or	stee			nsateo		(W-2/1099-MISC/	1099-NEC)		l	anizat	
		organizations	trust	Institutional trustee		yee	Highest compensated employee		1099-NEC)	,		ı ~	, d relat	
		below	vidua	itution	Jec	Key employee	nest c	ner				orga	anizati	ons
		line)	Indi	Inst	Officer	Key	Hig	윤						
			-											
							-							
			-											
							-							
			-											
							┢							
			1											
							\vdash							
			1											
							\vdash							
			1											
			1											
1b	Subtotal								40,625.		0.			0.
С	Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
d	Total (add lines 1b and 1c)								40,625.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	÷			
	compensation from the organization													0
											ſ		Yes	No
3	Did the organization list any former officer,	director, trust	ee, ł	кеу е	empl	oye	e, or	hig	hest compensated empl	loyee on				
	line 1a? If "Yes," complete Schedule J for s											3		_X_
4	For any individual listed on line 1a, is the su													37
_	and related organizations greater than \$150											4		X
5	Did any person listed on line 1a receive or a	•				•			ed organization or individ	dual for services		_		v
Sac	rendered to the organization? If "Yes." com tion B. Independent Contractors	<u>plete Schedule</u>	e J f	or st	ıch ı	oers	on .					5		X
	Complete this table for your five highest co	mnanaatad ina	مما		ot o.			+h	and reactived mare than C	100 000 of some		tion fr		
1	the organization. Report compensation for	•	•								Jensa	LIOIT III	OIII	
	(A)	irie caleridai ye	sai e	iluii	ig w	itire	JI VVI	<u> </u>	(B)	ear.			C)	
	Name and business	address	NO	ONE	3				Description of s	ervices	С	ompe	nsatio	n
	Total number of independent contractors for	acludina but =	ot !:-	nita	4 + ^ ·	thas	20 1:0	+~~	abovo) who roosi and in-	oro than				
2	Total number of independent contractors (in \$100,000 of compensation from the organization)		טנ ווו	mec	י נט	(105		ıeu	above, who received mo	חום ווומוו				

			Check if Schedule O co	ontain	s a resp	onse (or note to any lin	e in this Part VIII			
					<u></u>	<u> </u>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	_	Federated campaigns		1a						000110110 0 12 0 1 1
ant	•		Membership dues								
ဗ် ဋ			Fundraising events				1,094,771.				
fts, r Ai			Related organizations								
nië.			Government grants (contrib								
Sin			All other contributions, gifts, g								
e ti		•	similar amounts not included a				12,388.				
걸		a	Noncash contributions included in lir			\$, -				
Sign		_	-		<u>9</u>			1,107,159.			
		-					Business Code	, ,			
ø	2	а									
ķ.		b									
Ser		c									
Program Service Revenue		d									
Beg		e									
Pr			All other program service re	evenu	e						
			Total. Add lines 2a-2f								
	3		Investment income (includia								
								42,470.			42,470.
	4		Income from investment of								
	5		Royalties					2,666.			2,666.
					(i) Rea		(ii) Personal				
	6	а	Gross rents	6a							
				6b							
		С	Rental income or (loss)	6с							
		d	Net rental income or (loss)_								
	7	а	Gross amount from sales of		(i) Secur		(ii) Other				
			assets other than inventory	7a	3,000,	000.					
		b	Less: cost or other basis								
ne				-	2,868,						
Ven		С	Gain or (loss)	7с	131,	220.	-462,200.				
Re		d	Net gain or (loss)					-330,980.			-330,980.
Other Revenue	8	а	Gross income from fundraising including \$ 1,0		ts (not 71. of						
			contributions reported on li	ne 1c). See						
			Part IV, line 18			8a	315,010.				
		b	Less: direct expenses			8b	315,010.				
		С	Net income or (loss) from fu	undrai	ising eve	nt <u>s</u>		0.			
	9	а	Gross income from gaming								
			Part IV, line 19			9a					
		b	Less: direct expenses			9b					
		С	Net income or (loss) from g	amino	g activiti	es					
	10	а	Gross sales of inventory, le	ss ret	urns						
			and allowances								
			Less: cost of goods sold				•				
		С	Net income or (loss) from sa	ales c	of invent	ory					
<u>ග</u>							Business Code				
eon e	11		OTHER REVENUE				900099	223.			223.
Jan		b									
Miscellaneous Revenue		С									
Mis			All other revenue					202			
		е	Total. Add lines 11a-11d					223.	-	-	007.501
	12		Total revenue. See instruction	IS				821,538.	0.	0.	-285,621.

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 (**D**) Fundraising expenses (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 2,745. 2,745. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 40,625. 40,625. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 62,480. 36,000. 26,480. 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 11,704. 8,698. 3,006. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal 14,598. 14,598. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 14,783. 19,823. 5,040. column (A), amount, list line 11g expenses on Sch O.) 6,317. 1,579. 4,738. Advertising and promotion 12 1,752. 182. 1,570. Office expenses 13 32,970. 23,321. 9,649. Information technology 14 15 Royalties 9,804. 467. 9,337. 16 Occupancy 9,941. 5,485. 4,456. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 7,131. 2,206. 4,925. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 6,434. 6,434. LICENSES, PERMITS AND F MENTORSHIP PROGRAM EXPE 1,357. 1,357. С d All other expenses 227,681. 118,982. 94,312. 14,387. Total functional expenses. Add lines 1 through 24e 25 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)

Form 990 (2023)
Part X Balance Sheet

Par	t 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
	1	Cash - non-interest-bearing			234,608.	1	371,874.
	2	Savings and temporary cash investments			3,451,098.	2	948,135.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			40,000.	4	81,800.
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	ıbstantial contribu	tor, or 35%			
		controlled entity or family member of any of		5			
	6	Loans and other receivables from other disq	s defined				
		under section 4958(f)(1)), and persons descri	bed in section 495	58(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	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	0.			
	b	Less: accumulated depreciation		0.	462,200.	10c	0.
	11	Investments - publicly traded securities			11	3,562,127.	
	12	Investments - other securities. See Part IV, li			12		
	13	Investments - program-related. See Part IV, li			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		4 107 006	15	4 062 026	
-	16	Total assets. Add lines 1 through 15 (must e			4,187,906.	16	4,963,936.
	17	Accounts payable and accrued expenses			11,427.	17	18,679.
	18	Grants payable			18	174 001	
	19	Deferred revenue			19	174,921.	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
Liabilities	22	Loans and other payables to any current or f					
jį		trustee, key employee, creator or founder, su controlled entity or family member of any of	_			22	
Lia	23	Secured mortgages and notes payable to un				23	
	23 24	Unsecured notes and loans payable to unrel	•			24	
	25	Other liabilities (including federal income tax					
	23	parties, and other liabilities not included on I	• •				
		of Schedule D				25	
	26			1	11,427.	26	193,600.
		Organizations that follow FASB ASC 958,		X			
es		and complete lines 27, 28, 32, and 33.					
auc	27	Net assets without donor restrictions			1,084,242.	27	1,506,297.
Bali	28	Net assets with donor restrictions			3,092,237.	28	3,264,039.
<u> </u>		Organizations that do not follow FASB AS					
교		and complete lines 29 through 33.					
ğ	29	Capital stock or trust principal, or current fur	nds			29	
Sets	30	Paid-in or capital surplus, or land, building, o				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			4,176,479.	32	4,770,336.
~	33	Total liabilities and net assets/fund balances			4,187,906.	33	4,963,936.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
4	Total revenue (must squal Dort VIII solumn (A) line 10)		82.	1 5	38.
1	Total revenue (must equal Part VIII, column (A), line 12)	1			81.
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>57.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,17	o,4	79.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4,77	0,3	36.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	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?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
			0.5		I

Form **990** (2023)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Employer identification number Name of the organization MARIANO RIVERA PUBLIC FOUNDATION 81-0949267 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Schedule A (Form 990) 2023 MARIANO RIVERA PUBLIC FOUNDATION 81-0949267 Page 2

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

	(Complete only if you checke	_		-			-
	fails to qualify under the tests			-	Trailed to quality c	inder rait iii. ii tile	organization
Sec	ction A. Public Support		,	,			
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and		,	,	, ,	,	
	membership fees received. (Do not						
	include any "unusual grants.")	1330851.	317,722.	847,983.	1858305.	1107159.	5462020.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1330851.	317,722.	847,983.	1858305.	1107159.	5462020.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						409,575.
	Public support. Subtract line 5 from line 4.						5052445.
Sec	ction B. Total Support				•		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	1330851.	317,722.	847,983.	1858305.	1107159.	5462020.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,				15 105	45 426	60 221
	and income from similar sources				17,195.	45,136.	62,331.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital					000	222
	assets (Explain in Part VI.)					223.	223.
	Total support. Add lines 7 through 10						5524574.
	Gross receipts from related activities,	•	,			12	2,699.
13	First 5 years. If the Form 990 is for the	•		•		. , . ,	
804	organization, check this box and sto	o here Por					
	•			l (f))		14	91.45 %
	Public support percentage for 2023 (I		•			15	91.45 % 91.04 %
	Public support percentage from 2022 33 1/3% support test - 2023. If the						-
104							
L	stop here. The organization qualifies						
i.	and stop here. The organization qual	-					
17-	10% -facts-and-circumstances test						
1/8	and if the organization meets the fact	-					
	meets the facts-and-circumstances to			-	•	viriow the organiz	
h	10% -facts-and-circumstances test	_	•		-	 17a. and line 15 is 1	 10% or
~	more, and if the organization meets the	-					, • • •

organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Se	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support		,	T	_		
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	-			•		
0-	check this box and stop here						
	ction C. Computation of Publi			. (5)		T .= T	
	Public support percentage for 2023 (I	, (,,		(//		15	<u>%</u>
	Public support percentage from 2022 ction D. Computation of Inves					16	<u>%</u>
				10 l (f)		47	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	%
198	a 33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box ar						L
k	33 1/3% support tests - 2022. If the						
00	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	ni dia not check a	box on line 14, 19a	a, or 190, check th	iis box and see ins	structions	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	V	A1. -
	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
90		
10a		
10b		

Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of	one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's or	fficers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supporting organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations	3		
Seci				
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructions).		
а				
b				
C	5 The gradual of the state of the stat	tity (see instructior	l ' l	NI.
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
b	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	24		
IJ	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
.	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	32		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Sche	dule A (Form 990) 2023 MARIANO RIVERA PUBLIC	FOUNDAT	TION	81-0949267 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	Nov. 20, 1970 (<i>explain</i>	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

5

6

Schedule A (Form 990) 2023

5 Income tax imposed in prior year

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Par	rt V Type III Non-Functionally Int	egrated 509	a)(3) Supporting Orga	nizations (continu	ıed)	
Secti	tion D - Distributions			•	·	Current Year
1	Amounts paid to supported organizations to	accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directl	y furthers exemp	t purposes of supported			
	organizations, in excess of income from acti	vity			2	
3	Administrative expenses paid to accomplish	exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets				4	
5	Qualified set-aside amounts (prior IRS appro	val required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See	instructions.			6	
7	Total annual distributions. Add lines 1 thro	ough 6.			7	
8	Distributions to attentive supported organiza	ations to which th	ne organization is responsive			
	(provide details in Part VI). See instructions.				8	
9	Distributable amount for 2023 from Section	C, line 6			9	
10	Line 8 amount divided by line 9 amount				10	
Secti	tion E - Distribution Allocations (see instruct	tions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	ıs	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section	C, line 6				
2	Underdistributions, if any, for years prior to 2	2023 (reason-				
	able cause required - explain in Part VI). See	instructions.				
3	Excess distributions carryover, if any, to 202	3				
a	From 2018					
b	From 2019					
	From 2020					
d	From 2021					
е	From 2022					
f	Total of lines 3a through 3e					
	Applied to underdistributions of prior years					
	Applied to 2023 distributable amount					
i_		•				
j	Remainder. Subtract lines 3g, 3h, and 3i from	m line 3f.				
4	Distributions for 2023 from Section D,					
	line 7:					
	Applied to underdistributions of prior years					
	Applied to 2023 distributable amount					
	Remainder. Subtract lines 4a and 4b from lin					
5	Remaining underdistributions for years prior					
	any. Subtract lines 3g and 4a from line 2. Fo	-				
	than zero, explain in Part VI. See instruction					
6	Remaining underdistributions for 2023. Subt					
	and 4b from line 1. For result greater than ze	ero, <i>explain in</i>				
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. A	aa iines 3j				
	and 4c.					
	Breakdown of line 7:					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					
е	Excess from 2023					

Schedule A (Form 990) 2023

332028 12-21-23 Schedule A (Form 990) 2023

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2023

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
MARIANO RIVERA PRIVATE FOUNDATION	301,539.	191,048.
GEOFFREY BEENE FOUNDATION	250,000.	139,509.
NEIL A CLARK	150,000.	39,509.
SOMOS HEALTHCARE	150,000.	39,509.
Total Excess Contributions to Schedule A, Part II, Line 5		409,575.

Schedule B

(Form 990)

Schedule of Contributors

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

2023

OMB No. 1545-0047

MARIANO RIVERA PUBLIC FOUNDATION

Employer identification number

81-0949267

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
Check if your organi	zation is covered by the General Rule or a Special Rule .					
	n 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
_	anization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or om any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 50 contributor	anization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 09(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one c, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; 990-EZ, line 1. Complete Parts I and II.					
contributor	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific,					
•	educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering blumn (b) instead of the contributor name and address), II, and III.					
year, contri is checked purpose. D	anization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the libutions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., on't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively haritable, etc., contributions totaling \$5,000 or more during the year					
	eation that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must t.IV. line 2. of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF. Part I. line 2. to certify					

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2023)

MARIANO RIVERA PUBLIC FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	NEIL A CLARK PO BOX 170 EAST WINDSOR , NJ 08520	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	MAESTRO CARES FOUNDATION 565 5TH AVE NEW YORK, NY 10017	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	ACE ENDICO CORP 80 INTERNATIONAL BLD BREWSTER, NY 10509	\$\$	Person X Payroll		
(a)	(b)	(c)	(d)		
	Name, address, and ZIP + 4 RIVERA TOYOTA 325 N BEDFORD RD MT KISCO, NY 10549	\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5	RICOH USA 300 EAGLEVIEW BLVD EXTON, PA 19341	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6	NEW YORK YANKEES ONE EAST 161ST ST BRONX, NY 10451	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

MARIANO RIVERA PUBLIC FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7_	ATLANTIC TOMORROWS 134 W 26TH ST NEW YORK, NY 10001	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8	SHARP 5 PENN PLAZA FL 23 NEW YORK, NY 10001	\$ 25,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
9	DECRESCENTE DISTRIBUTING 211 N MAIN ST MECHANICVILLE, NY 12118	\$ 25,000.	Person X Payroll		
(a)	(b)	(c)	(d)		
	Name, address, and ZIP + 4 SOMOS COMMUNITY CARE 2910 EXTERIOR ST 1ST FLOOR BRONX, NY 10461	* 150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
11	KONICA MINOLTA 34 MARCONI ST, STE 220 BRONX, NY 10461	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
12	MURRY AND JOSEPHINE HERTZBERG PO BOX 170 EAST WINDSOR , NJ 08520	\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

MARIANO RIVERA PUBLIC FOUNDATION

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			

	O RIVERA PUBLIC FOUNDA		81-0949267			
Part III	from any one contributor. Complete columns (a)) through (e) and the following line enti	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year ry. For organizations			
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or I	ess for the year. (Enter this info. once.) \$			
(a) No.	Use duplicate copies of Part III if additional	space is needed.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gif	t			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		t				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-	(e) Transfer of gift					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-	(e) Transfer of gift					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

MARIANO RIVERA PUBLIC FOUNDATION

Employer identification number 81-0949267

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors 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?		Yes No
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	`	
	Preservation of land for public use (for example, recreat	ion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
_	Total number of conservation easements		
b			
	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included on line 2c acquire	• • •	
_	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year	annount in Innoted	
4	Number of states where property subject to conservation easi		
5	Does the organization have a written policy regarding the peri		
6	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, h		
U	otali and volunteer flours devoted to morntoning, inspecting, i	landing of violations, and emorcing con-	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and enforcing conserva	ation easements during the year
	3,		
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(r	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Of	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in fu	urtherance of public
	service, provide in Part XIII the text of the footnote to its finan-	cial statements that describes these iten	ns.
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public $% \left(1\right) =\left(1\right) \left(1\right) $	exhibition, education, or research in furth	herance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		
			\$
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under FASB AS	_	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		

Pai	t III Organizations Maintaining Co	ollections of A	rt, Histo	rical Tre	easures, o	r Other	Similar	Assets	(conti	nued)	J
3	Using the organization's acquisition, accession	on, and other record	ds, check	any of the	following that	t make sig	nificant u	se of its	•	,	
	collection items (check all that apply).			•		J					
а	Public exhibition		d 🔲 ι	oan or exc	hange progra	am					
b	Scholarly research				0 1 0						
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explai	in how the	ev further th	ne organizatio	on's exem	ot purpos	e in Part	XIII.		
5	During the year, did the organization solicit or	•		•	•						
	to be sold to raise funds rather than to be ma		•		•				Yes		No
Pai	t IV Escrow and Custodial Arrang								_	-	
	reported an amount on Form 990, Par			3			,	,			
1a	Is the organization an agent, trustee, custodia	an, or other interme	diary for d	contribution	ns or other as	sets not ir	ncluded				
	on Form 990, Part X?	•	•						Yes		No
b	If "Yes," explain the arrangement in Part XIII a								_		
	, 1	,	3						Amoun	t	
С	Beginning balance						1c				
	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII.								_		j
Pai											
		(a) Current year		rior year	(c) Two yea			ears back	(e) Fou	r years	back
1a	Beginning of year balance		<u> </u>		, ,	,	, ,		` ,		
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
-											
	and programs										
'	Administrative expenses										
g	End of year balance	ant year and balanc	l line 1a	oolumn (o	// hold oo:						
2				, column (a	I)) riela as.						
a	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С		%									
•	The percentages on lines 2a, 2b, and 2c shou	•									
3a	Are there endowment funds not in the posses	ssion of the organiz	ation that	are neid ar	na aaminister	rea for the				Yes	No
	organization by:								(a (i)	163	No
	(i) Unrelated organizations?								3a(i)		
									3a(ii)		
_	If "Yes" on line 3a(ii), are the related organization								3b		
4 Dai	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipment		owment fu	inds.							
Fai			0 Dort IV	line 11e C	`aa Farm 000	N Dort V II	no 10				
	Complete if the organization answered	T						. 1			
	Description of property	(a) Cost or o			t or other	. ,	cumulate	d	(d) Boo	k valu	е
		basis (invest	menu)	Sissu	(other)	аер	reciation				
	Land	I									
	Buildings										
_	Leasehold improvements	I									
d	Equipment										
	Other										
<u>Tota</u>	I. Add lines 1a through 1e. (Column (d) must ed	gual Form 990. Part	X. line 10	c. column	(B))						0.

Schedule D (Form 990) 2023

	Investments - Other Securities		<u> </u>	UJ IJ IU , Tage s
	Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
(a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financia	al derivatives			
(2) Closely	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (I	n) must equal Form 990, Part X, line 12, col. (B)) Investments - Program Related.			
rait VIII	Complete if the organization answered "Yes" o	n Form 900 Part IV line	11c Soc Form 000 Part V line 13	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-vear market value
/4\	(a) Description of investment	(b) Book value	(c) Wethod of Valuation. Cost of end	or year marker value
(1) (2)				
(3)				
(4)				
(+) (5)				
(6)				
(7)				
(8)				
(9)				
	o) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets			
	Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
	(a) D	escription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)	(I) 15 000 B 1 V II 15 1	(D))		
Part X	mn (b) must equal Form 990, Part X, line 15, col. Other Liabilities	(B))		
Turtx	Complete if the organization answered "Yes" o	n Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
1.	(a) Description of liability		7 170 01 1111 000 1 01111 000, 1 411 74, 11110 200	(b) Book value
	eral income taxes			(-,
(2)	crai income taxes			
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, line 25, col.	(B))		

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

D-:-	dule D (Form 990) 2023 MARIANO RIVERA PUBLIC FOUNDA	TION		81 - 0	94926/ Page
rar	t XI Reconciliation of Revenue per Audited Financial Statement	ts With I	Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	858,938
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	37,400.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	37,400
3	Subtract line 2e from line 1			3	821,538
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			_
С	Add lines 4a and 4b			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	821,538
Par	t XII Reconciliation of Expenses per Audited Financial Statemen	its With	Expenses per H	Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				0.55 0.01
1	Total expenses and losses per audited financial statements			1	265,081
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	37,400.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	37,400
3	Subtract line 2e from line 1			3	227,681
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	227,681
	t XIII Supplemental Information				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV			; Part X,	line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	anal inform			
		Jilai IIIIOIII	iation.		
		Jilai IIIIOIII	nation.		
		onai inioni	ation.		
PAR	RT X, LINE 2:	onal illioni	ation.		
	RT X, LINE 2: E ORGANIZATION HAS IMPLEMENTED FASB ASC 740-			S, A	
THE	E ORGANIZATION HAS IMPLEMENTED FASB ASC 740-	-10, I	NCOME TAXE		S IT
THE		-10, I	NCOME TAXE		S IT
THE REL	E ORGANIZATION HAS IMPLEMENTED FASB ASC 740-LATES TO UNCERTAIN TAX POSITIONS. MANAGEMENT	-10, I	NCOME TAXE	TS C	S IT URRENT
THE REL	E ORGANIZATION HAS IMPLEMENTED FASB ASC 740-	-10, I	NCOME TAXE	TS C	S IT URRENT
THE REI	E ORGANIZATION HAS IMPLEMENTED FASB ASC 740- LATES TO UNCERTAIN TAX POSITIONS. MANAGEMENT D PAST FEDERAL INCOME TAX POSITIONS AND HAS	-10, I HAS DETER	NCOME TAXE REVIEWED I	TS C	S IT URRENT N CLEAR
THE REI	E ORGANIZATION HAS IMPLEMENTED FASB ASC 740-LATES TO UNCERTAIN TAX POSITIONS. MANAGEMENT	-10, I HAS DETER	NCOME TAXE REVIEWED I	TS C	S IT URRENT N CLEAR
THE REI AND	E ORGANIZATION HAS IMPLEMENTED FASB ASC 740- LATES TO UNCERTAIN TAX POSITIONS. MANAGEMENT D PAST FEDERAL INCOME TAX POSITIONS AND HAS D UNAMBIGUOUS TAX LAW AND REGULATIONS, THAT	-10, I HAS DETER	REVIEWED I	TS C ED O	S IT URRENT N CLEAR AKEN ARE
THE REI AND	E ORGANIZATION HAS IMPLEMENTED FASB ASC 740- LATES TO UNCERTAIN TAX POSITIONS. MANAGEMENT D PAST FEDERAL INCOME TAX POSITIONS AND HAS	-10, I HAS DETER	REVIEWED I	TS C ED O	S IT URRENT N CLEAR AKEN ARE
THE REI AND AND	E ORGANIZATION HAS IMPLEMENTED FASB ASC 740- LATES TO UNCERTAIN TAX POSITIONS. MANAGEMENT D PAST FEDERAL INCOME TAX POSITIONS AND HAS D UNAMBIGUOUS TAX LAW AND REGULATIONS, THAT RETAIN AND IT IS UNLIKELY THAT A MATERIAL TAX	-10, I T HAS DETER THE T	NCOME TAXE REVIEWED I MINED, BAS AX POSITIO	TS C ED O NS T	S IT URRENT N CLEAR AKEN ARE E MADE IF
THE REI AND AND	E ORGANIZATION HAS IMPLEMENTED FASB ASC 740- LATES TO UNCERTAIN TAX POSITIONS. MANAGEMENT D PAST FEDERAL INCOME TAX POSITIONS AND HAS D UNAMBIGUOUS TAX LAW AND REGULATIONS, THAT	-10, I T HAS DETER THE T	NCOME TAXE REVIEWED I MINED, BAS AX POSITIO	TS C ED O NS T	S IT URRENT N CLEAR AKEN ARE E MADE IF
THE REI AND AND	E ORGANIZATION HAS IMPLEMENTED FASB ASC 740- LATES TO UNCERTAIN TAX POSITIONS. MANAGEMENT D PAST FEDERAL INCOME TAX POSITIONS AND HAS D UNAMBIGUOUS TAX LAW AND REGULATIONS, THAT RETAIN AND IT IS UNLIKELY THAT A MATERIAL TAX RESPECTIVE GOVERNMENT AGENCY EXAMINED TAX RE	-10, I HAS DETER THE T	REVIEWED I	TS C ED O NS T LD B	S IT URRENT N CLEAR AKEN ARE E MADE IF
THE REI AND AND	E ORGANIZATION HAS IMPLEMENTED FASB ASC 740- LATES TO UNCERTAIN TAX POSITIONS. MANAGEMENT D PAST FEDERAL INCOME TAX POSITIONS AND HAS D UNAMBIGUOUS TAX LAW AND REGULATIONS, THAT RETAIN AND IT IS UNLIKELY THAT A MATERIAL TAX	-10, I HAS DETER THE T	REVIEWED I	TS C ED O NS T LD B	S IT URRENT N CLEAR AKEN ARE E MADE IF
THE REI ANI ANI CEF A F	E ORGANIZATION HAS IMPLEMENTED FASB ASC 740- LATES TO UNCERTAIN TAX POSITIONS. MANAGEMENT D PAST FEDERAL INCOME TAX POSITIONS AND HAS D UNAMBIGUOUS TAX LAW AND REGULATIONS, THAT RETAIN AND IT IS UNLIKELY THAT A MATERIAL TAX RESPECTIVE GOVERNMENT AGENCY EXAMINED TAX RE	-10, I HAS DETER THE T	REVIEWED I	TS C ED O NS T LD B	S IT URRENT N CLEAR AKEN ARE E MADE IF

Schedule D (Form 990) 2023 Part XIII Supplemental Inform	MARIANO	RIVERA	PUBLIC	FOUNDATION	81-0949267	Page 5
Part XIII Supplemental Infor	mation _{(contin}	ued)				

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization Employer identification number MARIANO RIVERA PUBLIC FOUNDATION 81-0949267 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations е Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-F7, lines 1 and 6b. List events with gross receipts greater than \$5.00

		of fundraising event contributions and gro	oss income on Form 990-	EZ, III les T al lu ob. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			CELEBRITY			(add col. (a) through
			GOLF EVENT	CANNATA GALA	4	col. (c))
a)			(event type)	(event type)	(total number)	55 (6)/
Revenue						
3eve	1	Gross receipts	968,887.	245,700.	195,194.	1,409,781.
			660 406	0.45 500	100 505	1 004 551
	2	Less: Contributions	660,486.	245,700.	188,585.	1,094,771.
	_	0	200 401		6 600	215 010
	3	Gross income (line 1 minus line 2)	308,401.		6,609.	315,010.
	1	Cash prizes				
	7	Od311 p11203				
	5	Noncash prizes				
es	_					
ens	6	Rent/facility costs				
Direct Expenses						
St.	7	Food and beverages				
Ö						
		Entertainment				
		Other direct expenses	308,401.		6,609.	315,010.
		Direct expense summary. Add lines 4 through	. ,			315,010.
Do	rt I	Net income summary. Subtract line 10 from li				0.
Га	[[Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or i	reported more than	
		\$13,000 on Form 990-E2, line oa.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo (b) Pull tabs/instant bingo/progressive bingo		(c) Other gaming	col. (a) through col. (c)
ven						() ()
æ	1	Gross revenue				
w	2	Cash prizes				
nse						
Direct Expenses	3	Noncash prizes				
H H						
jrec	4	Rent/facility costs				
_						
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes %	Yes %	
	О	Volunteer labor	No	L No	No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	•	Direct expense summary. And lines 2 timeagn	10 iii 00iaiiii (a)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
			, , , ,			
9	En	ter the state(s) in which the organization condu	cts gaming activities:			
а	ls t	the organization licensed to conduct gaming ac	ctivities in each of these s	states?		Yes No
b	If "	No," explain:				
	_					
	_					
		ere any of the organization's gaming licenses re	· · · · · · · · · · · · · · · · · · ·	•	/ear?	Yes No
b	If "	Yes," explain:				
	_					

Sch	edule G (Form 990) 2023 MARIANO RIVERA PUBLIC FOUNDATION 81-0	1949	<u> </u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b	o An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15:	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	□ No
	boos the organization have a contract with a time party from whom the organization received gaming revenue:	—		
b	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
c	: If "Yes," enter name and address of the third party:			
	The fact of the first and address of the time party.			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III	rt III, lin	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

332083 09-13-23 Schedule G (Form 990) 2023

Schedule G	(Form 990)	MARIANO	RIVERA	PUBLIC	FOUNDATION	81-0949267	Page 4
Part IV	(Form 990) Supplemental Infor	mation (contin	ued)				
		,	,				

SCHEDULE 0 (Form 990)

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 Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MARIANO RIVERA PUBLIC FOUNDATION

Employer identification number 81-0949267

MARIANO RIVERA PUBLIC FOUNDATION 81-0949267
FORM 990, PART VI, SECTION A, LINE 2:
MARIANO RIVERA (BOARD PRESIDENT) IS THE SPOUSE OF CLARA RIVERA (BOARD VICE
PRESIDENT).
MARIANO RIVERA (BOARD PRESIDENT) IS THE THE SON OF NAOMI GANDIA (BOARD
TREASURER).
FORM 990, PART VI, SECTION B, LINE 11B:
THE ORGANIZATION'S TREASURER REVIEWS THE FORM 990 PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION IMPLEMENTED ITS CONFLICT OF INTEREST POLICY SINCE FILING
ITS LAST FORM 990. COMPLIANCE AND MONITORING DURING THIS IMPLEMENTATION
PERIOD COSISTED OF INITIAL RELATIONSHIP REVIEW AND DISCLOSURE.
FORM 990, PART VI, SECTION C, LINE 18:
AVAILABLE FROM THE ORGANIZATION UPON REQUEST.
FORM 990, PART VI, SECTION C, LINE 19:
AVAILABLE FROM THE ORGANIZATION UPON REQUEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:
BANK AND PROCESSING FEES:
PROGRAM SERVICE EXPENSES 0.
MANAGEMENT AND GENERAL EXPENSES 5,040.
FUNDRAISING EXPENSES 0.
TOTAL EXPENSES 5,040.

Schedule O (Form 990) 2023 Page **2**

Name of the organization MARIANO RIVERA PUBLIC FOUNDATION	Employer identification number 81-0949267
OTHER SERVICE FEES:	
PROGRAM SERVICE EXPENSES	14,783.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	14,783.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	19,823.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

MARIANO RIVERA PUBLIC FOUNDATION

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Part I Identification of Disregarded Entities. Complet	e if the organization answered "Ye	es" on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) Total inco	eme End-of-year		(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organization organizations during the tax year.	tions. Complete if the organization	n answered "Yes" on Form 990), Part IV, line 34, I	oecause it had one	or more re	elated tax-exer	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		(f) Direct controlling entity		7) 512(b)(13) rolled ity?
MARIANO RIVERA PRIVATE FOUNDATION - 13-4076067, 321 CHATTAHOOCHEE DRIVE, BEAR, DE 19701		DELAWARE	501(C)(3)	PF			Yes	X

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I		(i)	((k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of end-of-year	Disprop	ortionate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	ral or	Percentage ownership
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under sections 512-514)	income	assets	allocations?		20 of Schedule	partner?		Ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
							l	l		I	i l	

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

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

Yes No

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

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

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

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

b	Girt, grant, or capital contribution to related organization(s)				מר		$\perp \Delta$
С	Gift, grant, or capital contribution from related organization(s)				1c		X
d	Loans or loan guarantees to or for related organization(s)				1d		X
	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s)				1f		Х
g	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
	Performance of services or membership or fundraising solicitations for related organization(s				11		X
m	Performance of services or membership or fundraising solicitations by related organization(s	3)			1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		X
0	Sharing of paid employees with related organization(s)				10		X
р	Reimbursement paid to related organization(s) for expenses				1p		X
q	Reimbursement paid by related organization(s) for expenses				1q		X
r	Other transfer of cash or property to related organization(s)				1r	X	
s	Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must	complete th	is line, including covered re	elationships and transaction thresholds.			
	Name of related organization Tran	(b) nsaction pe (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved		
1)							
2)							
3)							
4)							
5)							
6)							
32163	3 09-28-23			Schedule I	R (Forr	n 990	2023 (

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
	_								000) 0000

332165 09-28-23 Schedule R (Form 990) 2023

Form 8879-TF

For

IRS E-file Signature Authorization for a Tax Exempt Entity

calendar year 2023, or fiscal year beginning	, 2023, and ending	, 20

Department of the Treasury

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

OMB No. 1545-0047

Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service EIN or SSN Name of filer MARIANO RIVERA PUBLIC FOUNDATION 81-0949267 Name and title of officer or person subject to tax NAOMI GANDIA TREASURER Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ______ 1b ____ 821,538. Form 990 check here 1a **b Total revenue,** if any (Form 990-EZ, line 9) 2a Form 990-EZ check here **b Total tax** (Form 1120-POL, line 22) Form 1120-POL check here 3a Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 990-PF check here b Balance due (Form 8868, line 3c) 5b Form 8868 check here 5a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) 6b 6a Form 4720 check here 7a b Total tax (Form 4720, Part III, line 1) 7b b FMV of assets at end of tax year (Form 5227, Item D) 8b 8a Form 5227 check here Form 5330 check here **b Tax due** (Form 5330, Part II, line 19) 9a 10a Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) Declaration and Signature Authorization of Officer or Person Subject to Tax Part II Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name , (EIN) and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the processing the restriction account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on the payment of the federal tax financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize BELFINT, LYONS & SHUMAN, P.A. 19805 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program. I will enter my PIN on the return's disclosure consent screen. **Certification and Authentication** Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 51060419805 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. BELFINT, LYONS & SHUMAN, P.A. 10/08/24 ERO's signature Date **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

01/01/2023

Send with fee and attachments to: NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

and Ending (mm/dd/yyyy) 12/31/2023

Open to Public

2023

Inspection

1.General Information

For Fiscal Year Beginning (mm/dd/yyyy)

Check if Applicable:	Name of Org	Employer Identification Number (EIN): 81-0949267								
Address Change		NY Registration Number:								
Initial Filing	201									
Final Filing	City / State				Telephone:					
Amended Filing	BEAR,									
Reg ID Pending	Website:	IEMARIANOF	RIVERAFOUNDATI	ON.ORG	Email:					
Check your organization's										
registration category: 7A only EPTL only X DUAL (7A & EPTL) EXEMPT* Charities Registry at <u>www.CharitiesNYS.com</u> .										
2. Certification										
See instructions for certitive signatories.	fication require	ements. Improper	certification is a violation of	of law that may be subject t	to penalties. The certification requires					
We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.										
President or Authorized Officer:										
		Signature		Print Name	e and Title Date					
				NAOMI GANDI	I.A.					
Chief Financial Officer of	or Treasurer:			TREASURER						
		Signature		Print Name	e and Title Date					
3. Annual Reportin	g Exemption	on								
Check the exemption(s)	that apply to y	our filing. If your o	rganization is claiming an	exemption under one cate	gory (7A or EPTL only filers) or both					
categories (DUAL filers)	that apply to y	our registration, co	omplete only parts 1, 2, an	d 3, and submit the certifie	d Char500. No fee, schedules, or					
additional attachments a	re required. If	you cannot claim	an exemption or are a DU	AL filer that claims only one	e exemption, you must file applicable					
schedules and attachme	ents and pay ap	pplicable fees.								
3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.										
3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.										
4. Schedules and A	Attachment	ts								
See the following page										
for a checklist of	77									
schedules and for fund raising activity in NY State? If yes, complete Schedule 4a.										
attachments to										
complete your filing. Yes X No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.										
5. Fee										
See the checklist on the	7A filing	g fee:	EPTL filing fee:	Total fee:	Make a single sheet, as recovered					
next page to calculate your Make a single check or money										
fee(s). Indicate fee(s) you	ı				payable to:					
are submitting here:	\$	25.	\$ <u>250.</u>	\$ <u>275.</u>	"Department of Law"					
CHAR500 Annual Filing fo	or Charitable C	Drganizations (Upd	ated January 2022)							

368451 04-01-23 1019 Page 1

^{*}The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

CHAR500

Annual Filing Checklist

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

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

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV) If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.

Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

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

Review Report if you received total revenue and support greater than \$250,000 and up to \$1,000,000

X Audit Report if you received total revenue and support greater than \$1,000,000 and the fiscal year begins on or after July 1, 2021.

If the fiscal year begins before that date, an Audit Report is required if total revenue and support is greater than \$750,000

No Review Report or Audit Report is required because total revenue and support is less than \$250,000

We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

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

\$0, if you checked the 7A exemption in Part 3a

X \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

\$0, if you checked the EPTL exemption in Part 3b

\$25, if the NET WORTH is less than \$50,000

\$50, if the NET WORTH is \$50,000 or more but less than \$250,000

\$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000

X \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000 \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$1500, if the NET WORTH is \$50,000,000 or more

Send Your Filing

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

NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

Need Assistance?

Visit: www.CharitiesNYS.com

Call: (212) 416-8401

Email: Charities.Bureau@ag.ny.gov

Is my Registration Category 7A, EPTL, DUAL or EXEMPT?
Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in <u>Schedule E - Registration</u>

<u>Exemption for Charitable Organizations</u>. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com.

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

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