

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

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

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). 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. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print BOOMER ESIASON FOUNDATION 11-3142753 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 7475 WISCONSIN AVENUE #1100 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions 20814 BETHESDA, MD Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) RON RUBIN The books are in the care of ► 7475 WISCONSIN AVENUE #1100 - BETHESDA, MD 20814 Telephone No. ► 301-656-1200 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 FEBRUARY 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year $_$, and ending $_$ <code>MAR 31, 2022</code> ► X tax year beginning APR 1, 2021 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. 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. 3b 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. 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 instructions

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For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

EXTENDED TO FEBRUARY 15, 2023

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

B Consequence of the contribution of the cont	Α	For the	2021 calendar year, or tax year beginning $$ APR $$ $$ $$ $$ $$ $$ $$ $$ $$ $$	ling M	AR 31, 2022	
Doing business as a Power	В	Check if applicable:	C Name of organization		D Employer identifie	cation number
The property of the propert			BOOMED ESTACON FOUNDATION			
Number and street (of Y-U.0o) if main is not determined to direct address) Normal Street (of Y-U.0o) if main is not determined to direct address) Solicition City or town, state or province, country, and ZiP or foreign postal code Gircs recepts 8, 136, 120.		Name			11-31427	53
Eight Eig		Initial return	Number and street (or P.O. box if mail is not delivered to street address) Roor	m/suite	E Telephone numbe	r
SETTESDA MD 20814 Hole SETTESDA MD 20812 Hole			7475 WISCONSIN AVENUE #1100		301-656-	1200
BETHESDA, MD 20814 H(a) Is this a group return for subcordinates? Yes No No No No No No No N		termin-	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	8,136,120.
Fame and address of principal officer. RONALD RUBIN Holl principal officer. RONALD RUBIN					H(a) Is this a group re	eturn
SAME AS C ABOVE		Applica	F Name and address of principal officer: RONALD RUBIN			
Tax-owarmet status:		pending				
Part Summary	$\overline{\Gamma}$	Tax-exe	mpt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) 4947(a)(1) or	527	If "No," attach a	list. See instructions
Part Summary	J	Website	E: ► WWW.ESIASON.ORG		H(c) Group exemptio	n number 🕨
Briefly describe the organization's mission or most significant activities: THE MISSION OF THE BOOMER BSIASON POUNDATION IS TO HEIGHTEN AWARENESS, BDUCATION AND THE BOOMER BSIASON POUNDATION IS TO HEIGHTEN AWARENESS, BDUCATION AND THE BOOMER BSIASON POUNDATION IS TO HEIGHTEN AWARENESS, BDUCATION AND THE BOOMER BSIASON POUNDATION IS TO HEIGHTEN AWARENESS, BDUCATION AND THE BOOMER BSIASON POUNDATION IS TO HEIGHTEN AWARENESS, BDUCATION AND THE BOOMER BSIASON POUNDATION IS TO HEIGHTEN AWARENESS, BDUCATION AND THE BSIASON POUNDATION IS TO HEIGHTEN AWARENESS, BDUCATION AND THE BSIASON POUNDATION IS TO HEIGHTEN AWARENESS, BDUCATION AND THE BSIASON POUNDATION IS TO HEIGHTEN AWARENESS, BDUCATION AND THE BSIASON POUNDATION IS TO HEIGHTEN AWARENESS, BDUCATION AND THE BSIASON POUNDATION IS TO HEIGHTEN AWARENESS, BDUCATION AND THE BSIASON POUNDATION IS TO HEIGHTEN AWARENESS, BDUCATION AND THE BSIASON POUNDATION IS TO HEIGHTEN AWARENESS, BDUCATION AND THE BSIASON POUNDATION IS TO HEIGHTEN AWARENESS, BDUCATION AND THE BSIASON POUNDATION IS TO HEIGHTEN AWARENESS, BDUCATION AND THE BSIASON POUNDATION IS TO HEIGHTEN AWARENESS, BDUCATION AND THE BSIASON POUNDATION AND THE BSIASON	K	Form of o	organization: X Corporation Trust Association Other	L Year o	of formation: 1993	M State of legal domicile: NY
ESTASON FOUNDATION IS TO HEIGHTEN AWARENESS, EDUCATION AND THE	Pa	art I	Summary			
ESTASON FOUNDATION IS TO HEIGHTEN AWARENESS, EDUCATION AND THE 2 Check this box		1 E	Briefly describe the organization's mission or most significant activities: ${ m THE} { m \ MIS}$	SSIO	N OF THE BOO	OMER
Solution Prior Year Current Year A	ဦ	<u>I</u>				
Solution Prior Year Current Year A	rna	2 (Check this box if the organization discontinued its operations or disposed o	of more t	than 25% of its net ass	sets.
Solution Prior Year Current Year A	Ş.	3 1	lumber of voting members of the governing body (Part VI, line 1a)		3	
Solution Prior Year Current Year A	Ğ	4 1	Sumber of independent voting members of the governing body (Part VI, line 1b)		4	
Solution Prior Year Current Year A	δ. 80	5 T	otal number of individuals employed in calendar year 2021 (Part V, line 2a)		5	
Solution Prior Year Current Year A	/itie	6 ⊺	otal number of volunteers (estimate if necessary)		6	46
Solution Prior Year Current Year A	Ċ	7a⊺				
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, line 2g) 11 Other revenue (Part VIII, loubum (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising etes (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses (Part IX, column (A), line 11e) 19 Total fundraising expenses (Part IX, column (A), line 11e) 10 Total supenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 10 Total assets (Part X, line 16) 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Net assets or fund balances. Subtract line 21 from line 20 25 Net assets or fund balances. Subtract line 21 from line 20 26 Part II Signature Block 27 Index penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of prepare (other than officer) is based on all information of which preparer has any knowledge. 28 PrintType preparer's name 29 Preparer Firm's EIN Signature Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's signature PrintSignature PrintSignature PrintSignature PrintSignature PrintSignature PrintSignature PrintSignature PrintSign	_	b N	let unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), lines 11-11d, 11f-24e) 18 Total expenses (Part IX, column (A), lines 11-11d, 11f-24e) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 16) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Total assets (Part X, line 26) 24 Net assets or fund balances. Subtract line 21 from line 20 25 NoRALD RUBIN, TREASURER Primt Signature Block Proparer Firm's name SNYDER COHN, PC Firm's alme SNYDER COHN, PC F						
12 Total revenue (Part VIII, column (A), lines 5, 62, c9, c9, c9, c9, c9, c9, c9, c9, c9, c9	Φ	8	Contributions and grants (Part VIII, line 1h)		4,796,309.	
12 Total revenue (Part VIII, column (A), lines 5, 62, c9, c9, c9, c9, c9, c9, c9, c9, c9, c9	ž	9 F	Program service revenue (Part VIII, line 2g)			
12 Total revenue (Part VIII, column (A), lines 5, 62, c9, c9, c9, c9, c9, c9, c9, c9, c9, c9	eve	10 li	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)			
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 819,064. 980,175. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,441,211. 1,452,748. 16 Professional fundraising fees (Part IX, column (A), line 11e) 204,865. 153,250. 17 Other expenses (Part IX, column (A), line 25) 336,470. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,562,266. 3,962,395. 19 Revenue less expenses. Subtract line 18 from line 12 1,314,968. 660,133. 20 Total assets (Part X, line 16) 5,765,057. 6,883,836. 21 Total liabilities (Part X, line 26) 948,678. 1,408,059. 22 Part II Signature Block Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Preparer's signature Print/Type preparer's name Preparer's signature Date Inv/11/22 Self-employed P00086899 Prim's address 11200 ROCKVILLE PIKE, SUITE 415 Plone no. 301-652-6700 Phone no. 301-652-6700 Phone no. 301-652-6700 Phone no. 301-652-6700 Phone no. 301-652-6700 10 Phone no. 301-652-6700 Phone no. 301-652-6700 10 Phone no. 301-652-6700 Phone no. 301-652-6700 10 Proparer	Œ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			10,742.
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,441,211. 1,452,748. 16a Professional fundraising expenses (Part IX, column (A), line 11e) 204,865. 153,250. 17 Other expenses (Part IX, column (A), line 15) 336,470. 18 Total expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,097,126. 1,376,222. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,562,266. 3,962,395. 19 Revenue less expenses. Subtract line 18 from line 12 1,314,968. 660,133. 20 Total assets (Part X, line 16) 5,765,057. 6,883,836. 21 Total liabilities (Part X, line 26) 948,678. 1,408,059. 22 Net assets or fund balances. Subtract line 21 from line 20 4,816,379. 5,475,777. 21 Signature Block 22 Individual part Signature Block 23 Part II Signature Block 24 Part II Signature Block 25 Part II Signature Block 26 PrintType preparer's name Preparer's signature 27 Part II PrintType preparer's name Preparer's signature 28 PrintType preparer's name Preparer's signature 29 PrintType preparer's name Preparer's signature 20 PrintType preparer's name Preparer's signature PrintType preparer's name Preparer's sig		12 T	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			4,622,528.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,441,211 1,452,748 1,441,211 1,441,2		13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)			980,175.
16a Professional fundraising fees (Part IX, column (A), line 11e) 204,865. 153,250. b Total fundraising expenses (Part IX, column (D), line 25) 336,470. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,097,126. 1,376,222. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,562,266. 3,962,395. 19 Revenue less expenses. Subtract line 18 from line 12 1,314,968. 660,133. 20 Total assets (Part X, line 16) 5,765,057. 6,883,836. 21 Total liabilities (Part X, line 26) 948,678. 1,408,059. 22 Net assets or fund balances. Subtract line 21 from line 20 4,816,379. 5,475,777. Part II Signature Block Signature Block Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date RONALD RUBIN, TREASURER Prim/Type preparer's name Preparer's signature BARBARA MURPHY KROMER Firm's name SNYDER COHN, PC Firm's EIN 52-1022232 Firm's address 11200 ROCKVILLE PIKE, SUITE 415 Phone no. 301-652-6700 Phone no. 301-652-6700 Phone no. 301-652-6700 Phone no. 301-652-6700 Phone no. 301-652-6700 153, 250.		14 E	Benefits paid to or for members (Part IX, column (A), line 4)			
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 10 Total expenses. Subtract line 18 from line 12 11	Ş	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 10 Total expenses. Subtract line 18 from line 12 11	nse	16 a F	Professional fundraising fees (Part IX, column (A), line 11e)		204,865.	153,250.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 10 Total expenses. Subtract line 18 from line 12 11	e e	Ļ b⊺	otal fundraising expenses (Part IX, column (D), line 25) 336,470.	<u>. </u>		
19 Revenue less expenses. Subtract line 18 from line 12	ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,097,126.	
Beginning of Current Year End of Year		18 T	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,562,266.	3,962,395.
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign RONALD RUBIN, TREASURER Type or print name and title Print/Type preparer's name Print/Type preparer's name BARBARA MURPHY KROMER Preparer Firm's name SNYDER COHN, PC Firm's address 11200 ROCKVILLE PIKE, SUITE 415 NORTH BETHESDA, MD 20852 Phone no. 301-652-6700	_		Revenue less expenses. Subtract line 18 from line 12		1,314,968.	660,133.
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign RONALD RUBIN, TREASURER Type or print name and title Print/Type preparer's name Print/Type preparer's name BARBARA MURPHY KROMER Preparer Firm's name SNYDER COHN, PC Firm's address 11200 ROCKVILLE PIKE, SUITE 415 NORTH BETHESDA, MD 20852 Phone no. 301-652-6700	or Sor	3		Beg		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign RONALD RUBIN, TREASURER Type or print name and title Print/Type preparer's name Print/Type preparer's name BARBARA MURPHY KROMER Preparer Firm's name SNYDER COHN, PC Firm's address 11200 ROCKVILLE PIKE, SUITE 415 NORTH BETHESDA, MD 20852 Phone no. 301-652-6700	sets	ਰੂ 20 ⊺	otal assets (Part X, line 16)			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign RONALD RUBIN, TREASURER Type or print name and title Print/Type preparer's name Print/Type preparer's name BARBARA MURPHY KROMER Preparer Firm's name SNYDER COHN, PC Firm's address 11200 ROCKVILLE PIKE, SUITE 415 NORTH BETHESDA, MD 20852 Phone no. 301-652-6700	t As	21 1	, , , , , , , , , , , , , , , , , , , ,			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here RONALD RUBIN, TREASURER Type or print name and title Print/Type preparer's name BARBARA MURPHY KROMER Preparer Firm's name SNYDER COHN, PC Firm's address 11200 ROCKVILLE PIKE, SUITE 415 NORTH BETHESDA, MD 20852 Phone no. 301-652-6700					4,816,379.	5,475,777.
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here RONALD RUBIN, TREASURER Type or print name and title Print/Type preparer's name BARBARA MURPHY KROMER Preparer Firm's name SNYDER COHN, PC Firm's address 11200 ROCKVILLE PIKE, SUITE 415 NORTH BETHESDA, MD 20852 Phone no. 301-652-6700						
Sign Here RONALD RUBIN, TREASURER Type or print name and title Print/Type preparer's name BARBARA MURPHY KROMER Preparer Use Only Preparer Preparer Preparer's signature Prim's address Prim's EIN S2-1022232 Phone no. 301-652-6700		-				knowledge and belief, it is
Sign Here Signature of officer RONALD RUBIN, TREASURER Type or print name and title Print/Type preparer's name BARBARA MURPHY KROMER Preparer Use Only Firm's name SNYDER COHN, PC Firm's address 11200 ROCKVILLE PIKE, SUITE 415 NORTH BETHESDA, MD 20852 Date Proparer's signature Date 10/11/22 Firm's EIN Firm's EIN Phone no. 301-652-6700	true	, correct	and complete. Declaration of preparer (other than officer) is based on all information of which p	preparer f		
Here RONALD RUBIN, TREASURER Type or print name and title Print/Type preparer's name BARBARA MURPHY KROMER Preparer Bern's name SNYDER COHN, PC Firm's address 11200 ROCKVILLE PIKE, SUITE 415 NORTH BETHESDA, MD 20852 Phone no. 301-652-6700			Signature of officer			1/22
Type or print name and title Print/Type preparer's name BARBARA MURPHY KROMER Preparer Birm's name SNYDER COHN, PC Firm's address 11200 ROCKVILLE PIKE, SUITE 415 NORTH BETHESDA, MD 20852 Proparer Type or print name and title Preparer's signature Bull Mark North Podde 10/11/22 Firm's EIN 52-1022232 Phone no. 301-652-6700		I	,		Date	
Print/Type preparer's name BARBARA MURPHY KROMER Preparer Use Only Print/Type preparer's name BARBARA MURPHY KROMER Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's signature Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Print/Type preparer's name Print/Type pr	Hei	re				
Paid BARBARA MURPHY KROMER Invalor In			Print/Type prepare's name Prepare's signature		ate Check	PTIN
Preparer Firm's name SNYDER COHN, PC Firm's EIN 52-1022232 Use Only Firm's address 11200 ROCKVILLE PIKE, SUITE 415 Phone no. 301-652-6700	Paid			ner	10/11/22 if	
Use Only Firm's address 11200 ROCKVILLE PIKE, SUITE 415 NORTH BETHESDA, MD 20852 Phone no. 301-652-6700			MEDIUT HORI III RICOMBIC			
NORTH BETHESDA, MD 20852 Phone no. 301-652-6700		· –			THIII S LIIV	
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	1330(2021) BOOMER ESTADON FOUNDATION 11 3142733 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE MISSION OF THE BOOMER ESIASON FOUNDATION IS TO HEIGHTEN AWARENESS,
	EDUCATION AND THE QUALITY OF LIFE FOR THOSE AFFECTED BY CYSTIC
	FIBROSIS WHILE PROVIDING FINANCIAL SUPPORT TO RESEARCH AIMED AT
	FINDING A CURE.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	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
	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 \$2, 339, 547. including grants of \$653, 273.) (Revenue \$)
	PROGRAM TO FOSTER EDUCATION AND RESEARCH IN CYSTIC FIBROSIS, INCLUDING
	WEB PROGRAM TO HEIGHTEN AWARENESS AND PROVIDE EDUCATIONAL INFORMATION
	ON THE INTERNET TO THE 30,000 CYSTIC FIBROSIS PATIENTS, THEIR FAMILIES,
	AND FRIENDS. EACH SPECIAL EVENT CONTAINS A SIGNIFICANT EDUCATIONAL
	COMPONENT.
4b	(Code:) (Expenses \$
	SCHOLARSHIP PROGRAM TO PROVIDE SUPPORT TO OTHER ORGANIZATIONS INVOLVED
	WITH CF TREATMENT AND RESEARCH AND TO PROMOTE EDUCATION AND AWARENESS
	ABOUT CYSTIC FIBROSIS.
4-	(Code:) (Expenses \$ 10 , 268 • including grants of \$ 5 , 268 •) (Revenue \$)
4c	(Code:) (Expenses \$
	FROVIDING SUFFORT TO TRANSFLANT FATIENTS:
4d	Other program services (Describe on Schedule O.)
-ru	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses 3 , 111 , 040 •

Form **990** (2021)

Form 990 (2021) BOOMER ESIASON 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? 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	<u> </u>		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- '-		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?			3,7
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		7.7	
	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, VII, 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,			
	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		X
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		Х
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	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
		12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the appropriation projection of the control of the Light of the Light of the Light of the Control	14a		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1 1 a		
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1/4		x
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15		4-		_v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			.
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		77	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	├
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	—
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			l _
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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	

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			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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			7.7
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
ام	any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 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		X
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? If			
	"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		X
С	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		X
29	Did the organization receive more than \$25,000 in non-cash 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			l
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		x
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		 ^
b	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?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
		38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	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	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х 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 were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a Х 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a 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. 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 Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069

Page 6 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

tall 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 videopate broad autinotify to an executive committee or similar committee, explain or Schedule 0. be Their the number of voting members included on the 1st a above, who are independent to the poverning body videopate broad autinotify to an executive committee or similar committee, explain or Schedule 0. be Their the number of voting members included on the 1st a above, who are independent or officer, director, frustee, or key employee? Dot the organization delegate control over management duties customarily performed by or under the direct supervision of officers, director, frustee, or key employee? 3 Dot the organization delegate control over management duties customarily performed by or under the direct supervision of officers, director, frustee, or key employee? 3 Dot the organization become aware during the year of a significant diversion of the organization savester? 5 Dot the organization have members, stockholders? 6 Dot the organization have members, stockholders? 7 Dot the organization have members, stockholders? 8 Dot the organization have members, stockholders? 9 Dot and the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the powering body? 1 Dot an arrangement of the governing body? 2 Dot an arrangement of the governing body? 3 Dot the organization onetemporaneusly document the meetings held or written actions undertaken during the year by the following: 3 The governing body? 4 Dot the organization have written policipus listed in Part VII, Section A, who cannot be reached at the governing body? 5 Is there are your files, effector, brustee, or eye employee listed in Part VII, Section A, who cannot be reached at the governing body? 5 Is the exert prifeer, director, structee, or eye employee listed in Part VII, Sect		Check if Schedule O contains a response or note to any line in this Part VI			X
table the number of voting members of the governing body at the and of the tax year If there are market difference is uniting inthis among members of the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. If the property of the provided on the included on line 14, aboves, who are independent 21 22 23 24 25 26 any efficient, director, trustee, or key employees 27 28 29 29 20 20 20 20 20 20 20 20	Sec	tion A. Governing Body and Management			
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exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶SEE SCHEDULE O 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) available for public inspection. Indicate how you made these available. Check all that apply. X 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, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records RON RUBIN - 301-656-1200	b				
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 List the states with which a copy of this Form 990 is required to be filed ►SEE SCHEDULE O 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) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records RON RUBIN - 301-656-1200 	Sec		עטו		
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for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records RON RUBIN - 301-656-1200			only	availak	nle
 X Own website	.5		Jiny)	a v andk	
 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records RON RUBIN - 301-656-1200 					
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 RON RUBIN - 301-656-1200	19	(**************************************	financ	ial	
20 State the name, address, and telephone number of the person who possesses the organization's books and records RON RUBIN - 301-656-1200	13		man	, ai	
RON RUBIN - 301-656-1200	20				
		7475 WISCONSIN AVENUE #1100, BETHESDA, MD 20814			

Form **990** (2021)

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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 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.

Name and title	(A)	(B)			(((D)	(E)	(F)
Nour specified week (list any hours for related organizations below line) 1	Name and title	Average	(do					one	Reportable	Reportable	Estimated
Control Cont			box	, unles	ss per	son is	s both	n an		•	l
(1) DAVID RIMINGTON							17 11 43				l
(1) DAVID RIMINGTON		1 '	direct				Ļ				! !
(1) DAVID RIMINGTON			ee or	stee			nsate			'	1
(1) DAVID RIMINGTON		organizations	trust	nal tru		oyee	om pe			,	and related
(1) DAVID RIMINGTON		1	ividua	itutio	cer	empl	hest o	mer			organizations
RESIDENT (FORMER)	-		lnd	lns	0#ij	Ke	E Hig	For			
C2 MICHAELA JOHNSON	, - ,	40.00	-						112 055	_	25 450
RESIDENT OF TEAM BOOMER		10.00			X				113,855.	0.	35,178.
C13 ETSUKO MURASE		40.00	-						110 155		00 044
CFO/COO		1.0.00					X		119,157.	0.	20,041.
TAMI AMAKER	, , ,	40.00	-						120 550	_	0.50
SPECIAL PROGRAM DIRECTOR		40.00					X		132,758.	0.	868.
S GUNNAR ESIASON		40.00	-						110 010	_	10 500
ADVOCATE - PROGRAM DIRECTO		40.00					X		118,919.	0.	12,523.
ROBERT PLANSKER A0.00 X		40.00							00.006	_	25 265
Resident		40.00	Х						82,226.	0.	35,867.
CT BOOMER ESIASON 30.00 X X X 17,096 0. 35,336 0.		40.00	-						E1 106		0 050
CHAIRMAN		20.00			X				71,176.	0.	8,972.
(8) CHERYL ESIASON 30.00 X X X 0. 0. 0. 0. (12) RON RUBIN 3.00 X X X 0. 0. 0. 0. (11) STEVEN BOWMAN 0.25 DIRECTOR X 0. 0. 0. 0. (12) JACK CASSIDY 0.25 DIRECTOR X 0. 0. 0. 0. (13) BOB DIFAZIO 0.25 DIRECTOR X 0. 0. 0. 0. (14) JOE DUSSICH 0.25 DIRECTOR X 0. 0. 0. 0. (15) BILLY HEINZERLING 0.25 DIRECTOR X 0. 0. 0. 0. (16) NINA MITCHELL 3.00 DIRECTOR X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	, , , , , , , , , , , , , , , , , , , ,	30.00							15 006		25 226
X X X X X X X X X X		30.00	X		X				17,096.	0.	35,336.
Section Sect	, , , , , , , , , , , , , , , , , , , ,	30.00	v		₩.				_	_	_
TREASURER (10) PETE ABITANTE (10) PETE ABITANTE (11) STEVEN BOWMAN (11) STEVEN BOWMAN (12) JACK CASSIDY (12) JACK CASSIDY (13) BOB DIFAZIO (13) BOB DIFAZIO (14) JOE DUSSICH (14) JOE DUSSICH (15) BILLY HEINZERLING (15) BILLY HEINZERLING (16) NINA MITCHELL (17) STEPHEN MUELLER (17) STEPHEN MUELLER (10) O. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		2 00	Λ		^				0.	0.	0.
Color		3.00	v						_	_	_
DIRECTOR X		0.25	Λ		^				0.	0.	.
DIRECTOR		0.23	v						0	_	_
DIRECTOR X		0.25	Λ						0.	0.	0.
DIRECTOR X		0.25	v						0	0	l n
DIRECTOR X		0.25	22						0.	<u> </u>	•
DIRECTOR X 0. 0. 0. 0. 0. 0. 0.		0.25	x						0.	0.	٥.
DIRECTOR X		0.25							•	•	· ·
O		0123	x						0.	0.	0.
DIRECTOR X		0.25							•	•	
Column		0123	x						0.	0.	0.
DIRECTOR X 0. 0. 0. (16) NINA MITCHELL 3.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (17) STEPHEN MUELLER 0.25 0. 0. 0. 0. 0.		0.25							•	•	
(16) NINA MITCHELL 3.00 DIRECTOR X (17) STEPHEN MUELLER 0.25		0025	х						0.	0.	0.
DIRECTOR X 0. 0. 0. (17) STEPHEN MUELLER 0.25 .		3.00	T-								
(17) STEPHEN MUELLER 0.25			х						0.	0.	0.
		0.25	<u> </u>								,,,
			Х						0.	0.	0.

Form 990 (2021)

Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloye	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)	-
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	box,	not cl , unles	Posi heck r ss per d a di	nore son i	than o	an an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) ANDREA COLABELLA	0.25									
DIRECTOR		Х						0.	0.	0.
(19) MIKE NORSETH DIRECTOR	0.25	х						0.	0.	0.
(20) KEVIN PLANK	0.25									
DIRECTOR		х						0.	0.	0.
(21) JIM ROSETTA	0.25									
DIRECTOR		Х						0.	0.	0.
(22) HARVEY SANDERS DIRECTOR	0.25	Х						0.	0.	0.
(23) RALPH STAYER	0.25									
DIRECTOR		х						0.	0.	0.
(24) MEGAN PACE	0.25									
DIRECTOR		Х						0.	0.	0.
(25) JIM REGAN	0.25									
DIRECTOR		Х						0.	0.	0.
(26) FRANK BOLTE	0.25									
DIRECTOR		Х						0.	0.	0.
1b Subtotal							>	655,187.	0.	148,785.
c Total from continuation sheets to Part VII								0.	0.	0.
d Total (add lines 1b and 1c)					<u></u>			655,187.	0.	148,785.

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

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
EMPIRE EVENTS PROMOTIONS, INC., 65 S	DEVELOPMENT	
MAPLE, 2ND FLOOR, BASKING RIDGE, NJ 07920	SERVICES/PROGRAM EDU	319,270.
THE COLONY GROUP, 7475 WISCONSIN AVENUE,	BUSINESS MANAGEMENT	
SUITE 1100, BETHESDA, MD 20814	SERVICES	104,669.

SEE PART VII, SECTION A CONTINUATION SHEETS

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 (2021)

\$100,000 of compensation from the organization

Form 990 BOOMER ES	SIASON F	'OU	IND	TA('IO	N			11-314	2753
Part VII Section A. Officers, Directors, Tru	ıstees, Key En	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl		k all that apply)		ly)	compensation	compensation	amount of	
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	recto				empl		organization	(W-2/1099-MISC)	from the
	hours for related	ord	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	Individual trustee or director	Institutional trustee		ee/	Highest compensated employee				organizations
	below	dualt	utiona	_	oldm	stco	JE.			organizations
	line)	Indivi	Instit	Officer	Key employee	Highe	Former			
(27) JOE GURRERA	0.25									
DIRECTOR		Х						0.	0.	0.
(28) BRIAN FLEISHHACKER	0.25									
DIRECTOR		Х						0.	0.	0.
(29) ROBERT MILKOVICH	0.25									
DIRECTOR		Х						0.	0.	0.
(30) RANDY WILLIAMS	0.25									
DIRECTOR		Х						0.	0.	0.
			_							
		ł								
			_							
		l								
Total to Part VII, Section A, line 1c										

11-3142753

Part VIII Statement of Revenue

			Check if Schedule O	cont	ains a re	esponse o	or note to any lin				
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S S	1 :	a	Federated campaigns			1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues			1b					
င်္ခ မြ			Fundraising events			1c	1,299,652.				
ífts, r A						1d					
ig,			Government grants (contr			1e	547,140.				
Sin			All other contributions, gifts,			-	,				
uti Je		'	similar amounts not included			1f	2,863,804.				
ë Đ		_	Noncash contributions included in			1g \$	58,680.				
no Dd		_			_		30,000.	4,710,596.			
Oa		n	Total. Add lines 1a-1f				Business Code	4,710,330.			
		_					Business Code				
ice	2 :										
erv ue		b									
n S		С									
Jrar 3e∖	(d									
Program Service Revenue		е									
<u>-</u>			All other program service								
-		g	Total. Add lines 2a-2f								
	3		Investment income (include	_		,	,				
			other similar amounts)					69,173.			69,173.
	4		Income from investment of		•	•	· ·				
	5		Royalties		1			242.			242.
					(i)	Real	(ii) Personal				
			Gross rents	6a							
	ı	b	Less: rental expenses	6b							
	(С	Rental income or (loss)	6с							
		d	Net rental income or (loss)) <u></u>							
	7 :	а	Gross amount from sales of		(i) Se	curities	(ii) Other				
			assets other than inventory	7a	3,13	34,977.	15,000.				
	- 1	b	Less: cost or other basis								
ne			and sales expenses	7b	3,31	17,960.	0.				
Ven	(С	Gain or (loss)	7с	-18	32,983.	15,000.				
Re			Net gain or (loss)			<u></u>		-167,983.			-167,983.
Other Revenue	8	а	Gross income from fundraising	ng ev	ents (no	ot					
₹			including \$1,	299	652.	of					
			contributions reported on	line	1c). See	e					
			Part IV, line 18			8a	195,632.				
	-	b	Less: direct expenses				195,632.				
	(С	Net income or (loss) from	fund	raising	event <u>s</u>		0.			
	9 :	а	Gross income from gamin	g ac	tivities.	See					
			Part IV, line 19			9a					
	ı	b	Less: direct expenses			9b					
	(С	Net income or (loss) from	gam	ing acti	vities					
	10	а	Gross sales of inventory, I	ess	returns						
			and allowances			10a					
	ı	b	Less: cost of goods sold			10b					
	(С	Net income or (loss) from	sale	s of inve	entory	>				
,							Business Code				
ous •	11 :	а	OTHER INCOME				900099	10,500.			10,500.
ane inuc	ı	b									
	,	С									
Miscellaneous Revenue		d	All other revenue								
2			Total. Add lines 11a-11d					10,500.			
	12		Total revenue. See instruction					4,622,528.	0.	0.	-88,068.

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 respons	se or note to any line in t (A)	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	E12 224	512 004		
	and domestic governments. See Part IV, line 21	713,284.	713,284.		
2	Grants and other assistance to domestic	066 001	266 201		
	individuals. See Part IV, line 22	266,891.	266,891.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	200 560	252 001	40 110	2 (5(
	trustees, and key employees	398,569.	353,801.	42,112.	2,656
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	000 004	F2F 1FF	F.F. 0.F.0	00 505
7	Other salaries and wages	822,804.	737,157.	57,052.	28,595
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	4.5 4.5	10: 22:	4.5.5.1	
9	Other employee benefits	145,135.	124,039.	16,264.	4,832. 2,277.
10	Payroll taxes	86,240.	76,678.	7,285.	2,277
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d					
е		153,250.			153,250.
f	Investment management fees				
g					
	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	228,163.	228,163.		
13	Office expenses	128,224.	55,268.	70,806.	2,150.
14	Information technology	-	-		
15	Royalties				
16	Occupancy	178,779.	160,898.	8,942.	8,939.
17	Travel	68,284.	57,438.	4,116.	6,730.
18	Payments of travel or entertainment expenses	·	·	,	•
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	12,107.		12,107.	
23	Insurance	61,627.	41,828.	19,072.	727.
23 24	Other expenses. Itemize expenses not covered	,	,0_0,	== , = , = ,	, _ ,
4	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 0.) PROJECT EXPENSES	579,028.	260,691.	205,237.	113,100
a b	BAD DEBT EXPENSE	55,000.	200,001	55,000.	110,100
	PRINTING	16,444.	15,209.	377.	858.
C	RECOGNITION GIFTS	15,444.	4,276.	3,627.	8,016
d		32,647.	15,419.	12,888.	4,340.
	All other expenses	3,962,395.	3,111,040.	514,885.	336,470
<u>25</u>	Total functional expenses. Add lines 1 through 24e	3,304,333.	3,111,040.	J14,00J.	330,4/0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	404 405	216 227	15 014	171 (0)
	Check here X if following SOP 98-2 (ASC 958-720)	404,427.	216,927.	15,814.	171,686.

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Par	τX	Balance Sneet					
		Check if Schedule O contains a response or n	ote to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,906,248.	1	2,679,303
	2	Savings and temporary cash investments			641,332.	2	3,046,747
	3	Pledges and grants receivable, net			84,098.	3	160,965
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
		controlled entity or family member of any of th	ese perso	ons		5	
	6	Loans and other receivables from other disqua	alified per	sons (as defined			
		under section 4958(f)(1)), and persons describ		6	25,000		
ည္	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use			90,803.	8	136,746
₹	9	Prepaid expenses and deferred charges			168,127.	9	716,310
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		156,368.			
	b	Less: accumulated depreciation		76,835.	39,487.		79,533 23,515
	11	Investments - publicly traded securities			2,819,245.	11	23,515
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets	45.545	14	45 545		
	15	Other assets. See Part IV, line 11			15,717.	15	15,717
_	16	Total assets. Add lines 1 through 15 (must ed			5,765,057.		6,883,836
	17	Accounts payable and accrued expenses		185,538.	17	353,759	
	18	Grants payable	016 000	18	1 054 200		
	19	Deferred revenue	216,000.	19	1,054,300		
	20	Tax-exempt bond liabilities		ı		20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub					
<u>e</u>		controlled entity or family member of any of th				22	
-	23	Secured mortgages and notes payable to unre			E 47 140	23	0
	24	Unsecured notes and loans payable to unrelat			547,140.	24	U
	25	Other liabilities (including federal income tax, p	•				
		parties, and other liabilities not included on lin	es 17-24)	Complete Part X			
	00	of Schedule D			948,678.	25	1,408,059
\dashv	26	Total liabilities. Add lines 17 through 25		▶ ▼	340,070.	26	1,400,033
ဖွူ		Organizations that follow FASB ASC 958, cl	neck nere				
ဗ္ဗ	07	and complete lines 27, 28, 32, and 33.			4,312,844.	27	1 897 131
<u>a</u>	27		503,535.	28	4,897,434 578,343		
<u> </u>	28	Net assets with donor restrictions Organizations that do not follow FASB ASC			303,333.	20	370,343
두		and complete lines 29 through 33.	956, CHE	ck liere			
<u> </u>	20	Capital stock or trust principal, or current fund	le			29	
ets	29 30	Paid-in or capital surplus, or land, building, or				30	
ν̈		Retained earnings, endowment, accumulated				31	
<i>ي</i> و ا			r otner tunas		ויט ו		
Net Assets or Fund Balances	31 32	Total net assets or fund balances			4,816,379.	32	5,475,777

Form **990** (2021)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,62		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,96		95. 33.
3					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,81	6,3	<u>79.</u>
5	Net unrealized gains (losses) on investments	5		-7	<u>35.</u>
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	5,47	5,7	<u>77.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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	basis,			
	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 Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		
			Form	990	(2021)

132012 12-09-21

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.

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number

Name of the organization BOOMER ESIASON FOUNDATION 11-3142753 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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). 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 X 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990) 2021 BOOMER ESIASON FOUNDATION 11-3142753 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 checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization
fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support, Subtract line 5 from line 4.						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	(=) == ::	()	(=,==:=		(-,	(-)
	Gross income from interest,						
_	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
·	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						-
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	nns)			12	
	First 5 years. If the Form 990 is for the	•	,				
	organization, check this box and stop						
Sec	ction C. Computation of Publi		_				,
14	Public support percentage for 2021 (I	ine 6, column (f), d	ivided by line 11, o	column (f))		14	%
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2021. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	nore, check this box	k and
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the	organization did no	t check a box on I				
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	•	• •				
	and if the organization meets the fact						
	meets the facts-and-circumstances te			=			▶ □
b	10% -facts-and-circumstances test	-	•	* *	-		
	more, and if the organization meets the	-					
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
<u>1</u> 8	Private foundation. If the organization						▶ □
				,			(Form 990) 2021

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.)

Sed	ction A. Public Support	,,	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	5635975.	5019504.	3415822.	4796309.	4710596.	23578206.
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	876,314.	860,379.	402,275.	335,715.	195,632.	2670315.
3	Gross receipts from activities that are not an unrelated trade or business 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						
	Total. Add lines 1 through 5	6512289.	5879883.	3818097.	5132024.	4906228.	26248521.
	Amounts included on lines 1, 2, and 3 received from disqualified persons	2188150.	2612092.	1531712.	2119940.	2127306.	10579200.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b	2188150.	2612092.	1531712.	2119940.		10579200.
	Public support. (Subtract line 7c from line 6.)						<u> 15669321.</u>
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	6512289.	5879883.	3818097.	5132024.	4906228.	26248521.
10a	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	69,972.	79,145.	71,576.	117,739.	79,915.	418,347.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	69,972.	79,145.	71,576.	117,739.	79,915.	418,347.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	6582261.	5959028.	3889673.	5249763.	4986143.	26666868.
14	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	on,
0-	check this box and stop here						>
	ction C. Computation of Publi			. (5)		1	E0 76 a
	Public support percentage for 2021 (li		•	.,,		15	58.76 % 60.73 %
	Public support percentage from 2020 ction D. Computation of Inves					16	60.73 %
	Investment income percentage for 20			20 13 column (f)		17	1.57 %
	Investment income percentage from 2					18	1.38 %
	19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and						
	line 18 is not more than 33 1/3%, chec						
20	Private foundation If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 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")? *If* "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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? 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).
- 8 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.)

	Yes	No
1		
•		
2		
За		
Ja		
3b		
2-		
3c		
4a		
4b		
4c		
5a		
5b 5c		
30		
6		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		
ule A (Fo	rm 990)	2021

Sche	dule A (Form 990) 2021 BOOMER ESIASON FOUNDATION 11-	314275	3 P	age 5
	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		
Sec	tion 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 officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	•		
	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		
Sec	tion 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		
Sec	tion 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			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations		1	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	 ns).		
a	The organization satisfied the Activities Test. Complete line 2 below.	,,,,,,		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	o inatruation	20)	
	Activities Test. Answer lines 2a and 2b below.	e instruction	Yes	No
2			162	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			

Parent of Supported Organizations. Answer lines 3a and 3b below.

these activities but for the organization's involvement.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

Part VI the reasons for the organization's position that its supported organization(s) would have engaged in

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990) 2021

2b

За

Sche	dule A (Form 990) 2021 BOOMER ESIASON FOUNDAT	ION		11-3142753 Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	<u>u</u>
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on I	Nov. 20, 1970 (<i>explain i</i>	n 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		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	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		
- 2	Minimum asset amount for prior year (from Section B. line 8, column A)	2		

Schedule A (Form 990) 2021

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

5

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

emergency temporary reduction (see instructions).

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

Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization

BOOMER ESIASON FOUNDATION

11-3142753

Organization type (cneck one):							
Filers of	:	Section:					
Form 990 or 990-EZ		\overline{X} 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
Check if your organization is covered by the General Rule or a Special Rule . Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.							
General	Rule						
X	ū	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
answer "	No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 requirements of Schedule B (Form 990).					

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

Schedule B (Form 990) (2021)

Name of organization Employer identification number

BOOMER ESIASON FOUNDATION

11-3142753

Page 2

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		\$ 700,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>410,000</u> .	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		\$ 322,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	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_		\$ <u>158,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>135,750.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$100,000.	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
8		\$80,300	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$77,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_		- _ \$63,000. -	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
12	21	\$58,427.	Person X Payroll

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13_		\$\$55,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14_		\$50,000.	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
15		\$ <u>45,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$\$	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
17		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18_		\$ <u>37,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$ 28,800.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$ 26,184.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	- Hume, dudices, and En 1 7	\$ 25,627.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$ <u>25,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$\$	Person X Payroll

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$ 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
27		\$ <u>25,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$\$	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
29		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$\$	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
33		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34	Name, address, and ZIF + 4	\$ 23,500.	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
35		\$ 22,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$ 20,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40	Name, address, and ZIF + 4	\$ 19,000.	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
41		\$16,040.	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
42		\$ <u>15,000.</u>	Person X Payroll

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$	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
<u>45</u>		\$ <u>15,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46		\$15,000.	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
47		\$ <u>15,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		\$ <u>12,375.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51		\$ <u>11,850.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52		\$11,652.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53		\$11,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54		\$10,000.	Person X Payroll

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>56</u>		\$10,000.	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
57_		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58		\$	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
<u>59</u>		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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BOOMER ESIASON 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
61		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62		\$7,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63		\$6,695.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64		\$6,250.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66		\$5,888.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$5,850.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68		\$5,665.	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
69		\$5,550.	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
70		\$5,500.	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
71		\$5,250.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
72		\$5,010.	Person X Payroll

Schedule B (Form 990) (2021)

Name of organization Employer identification number

BOOMER ESIASON FOUNDATION

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		\$5,000.	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
74		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
75		\$5,000.	Person X Payroll
(a)	(b)	(c)	(d)
76	Name, address, and ZIP + 4	* 5,000.	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
77		\$5,000.	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
78		\$5,000.	Person X Payroll

Schedule B (Form 990) (2021)

Name of organization Employer identification number

BOOMER ESIASON FOUNDATION

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
80		\$5,000.	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
81		\$5,000.	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
82		\$5,000.	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
83		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
84		\$5,000.	Person X Payroll

Schedule B (Form 990) (2021)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		\$5,000.	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
86		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
87		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
88		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
89		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021) Page **3**

Name of organization Employer identification number

BOOMER ESIASON FOUNDATION

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Part II	Noncash Property (see instructions). Use duplicate copies of Parl	t II if additional space is needed.	1 3142/33
(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
23453 11-11	-91		Schedule B (Form 990) (2021

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Schedule B (Form 990) (2021) Name of organization **Employer identification number** BOOMER ESIASON FOUNDATION 11-3142753 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

BOOMER ESIASON FOUNDATION

Employer identification number 11-3142753

Pai	Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		milar Funds or A	ccounts. Complete if the
		(a) Donor advised	d 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	riting that the assets hel	d in donor advised fun	ds
	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 ad	dvisors in writing that gra	nt funds can be used o	only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any	other purpose confer	ring
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the organization	anization answered "Yes	" on Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreati	ion or education)	Preservation of a hist	orically important land area
	Protection of natural habitat		Preservation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribu	tion in the form of a co	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic structure	cture included in (a)		2c
d	Number of conservation easements included in (c) acquired af	fter 7/25/06, and not on a	a historic structure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele			ization during the tax
	year ▶			
4	Number of states where property subject to conservation ease	ement is located 🕨		
5	Does the organization have a written policy regarding the period	odic monitoring, inspecti	on, handling of	
	violations, and enforcement of the conservation easements it l	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and	d enforcing conservation	on easements during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enfo	orcing conservation ea	sements during the year
	> \$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements	of section 170(h)(4)(B))(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's	financial statements th	at describes the
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections of	Art, Historical Trea	sures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its reve	nue statement and bal	ance sheet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education,	or research in furthera	nce of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that desc	ribes these items.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue	statement and balance	e sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furtherance	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			. • \$
	(m)			. .
2	If the organization received or held works of art, historical trea-	sures, or other similar as	sets for financial gain,	
	the following amounts required to be reported under FASB AS			
а	Revenue included on Form 990, Part VIII, line 1	-		. • \$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2021

132051 10-28-21

Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or Oth	er S	imilar	Assets	(contir	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make	signi	ficant ι	ise of its	-		
	collection items (check all that apply):									
а	Public exhibition	d	Loan or excl	nange program						
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explair	how they further th	e organization's ex	cempt	purpos	se in Part	XIII.		
5	During the year, did the organization solicit or	r receive donations o	of art, historical treas	ures, or other simi	lar ass	sets				
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the organization	n answered "Yes"	on Fo	rm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for contributions	or other assets n	ot incl	uded				_
	on Form 990, Part X?						🗀	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:							
								Amoun	t	
С	Beginning balance					1c				
d	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	stodial account lia	bility?			Yes		No
b	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete i	f the organization an	swered "Yes" on Fo	rm 990, Part IV, lin						
		(a) Current year	(b) Prior year	(c) Two years back	(d)		ears back	(e) Four	years	back
1a	Beginning of year balance	210,857.	196,468.	185,404		1	75,009.		164,	284.
b	Contributions	8,685.	14,389.	11,064			10,395.		10,	725.
С	Net investment earnings, gains, and losses	170.	682.	2,408			2,306.		1,	380.
d	Grants or scholarships	0.	682.	2,408			2,306.		1,	380.
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	219,712.	210,857.	196,468		1	85,404.		175,	009.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)) held as:						
	Board designated or quasi-endowment		_%							
b	Permanent endowment ►100	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held an	d administered for	the o	rganiza	ation	,		
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		_X_
	(ii) Related organizations							3a(ii)		_X_
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part	X, line	10.				
	Description of property	(a) Cost or o		1 '		ımulate	ed	(d) Boo	k valu	е
		basis (investn	nent) basis ((other)	depre	ciation				
1a	Land									
	Buildings									
	Leasehold improvements	I		0,934.		6,60			4,3	
d	Equipment			4,672.		9,47		4.	5,19	99.
_	Othor	1	1 1	N 762	1	0 76	ヘフ・レー			()

Schedule D (Form 990) 2021

79,533.

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

Schedule D (Form 990) 2021 BOOMER ESIASO	ON FOUNDATION	11	-3142753 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" on			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related.			
	Form 000 Part IV line 1	1c Soc Form 900 Part V line 13	
Complete if the organization answered "Yes" on (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l of year market value
	(b) Book value	(c) Method of Valuation. Cost of end	-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.	l		
Complete if the organization answered "Yes" on	Form 990, Part IV, line 1	1d. See Form 990. Part X. line 15.	
	escription		(b) Book value
(1)			(4) = 2 2 2
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 1:	5)	>	
Part X Other Liabilities.		-	
Complete if the organization answered "Yes" on	Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

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

Schedule D (Form 990) 2021

(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 4,622,528. 4 Amounts included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. Jine 12.) Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) c Add lines 2a through 2d 2e 195, 632. e Add lines 2a through 2d	Part	Reconciliation of Revenue per Audited Financial Statement	ts With	Revenue per Ret	turn.	
2 a Noturnation-locked on line 1 but not on Form 980, Part VIII, line 12: a Net unrealized gains (Bosses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Recoveries of prior year grants A Complete in Part XIII) A Coll cest 2 through 26 3 4,522,528. 194,097. 3 4,622,528. 194,097. 3 4,622,528. 194,097. 4 A mounts included on Form 990, Part VIII, line 12: b Dother (Rescribe in Part XIII) A Concept (Rescribe in Part XIII) B Concept (Rescribe in Part XIII) C Add lines 4 and 4b C Total revenue. Add lines 3 and 4c. (This must count from 990, Part IV, line 12: C Total revenue and closses per activation many and the concept (Rescribed in Part XIII) C Add lines 4 and 4b C Total revenue and closses per activation from 990, Part IV, line 12: 1 Total aspenses and closses per activation from 990, Part IV, line 12: 2 A concept (Rescribed in Part XIII) C C Other losses D Prior year adjustments D Prior year adjustments C Other losses D Prior year adjustments D Prior year adjustments C Other losses D Prior year adjustments D Prior		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			4	4 817 425.
a Net unrealized gains (passes) on investments					•	4,017,425
b Donated services and use of facilities			22	-735.		
c Recoveries of prior year grants d Other (Rescribe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a investment expenses not included on Form 990, Part VIII, line 17b 4 b 4 D Other (Rescribe in Part XIII) c Add lines 4a and 40 5 Total revenue. Add lines 3 and 4e. (This must equal Form 990, Part I, line 12) 5 Total revenue. Add lines 3 and 4e. (This must equal Form 990, Part I, line 12) 1 Total expenses and losses per audited financial statements Compited if the organization answered "Yes" on Form 990, Part I, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 to the on Form 990, Part IX, line 25: a Donated services and use of facilities b Prory year adjustments d Other (Rescribe in Part XIII) c Add lines 2 at through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25: a line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25: a lone of the recommendation of the part XIII) c Add lines 2 at through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25. but not on line 1: a line of the recommendation ine 1 b Other (Rescribe in Part XIII) c Add lines 2 at through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25. but not on line 1: a line of the describing in Part XIII in line 3 and 4e. (This must equal form 990, Part I line 15) Fart XIII Supplemental Information. PROVED the describing and XIII in line 3 and 4e. (This must equal form 990, Part I line 15) Fart XIII Supplemental Information. PART V, LINE 4: TO FUND, FROM ANY INCOME GENERATED, SCHOLARSHIPS SET UF BY DONOR. PART X, LINE 2: THE FOUNDATION ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN TAX POSITIONS BASED ON A "MORE LIKELY THAN NOT" THRESHOLD TO THE RECOGNITION OF THE TAX POSITIONS BEING SUSTAINED BASED ON THE TECHNICAL MERITS OF THE POSITION UNDER SCRUTINY BY THE APPLICABLE TAXING AUTHORITY. IF A TAX PO				755•		
d Other (Describe in Part XIII) 2 a 194,897. 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a investment expenses not included on Form 990, Part VIII, line 10, but not on line 1: b Other (Describe in Part XIII) 5 Total revenue. Add lines 2 and 4e. (This must equal Form 390. Fart I, line 12) 6 Total revenue and classes per audited financial statements. Complete If the organization answered "Ves" on Form 990, Part IV, line 12a. 1 Total expenses and classes per audited financial statements. Complete If the organization answered "Ves" on Form 990, Part IV, line 12a. 1 Total expenses and classes per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IV, line 25: a Donated services and use of facilities. 2 Prior year adjustments. 2 Other losses 2 Other losses 2 Other losses and sear of acilities. 2 Amounts included on Form 990, Part IV, line 25. 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IV, line 25. 3 Investment expenses not included on Form 990, Part IV, line 12a. 4 Amounts included on Form 990, Part IV, line 25. but not on line 1: a Investment expenses not included on Form 990, Part IV, line 7b. 4 Amounts included on Form 990, Part IV, line 25. but not on line 1: a Investment expenses not included on Form 990, Part IV, line 81. 4 Amounts included on Form 990, Part IV, line 7b. 4 Amounts included on Form 990, Part IV, line 81. 5 Total expenses, Add lines 8 and 4c. (This must equal Form 990, Part IV, line 18). 6 Total expenses, Add lines 8 and 4c. (This must equal Form 990, Part IV, lines 1b and 2b; Part IV, line 4; Part IV, line 2; Part IV, line 2; Part IV, line 2d and 4b; Also complete this part to provide any additional information. PART V, LINE 4: TO FUND, FROM ANY INCOME GENERATED, SCHOLARSHIPS SET UP BY DONOR. PART X, LINE 2: THE FOUNDATION ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN TAX POSITION OF THE TAX POSITIONS BEING SUSTAINED BASED ON THE TECHNICAL MERTIS OF TH						
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3 4,622,528. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Ondat levenue. Add lines 3 and 4e. (This must equal Form 990, Part I, line 12) 5 Total revenue. Add lines 3 and 4e. (This must equal Form 990, Part I, line 12) 1 Total expenses and losses per audited financial statements. Complete if the organization answered "Yes" on Form 990, Part I, line 12a. 1 Total expenses and losses per audited financial statements. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IV, line 25: a Donated services and use of facilities. 2 Describe 10 Part XIII) 3 Any 962, 395. 4 Describe 10 Part XIII, line 25 Des					20	194.897.
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Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.						4,622,528.
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4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18) 6 3,962,395. Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3,5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART V, LINE 4: TO FUND, FROM ANY INCOME GENERATED, SCHOLARSHIPS SET UP BY DONOR. PART X, LINE 2: THE FOUNDATION ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN TAX POSITIONS BASED ON A "MORE LIKELY THAN NOT" THRESHOLD TO THE RECOGNITION OF THE TAX POSITIONS BEING SUSTAINED BASED ON THE TECHNICAL MERITS OF THE POSITION UNDER SCRUTINY BY THE APPLICABLE TAXING AUTHORITY. IF A TAX POSITION OR POSITIONS ARE DEEMED TO RESULT IN UNCERTAINTIES OF THOSE POSITIONS, THE UNRECOGNIZED TAX EFFECT IS ESTIMATED BASED ON A "CUMULATIVE PROBABILITY"					2e	195,632.
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Schedule D (Form 990) 2021

INTEREST AND PENALTIES,

POSITIONS.

IF ANY, ARE ACCRUED AS A COMPONENT OF

Part XIII Supplemental Information (continued)
GENERAL AND ADMINISTRATIVE EXPENSES WHEN ASSESSED. THE FOUNDATION HAS
IDENTIFIED ITS TAX STATUS AS A TAX EXEMPT ENTITY UNDER SECTION 501(C)(3)
AND ITS DETERMINATION THAT IT HAS NO UNRELATED BUSINESS INCOME AS TAX
POSITIONS; HOWEVER, THE FOUNDATION HAS DETERMINED THAT SUCH TAX POSITIONS
DO NOT RESULT IN AN UNCERTAINTY REQUIRING RECOGNITION. INCOME TAX YEARS
ENDED PRIOR TO MARCH 31, 2019 ARE NO LONGER SUBJECT TO AUDIT BY TAXING
AUTHORITIES.
SCHEDULE D, PART XI, LINE 2D OTHER REVENUE INCLUDED IN F/S
DIRECT EVENT COSTS - PART VIII, LINE 8A \$195,632
SCHEDULE D, PART XII, LINE 2D OTHER EXPENSES AND LOSSES PER
DIRECT EVENT COSTS - PART VIII, LINE 8B -\$195,632

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.

OMB No. 1545-0047

Open to Public

Name of the organization

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

Inspection Employer identification number

BOOMER	ESIASON FOUNDATION				11-3142	753		
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.								
Indicate whether the organization rais A	sed funds through any of the following \mathbf{x} Solicita \mathbf{y} Solicita \mathbf{y} Special	tion of tion of fundra	non-g gover aising	overnment grants nment grants events	toos or			
 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? 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. 								
(i) Name and address of individual or entity (fundraiser)	III) ACTIVITY I have quetody 1.							
EMPIRE EVENT PROMOTIONS, INC.		Yes	No					
- 65 S MAPLE, 2ND FLOOR,	DEVELOPMENT MANAGEMENT		Х	1,299,652.	153,250.	1,146,402.		
			>	1,299,652.	153,250.	1,146,402.		
3 List all states in which the organization or licensing.								
AL, AK, AR, AZ, CA, CO, CT, OR, PA, TN, VA, WA, WV, WI	FL,GA,KS,KY,ME,MD,I	MA,I	11 , IX	IN, MO, NH, NJ	, NM , NY , NC ,	ND,OH,OK		
on fill fill fill fill fill fill fill fil								

132081 10-21-21

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

SEE PART IV FOR CONTINUATIONS

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-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2 9 OTHER	(c) Other events NONE	(d) Total events (add col. (a) through
			BEF GOLF	EVENTS		`
4			(event type)	(event type)	(total number)	col. (c))
nue						
Revenue	1	Gross receipts	773,850.	721,434.		1,495,284.
	2	Less: Contributions	672,605.	627,047.		1,299,652.
	3	Gross income (line 1 minus line 2)	101,245.	94,387.		195,632.
	4	Cash prizes				
S	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
irect E	7	Food and beverages	6,995.	37,217.		44,212.
	8	Entertainment	25,000.			25,000.
	9	Other direct expenses	126,420.			126,420.
	10				•	195,632.
		Net income summary. Subtract line 10 from lin				0.
Pa	rt I	Gaming. Complete if the organization a	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				
enne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
S	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	_	Other direct expenses				
	3	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		•	
		garming moonto outliniary. Oubtract little /				
9	En	ter the state(s) in which the organization condu	cts gaming activities:			
		the organization licensed to conduct gaming ac				Yes No
		No," explain:				
_	_	· · · <u></u>				
	_					
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax y	ear?	Yes No
b	If "	Yes," explain:				
	_					
	_					

Schedule G (Form 990) 2021

132082 10-21-21

Sch	nedule G (Form 990) 2021 BOOMER ESTASON FOUNDATION 11-	3142753	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility	13a	%
	o An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	132	,,,
•	Enter the hame and address of the person who prepares the organization organization organization of the books and records.		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party \$\bigs\sum_{\text{quantity}}\$		
	If "Yes," enter name and address of the third party:		
	Name		
	Address >		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
	Mandatory distributions:		
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	L Yes	∟ No
k	a Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
D -	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 P.	art III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER	S:	
(I) NAME OF FUNDRAISER: EMPIRE EVENT PROMOTIONS, INC.		
7 +	NAME OF FUNDATISER: EMPIRE EVENT PROMOTIONS, INC.		
(I) ADDRESS OF FUNDRAISER: 65 S MAPLE, 2ND FLOOR, BASKING RIDGE,	N.T 0.7	920
<u>, </u>	,		v

Schedule G (Form 990) BOOMER ESIASON FOUNDATION	11-3142753 Page 4
Schedule G (Form 990) BOOMER ESTASON FOUNDATION Part IV Supplemental Information (continued)	

SCHEDULE I (Form 990)

Department of the Treasury

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

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

OMB No. 1545-0047 **Open to Public**

Internal Revenue Service Inspection Name of the organization **Employer identification number** 11-3142753 BOOMER ESIASON FOUNDATION Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Ves" on Form 900 Part IV line 21 for any

Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ROCK CF FOUNDATION							
2990 W GRAND BLVD							
DETROIT, MI 48202	13-4358351	501(C)3	7,500.	0.			CF SUPPORT
PHOMAS JEFFERSON UNIVERSITY							
101 MARKET STREET 29TH FLOOR							
PHILADELPHIA, PA 19107	23-1352294	501(C)3	337,939.	0.			CF SUPPORT
·			·				
HELP HOPE LIVE							
RADNOR CRP CTR, 100 MATSONFORD RD							
RADNOR, PA 19087	52-1322317	501(C)3	22,000.	0.			CF SUPPORT
CINCINNATI CHILDREN'S HOSPITAL							
333 BURNET AVENUE							
CINCINNATI, OH 45229	31-0833936	501(C)3	50,000.	0.			CF SUPPORT
·			·				
COLD SPRING HARBOR LABORATORY							
BUNGTOWN ROAD							
COLD SPRING HARBOR, NY 11724	11-2013303	501(C)3	50,000.	0.			CF SUPPORT
IEW YORK ROAD RUNNERS							
E. 89TH STREET							
NEW YORK, NY 10128	13-2949483	501 (C) 3	68,545.	0.			CF SUPPORT

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

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) 2021

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
US ADULT CYSTIC FIBROSIS								
ASSOCIATION - 9450 SW. GEMINI								
DRIVE PMG 43881 - BEAVERTON, OR 97008	93-1036770	F01/G)2	10 000				an auppor	
97008	93-1036770	501(0)3	10,000.	0.			CF SUPPORT	
-								
	•	•		•		•		

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
F PATIENT LIVING ASSISTANCE	9	52,891.	0.		
SCHOLARSHIPS	27	214,000.	0.		
Part IV Supplemental Information. Provide the information re	equired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	
PART I, LINE 2:					
THE ORGANIZATION MONITORS THE GRAI	NTS THROUG	H A WRITTE	EN CONTRACT	WITH	
CONTINGENCY CLAUSE FOR INSTALLMENT	r payments	UPON PERF	FORMANCE AN	D BY REPORTS	
AND ACKNOWLEDGEMENT LETTERS FROM I	RECIPIENTS	. IN ADDI	TION, THE	ORGANIZATION	
CONTINUALLY MONITORS THE PROGRESS			·		

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public Inspection

Name of the org	ganizatior
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BOOMER ESIASON FOUNDATION

Employer identification number

11-3142753 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Loans to and/or From Interested Persons. Part II

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 000 Part V line 5, 6, or 22

i	reported an amo (a) Name of interested person	(b) Relat with orga	ionship	(c) Purpose	(d) Lo	an to or n the zation?	(e) Original principal amount	(f) Balance due	(g) defa	In ault?	(h) Ap by bo comm	proved ard or ittee?	(i) W agreei	ritten ment?
					То	From			Yes	No	Yes	No	Yes	No
LEE	BECKER	OWNS	EMP	ADVANCE		X	100,000.	25,000.		X	Х			X
Total							> \$	25,000.						

Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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

Schedule L (Form 990) 2021

	Business Transa			
Schedule I	(Form 990) 2021	BOOMER	ESIASON	FOUNDA

Complete if the organization answere	ed "Yes" on Form 990, Part IV, line 28a, 28	b, or 28c.			
(a) Name of interested person	ame of interested person (b) Relationship between interested person and the organization (c) Amount of transaction		(d) Description of transaction	òrganiz reven	ues?
RONALD RUBIN	PRINCIPAL OF COLONY	104 669	FINANCIAL S	Yes	No X
LEE BECKER	OWNS EMPIRE EVENT P		DEVELOPMENT	Х	Λ
DHE PROKER	OWNE BITTER EVENT I	31372700	DEVELOTIENT		
Part V Supplemental Information.					
	sponses to questions on Schedule L (see in	structions).			
		~			
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVING	3 INTERESTE	D PERSONS:		
(A) NAME OF PERSON: RONAL	D RUBIN				
(B) RELATIONSHIP BETWEEN	INTERESTED PERSON AND	ORGANIZATI	ON:		
PRINCIPAL OF COLONY GROUP	AND THE TREASURER OF	THE FOUND	TION		
(D) DESCRIPTION OF TRANSA	CTION: FINANCIAL SERV	ICES			
(A) NAME OF PERSON: LEE B	ECKER				
(B) RELATIONSHIP BETWEEN	INTERESTED PERSON AND	ORGANIZATI	ON:		
OWNS EMPIRE EVENT PROMOTI	ONS, INC. AND IS A FO	RMER DIRECT	OR.		
(D) DESCRIPTION OF TRANSA	CTION: DEVELOPMENT SEI	RVICES AS W	ELL AS PROG	RAM	
EDUCATION					

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Employer identification number

	BOOMER ESIAS	ON FOU	NDATION			11-3	142	753	
Par	t I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	no	(d) Method of det ncash contribut			3
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods	X		58,680.	FAIR	MARKET	VAI	LUE	
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other								
26	Other ()								
27	Other ()								
28	Other ()								
29	Number of Forms 8283 received by the organi	zation during	the tax year for c	ontributions					
	for which the organization completed Form 82								
		, ,	J					Yes	No
30a	During the year, did the organization receive b	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, th	at it			
	must hold for at least three years from the date	•							
	exempt purposes for the entire holding period	_					30a		Х
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance	policy that re	quires the review	of any nonstandard contribut	ions?		31	х	
	Does the organization hire or use third parties	•	•	•					
				on, process, or con noneasin			32a		Х
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	column (c) fo	a type of property	/ for which column (a) is ched	cked.				
	describe in Part II.	(5) 101	-, · P · O P O ()	,					
LHA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990).		Schedule M	(Form	n 990)	2021

132141 11-17-21

SCHEDULE O (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.

2021
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

BOOMER ESIASON FOUNDATION

Employer identification number 11-3142753

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

QUALITY OF LIFE FOR THOSE AFFECTED BY CYSTIC FIBROSIS WHILE PROVIDING

FINANCIAL SUPPORT TO RESEARCH AIMED AT FINDING A CURE.

FORM 990, PART VI, SECTION A, LINE 2:

DIRECTORS BOOMER ESIASON AND CHERYL ESIASON ARE HUSBAND AND WIFE AND GUNNAR ESIASON IS THEIR SON.

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

FORM 990 IS REVIEWED AND APPROVED BY THE PRESIDENT AND TREASURER. A COPY
OF FORM 990 IS EMAILED TO DIRECTORS BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

OFFICERS AND DIRECTORS ARE REQUIRED TO SIGN AN ACKNOWLEDGEMENT EACH YEAR

THAT THEY HAVE RECEIVED THE CONFLICT OF INTEREST POLICY. EACH OFFICER AND

DIRECTOR IS ASKED TO NOTIFY THE BOARD OF ANY CONFLICTS OF INTEREST.

OFFICERS AND DIRECTORS ABSTAIN FROM ANY APPROVAL OF SALARIES OR OTHER FORMS

OF COMPENSATION FOR THEMSELVES.

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

COMPENSATION PAID TO KEY EMPLOYEES IS EVALUATED ON AN ANNUAL BASIS.

COMPENSATION IS BASED UPON THE LEVEL OF SKILL REQUIRED FOR THE POSITION,

COMPARISON OF COMPENSATION TO SIMILAR POSITIONS IN THE NON-PROFIT INDUSTRY,

AND AN EVALUATION OF THE EMPLOYEE'S ACHIEVEMENTS DURING THE YEAR. THE

PRESIDENT'S SALARY IS REVIEWED AND APPROVED BY THE BOARD CHAIRMAN. KEY

EMPLOYEE SALARIES ARE APPROVED BY THE PRESIDENT.

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page 2
Name of the organization BOOMER ESIASON FOUNDATION	Employer identification number 11-3142753
BOOMER EDITION TOURDITION	11 3111,33
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
AL,AK,AR,AZ,CA,CO,CT,FL,GA,KS,KY,MD,MA,MI,MN,NH,NJ,NM,NY,N	C,OH,OK,OR,PA,TN
VA,WV,WI	
FORM 990, PART VI, SECTION C, LINE 19:	
FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND POLICIES OF	THE ORGANIZATION
ARE PROVIDED BY APPROPRIATE NEED AND UPON REQUEST.	
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY