PUBLIC DISCLOSURE COPY **Return of Organization Exempt From Income Tax**

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

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2022
Open to Public
Inspection

ΑF	or the	e 2022 calendar year, or tax year beginning an	d ending		
B	Check if opplicable	C Name of organization		D Employer identifi	cation number
	Addre	BLUMONT INC			
	Name chang	Doing business as	81-08880	72	
	□Initial □return □Final	Number and street (or P.O. box if mail is not delivered to street address) 1777 NORTH KENT STREET	Room/sui	te E Telephone number 703-248-	
L	return termin ated		500		
	ated □Amen	, , , , , , , , , , , , , , , , , , , ,		G Gross receipts \$	3,669.
F	return	ARLINGION, VA 22209		H(a) Is this a group r	
	Application pendir			for subordinates	
_		SAME AS C ABOVE	🗖 -	H(b) Are all subordinates i	
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 5	_	list. See instructions
	Vebsi		1	H(c) Group exemption	
	orm of	organization: X Corporation Trust Association Other Summary	L Ye	ar of formation: ZUIS[]	M State of legal domicile: WI
	1	Briefly describe the organization's mission or most significant activities: BLUI	TYON	ELIVERS INNO	VATIVE,
Governance		EVIDENCE BASED, LOCALLY DRIVEN SOLUTIONS			
na.	2	Check this box if the organization discontinued its operations or disp	osed of mo	re than 25% of its net as	sets.
Ş.	3	Number of voting members of the governing body (Part VI, line 1a)		3	7
	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	6
တို		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			61
/itie		Total number of volunteers (estimate if necessary)			6
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)	L	0.	0.
ň	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,066.	3,669.
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,066.	3,669.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	L	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Ş	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10))L	7,554,105.	8,560,216.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
e x be	b	Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>		
Ú	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		-7,569,097.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-14,992.	
		Revenue less expenses. Subtract line 18 from line 12		16,058.	3,672.
S OF			L	Beginning of Current Year	End of Year
t Assets or	20	Total assets (Part X, line 16)		8,819,023.	10,231,330.
A	21	Total liabilities (Part X, line 26)		5,162,784.	6,571,425.
Net		Net assets or fund balances. Subtract line 21 from line 20		3,656,239.	3,659,905.
	art II	Signature Block			
	•	lties of perjury, I declare that I have examined this return, including accompanying schedu		·	y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of	which prepai	er has any knowledge.	
		Signature of officer		l Date	
Sig		•		Dale	
Her	е	JONATHAN NASH, PRESIDENT & CEO Type or print name and title			
				Date Check F	PTIN
D - '		Print/Type preparer's name Preparer's signature		# L	
Paid		STACY CULLEN STACY CULLEN		11/15/23 self-emplo	
	arer	Firm's name APRIO, LLP		Firm's EIN 5	7-1157523
use	Only	Firm's address 111 ROCKVILLE PIKE SUITE 600		, / 2	01 \ 221 6200
_	:-	ROCKVILLE, MD 20850		Phone no. (3	
May	the If	RS discuss this return with the preparer shown above? See instructions			X Yes No
つぶつい	111 10 1	on the for Panerwork Requestion Act Notice cae the congrate incitive	urine		Form ショレ ババソハ

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Pai	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission:	
	BLUMONT BUILDS ON TWO DECADES OF PROVEN EXPERIENCE TO FORGE AN	
	ENHANCED DEVELOPMENT CAPABILITY THAT IS MORE LOCALLY FOCUSED, HIGH	
	TRAINED AND EMPOWERED WITH ADVANCED TECHNOLOGY, TOOLS AND INFORMAT	'ION
	RESOURCES TO IMPLEMENT THE MOST EFFECTIVE PROGRAMS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3		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 exper	1606
7		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expense	35, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	THE UNIQUE STRUCTURE OF BLUMONT SETS US APART FROM OTHER RELIEF AND DEVICE OF THE PROPERTY OF	
	DEVELOPMENT ORGANIZATIONS. WE ARE STRUCTURED TO DRIVE EFFICIENCY A	
	QUALITY, MANAGE COSTS, IMPROVE OPERATIONS, INCREASE COMPLIANCE AND	<u>) </u>
	CREATE THE BEST LOCAL SOLUTIONS TO ADVANCE GLOBAL RELIEF AND	
	DEVELOPMENT IN RESPONSE TO DONOR-PARTNER REQUIREMENTS AND PROGRAM	
	PARTICIPANT NEEDS. BLUMONT, INC. IS A NON-PROFIT HOLDING COMPANY T	'HAT
	PROVIDES GOVERNANCE AND OVERSIGHT RESPONSIBILITIES TO THREE	
	SUBSIDIARIES: TWO NON-PROFITS AND ONE FOR-PROFIT. EACH SUBSIDIARY	
	PROVIDES SPECIALIZED SERVICES TO A DIVERSE CLIENT BASE.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$)
<i>/</i> <i>A</i>	Other program conject (Describe on Schedule C.)	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses	orm 990 (2022)
	FC FC	лп ээс (2022)

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Form 990 (2022) BLUMONT INC 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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
	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,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
0	, ,			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?			_V
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			,,
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u> X</u>
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the constitution maintain on office constitution and the the the the the the Chatego	14a	Х	
b	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,	u		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	170		
13		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
16		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
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,"			
	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		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			l .
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

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Par	t IV Checklist of Required Schedules (continued)			_
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			١,,
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		37	
	Schedule J	23	X	-
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			,,
_	Schedule K. If "No," go to line 25a	24a		X
	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			
	any tax-exempt bonds?	24c		_
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			١.,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			١.,
	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		X
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			١.,
	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			١.,
	"Yes," complete Schedule L, Part IV	28a		X
	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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	. 31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			١.,
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	. 37	<u> </u>	X

Note: All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance

Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	42			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portal	ole gaming			
	(gambling) winnings to prize winners?			1c	Х	

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Par	990 (2022) BLUMONT INC 01-0000	0 / 2	Р	age o
Pai	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)			T
			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 2a 61	1	37	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	37
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	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	١.	v	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b	If "Yes," enter the name of the foreign country JORDAN			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			X
L	any contributions that were not tax deductible as charitable contributions?	6a		
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Gh.		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b		
7	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?	70		х
a h		7a 7b		122
b	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	10		
·	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	A
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a	4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	40-		
		12a		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		
	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.	100		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
-	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17		$oxed{}$

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If "Yes," complete Form 6069.

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

	Check if Schedule O contains a response or note to any line in this Part VI			X							
Sec	tion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year	7									
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent 1b	6									
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	officer, director, trustee, or key employee?										
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors, trustees, or key employees to a management company or other person?	3		X							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X							
6	Did the organization have members or stockholders?	6		X							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
	more members of the governing body?	7a		Х							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?	7b		X							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	Х								
b	Each committee with authority to act on behalf of the governing body?	8b	Х								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		Х							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		X							
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,										
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X								
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	on Schedule O how this was done	12c	X								
13	Did the organization have a written whistleblower policy?	13	X								
14	Did the organization have a written document retention and destruction policy?	14	X								
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a	X								
	Other officers or key employees of the organization	15b		Х							
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
	taxable entity during the year?	16a		X							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
	exempt status with respect to such arrangements?	16b									
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed										
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))	3)s only)	availa	ble							
	for public inspection. Indicate how you made these available. Check all that apply.										
	Own website Another's website X Upon request Other (explain on Schedule O)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd finar	icial								
	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 ${\tt BLUMONT}$ ${\tt INC}$ - $703-248-0161$										
	1777 NORTH KENT STREET SUITE 300, ARLINGTON, VA 22209										

Form **990** (2022)

Form 990 (2022) BLUMONT INC 81-0888072 Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and title	(B) Average hours per	box	not c	Posi heck i	ition		one n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) JONATHAN NASH PRESIDENT & CEO	40.00	Х		х				270 500	0.	12 121
(2) ERIC LUNGREN	40.00	Λ		Δ				379,509.	0.	43,134.
VICE PRESIDENT, GLOBAL OPERATIONS	40.00					X		224,627.	0.	48,931.
(3) LAURA FOGARTY	40.00					1		224,027.	•	40,331.
CORPORATE SECRETARY VP, CONTRACT, GR	1000	-		х				235,658.	0.	35,695.
(4) ROMAN PONOS	40.00									
VICE PRESIDENT, BUSINESS & DEVELOPME						x		205,286.	0.	47,638.
(5) SUSAN PEACOCK	40.00									•
VICE PRESIDENT, CHIEF HUMAN RESOURCE						Х		210,538.	0.	24,639.
(6) LAUREN CAMILI	40.00									
VP, GC, CS & CECO (TERM 10/22/2021)							Х	231,750.	0.	0.
(7) ROB MURPHY	40.00									
TREASURER, CFO (STARTED 03.16.2022)				Х				188,854.	0.	38,962.
(8) LUCAS MARCENARO	40.00									
DIRECTOR, IT	4.0.00					X		175,373.	0.	46,683.
(9) HANI TAKLA	40.00	-				l		100 110	•	20 025
ASSISTANT VICE PRESIDENT	40.00					Х		183,112.	0.	38,835.
(10) GEOFF HUGHES	40.00	-				3,		101 500	0	25 221
REGIONAL DIRECTOR, SECURITY	40 00					X		181,599.	0.	35,221.
(11) PAIGE SHANNON	40.00					x		177 212	0	10 762
GENERAL COUNSEL, COMPLIANCE (12) RICHARD D. GEORGE	1.00					^		177,313.	0.	19,763.
CHAIRMAN	1.00	Х						0.	0.	0.
(13) MARY ANN HOPKINS	1.00							0.	0.	<u>_ </u>
VICE CHAIR	1.00	х						0.	0.	0.
(14) KENDRA DAVENPORT	1.00									
DIRECTOR		х						0.	0.	0.
(15) RANDA FAHMY	1.00							<u> </u>		
DIRECTOR		Х						0.	0.	0.
(16) ALISON TAUNTON-RIGBY, PH.D	1.00									
DIRECTOR		Х						0.	0.	0.
(17) LARRY WARREN	1.00									
DIRECTOR		Х						0.	0.	0 . Form 990 (2022)

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BLUMONT INC 81-0888072 Page **8** Form 990 (2022)

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hiç	ghes	t C	ompensated Employee	s (continued)	
(A)	(B)			•	C)			(D)	(E)	(F)
Name and title	Average	(do		Posi) than c	nne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	an	compensation	compensation	amount of
	week		cer an	d a di	recto	r/trust	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	g			ated		organization	(W-2/1099-MISC	
	related organizations	stee	truste		au	pensi		(W-2/1099-MISC/	1099-NEC)	organization
	below	nal tru	ional		ploye	t com		1099-NEC)		and related
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
		드	드	JO	λ	E 프	R			
			Н							
		-								
1b Subtotal								2,393,619.		379,501.
c Total from continuation sheets to Part VI	, Section A							0.		0.
d Total (add lines 1b and 1c)								2,393,619.	(379,501.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	
compensation from the organization										29
										Yes No
3 Did the organization list any former officer,	director, truste	ee, k	сеу е	mpl	oye	e, or	hig	hest compensated empl	oyee on	
line 1a? If "Yes," complete Schedule J for se	uch individual									3 X
4 For any individual listed on line 1a, is the su								•	•	
and related organizations greater than \$150),000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual		4 X
5 Did any person listed on line 1a receive or a	•				-			•	lual for services	
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ıch r	oers	on .				5 X
Section B. Independent Contractors										
1 Complete this table for your five highest con										nsation from
the organization. Report compensation for t	the calendar ye	ear e	ndın	g w	ith c	or wi	thin T		ear.	
(A) Name and business	address							(B) Description of s	ervices	(C) Compensation
GENEVA ASSOCIATES OWNER L							_			
PO BOX 715530, PHILADELPH		19	17 ⁻	1 – 1	55	30	<u> </u>	RENTAL SERVI	CES	973,568.
DELTEK, 13880 DULLES CORN							T	CELIVIII DELIVI	-	37373001
VA 20171-4600		′				-	إ	SOFTWARE SER	VICE	265,081.
ARONSON, 111 ROCKVILLE PI	KE SUTT	E	60	0 -			Ť			
ROCKVILLE, MD 20850		_		- ,			ŀ	ACCOUNTING S	ERVICE	178,833.
GHADA T. KHOURI, DORRAT L	OUBNAN	$\overline{\mathtt{BL}}$	DG	, ;	ΑP	т.	T			,
3-D, ACHRAFIEH, BEIRUT, L			-	_			k	CONSULTING S	ERVICE	157,310.

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

\$100,000 of compensation from the organization

Form	99	0 (2	2022) BLUMONT INC				81-0888	072 Page 9
Pa	rt \	/III	Statement of Revenue					
			Check if Schedule O contains a response	or note to any line	e in this Part VIII			
				·	(A) Total revenue	(B) Related or exempt	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ည တ	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	-	b	Membership dues 1b					
2,5			Fundraising events 1c					
ifts ar A			Related organizations 1d					
s, G milk			Government grants (contributions) 1e					
Sig			All other contributions, gifts, grants, and					
but			similar amounts not included above 1f					
n Offi		g	Noncash contributions included in lines 1a-1f					
Sol		h	Total. Add lines 1a-1f					
				Business Code				
ė	2	а						
Program Service Revenue		b						
Sen		С						
ran Sev		d						
rog F		е						
٩		f	1 0	,				
		g						
7	3	,	Investment income (including dividends, intere	<i>'</i>	2 ((0			2 660
			other similar amounts)		3,669.			3,669.
		The state of the s						
	5)	Royalties(i) Real	(ii) Personal				
	6			(ii) i ersonai				
	0		Gross rents 6a Less: rental expenses 6b					
		Rental income or (loss) 6c						
			Net rental income or (loss)	-				
	7		Gross amount from sales of (i) Securities	(ii) Other				
	Ġ	_	assets other than inventory 7a	.,				
		b	Less: cost or other basis					
e			and sales expenses 7b					
eni		С	Gain or (loss) 7c					
			Net gain or (loss)					
Jer	8		Gross income from fundraising events (not					
₹			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18	1				
		b	Less: direct expenses 8b					
Other Revenue			Net income or (loss) from fundraising events					
	9	а	Gross income from gaming activities. See					
Other R			Part IV, line 199a					
			Less: direct expenses 9b	•				
	10	а	Gross sales of inventory, less returns					
			and allowances 10					
			Less: cost of goods sold 101					
		C	Net income or (loss) from sales of inventory .	Business Code				
Sn	11	а		Daomes out				
neo	• •	a b						
Miscellaneous Revenue		C						
isce			All other revenue					
Σ			Total. Add lines 11a-11d					

12 Total revenue. See instructions

3,669.

Form 990 (2022) BLUMONT INC Part IX Statement of Functional Expenses

Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. I Grants and other assistance to domestic individuals. See Part IV, line 21 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Program service expenses Program service expenses I (B) (C) Management and general expenses Fundraising expens	
Total expenses Total expenses Program service expenses Program servi	
and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 1,948,974. 514,109. 1,434,865. 10 Payroll taxes 11 Fees for services (nonemployees): a Management	
2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(f)(3)(B) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 1,948,974. 514,109. 1,434,865. 10 Payroll taxes 418,888. 11 Fees for services (nonemployees): a Management	
individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 1,948,974 514,109 1,434,865 10 Payroll taxes 418,888 11 Fees for services (nonemployees): a Management	
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individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 1,915,223. 1,915,223. 4,060,376. 696,300. 3,364,076. 216,755. 1,948,974. 514,109. 1,434,865. 1,948,888. 418,888.	
4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 1,948,974. 216,755. 216,755. 1,948,974. 514,109. 1,434,865. 11 Fees for services (nonemployees): a Management	
5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 1,915,223. 1,915,223. 1,915,223. 1,915,223. 1,915,223. 1,915,223. 1,915,223. 1,915,223. 1,915,223. 1,915,223. 1,915,223.	
trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes Management 1,915,223. 1,915,223. 1,915,223. 1,915,223. 1,915,223. 1,915,223. 1,915,223. 1,915,223. 1,915,223. 1,915,223. 1,915,223. 1,915,223. 1,915,223. 1,915,223. 1,915,223.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 1 Payroll taxes 10 Payroll taxes 11 Fees for services (nonemployees): a Management	
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7 Other salaries and wages 4,060,376. 696,300. 3,364,076. 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 216,755. 1,948,974. 514,109. 1,434,865. 418,888. 418,888.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 216,755. 9 Other employee benefits 1,948,974. 514,109. 1,434,865. 10 Payroll taxes 418,888. 418,888. 11 Fees for services (nonemployees): a Management	
section 401(k) and 403(b) employer contributions) 216,755. 216,755. 9 Other employee benefits 1,948,974. 514,109. 1,434,865. 10 Payroll taxes 418,888. 418,888. 11 Fees for services (nonemployees): a Management	
9 Other employee benefits	
10 Payroll taxes 418,888. 418,888. 11 Fees for services (nonemployees): a Management	
11 Fees for services (nonemployees): a Management	
a Management	
h Legal 39,431. 39,431.	
444 = 4 444 = 4	
c Accounting 114,765. 114,765.	
d Lobbying	
e Professional fundraising services. See Part IV, line 17	
f Investment management fees	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 916,013. 26,961. 889,052.	
12 Advertising and promotion	
13 Office expenses 132,477. 28,126. 104,351.	
14 Information technology 607,227. 92,961. 514,266.	
15 Royalties	
16 Occupancy 857,985. 133,965. 724,020.	
17 Travel 287,969. 102,078. 185,891.	
Payments of travel or entertainment expenses for any federal, state, or local public officials	
19 Conferences, conventions, and meetings 14,065. 670. 13,395.	
20 Interest	
21 Payments to affiliates	
Depreciation, depletion, and amortization 430,307.	
23 Insurance 779,903. 73,114. 706,789.	
Other expenses. Itemize expenses not covered 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.)	
a PROGRAM ACTIVITIES 312. 312.	
b INTERCOMPANY TRANSFER -12,793,5301,671,97311,121,557.	
c , and the same of the same o	
d	
e All other expenses 52,857. 3,377. 49,480.	
25 Total functional expenses. Add lines 1 through 24e	0.
26 Joint costs. Complete this line only if the organization	
reported in column (B) joint costs from a combined	
educational campaign and fundraising solicitation.	
Check here if following SOP 98-2 (ASC 958-720)	

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Part X Balance Sheet 81-0888072 Page **11** BLUMONT INC

art X	Balance Sneet					
	Check if Schedule O contains a response or note	to any	line in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			195,973.	1	270,576
2	Savings and temporary cash investments				2	
3	Pledges and grants receivable, net		3			
4	Accounts receivable, net			4		
5	Loans and other receivables from any current or fo					
	trustee, key employee, creator or founder, substar					
	controlled entity or family member of any of these	perso	ns		5	
6	Loans and other receivables from other disqualifie	d pers	ons (as defined			
	under section 4958(f)(1)), and persons described in	n secti	on 4958(c)(3)(B)		6	
7 م	Notes and loans receivable, net	Notes and loans receivable, net			7	
8 0	Inventories for sale or use				8	
ž 9	B ::			771,692.	9	626,862
10 a	a Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	3,708,238.			
l k		10b	2,757,406.	1,381,138.	10c	950,832
11	Investments - publicly traded securities				11	
12	Investments - other securities. See Part IV, line 11			12		
13	Investments - program-related. See Part IV, line 11		13			
14	Intangible assets		14			
15	Other assets. See Part IV, line 11	6,470,220.	15	8,383,06		
16	Total assets. Add lines 1 through 15 (must equal	8,819,023.	16	10,231,330		
17	Accounts payable and accrued expenses		3,709,271.	17	6,571,42	
18	Grants payable		18			
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete Pa	ırt IV o	f Schedule D		21	
22	Loans and other payables to any current or former	office	er, director,			
	trustee, key employee, creator or founder, substar	ntial co	ontributor, or 35%			
22	controlled entity or family member of any of these	perso	ns		22	
i 23	Secured mortgages and notes payable to unrelate	d third	d parties		23	
24	Unsecured notes and loans payable to unrelated t	hird pa	arties		24	
25	Other liabilities (including federal income tax, paya	bles to	o related third			
	parties, and other liabilities not included on lines 1	7-24).	Complete Part X			
	of Schedule D			1,453,513.	25	(
26	Total liabilities. Add lines 17 through 25			5,162,784.	26	6,571,42
.	Organizations that follow FASB ASC 958, check	here	X			
<u> </u>	and complete lines 27, 28, 32, and 33.					2 5 5 2 2 2 2
27				3,656,239.	27	3,659,90
28	Net assets with donor restrictions		L		28	
	Organizations that do not follow FASB ASC 958	3, chec	ck here			
	and complete lines 29 through 33.					
29	Capital stock or trust principal, or current funds				29	
30	Paid-in or capital surplus, or land, building, or equi				30	
31	Retained earnings, endowment, accumulated inco			2 (5 (22)	31	2 652 653
27 28 29 30 31 32	Total net assets or fund balances			3,656,239.	32	3,659,905
33	Total liabilities and net assets/fund balances			8,819,023.	33	10,231,330

Form **990** (2022)

Form 990 (2022) BLUMONT INC 81-0888072 Page **12**

Pai	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			3,6	<u>69.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2				-3.
3	Revenue less expenses. Subtract line 2 from line 1	3				72.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,	<u>656</u>	5,2	39.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				-6.
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	3,	659	9,9	05.
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?		L	2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed					
	separate basis, consolidated basis, or both:					l
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	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:					l
	Separate basis X 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?		L	2c	Х	
	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					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3а	х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>		3b	х	
	`		F	orm	9 90 ((2022)

SCHEDULE A

(Form 990)

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

Name of the organization

Employer identification number BLUMONT INC 81-0888072

Part I Reason for Public	Charity Status.	(All organizations must o	complete th	nis part.) S	ee instructions.	
The organization is not a private found	dation because it is: (F	For lines 1 through 12, c	heck only	one box.)		
1 A church, convention of ch	•	•	•	,	IVAVi).	
2 A school described in sec),, (a),(i)	· //~//·	
		•		VLV4VAV:	::\	
3 A hospital or a cooperative						the beenitel's name
4 A medical research organi.	zation operated in cor	ijunction with a nospital	described	illi sectio	n 170(b)(1)(A)(III). Enter	the nospital's name,
city, and state:						
5 An organization operated		lege or university owner	d or operat	ed by a go	overnmental unit describe	ed in
section 170(b)(1)(A)(iv). (Complete Part II.)					
6 A federal, state, or local go	overnment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).	
7 An organization that norm	ally receives a substar	ntial part of its support f	rom a gove	ernmental	unit or from the general	public described in
section 170(b)(1)(A)(vi). (0	Complete Part II.)					
8 A community trust describ	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)			
9 An agricultural research or	ganization described	in section 170(b)(1)(A)((ix) operate	ed in conju	ınction with a land-grant	college
or university or a non-land-	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the college	e or
university:		,		, ,	,	
10 An organization that norm	ally receives (1) more	than 33 1/3% of its supr	oort from c	ontribution	ns. membership fees. and	d gross receipts from
activities related to its exe						
income and unrelated bus		•				•
See section 509(a)(2). (Co		(1033 300tion on tax) in	JIII DUSING	oco acqui	red by the organization a	inter durie do, 1373.
	•	valv ta taat far public oo	fatu Caa	aaatian E(20(=)(4)	
11 An organization organized 12 X An organization organized	•	•	•			
•	•	-	•		•	
more publicly supported o	-					Sneck the box on
lines 12a through 12d that	* *			-		
a Type I. A supporting org	•	•	•	_		
the supported organizat	ion(s) the power to req	gularly appoint or elect a	a majority o	of the direc	ctors or trustees of the su	upporting
organization. You must	complete Part IV, Se	ections A and B.				
b Type II. A supporting or	ganization supervised	or controlled in connec	tion with it	s supporte	ed organization(s), by have	/ing
control or management	of the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or manage the supp	oorted
organization(s). You mu	st complete Part IV,	Sections A and C.				
c X Type III functionally into	egrated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,
its supported organization	on(s) (see instructions)	. You must complete	Part IV, Se	ections A,	D, and E.	
d Type III non-functional	ly integrated. A supp	orting organization oper	rated in co	nnection v	vith its supported organiz	zation(s)
that is not functionally in					• • • • •	
requirement (see instruc	-		-			
e Check this box if the org	·	-				
functionally integrated, of					., po ., ., po, ., po	
f Enter the number of supported	* *	iany integrated support	ng organiz	ation.		2
g Provide the following information		d organization(e)				
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of monetary	(vi) Amount of other
organization	, ,	(described on lines 1-10	in your govern	No No	support (see instructions)	support (see instructions)
BLUMONT		above (see instructions))	163	140		
	01 0003010	7			2 020 222	
INTERNATIONAL INC.	81-0903010	7	X		2,929,333.	0.
BLUMONT GLOBAL	01 0005150	-	l		0 500 406	
DEVELOPMENT INC.	81-0925158	7	X		9,589,436.	0.
Tatal					12 518 760	0

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Schedule A (Form 990) 2022 BLUMONT INC

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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)						1
						-
6 Public support. Subtract line 5 from line 4. Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	(4) 2010	(6) 2013	(6) 2020	(4) 2021	(6) 2022	(i) Total
8 Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources						
9 Net income from unrelated business						
activities, whether or not the						
business is regularly carried on						
10 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities	, etc. (see instructi	ons)			12	
13 First 5 years. If the Form 990 is for t	he organization's f	irst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3)	
organization, check this box and sto						
Section C. Computation of Publ					т г	
14 Public support percentage for 2022 (•	.,,		14	%
15 Public support percentage from 202					15	%
16a 33 1/3% support test - 2022. If the				14 is 33 1/3% or n	nore, check this bo	x and
stop here. The organization qualifies		-				
b 33 1/3% support test - 2021. If the						
and stop here. The organization qua						
17a 10% -facts-and-circumstances tes		-				
and if the organization meets the fac						
meets the facts-and-circumstances to	-	•		-	170 and line 15 in	
b 10% -facts-and-circumstances tes		-				10% Or
more, and if the organization meets t						
organization meets the facts-and-circ 18 Private foundation. If the organization		-		-		
i i i vate i ou i dadon. Il tile organizatio	on ala not oncok a	DON OIT III TO, TO	a, 100, 11a, 01 111	D, OHEON HIS DUX	and see mishachion	<u> </u>

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
K	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
		(a) 2019	(b) 2019	(a) 2020	(4) 2021	(a) 2022	(f) Total
	ndar year (or fiscal year beginning in) Amounts from line 6	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gross income from interest,						
100	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
•	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
,	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fi	rst. second. third.	fourth, or fifth tax	vear as a section 5	i01(c)(3) organization	on.
					•		
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2022 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2021					16	%
Se	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20)22 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	<u>%</u>
18						18	<u>%</u>
19a	a 33 1/3% support tests - 2022. If the						7 is not
	more than 33 1/3%, check this box ar						Ш
k	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	tructions	

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Schedule A (Form 990) 2022

BLUMONT INC

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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
Γ	1	Х	
Γ	2		Х
L	3a		X
ŀ	3b		
ı			
ŀ	3c		
ı	_		37
H	4a		X
ŀ	4b		
L	4c		
	5a		X
L	5b		
L	5c		
Ļ	6		X
L	7		Х
Ļ	8		Х
ŀ	9a		Х
ŀ	9b		Х
			37
-	9c		X
Ļ	10a		X
	10b		

Par	t 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		Х
b	A family member of a person described on line 11a above?	11b		Х
	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		Х
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 experience of figure directors, or trustees were allocated among the			
2	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. Did the organization operate for the benefit of any supported organization other than the supported	1		
_	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,			
		2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations		<u>ı </u>	l
			Yes	No
4	Word a majority of the organization's directors or trustees during the tay year also a majority of the directors		res	INO
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	4		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1		
	ion D. Aii 1340 iii oupporting Organizations		V-	
_			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			v
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		X
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		37	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	Х	
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		X
Sec.	tion E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below.			
b	X The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	s)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	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	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
~	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		2b		
3	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	217		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a	х	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Jd	23	
D	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b	х	
	or to supported organizations: If test describe in the fire the role biaved by the organization in this regard.	- OD		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on I	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting orga	inization (see

Schedule A (Form 990) 2022

instructions).

Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	ınizations _{(continu}	ıed)	
Secti	on D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
88	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
с	Excess from 2020				
d	Excess from 2021				

Schedule A (Form 990) 2022

e Excess from 2022

Schedule A (Form 990) 2022 BLUMONT INC	81-0888072 Page 8
Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1: Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, Ine 1; Part IV, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. CHEDULE A, PART IV, SECTION E, LINE 3A A ACCORDANCE WITH THE BYLAWS, BLUMONT INC. HAS THE POWER TO APPOINT OR CMOVE DIRECTORS OF BLUMONT INTERNATIONAL INC. AND BLUMONT GLOBAL CYCLOPMENT INC. CHEDULE A, PART IV, SECTION E, LINE 3A SECTION E, LINE 3B JUMONT INC. EXERCISES A SUBSTANTIAL DEGREE OF DIRECTION BY SETTING THE CRATEGIC PLAN AND MANAGING ACTIVITIES FOR BLUMONT INTERNATIONAL INC.	
SCHEDULE A, PART IV, SECTION E, LINE 3A	
IN ACCORDANCE WITH THE BYLAWS, BLUMONT INC. HAS THE PO	WER TO APPOINT OR
REMOVE DIRECTORS OF BLUMONT INTERNATIONAL INC. AND BLU	MONT GLOBAL
DEVELOPMENT INC.	
SCHEDULE A, PART IV, SECTION E, LINE 3A SECTION E, LINE	E 3B
BLUMONT INC. EXERCISES A SUBSTANTIAL DEGREE OF DIRECTION	ON BY SETTING THE
STRATEGIC PLAN AND MANAGING ACTIVITIES FOR BLUMONT INT	ERNATIONAL INC.
AND BLUMONT GLOBAL DEVELOPMENT INC.	

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

BLUMONT INC

Employer identification number 81-0888072

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds	or Accounts	 Complete if th 	е
	organization disenses to our our coo, raintry, mis	(a) Donor advi	sed funds	(b) Funds	and other accou	nts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in w	vriting that the assets I	neld in donor advise	ed funds		
	are the organization's property, subject to the organization's e	exclusive legal control	>		Yes	☐ No
6	Did the organization inform all grantees, donors, and donor ac					
	for charitable purposes and not for the benefit of the donor or					
	impermissible private benefit?				Yes	☐ No
Pai	rt II Conservation Easements. Complete if the org					
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).			
	Preservation of land for public use (for example, recreat	ion or education)	Preservation of	a historically imp	oortant land area	
	Protection of natural habitat		Preservation of	a certified histor	ic structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contr	bution in the form	of a conservation	easement on th	e last
	day of the tax year.			He	ld at the End of th	e Tax Year
а	Total number of conservation easements			2a		
b						
С	Number of conservation easements on a certified historic stru	cture included in (a)		2c		
d	Number of conservation easements included in (c) acquired at	fter July 25,2006, and	not on a			
	historic structure listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rele				ing 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, inspe	ction, handling of			
	violations, and enforcement of the conservation easements it	holds?			Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations,	and enforcing cons	ervation easeme	nts during the ye	ear
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and	enforcing conservat	ion easements d	uring the year	
8	Does each conservation easement reported on line 2(d) above	, ,	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	and section 170(h)(4)(B)(ii)?				Yes	No
9	In Part XIII, describe how the organization reports conservation	n easements in its rev	enue and expense	statement and		
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization	's financial stateme	ents that describe	es the	
Da	organization's accounting for conservation easements.	Aut Historical To		O::I A		
Pal	organizations Maintaining Collections of		easures, or Ot	ner Similar A	ssets.	
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under FASB ASC 958	'				
	of art, historical treasures, or other similar assets held for publ			· ·	lic	
	service, provide in Part XIII the text of the footnote to its finance					
b	, ,					
	art, historical treasures, or other similar assets held for public	exhibition, education,	or research in furth	erance of public	service,	
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1					
				\$_		
2	If the organization received or held works of art, historical trea			gain, provide		
	the following amounts required to be reported under FASB AS					
	, , , , , , , , , , , , , , , , , , , ,					
	Assets included in Form 990, Part X					
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Sc	hedule D (Form	990) 2022

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

	dule D (Form 990) 2022 BLUMON'I							8T-08	88072	Page 2
Pai	t III Organizations Maintaining Co	ollections of Ar	t, Histo	orical Tre	easures, or	Other S	Similar	Assets	(continue	ed)
3	Using the organization's acquisition, accession	n, and other record	ls, check	any of the	following that	make sigr	ificant ι	ise of its		
	collection items (check all that apply):									
а	Public exhibition d Loan or exchange program									
b	Scholarly research e Other									
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explai	n how th	ey further th	ne organizatio	n's exemp	t purpos	se in Part	XIII.	
5	During the year, did the organization solicit or	receive donations	of art, his	storical treas	sures, or othe	er similar as	ssets			
	to be sold to raise funds rather than to be ma	intained as part of t	he organ	ization's co	llection?				Yes	No
Pai	t IV Escrow and Custodial Arrang	gements. Compl	ete if the	organizatio	n answered "	'Yes" on F	orm 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for c	contribution	s or other ass	ets not inc	luded			
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII a									
	•	•	Ū						Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo								Yes	No
	If "Yes," explain the arrangement in Part XIII.					•			_	
Par										
	·	(a) Current year		rior year	(c) Two year			ears back	(e) Four ye	ars back
1a	Beginning of year balance	•								
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
Ŭ	and programs									
f	Administrative expenses									
	End of year balance									
g 2	Provide the estimated percentage of the curre	ent vear end halanc	e (line 10	L column (a	// held ac.	I				
	Board designated or quasi-endowment	•	% %	, coluitiii (a)) Held as.					
a b	Permanent endowment	%								
C	The percentages on lines 2a, 2b, and 2c shou									
22	Are there endowment funds not in the posses	•	ation that	t are hold a	ad administor	ad for the				
Sa	organization by:	ssion of the organiza	alion ina	i are rielu ai	iu auministen	eu ioi tile			Ye	es No
	,								3a(i)	110
										+
h	(ii) Related organizations	tions listed as requi	rod on Co	shadula D2					3a(ii) 3b	+
4	Describe in Part XIII the intended uses of the								SU	
Par			willent it	urius.						
. u.	Complete if the organization answered) Part IV	line 11a S	See Form 990	Part X lin	e 10			
			<u></u>	<u>, </u>	i	, ,			(al) Dooley	alua.
	Description of property	(a) Cost or of basis (investigation)		` '	t or other (other)		umulate eciation	eu	(d) Book v	aiuė
_	Land	- ` ` 	nent)	Dasis	(Oth ICI)	черп	JoiatiOII			
	Land	I								
	Buildings			2 22	1 202	1 01	28,07	71	106	222
	Leasehold improvements				4,293.					222.
d	Equipment			1 3/	5,428. 8 517		$\frac{20,22}{19}$		<u>5,</u>	203.

Schedule D (Form 990) 2022

950,832.

Schedule D (Form 990) 2022 BLUMON'I' INC		81	-0888072 Page 3
Part VII Investments - Other Securities. Complete if the organization answered "Yes"	on Form 000 Port IV line	11h Coo Form 000 Port V line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of year market value
	(b) Book value	(c) Method of Valuation. Cost of end	-or-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.	5 000 D 1 11/1	44 O E 000 B 1 V II 40	
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1) OTHER			2,024.
(2) DUE TO AFFILIATE			5,784,039.
(3) SECURITY DEPOSITS			234,910.
(4) OPERATING LEASE ROU ASSET			2,362,087.
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		8,383,060.
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total (Column (b) must equal Form 000 Part V and (D) line	0E)		

Schedule D (Form 990) 2022

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

_ X

	TXI Reconciliation of Revenue per Audited Financial State	ments With Revenu	ue per Return.	agc -
	Complete if the organization answered "Yes" on Form 990, Part IV, line		•	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
c	Recoveries of prior year grants			
d				
	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а		4a		
	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	ements With Expen	ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments			
С	Other losses	_		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)	5	
	rt XIII Supplemental Information			

тактап сарринанали

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 X, LINE 2:

THE ORGANIZATION EVALUATES UNCERTAINTY IN INCOME TAX POSITIONS BASED ON A

MORE-LIKELY-THAN-NOT RECOGNITION STANDARD. IF THAT THRESHOLD IS MET, THE

TAX POSITION IS THEN MEASURED AT THE LARGEST AMOUNT THAT IS GREATER THAN

50% LIKELY OF BEING REALIZED UPON ULTIMATE SETTLEMENT. AS OF DECEMBER 31,

2022 AND 2021, THERE ARE NO ACCRUALS FOR UNCERTAIN TAX POSITIONS. IF

APPLICABLE, THE ORGANIZATION RECORDS INTEREST AND PENALTIES AS A COMPONENT

OF OTHER EXPENSES AND ARE PRESENTED AS MANAGEMENT AND GENERAL IN THE

COMBINED STATEMENTS OF ACTIVITIES AND FUNCTIONAL EXPENSES. TAX YEARS FROM

2019 THROUGH THE CURRENT YEAR REMAIN OPEN FOR EXAMINATION BY TAX

AUTHORITIES.

Schedule D (Form 990) 2022



SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.
90 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

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

BLUMONT INC

Inspection
Employer identification number

81-0888072

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b_		\perp
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		Ь
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:		v	
	Receive a severance payment or change-of-control payment?		Х	\
	Participate in or receive payment from a supplemental nonqualified retirement plan?			X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		┢
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only costion FO4/sV(2) FO4/sV(4) and FO4/sV(0) aggregations must complete lines F 0			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the revenues of:	50		Х
	The organization?	5a 5b		X
D	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	36		1
6				
U	contingent on the net earnings of:			
а		6a		х
h	The organization? Any related organization?	6b		X
J	If "Yes" on line 6a or 6b, describe in Part III.	0.5		
7	,			
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	•		
-	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
_	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022 BLUMONT INC 81-0888072

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MISC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JONATHAN NASH	(i)	378,879.	0.	630.	15,250.	27,884.	422,643.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ERIC LUNGREN	(i)	220,221.	0.	4,406.	10,861.	38,070.	273,558.	0.
VICE PRESIDENT, GLOBAL OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LAURA FOGARTY	(i)	233,723.	0.	1,935.	11,011.	24,684.	271,353.	0.
CORPORATE SECRETARY VP, CONTRACT, GR	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ROMAN PONOS	(i)	204,326.	0.	960.	10,066.	37,572.	252,924.	0.
VICE PRESIDENT, BUSINESS & DEVELOPME	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SUSAN PEACOCK	(i)	204,357.	0.	6,181.	14,573.	10,066.	235,177.	0.
VICE PRESIDENT, CHIEF HUMAN RESOURCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) LAUREN CAMILI	(i)	0.	0.	231,750.	0.	0.	231,750.	0.
VP, GC, CS & CECO (TERM 10/22/2021)	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ROB MURPHY	(i)	187,500.	0.	1,354.	9,375.	29,587.	227,816.	0.
TREASURER, CFO (STARTED 03.16.2022)	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) LUCAS MARCENARO	(i)	174,837.	0.	536.	8,742.	37,941.	222,056.	0.
DIRECTOR, IT	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) HANI TAKLA	(i)	180,663.	0.	2,449.	9,033.	29,802.	221,947.	0.
ASSISTANT VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) GEOFF HUGHES	(i)	180,000.	0.	1,599.	9,000.	26,221.	216,820.	0.
REGIONAL DIRECTOR, SECURITY	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) PAIGE SHANNON	(i)	175,000.	0.	2,313.	8,750.	11,013.	197,076.	0.
GENERAL COUNSEL, COMPLIANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

BLUMONT INC

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 4A:
LAUREN CAMILI WAS TERMINATED IN 2021, BUT IN 2022 RECEIVED SEVERANCE
\$231,750.

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022
Open to Public Inspection

Name of the organization

BLUMONT INC

Employer identification number 81-0888072

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

ASPIRATIONS OF PEOPLE, COMMUNITIES AND DONOR PARTNERS WORLDWIDE.

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

BLUMONT INC. HIRES A CPA FIRM TO PREPARE THE FEDERAL FORM 990. AFTER THE

DRAFT 990 IS DELIVERED, THE CFO, PRESIDENT & CEO PERFORM THE FIRST LEVEL OF

REVIEWS. NEXT IT IS SENT TO THE FINANCE COMMITTEE, AND THEN SENT TO THE

FULL BOARD FOR THEIR REVIEW. ONCE REVIEWED, THE 990 IS SIGNED BY THE

PRESIDENT & CEO AND ELECTRONICALLY FILED BY THE CPA FIRM ON BEHALF OF

BLUMONT INC.

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

AS SET FORTH IN THE ORGANIZATION'S "CODE OF BUSINESS ETHICS AND CONDUCT",

THE BOARD OF DIRECTORS AND EMPLOYEES ARE REQUIRED TO CONFORM TO CERTAIN

PROFESSIONAL AND ETHICAL STANDARDS. THE BOARD OF DIRECTORS AND EMPLOYEES

ARE REQUIRED TO DISCLOSE PROFESSIONAL AFFILIATIONS AND PERSONAL

RELATIONSHIPS WHICH MAY CONSTITUTE A CONFLICT OF INTEREST OR CREATE THE

APPEARANCE OF A CONFLICT. THE ORGANIZATION'S EMPLOYEES MUST COMPLY WITH

ANNUAL REQUESTS TO COMPLETE FORM A, "CONFLICT OF INTEREST", WHERE EMPLOYEES

MUST IDENTIFY CONFLICTS AND DISCLOSE THEM PROPERLY TO

ORGANIZATION COMPLIANCE STAFF WHO TAKE APPROPRIATE MEASURES IF NECESSARY.

IN ADDITION, THE ORGANIZATION MAINTAINS A CORPORATE HOTLINE WITH ANONYMOUS

REPORTING CAPABILITIES FOR EMPLOYEES TO REPORT ALL SUSPECTED VIOLATIONS OF

THE ORGANIZATION'S CODE OF BUSINESS ETHICS AND CONDUCT, ORGANIZATION'S

POLICIES AND GOVERNMENT REGULATIONS.

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2

Name of the organization **Employer identification number** 81-0888072 BLUMONT INC FORM 990, PART VI, SECTION B, LINE 15A: THE ORGANIZATION'S HR & COMPENSATION COMMITTEE IS MADE UP OF BOARD MEMBERS WHO ARE INDEPENDENT WITH REGARDS TO EXECUTIVE COMPENSATION, ARE NOT EMPLOYEES OF THE ORGANIZATION, AND RECEIVE NO COMPENSATION FROM THE ORGANIZATION. HR & COMPENSATION COMMITTEE RELIES ON INDUSTRY SALARY SURVEYS, EXECUTIVE COMPENSATION REVIEW BY PROFESSIONAL MANAGEMENT FIRM, AND OTHER COMPARABLE INFORMATION TO REVIEW THE COMPENSATION OF PRESIDENT AND CEO. THE EXECUTIVE TEAM IN CONSULTATION WITH THE HR DEPARTMENT DETERMINES COMPENSATION OF OTHER KEY PERSONNEL. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART XII, LINE 2C THE AUDIT OVERSIGHT PROCESS HAS REMAINED UNCHANGED FROM THE PREVIOUS YEAR.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

BLUMONT INC						81-08880		ımber
Part I Identification of Disregarded Entities. Complete	ete if the organization answered "Yes"	on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	or Total inco	ome End-of-yea		s Direct o	(f) controlling ntity	9
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization a	answered "Yes" on Form 990	0, Part IV, line 34,	because it had one	or mor	re related tax-exel	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	1	(f) rect controlling entity	cont	g) 512(b)(13) rolled ity?
BLUMONT INTERNATIONAL INC 81-0903010	PROVIDE RELIEF &			501(0)(3))	1		Yes	No
1777 NORTH KENT STREET, SUITE 300	HUMANITARIAN ASSISTANCE AS	WISCONSIN	E01/G)/3)	LINE 7	DI IIMO	ONT INC	v	
ARLINGTON, VA 22209 BLUMONT GLOBAL DEVELOPMENT INC - 81-0925158	WELL AS TRANSITIONAL PROVIDE RELIEF &	WISCONSIN	501(C)(3)	LINE /	ВГОМС	DNT INC	X	
1777 NORTH KENT STREET, SUITE 300	HUMANITARIAN ASSISTANCE AS							
ARLINGTON, VA 22209	WELL AS TRANSITIONAL	WISCONSIN	501(C)(3)	LINE 7	BLUMO	ONT INC	Х	
INTERNATIONAL RELIEF AND DEVELOPMENT INC -	PROVIDE RELIEF &							
54-1889077, 1777 NORTH KENT STREET, SUITE	HUMANITARIAN ASSISTANCE AS							
300, ARLINGTON, VA 22209	WELL AS TRANSITIONAL	VIRGINIA	501(C)(3)	LINE 7	N/A			Х
INTERNATIONAL RELIEF AND DEVELOPMENT	TO FORM, ACQUIRE MANAGE							
HOLDINGS INC - 80-0148653, 1777 NORTH KENT	AND/OR HOLD SUBSIDIARIES							

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

STREET, SUITE 300, ARLINGTON, VA 22209

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2022

LINE 12B, II IRD HOLDINGS INC

VIRGINIA

501(C)(3)

<u>Schedule R (Form 990) 2022</u> **BLUMONT INC** 81-0888072 Page **2**

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

	organization treated at a partition grant and year.												
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j	i)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	Gene	ral or	Percentage ownership	
of related organization		(state or foreign	entity	entity	(related, unrelated, excluded from tax under sections 512-514)	income	end-of-year assets	allocations?		amount in box 20 of Schedule	dule partne	ner?	ownership
		country)		sections 512-514)		466616	Yes	No	K-1 (Form 1065)	Yes	No		
	1												
	1												
	1												
	1												
	1		1	1		l	1		1				

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

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	tion b)(13) rolled tity?
BLUMONT ENGINEERING SOLUTIONS, INC 81-0881760, 1777 NORTH KENT STREET, SUITE 300, ARLINGTON, VA 22209	CIVIL ENGINEERING	WI	BLUMONT INC	C CORP			100%		NO

81-0888072

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)			X
c Gift, grant, or capital contribution from related organization(s)	1c		X
d Loans or loan guarantees to or for related organization(s)			X
e Loans or loan guarantees by related organization(s)			X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)			X
h Purchase of assets from related organization(s)			X
i Exchange of assets with related organization(s)			X
j Lease of facilities, equipment, or other assets to related organization(s)			X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	11		X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o Sharing of paid employees with related organization(s)	1o	X	
p Reimbursement paid to related organization(s) for expenses	1p		X
q Reimbursement paid by related organization(s) for expenses			X
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s	X	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	S.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BLUMONT INTERNATIONAL	0	240,000.	FMV
(2) BLUMONT GLOBAL DEVELOPMENT	0	819,531.	FMV
(3) BLUMONT ENGINEERING SOLUTIONS	0	54,351.	FMV
(4) BLUMONT INTERNATIONAL	S	4,100,000.	FMV
(5) BLUMONT GLOBAL DEVELOPMENT	S	6,300,000.	FMV
(6) BLUMONT ENGINEERING SOLUTIONS	S	2,550,000.	FMV

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2) (c) (d) Method of determining Transaction Amount involved Name of other organization type (a-s) amount involved 0.FMV (7) IRD INC S (10) <u>(11)</u> (12) (13) (14) __(15) (16) (17) (18) (19) (20) (21) (22) (23) (24)

Schedule R (Form 990) 2022 BLUMONT INC 81-0888072 Page 4

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocation Yes N	General of managing partner? Yes No	(k) r Percentage ownership

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 BLUMONT INC 81-0888072 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 1777 NORTH KENT STREET , 300 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. ARLINGTON, VA 22209 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) BLUMONT INC The books are in the care of ► 1777 NORTH KENT STREET SUITE 300 - ARLINGTON, VA 22209 Telephone No. ► 703-248-0161 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 box 🕨 🔲 . If it is for part of the group, check this box 🕨 🦳 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or ___ tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: 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 For Privacy Act and Paperwork Reduction Act Notice, see instructions.

223841 04-01-22

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Form 8868 (Rev. 1-2022)