Form	990
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** 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) 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

Department of the Treasury
Internal Revenue Service

AF	or the	2023 calendar year, or tax year beginning and	l ending		
B C a	heck if oplicable	C Name of organization		D Employer identific	ation number
	Addres	Blumont Global Development Inc			
	Name change			81-092515	58
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return/	1777 North Kent Street	300	(703)248-	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	59,317,500.
	Amend return	ATTINCON, VA 22209		H(a) Is this a group re	
	Applica tion pendin			for subordinates?	? Yes X No
	-	same as C above		H(b) Are all subordinates inc	luded? Yes No
		mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	If "No," attach a l	ist. See instructions
	Vebsit			H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	of formation: 2015 M	State of legal domicile: WI
Ра	rt I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: \underline{Blum}	ont de	elivers innov	ative,
Governance		evidence based, locally driven solutions			
erna		Check this box if the organization discontinued its operations or dispo		1.1	-
Ň					3
8		Number of independent voting members of the governing body (Part VI, line 1b)			<u> </u>
Activities &		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			<u> </u>
tivit		Total number of volunteers (estimate if necessary)			0.
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	D	Net unrelated business taxable income from Form 990-T, Part I, line 11		Prior Year	Current Year
	0	Contributions and grants (Dart)/III line 1b)		61,567,376.	59,317,500.
Ine		Contributions and grants (Part VIII, line 1h)		01,507,570.	0.
Revenue		Program service revenue (Part VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	-6,781.
Re		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-12.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		61,567,364.	59,310,719.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		10,383,438.	8,727,515.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
per		Total fundraising expenses (Part IX, column (D), line 25)	0.		
Ĕ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		50,819,357.	50,275,260.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		61,202,795.	59,002,775.
	19	Revenue less expenses. Subtract line 18 from line 12		364,569.	307,944.
or ses			В	eginning of Current Year	End of Year
sets ilano	20	Total assets (Part X, line 16)		11,667,012.	7,539,254.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		14,064,750.	9,629,046.
Fun	22	Net assets or fund balances. Subtract line 21 from line 20		-2,397,738.	-2,089,792.
Pa	rt II	Signature Block			
Unde	er pena	ties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of my	knowledge and belief, it is
true,	correc	, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparei	r has any knowledge.	

Sign	Signature of officer			Date		
Here	Jonathan Nash, President a	& CEO				
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN		
Paid	Stacy Cullen	Stacy Cullen	11/01	/24 self-employed P00974308		
Preparer	Firm's name Aprio, LLP			Firm's EIN 57-1157523		
Use Only	Firm's address 111 Rockville Pik	e Suite 600				
	Rockville, MD 208	50		Phone no. (301) 231-6200		
May the I	May the IRS discuss this return with the preparer shown above? See instructions					
LHA For	Paperwork Reduction Act Notice, see the separ	rate instructions. 332001 12-21-23		Form 990 (2023)		

See Schedule O for Organization Mission Statement Continuation

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Pa	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	[
1	Briefly describe the organization's mission:		
	Working with us based clients, implementing programs rangin		
	relief and early recovery to development that are tailored	τ0	
	operational contexts and informed by local perspectives.		
2	Did the organization undertake any significant program services during the year which were not listed on the	77	
	prior Form 990 or 990-EZ?	Yes X	No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes 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 meas	ured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the	total expenses, and	
	revenue, if any, for each program service reported.		
4a)
	Blumont is a global not-for-profit organization that implem		
	programs in some of the most challenging environments in th		
	work includes the delivery of life saving humanitarian assi		
	displaced communities, support for communities that are see	king to	
	stabilize and grow and helping to design projects for commu	nities that	
	are building basic infrastructure for long-term resiliency.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)		
40	(Code:) (Expenses \$) (Revenue \$) (Revenue \$)		/
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 48,867,547.		
		Form 990 (2)	023)
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Form 990 (2023) Blumont Global Development 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in 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			
	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? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-		x
h	Part VI	<u>11a</u>		
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11b		x
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			- 23
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		y
10	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18		x
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10		- 23
13		19		x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
-	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes." <i>complete Schedule I. Parts I and II</i>	21		x
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 Part IV
 Checklist of Required Schedules (continued)
 Ves
 No

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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		х	
04.0	Schedule J	23		
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	040		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2.70		
200	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	200		
~	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		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			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash 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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	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	
	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		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
07	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	20	Х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	<u> 4</u> 2	I
	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 1			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
2	(gambling) winnings to prize winners?	1c	х	
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				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	7		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		. 3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0			
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a	Х	
b	If "Yes," enter the name of the foreign country Afghanistan, Colombia, Ira				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac		-		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac				x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				<u> </u>
va			6a		x
b	any contributions that were not tax deductible as charitable contributions?				
U			6h		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).		. <u>6b</u>		
7	č , , , , , , , , , , , , , , , , , , ,	vises provided to the pays	-0 7-		x
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser				
			. 7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•			v
	to file Form 8282?	I I	. <u>7c</u>		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co				X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra				x
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C'	? 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	-			
	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 12N/A	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
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				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?	N/A	. 13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
с	Enter the amount of reserves on hand	13c			
14a			14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		x
	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
10	If "Yes," complete Form 4720, Schedule O.				<u> </u>
17		tivities			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activative result in the imposition of an avoire tax under section 4951, 4952 or 49532		47		1
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	IN/A	. 17		
	If "Yes," complete Form 6069.			900	(2023)
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Check if Schedule O contains a response or note to any line in this Part VI

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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
 Page

 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X

				,		Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		3			
	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		0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	ny other				
	officer, director, trustee, or key employee?		-		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the						
	of officers, directors, trustees, or key employees to a management company or other person?				3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass				5		Х
6	Did the organization have members or stockholders?				6	Х	
	Did the organization have members, stockholders, or other persons who had the power to elect or ap						
74	more members of the governing body?	•			7a	х	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, si				10		
U					7b	х	
0	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year				70	- 21	
8		,	0-		0-	Х	
	The governing body?				8a oh	^ X	
	Each committee with authority to act on behalf of the governing body?				8b	<u>^</u>	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real				<u> </u>		-
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)				
				I		Yes	N
	Did the organization have local chapters, branches, or affiliates?				10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	•					
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\hfill \hfill \h$				10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y before	e filing the for	m?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
l2a	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 conf	icts?		12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? /f "	res," de	scribe				
	on Schedule O how this was done				12c	Х	
13	Did the organization have a written whistleblower policy?				13	Х	
14	Did the organization have a written document retention and destruction policy?				14	Х	
15	Did the process for determining compensation of the following persons include a review and approva						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-					
а	The organization's CEO, Executive Director, or top management official				15a	Х	
	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 arranger	nent wi	th a				
	taxable entity during the year?				16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat						
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ						
	exempt status with respect to such arrangements?				16b		
ec	tion C. Disclosure				100		
17	List the states with which a copy of this Form 990 is required to be filed VA, WI						
		ad 000	T lagation EQ	1(0)(2)0	o nh vì v		
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	10 990-	T (Section 50	1(0)(3)5	only) a	avallat	Jie
	for public inspection. Indicate how you made these available. Check all that apply.	-					
	Own website Another's website X Upon request Other (explain		,		E		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	ontlict o	i interest poli	cy, and	rinanc	al	
_	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 boot $T_{0} = 1000$ $T_{0} = 10000$ $T_{0} = 10$	oks and	records				
20	Jonathan Nash - (703)248-0161		-				
20	1777 North Kort Christ Conta 200 3 11 and 5 17		\circ				
:0	1777 North Kent Street, Suite 300, Arlington, VA 2	2220	9			990	

Part VII	Compensation of Officers, Direc	tors, Trustees,	Key Employees,	Highest Compensated
	Employees, and Independent Co	ontractors		

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.

• 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.

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

(A)	(B)	J)			(D)	(E)	(F)
Name and title	Average	(do		Pos	ition	l than c		Reportable	Reportable	Estimated
	hours per	box,	, unles	ss per	son i	s both	n an	compensation	compensation	amount of
	week	- 1	cer an	d a d	irecto	r/trus [.] I	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	ee ee			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e	pensi		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	io nal		ploye	t corr		1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) Jonathan Nash	1.00									
President & CEO	44.00	Х		Х				0.	427,402.	45,455.
(2) Daniel Bichanich	40.00									
Chief of Party	0.00					X		326,992.	10,592.	47,619.
(3) Rob Murphy	1.00									
Treasurer, CFO	44.00			Х				0.	267,423.	53,652.
(4) Zarko Draganic	40.00									
Chief of Party	0.00					X		235,933.	0.	45,015.
(5) Laura Fogarty	1.00									
Corp Secy VP, Contract, Grants and C	44.00			Х				0.	235,905.	37,562.
(6) Roman Ponos	1.00									
VP, Business Development	41.00	Х						0.	217,345.	49,698.
(7) Hameed Kareem	40.00									
Country Director (until 09/2023)	0.00					X		230,891.	0.	33,584.
(8) Susan Peacock	1.00									
VP, Chief Human Resources Officer	41.00	Х						0.	219,632.	26,411.
(9) Sarah Ness	40.00									
Deputy, Chief of Party	0.00					X		187,760.	6,338.	21,976.
(10) Courtney Mallow	40.00							4		
Deputy, Chief Compliance Officer (un	0.00					X		177,098.	0.	12,777.
										Form 990 (2023)
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Form 990 (2023) Blumont Global Development Inc 81-0925158									58	Page 8		
Part VII Section A. Officers, Directors, Trus		oloye	ees,			ghes	t C		, ,			
(A) Name and title	(B) Average hours per week	box,	not cl unles	ss per	nore f	than o s both r/trust	an	(D) Reportable compensation from	(E) Reportable compensatio from related	ation a		(F) mated ount of ther
	(list any hours for related 1000 up 1000 up						SC/	fro orgai and	ensation m the nization related nizations			
										\rightarrow		
								1 150 674	1 204 6		272	740
1b Subtotal c Total from continuation sheets to Part VI								1,158,674.		0.		<u>,749.</u> 0.
d Total (add lines 1b and 1c)								1,158,674.			373	,749.
2 Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove)) who	o re	eceived more than \$100,	000 of reportable	<u>;</u>		6
3 Did the organization list any former officer,	director, truste	ee, k	ey e	emple	oyee	e, or	hig	hest compensated emp	loyee on	Г		Yes No
line 1a? If "Yes," complete Schedule J for sFor any individual listed on line 1a, is the su											3	<u> </u>
and related organizations greater than \$150),000? If "Yes,	" coi	mple	ete S	Sche	dule	J f	or such individual			4	x
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," corr											5	X
Section B. Independent Contractors 1 Complete this table for your five highest co	mpensated ind	leper	nder	nt co	ontra	actor	s th	nat received more than \$	100,000 of comp	oensatio	on fron	n
the organization. Report compensation for								the organization's tax y				
(A) Name and business		_						(B) Description of s		Co	(C) mpens	
Ain Alshbha Company, C/O Al-Hallak, Qamishli, SYRI	A			sta	ata	a		Supplier of N Flour	Wheat	1,	519	,152.
Causal Design, Inc., 3280 Wadsworth Boulevard, Suite 200, Wheat Ridge, CO Design Service 629,837								,837 .				
Rahman Safi International								,095.				
Pilgrims Group Limited, C Woking, Surrey, UNITED KI	ld Woki NGDOM G	ng U2	R 2	oad 8BI	d, F			Risk Managem Services	ent			,632.
Compania Latinoamericana NIT 901.185.165.9 Carrera									on		209	<u>,634.</u>
2 Total number of independent contractors (ii \$100,000 of compensation from the organized structure of the organized structure of the structur	-	ot lin	nitec	d to t	hos 7	e list 7	ed	above) who received mo	ore than			

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		(2023) Blumont Global	l Develor	oment Inc		81-0925	158 Page 9
Pa	rt VI	III Statement of Revenue					
		Check if Schedule O contains a response of	r note to any line	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
							sections 512 - 514
s s	1 a	a Federated campaigns 1a					
un.	t	b Membership dues 1b					
۵Ë	c	c Fundraising events 1c					
ifts ar A	c	d Related organizations 11					
ni,G	e		59,317,500.				
ŝ	f	F All other contributions, gifts, grants, and					
her		similar amounts not included above 1f					
ĢĘ		g Noncash contributions included in lines 1a-1f					
Contributions, Gifts, Grants and Other Similar Amounts	ŀ	h Total. Add lines 1a-1f		59,317,500.			
<u> </u>			Business Code				
Ð	2 a	a [
vic		b [
Ser	ć	c [
am Ser evenue		d					
Program Service Revenue	e	e					
Pro	f	All other program service revenue					
		g Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes					
		other similar amounts)					
	4	Income from investment of tax-exempt bond pro					
	5	Royalties					
	-	(i) Real	(ii) Personal				
	6 a						
	_	b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)					
		a Gross amount from sales of (i) Securities	(ii) Other				
	1 6						
		assets other than inventory 7a b Less: cost or other basis					
ø	L						
evenue							
eve				-6,781.			-6,781.
Other R		d Net gain or (loss)		-0,781.			-0,701.
the	84	a Gross income from fundraising events (not including \$ of					
0							
		contributions reported on line 1c). See					
		Part IV, line 18					
	L.						
		c Net income or (loss) from fundraising events					
	98	a Gross income from gaming activities. See					
		Part IV, line 19 9a b Less: direct expenses 9b					
		c Net income or (loss) from gaming activities					
	10 8	a Gross sales of inventory, less returns					
		and allowances 10a					
		b Less: cost of goods sold 10b					
	(c Net income or (loss) from sales of inventory	Business Code				
sn	44		Dusiness Code				
Miscellaneous Revenue	11 a						
scellaneo <u>Revenue</u>	t	b					
sce Be	C						
Ä		d All other revenue					
		e Total. Add lines 11a-11d		59,310,719.	0.	0.	6 701
	12	Total revenue. See instructions		5,510,119.	L ⁰ .	I ⁰ .	-6,781. Form 990 (2023
33200	9 12-2	.1-23					FULLI 220 (2023

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 Form 990 (2023)
 Blumont Global Development Inc

 Part IX
 Statement of Functional Expenses

Secu	ion 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	X
	Check if Schedule O contains a respon		this Part IX (B)	(C)	<u>X</u> (D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22				
2	Grants and other assistance to foreign				
3	C C				
	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,				
6	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		5,911,489.	5,855,026.	56,463.	
7 0	Other salaries and wages	5,711,409.	5,055,020.	50,405.	
8	Pension plan accruals and contributions (include	31,093.	31,093.		
~	section 401(k) and 403(b) employer contributions)	2,721,542.	2,704,631.	16,911.	
9	Other employee benefits	63,391.	63,391.	10,911.	
10	Payroll taxes	05,591.	05,591.		
11	Fees for services (nonemployees):				
a	Management	13,002.	13,002.		
b		23,565.	23,565.		
с.	Accounting	23,303.	23,303.		
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g		122 600	121 002	1 670	
	column (A), amount, list line 11g expenses on Sch 0.)	132,680.	131,002.	1,678.	
12	Advertising and promotion	2,251,288.	2 245 502	5,785.	
13	Office expenses	165,304.	2,245,503.	5,705.	
14	Information technology	105,304.	165,304.		
15	Royalties	829,711.	828,058.	1 652	
16		1,588,464.	1,587,076.	1,653.	
17	Travel	1,300,404.	1,307,070.	1,300.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	20 000	20,973.	1 5	
19	Conferences, conventions, and meetings	20,988.	40,973.	15.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	144,609.	144,609.		
23	Insurance	144,009.	144,009.		
24	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.				
а	amount, list line 24e expenses on Schedule 0.) Program Activities	21,628,682.	21,628,682.		
a b	Intercompany Transfer	9,948,595.	-68,450.	10,017,045.	
u c	Subcontracts	2,726,675.	2,726,675.		
d	Security & Construction	171,793.	171,793.		
	All other expenses	10,629,904.	10,595,614.	34,290.	
	Total functional expenses. Add lines 1 through 24e	59,002,775.	48,867,547.	10,135,228.	0
25 26		55,002,115.		10,10,200	
20	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	ouroanonai campaign ann innuraising sononanon.				

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10 2023.05000 BLUMONT GLOBAL DEVELOPMEN 42852001

10531101 795476 4285200

Form 990 (20		Global	Development	Inc
Part X E	Balance Sheet			

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

				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		2,671,210.	1	1,558,499.
	2	Savings and temporary cash investments			2	, <u> </u>
	3	Pledges and grants receivable, net		8,639,877.	3	5,807,874.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or			-	
		trustee, key employee, creator or founder, substa				
		controlled entity or family member of any of thes			5	
	6	Loans and other receivables from other disqualifi				
		under section 4958(f)(1)), and persons described			6	
s	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sale or use			8	
As	9			80,660.	9	59,285.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1		12		
	13	Investments - program-related. See Part IV, line 1		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		275,265.	15	113,596.
	16	Total assets. Add lines 1 through 15 (must equa		11,667,012.	16	7,539,254.
	17	Accounts payable and accrued expenses		7,193,036.	17	4,043,091.
	18	Grants payable		18		
	19	Deferred revenue		557,249.	19	497,285.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete F			21	
es	22	Loans and other payables to any current or form				
Liabilities		trustee, key employee, creator or founder, substa				
iab.		controlled entity or family member of any of thes			22	
-	23	Secured mortgages and notes payable to unrelat			23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pay				
		parties, and other liabilities not included on lines		6,314,465.	05	5,088,670.
	26	of Schedule D Total liabilities. Add lines 17 through 25		14,064,750.		9,629,046.
	20	Organizations that follow FASB ASC 958, chee		11,001,750.	20	5,025,0400
Se		and complete lines 27, 28, 32, and 33.				
nce	27			-2,397,738.	27	-2,089,792.
Fund Balances	28	Net assets with donor restrictions			28	
Π		Organizations that do not follow FASB ASC 95				
Fur		and complete lines 29 through 33.				
o	29	Capital stock or trust principal, or current funds			29	
sets	30	Paid-in or capital surplus, or land, building, or eq			30	
Ast	31	Retained earnings, endowment, accumulated inc			31	
Net Assets or	32		· · · · · · · · · · · · · · · · · · ·	-2,397,738.	32	-2,089,792.
~	33	Total liabilities and net assets/fund balances		11,667,012.	33	7,539,254.

Form	Blumont Global Development Inc	81-0	925158	Pa	_{ge} 12
Pa	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	59,31		
2	Total expenses (must equal Part IX, column (A), line 25)	2	59,00		
3	Revenue less expenses. Subtract line 2 from line 1	3			44.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-2,39	7,7	<u>38.</u>
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			2.
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	-2,08	9,7	<u>92.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	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				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	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?		<u>3a</u>	Х	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

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
2023
Open to Public Inspection

Name of the organ	nization

Nam	e of t	he organization						Employer	identification number		
		Blum	ont Global	Development	Inc				1-0925158		
Par	tl	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.			
The c	rgani	zation is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	one box.)					
1 [A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).				
2 [A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
3 [A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4 [A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
	city, and state:										
5 [An organization operated for	or the benefit of a col	lege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in		
		section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6 [A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).				
7 [Х	An organization that norma	lly receives a substar	ntial part of its support fi	om a gove	ernmental	unit or from th	ne general p	public described in		
		section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8 [A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)						
9 [An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	nction with a	land-grant	college		
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or		
		university:									
10 [An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	is, membersh	ip fees, and	d gross receipts from		
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support fi	rom gross investment		
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 1975.		
		See section 509(a)(2). (Con	mplete Part III.)								
11 [An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).				
12 [An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functior	ns of, or to ca	rry out the	purposes of one or		
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section &	509(a)(3).	Check the box on		
		lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.			
а] Type I. A supporting orga	anization operated, su	upervised, or controlled	by its supp	orted orga	anization(s), ty	pically by	giving		
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or truste	es of the su	ipporting		
		organization. You must o	omplete Part IV, Se	ctions A and B.							
b] Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ring		
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported		
		organization(s). You mus	t complete Part IV,	Sections A and C.							
с] Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	nd functional	ly integrate	d with,		
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.				
d] Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	rith its suppor	ted organiz	zation(s)		
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distri	ibution rec	uirement and	an attentiv	veness		
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.				
е		Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III			
		functionally integrated, or	Type III non-functior	nally integrated supporting	ng organiz	ation.					
f	Ente	r the number of supported o	organizations								
g	Prov	ride the following information									
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) Is the orga in your governi	inization listed ng document?	(v) Amount of	,	(vi) Amount of other		
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)		
Total											

Part II

Blumont Global Development Inc

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	38517492.	44038601.	52379660.	61567376.	59310719.	255813848
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 \dots						
4	Total. Add lines 1 through 3	38517492.	<u>44038601.</u>	52379660.	<u>61567376.</u>	<u>59310719.</u>	255813848
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)						
	Public support. Subtract line 5 from line 4.						255813848
	ction B. Total Support			I	1	1	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total 255813848
	Amounts from line 4	56517492.	<u>44038601.</u>	523/9000.	0120/3/0.	59310/19.	200010040
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,			160			1.60
_	and income from similar sources			168.			168.
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			184.	-12.		172.
	assets (Explain in Part VI.)			104.	-12.		255814188
	Total support. Add lines 7 through 10					12	222014100
	Gross receipts from related activities First 5 years. If the Form 990 is for the		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	fourth or fifth tax	war as a saction 5		
13	organization, check this box and sto						
Sec	ction C. Computation of Publ						
	Public support percentage for 2023 (-	column (f))		14	100.00 %
	Public support percentage from 2022					15	100.00 %
	33 1/3% support test - 2023. If the						
	stop here. The organization qualifies						37
b	33 1/3% support test - 2022. If the		-				
	and stop here. The organization qua						
17a	10% -facts-and-circumstances test		• •				
	and if the organization meets the fact						
	meets the facts-and-circumstances te		-				
b	10% -facts-and-circumstances test	t - 2022. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets t	he facts-and-circum	nstances test, che	ck this box and s t	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s
						Schedule A	(Form 990) 2023

332022 12-21-23

Schedule A (Form 990) 2023

(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.)

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (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 \dots								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
c	Add lines 7a and 7b								
	Public support. (Subtract line 7c from line 6.)								
	ction B. Total Support			1	1				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total		
	Amounts from line 6								
10 <i>a</i>	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses								
	acquired after June 30, 1975								
c	Add lines 10a and 10b								
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
	Total support. (Add lines 9, 10c, 11, and 12.)								
14	First 5 years. If the Form 990 is for the	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orgar	ization,		
0	check this box and stop here								
	ction C. Computation of Publ								
	Public support percentage for 2023 (column (f))		15	%		
	Public support percentage from 2022					16	%		
	ction D. Computation of Inves		•			1			
	Investment income percentage for 2					17	%		
	Investment income percentage from						% ·		
198	33 1/3% support tests - 2023. If the								
	more than 33 1/3%, check this box a								
b	33 1/3% support tests - 2022. If the								
00	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
		n did not check a	box on line 14, 19	a, or 190, check t	nis box and see ins				
33202	23 12-21-23		15			Sched	lule A (Form 990) 2023		

Blumont Global Development 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

Schedule A (Form 990) 2023

- 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")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 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 disgualified 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.)

10a 10b



1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

Yes No

16

			Vac	No
Sec	tion B. Type I Supporting Organizations			
	detail in Part VI.	11c		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	A family member of a person described on line 11a above?	11b		
	11c below, the governing body of a supported organization?	11a		L
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
11	Has the organization accepted a gift or contribution from any of the following persons?			
			Yes	No
Pa	rt IV Supporting Organizations (continued)			
Sche		01-092515	0 Pa	age 5

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? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization</i> (s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the				
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1			
2	Did the organization operate for the benefit of any supported organization other than the supported				
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in				
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,				
	supervised, or controlled the supporting organization.	2			

Section C. Type II Supporting Organizations	

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* **Part VI** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

tion D. All Type III Supporting Organizations			
		Yes	No
Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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			
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 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? <i>If "No," explain in</i> Part VI <i>how the organization maintained a close and continuous working relationship with the supported organization</i> (s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> 2 By reason of the relationship described on line 2, above, did the organization's supported organizations have a	Yes Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 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.

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** 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 instructions).	
---	--	---	---	--

- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- 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 these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

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

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.* 332025 12-21-23

3b | | Schedule A (Form 990) 2023

3

2a

2b

3a

Yes No

0005150

Yes No

10531101 795476 4285200

Blumont	Global	Development	Inc
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	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir			DI UJZJIJU Pageo
1	Check here if the organization satisfied the Integral Part Test as a qualifyir			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

332026 12-21-23

Schedule A (Form 990) 2023

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

Other distributions (describe in Part VI). See instructions.

Total annual distributions. Add lines 1 through 6.

Distributable amount for 2023 from Section C, line 6

Distributable amount for 2023 from Section C, line 6

Amounts paid to acquire exempt-use assets

(provide details in Part VI). See instructions.

Section E - Distribution Allocations (see instructions)

Line 8 amount divided by line 9 amount

Amounts paid to perform activity that directly furthers exempt purposes of supported

5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)

Administrative expenses paid to accomplish exempt purposes of supported organizations

Distributions to attentive supported organizations to which the organization is responsive

Section D - Distributions

2

3

4

6

7

8

9

10

1

2	Underdistributions, if any, for years prior to 2023 (reason-		
	able cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
а	From 2018		
b	From 2019		
с	From 2020		
d	From 2021		
е	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D,		
	line 7: \$		
а	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
с	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h		
	and 4b from line 1. For result greater than zero, explain in		
	Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j		
	and 4c.		
8	Breakdown of line 7:		
а	Excess from 2019		
b	Excess from 2020		
с	Excess from 2021		
d	Excess from 2022		
е	Excess from 2023		

(i)

Excess Distributions

Blumont Global Development Inc Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

81-0925158 Page 7

1

2

3

4

5 6

7

8 9

10

(ii)

Underdistributions

Pre-2023

Current Year

(iii)

Distributable

Amount for 2023

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023	Blumont	Global	Development	Inc	81-0925158 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines	rmation. Prov I, 2, 3b, 3c, 4b, 4 lines 2 and 3; P	ide the explana 4c, 5a, 6, 9a, 9 art IV, Section	ations required by Part II b, 9c, 11a, 11b, and 11c E, lines 1c, 2a, 2b, 3a, a	, line 10; Part II, line 17a c ; Part IV, Section B, lines nd 3b; Part V, line 1; Part	V, Section B, line 1e; Part V,
332028 12-21-2	3			20		Schedule A (Form 990) 2023

** PUBLIC DISCLOSURE COPY

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Employer identification number

Form 990)				
Department of the Treasury nternal Revenue Service			Go to	v
Name of the organization	on			
	Blu	mont	Global	1
Organization type (che	ck one):		

Schedule B

Filers of:

imont	Global	Development	Inc	81-0925158
e):				
Section:				

Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set in the set of t

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Name of organization

Employer identification number

(d)

X

81-0925158

Blumont Global Development Inc

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 Person Payroll 44,383,380. \$ Noncash

			(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$ <u>14,902,307.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
323452 12-2	6-23	•	Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Page 2

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
323453 12-26-23			Schedule B (Form 990) (2023

23

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

Part II

Name of organization

Blumont Global Development Inc

Employer identification number

81-0925158

10531101 795476 4285200

Schedule	B (Form 990) (2023)			Page 4				
Name of o	organization			Employer identification number				
Blumo	nt Global Development I	nc		81-0925158				
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a	ons to organizations described in se	ction 501(c)(7), (8), or (10) tha					
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or I	ess for the year. (Enter this info. or	nce.) \$				
(a) No.	Use duplicate copies of Part III if additional							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held				
		(e) Transfer of gif	t					
	Transferee's name, address, a	nd ZIP + 4	Relationship of trar	sferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held				
Part I								
	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of trar	sferor to transferee				
		[
(a) No.			()) D					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held				
		(a) Transfor of gif	<u> </u>					
	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of trar	sferor to transferee				
(a) No.								
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held				
		(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
323454 12-26	6-23	24		Schedule B (Form 990) (2023)				
		24						

10531101 795476 4285200

2023.05000 BLUMONT GLOBAL DEVELOPMEN 42852001

		O					No. 1545-0047
	HEDULE D n 990)	Supplementa Complete if the orga Part IV, line 6, 7, 8, 9, 10	nization answered "Ye	es" on Form 990,		2	023
	ment of the Treasury	A	ttach to Form 990.				en to Public pection
	I Revenue Service e of the organizati	Go to www.irs.gov/Form99	o for instructions and	the latest information.	Emp		cation number
Nam	e of the organizati	Blumont Global Deve	elopment Inc	!		81-09	
Pa		ations Maintaining Donor Advise n answered "Yes" on Form 990, Part IV, lin	d Funds or Other		coun	its. Complet	e if the
	organizatio		(a) Donor advis	sed funds	(b) Fun	ds and other a	accounts
1	Total number at e	nd of year	(4) 2 6 1 6 1 6 4 4 1		(
2		f contributions to (during year)					
3		f grants from (during year)					
4		t end of year					
5		on inform all donors and donor advisors in v	writing that the assets h	neld in donor advised fund	ds		
	are the organization	on's property, subject to the organization's	exclusive legal control?)		🗌 Ye	es 🗌 No
6	Did the organization	on inform all grantees, donors, and donor a	dvisors in writing that g	rant funds can be used o	nly		
	for charitable purp	ooses and not for the benefit of the donor o	•	, , ,	•		
Pa	impermissible priv		······································	(Ye	es No
		ration Easements. Complete if the orgenization easements held by the organization			line 7.		
1		n of land for public use (for example, recrea	· · · · · · ·	Preservation of a history of	orically	important land	1 area
		of natural habitat		Preservation of a cert	-	-	
		n of open space					
2		through 2d if the organization held a qualif	ied conservation contri	bution in the form of a co	nservat	tion easement	on the last
	day of the tax yea						d of the Tax Year
а	Total number of co	onservation easements			2a		
b	Total acreage rest	ricted by conservation easements			2b		
С		vation easements on a certified historic stru			2c		
d							
~	on a historic structure listed in the National Register 2d 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax						
3	year	vation easements modified, transferred, re-	eased, extinguished, of	terminated by the organi	zation	during the tax	
4		 where property subject to conservation eas	sement is located				
5		tion have a written policy regarding the per		ction, handling of			
	•	forcement of the conservation easements it		ý G		🗌 Ye	es 🗌 No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations,	and enforcing conservatio	n ease	ments during t	the year
7	Amount of expense	ses incurred in monitoring, inspecting, hand	lling of violations, and e	enforcing conservation ea	sement	s during the ye	ear
•					`		
8		vation easement reported on line 2d above			-	Ye	es 🗌 No
9	and section 170(h)(4)(B)(ii)? be how the organization reports conservatio				······	
3		d include, if applicable, the text of the footr		-			
		counting for conservation easements.					
Pa		ations Maintaining Collections of	Art, Historical Tr	easures, or Other S	imilar	r Assets.	
	Complete i	f the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its re	venue statement and bala	ance sh	eet works	
		easures, or other similar assets held for pub			nce of p	oublic	
	•	Part XIII the text of the footnote to its finar					
b	-	elected, as permitted under FASB ASC 95	· ·				
		sures, or other similar assets held for public	exhibition, education,	or research in furtherance	e of pub	DIC SERVICE,	
		ing amounts relating to these items. Ided on Form 990, Part VIII, line 1			Ċ	\$	
						⊅ \$	
2	.,	received or held works of art, historical trea					
_		unts required to be reported under FASB A					
а	-	on Form 990, Part VIII, line 1	-		9	\$	
b						\$	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.			
332051 09-28-23			
	25		

2023 05000	BLUMONT	CLOBAL	DEVELOPMEN	12852001
2023.05000	BLOMONT	GLOBAL	DEVELOPMEN	42052001

Sche		Global					8	81-09	25158	3 Ра	age 2
Par	t III Organizations Maintaining C	ollections o	of Art, His	storical Tre	easures, or	r Other S	Similar	Assets	contin	ued)	
3	Using the organization's acquisition, accessi	on, and other re	ecords, che	eck any of the f	following that	: make sign	nificant u	ise of its			
	collection items (check all that apply).										
а	Public exhibition		d	Loan or exc	hange progra	am					
b	Scholarly research		e	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and e	xplain how	they further th	ne organizatio	on's exemp	t purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	r receive donat	ions of art,	historical treas	sures, or othe	er similar as	ssets				
	to be sold to raise funds rather than to be ma	aintained as pai	rt of the org	ganization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arran	gements Co	omplete if th	ne organizatior	n answered "`	Yes" on Fo	rm 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi	an, or other inte	ermediary f	or contributior	ns or other as	sets not in	cluded		_		_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete t	he following	g table:							
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F	orm 990, Part X	(, line 21, fo	or escrow or cu	ustodial acco	unt liability	?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds Complete if	-					N T1		()=		
		(a) Current y	ear (b) Prior year	(c) Two year	rs back (d) Three y	ears back	(e) Four	years	back
1 a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr		alance (line	1g, column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С		%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%									
3a	Are there endowment funds not in the posse	ssion of the org	ganization t	hat are held ar	nd administer	ed for the			r		
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		
	(ii) Related organizations?								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	tions listed as i	required on	Schedule R?					3b		
4	Describe in Part XIII the intended uses of the		endowmen	nt funds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere		,	<i>,</i>		, ,					
	Description of property	1	t or other	• •	or other	• •	umulate	d	(d) Bool	< value	е
			ivestment)	Dasis	(other)	depre	eciation				
1a	Land										
b	Buildings										
	Leasehold improvements										
	Equipment										
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990.	Part X, line	<u>e 10c, column</u>	<u>(B))</u>						0.
							:	Schedule	D (Form	ı 990)	2023

Schedule D	(Form 990) 2023	Blumont Glo	bal Developmen	nt Inc	81-0925158 Page 3
Part VII		Other Securities			
	Complete if the org	anization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part	X, line 12.
(a) Descrip	tion of security or cate	GOTY (including name of security)	(b) Book value	(c) Method of valuat	tion: Cost or end-of-year market value
(1) Financia	al derivatives				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990), Part X, line 12, col. (B))			
Part VIII	Investments -	Program Related.			
	Complete if the org	anization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part	X, line 13.
	(a) Description of	investment	(b) Book value	(c) Method of valuat	tion: Cost or end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990), Part X, line 13, col. (B))			
Part IX	Other Assets				
	Complete if the org	anization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part	X, line 15.
		(a)	Description		(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu	mn (b) must equal Fo	orm 990, Part X, line 15, co	I. (B))		
Part X	Other Liabilitie				
		anization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990	
1.	(a) D	escription of liability			(b) Book value
	leral income taxes	-			
	e to Affil				5,049,161.
(3) Ca	<u>pital leas</u>	e liability			39,509.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu	mn (b) must equal Fo	orm 990, Part X, line 25, co	I. (B))		5,088,670.
2. Liability	for uncertain tax pos	sitions. In Part XIII, provide	the text of the footnote to	the organization's financ	ial statements that reports the

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

Schedule D (Form 990) 2023

332053 09-28-23

	edule D (Form 990) 2023 Blumont Global Developm		<u>81-0925158 _{Ра}</u>	ge 4				
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenu	e per Return					
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.						
1	Total revenue, gains, and other support per audited financial statements							
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а	Net unrealized gains (losses) on investments							
b	Donated services and use of facilities							
с	Recoveries of prior year grants							
d	Other (Describe in Part XIII.)	2d						
е	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	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
b	Other (Describe in Part XIII.)							
с	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 St	atements With Expen	ses per Return					
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.						
1	Total expenses and losses per audited financial statements		1					
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:							
а	Donated services and use of facilities	2a						
b	Prior year adjustments	2b						
с	Other losses	, , ,						
								
d	Other (Describe in Part XIII.)							
d e		2d	2e					
d e 3	Other (Describe in Part XIII.) Add lines 2a through 2d	2d						
	Other (Describe in Part XIII.)	2d						
3	Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	<u>2</u> d						
3 4	Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2d						
3 4	Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2d 						
3 4 b c 5	Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2d	3 					

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:

28

332054 09-28-23

Part Am Supplemental Mormation (continued)	
	Schedule D (Form 990) 2023

Schedule D (Form 990) 2023

Name of the organization					Employer identif	cation number					
Blumont Global	Developm	ent Inc			81-092515	8					
Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on											
Form 990, Part IV, line 14b.											
1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance,											
-	-		he selection criteria used to award the			Yes 🗌 No					
2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the											
United States.											
3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)											
(a) Region	(b) Number of	(c) Number of employees,	(d) Activities conducted in the region		vity listed in (d)	(f) Total expenditures					
	offices in the region	agents, and	(by type) (such as, fundraising, pro- gram services, investments, grants to		gram service, e specific type	for and					
	in the region	independent contractors	recipients located in the region)		(s) in the region	investments in the region					
Gruth Ards		in the region			., 3						
South Asia -				Uumanitania	n aggigtango						
Afghanistan, Bangladesh, Bhutan,				stabilizati	n assistance,						
India, Maldives,	10	198	Program Services	resilient p		4,875,080.					
South America -	10	150		resilienc F	JIOGIAMS	4,075,000.					
Argentina, Bolivia,				Humanitaria	n assistance,						
Brazil, Chile,				stabilizati	,						
Columbia, Ecuador,	13	105	Program Services	resilient p		4,575,788.					
Middle East and				-	-	, , .					
North Africa -				Humanitaria	n assistance,						
Algeria, Bahrain,				stabilizati	on and						
Djibouti, Egypt,	16	917	Program Services	resilient <u>p</u>	programs	49,515,597.					
3 a Subtotal	39	1220				58,966,465.					
b Total from continuation											
sheets to Part I	0	0				0.					
c Totals (add lines 3a						F0 065 15-					
and 3b)	39	1220				58,966,465.					

Statement of Activities Outside the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

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

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

LHA 332071 11-29-23

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Schedule F (Form 990) 2023

OMB No. 1545-0047

Open to Public

Inspection

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax

exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities .

Schedule F (Form 990) 2023

Page 2

81-0925158

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2023

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

Schedule F (Form 990) 2023

Schedule F ((Form 990) 2023	Blumont	Global	Development	Inc	
Part V	Supplemental	Information				

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

Part I, Line 2:

Blumont Global Development Inc. utilizes independent contractors to

assist in distributing non-cash grant items to individuals within the

various regions and countries. Because of this Blumont Global Development

Inc. is unable to determine the amount that goes to each individual in

the various counties and regions.

Schedule F (Form 990) 2023

332075 11-29-23

SC	HEDULE J	Compensation Information		OMB No. 1	545-004	47
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest	F	2023		
		Compensated Employees		ZU	Ľ٦)
Dene	transit of the Transition	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	ne of the organization		Employer i			nber
_		Blumont Global Development Inc	81-0	92515	8	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate 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 c	harter travel	nal use			
	Travel for companions Payments for business use of personal reside					
		ation and gross-up payments Health or social club dues or initiation fee	S			
	Discretionary s	pending account Personal services (such as maid, chauffer	ır, chef)			
b		on line 1a are checked, did the organization follow a written policy regarding payment or				
	•			<u>1b</u>	X	
2		require substantiation prior to reimbursing or allowing expenses incurred by all directors,			37	
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	X	
•						
3		y, of the following the organization used to establish the compensation of the organization's				
		ctor. Check all that apply. Do not check any boxes for methods used by a related organization of the OFO (Foundation Directory had any later to the section of the OFO (Foundation Directory had any later to the section of the organization of the o	on to			
	·	ation of the CEO/Executive Director, but explain in Part III.				
	·	ompensation consultant X Compensation survey or study				
		ther organizations Approval by the board or compensation of	ommittee			
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
4	organization or a re					
а	-			4a	х	
b		e payment or cnange-of-control payment? eive payment from a supplemental nonqualified retirement plan?				x
	-	eive payment from an equity-based compensation arrangement?				x
Ŭ		les 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the r					
а	-					X
		ation?				Х
		r 5b, describe in Part III.				
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the n					
а	The organization?	-		6a		X
		ation?				X
		r 6b, describe in Part III.				
7	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	i			
		es 5 and 6? If "Yes," describe in Part III		7		X
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th	ne			1
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		d the organization also follow the rebuttable presumption procedure described in				
	Regulations section	53.4958-6(c)?		9		
For	Paperwork Reduct	on Act Notice, see the Instructions for Form 990.	Sched	lule J (Forn	n 990)	2023

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.

		(B) Breakdown of W	-2 and/or 1099-MIS0 compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Jonathan Nash	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	425,333.	0.	2,069.	16,500.	28,955.		0.
(2) Daniel Bichanich	(i)	222,313.	0.	104,679.	10,566.	36,430.		0.
	(ii)	9,188.	0.	1,404.	459.	164.	11,215.	0.
(3) Rob Murphy	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	264,583.	0.	2,840.	12,979.	40,673.	321,075.	0.
(4) Zarko Draganic	(i)	172,135.	0.	63,798.	8,607.	36,408.	280,948.	0.
Chief of Party	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) Laura Fogarty	(i)	0.	0.	0.	0.	0.	0.	0.
Corp Secy VP, Contract, Grants and C	(ii)	234,939.	0.	966.	11,497.	26,065.	273,467.	0.
(6) Roman Ponos	(i)	0.	0.	0.	0.	0.	0.	0.
VP, Business Development	(ii)	214,298.	0.	3,047.	10,465.	39,233.	267,043.	0.
(7) Hameed Kareem	(i)	113,333.	0.	117,558.	5,667.	27,917.	264,475.	0.
Country Director (until 09/2023)	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) Susan Peacock	(i)	0.	0.	0.	0.	0.	0.	0.
VP, Chief Human Resources Officer	(ii)	214,298.	0.	5,334.	10,465.	15,946.	246,043.	0.
(9) Sarah Ness	(i)	147,594.	0.	40,166.	7,380.	14,229.	209,369.	0.
Deputy, Chief of Party	(ii)	6,327.	0.	11.	316.	51.	6,705.	0.
(10) Courtney Mallow	(i)	90,474.	0.	86,624.	4,524.	8,253.	189,875.	0.
Deputy, Chief Compliance Officer (un	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

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 1a:

The following employees received a housing allowance as a part of their

taxable compensation in 2023:

Zarko Draganic/\$3,808

Courtney Mallow/\$24,328

Hameed Kareem/\$15,586

Sarah Ness/\$16,081

Daniel Bichanich/\$67,727

Part I, Line 3:

The parent organization, Blumont Inc., has procedures for establishing

executive compensation including benchmarking with market-based salary

surveys for each position.

Part I, Line 4a:

The organization provided severance of \$16,829 to Hameed Kareem during the

year.

SCHEDULE O (Form 990)

Name of the organization

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.



Blumont Global Development Inc

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

aspirations of people, communities and donor partners worldwide.

Form 990, Part VI, Section A, line 6:

The organization has members of the board of directors.

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

Board members have the right to elect new members to the board of directors

of the organizations and to approve amendments to governing documents.

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

All governance decisions are made and approved by the members of the board of directors.

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

BGD 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 BGD's behalf.

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

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

 LHA
 332211 11-14-23

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Schedule O (Form 990) 2023	Page 2					
Name of the organization Blumont Global Development Inc	Employer identification number 81-0925158					
	01 0920100					
relationships which may constitute a conflict of interest	or create the					
appearance of a conflict. The organization's employees mus	t 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 measure	s if necessary.					
In addition, the organization maintains a corporate hotlin	e with anonymous					
reporting capabilities for employees to report all suspect	ed violations of					
the organization's code of business ethics and conduct, organization's						
policies and government regulations.						
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.

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Form 990, Part IX, Line 24e

The expenses included are miscellaneous expenses that could not be

reported on other lines of the functional expense statement.

332212 11-14-23

Schedule O (Form						Page 2
Name of the organ	ization Blumo	nt Global	Development	Inc		Employer identification number 81-0925158
Form 990,	Part XII,	Line 2C				
			as remained	unchanged	from th	
	oversigne	process in		unchangea		e previous
year.						
332212 11-14-23						Schedule O (Form 990) 2023
			40			

SCH	EDULE	R
	1	

(Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

23 Open to Public Inspection

Employer identification number

81-0925158

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

Name of the organization

Blumont Global Development Inc

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
	-				

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year.

(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	(f) Direct controlling entity	contr	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
Blumont Inc - 81-0888072	Holding co. that provides						
1777 North Kent Street, Suite 300	governance & oversight to						
Arlington, VA 22209	three subsidiaries	Wisconsin	501(c)(3)	Line 7	BLUMONT INC		х
Blumont International Inc 81-0903010	Provide relief &						
1777 North Kent Street, Suite 300	humanitarian assistance as						
Arlington, VA 22209	well as transitional	Wisconsin	501(c)(3)	Line 7	BLUMONT 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	IRD HOLDINGS INC		х
International Relief and Development	To form, acquire, manage						
Holdings Inc 80-0148653, 1777 North Kent	and/or hold subsidiaries						
Street, Suite 300, Arlington, VA 22209	in the US.	Virginia	501(c)(3)	Line 12b, II	N/A		х

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

See Part VII for Continuations

Schedule R (Form 990) 2023

81-0925158 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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate itions?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	l or Percentage ^{ing} ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10
	-										
	-										
										+	_ _
	-										
	1										
	-										
	-										
	-										
	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	(state or entity (C	Primary activity Legal domicile Controlling Type of entity Share of total (state or entity (C corp, S corp, income	end-of-year ownership		512(i contr	i) ction b)(13) rolled tity?		
	foreign country)		or trust)		assets			No	
Blumont Engineering Solutions Inc									
81-0881760, 1777 North Kent Street, Suite									
300, Arlington, VA 22209	Civil Engineering	WI	Blumont Inc.	C CORP					Х
	-								
	-								
	_								

Schedule R (Form 990) 2023 Blumont Global Development Inc

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		Х
g	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p	X	
q	Reimbursement paid by related organization(s) for expenses	1q	X	
r	Other transfer of cash or property to related organization(s)	1r		X
S	Other transfer of cash or property from related organization(s)	1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
<u>(2)</u>				
(3)				
(4)				
<u>(5)</u>				
(6)				

Schedule R (Form 990) 2023 Blumont Global Development Inc

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners se 501(c)(3) orgs.? Yes No	(g) Share of end-of-year assets	(h) Dispro tiona allocation Yes	Code V-UBI amount in box 2 ons? of Schedule K-	(j) General of managin partner? Yes No	(k) Percentage ownership
						103			

Schedule R (Form 990) 2023

<u>Part II,</u>	Identific	cation of	Related	Tax-Exempt	Organizations	5:	
Name of R	elated O	rganizati	on:				
<u>Blumont I</u>	nternatio	onal Inc.					
Primary A	ctivity:	Provide	relief &	humanitaria	an assistance	as well	as

transitional services.

Name of Related Organization:

International Relief and Development Inc.

Primary Activity: Provide relief & humanitarian assistance as well as

transitional services.

10531101 795476 4285200

Part VII	Supplemental I	nformation		
	(Form 990) 2023	Blumont	Global	D

Provide additional information for responses to questions on Schedule R. See instructions.