** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Inspection

Department of the Treasury Internal Revenue Service

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

AI	or the	e 2023 calendar year, or tax year beginning an	a enaing									
В	Check if applicabl	C Name of organization		D Employer identifi	cation number							
	Addre											
	Name chang	e Doing business as		81-09030	10							
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/su	ite E Telephone numbe	E Telephone number							
	Final return	1777 North Kent Street	300	(703)248	-0161							
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	•	G Gross receipts \$ 16,358,763.								
	Amen			H(a) Is this a group re	H(a) Is this a group return							
F	Applic			for subordinates								
	pendir	same as C above		H(b) Are all subordinates included? Yes No								
	Γαν.αν	empt status: $X = 501(c)(3) = 501(c)(0)$ (insert no.) $4947(a)(1)$	\ or \ 5									
	Websit		<i>)</i> 01 0	-	If "No," attach a list. See instructions H(c) Group exemption number							
		organization: X Corporation Trust Association Other	I V		M State of legal domicile; WI							
	art I	Summary	<u> </u>	ar or formation. 2015[1	VI State of legal doffficite, VI =							
	1	iefly describe the organization's mission or most significant activities: Blumont delivers innovative,										
Activities & Governance		evidence based, locally driven solutions										
nar	2	Check this box if the organization discontinued its operations or disposit			sets.							
Ver	3	-		3	3							
ဗိ	4	Number of independent voting members of the governing body (Part VI, line 1b)			0							
<u>«</u>	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			0							
<u>ţ</u> i.	6	Total number of volunteers (estimate if necessary)			0							
ξ	7 a			7a	0.							
ĕ	l h	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.							
		The difficulties business taxable moonle from one of the difficulties from the first state of the difficulties and the difficulties are the difficulties and the difficulties are the difficulties and the difficulties are		Prior Year	Current Year							
	8	Contributions and grants (Part VIII, line 1h)		22,183,567.	16,358,353.							
Jue	9			0.	0.							
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		8.	160.							
Be	11	Other revenue (Part VIII, column (A), lines 5, 4, and 70) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,758.	250.							
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		22,185,333.	16,358,763.							
_	_	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.							
	1			0.	0.							
	45	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,770,950.	2,584,688.							
Expenses	160	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.							
en	loa h	Total fundraising expenses (Part IX, column (D), line 25)	0.	<u></u>	•							
X	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		18,538,669.	14,265,812.							
	''			22,309,619.	16,850,500.							
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-124,286.	-491,737.							
0	19	Revenue less expenses. Subtract line 18 from line 12		Beginning of Current Year	End of Year							
Net Assets or		Total accets (Dort V. line 4C)		6,251,761.	9,543,537.							
SSe	20	Total assets (Part X, line 16)		10,188,022.	13,971,533.							
let /	21	Total liabilities (Part X, line 26)		-3,936,261.	-4,427,996.							
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		-3,930,201.	-4,427,990.							
		Ities of perjury, I declare that I have examined this return, including accompanying schedul	loo and atat	manta and to the heat of m	/ knowledge and helief it is							
		thes of perjury, 1 deciare that 1 have examined this return, including accompanying schedul at, and complete. Declaration of preparer (other than officer) is based on all information of v			/ Kilowieuge allu bellel, it is							
uue	, correc	is, and complete. Decialation of preparer (other than officer) is based on an information of v	willeli prepa	Tel lias ally kilowieuge.								
Sig	.	Signature of officer		I Date								
Her		Jonathan Nash, President & CEO										
пеі	е	Type or print name and title										
		Print/Type preparer's name Preparer's signature		Date Check [PTIN							
Paid	1	Stacy Cullen Stacy Cullen		11/06/24 Self-employed P00974308								
	parer	Firm's name Aprio Advisory Group, LLC			8-2487348							
	Only	Firm's address 111 Rockville Pike Suite 600	FIIII S EIN J	<u> </u>								
036	Jilly	Rockville, MD 20850		Phono no / 3	01) 231-6200							
N/a:	, tha II	•		Pilotte 110. (3								
ivia	y trie II	RS discuss this return with the preparer shown above? See instructions			X Yes No							

Form 990 (2023)

Pa	t III Statement of Program Serv	rice Accomplishments	
	Check if Schedule O contains a resp	oonse or note to any line in this Part III	
1	Briefly describe the organization's mission	:	
	Working with non-US b	ased clients, providin	g sustainable solutions to
	problems being faced	by vulnerable and disp	laced populations around
	the world.	-	
2	Did the organization undertake any signific	cant program services during the year which	were not listed on the
_	• •	sant program out node daming the year time.	
	If "Yes," describe these new services on S		163 [22] 110
_	,		s, any program services?
3	-	make significant changes in how it conduct	s, any program services? res A No
	If "Yes," describe these changes on Sche		
4			gest program services, as measured by expenses.
			nts and allocations to others, the total expenses, and
	revenue, if any, for each program service		
4a	(Code:) (Expenses \$14 , 7	111,580. including grants of \$) (Revenue \$)
		<u>ot-for-profit organiza</u>	
			vironments in the world. Our
	work includes the del	ivery of life saving h	umanitarian assistance to
	displaced communities	, support for communit	ies that are seeking to
	stabilize and grow an	d helping to design pr	ojects for communities that
	are building basic in	frastructure for long-	term resiliency.
		5	
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code: \ \Evenesse \$	including grants of ¢) (Revenue \$
70	(Code) (Expenses #	microding grants or \$) (Nevertue #
_			
4d	Other program services (Describe on Scho	edule O.)	
		including grants of \$) (Revenue \$
	Total program service expenses	14,711,580.	, ,
		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Form 990 (2023)

Blumont International, Inc.

Form 990 (2023) Blumont International, 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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	۰		
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		x
0	Schedule D, Part III	-		
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?			x
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			.
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
=	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u></u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
-1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	democre government on Fartix, column (-y, interier in Fest Complete Schedule I, Parts Fand II	<u> </u>		

Form	rt IV Checklist of Required Schedules (continued)	0903010	P	age 4
Га	Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	110
	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 curren			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J		X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	те		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a			X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		├
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?			├
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	050		X
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
ь	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	, ,	25b		X
26	Schedule L, Part I 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% control	l l		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	I		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV			X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			,,
	"Yes," complete Schedule L, Part IV			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	200		X
24	contributions? If "Yes," complete Schedule M			X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>			1
32	•	32		x
33	Schedule N, Part II 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	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	tion?		
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule O	38	X	
га	rt V Statements Regarding Other IRS Filings and Tax Compliance			T
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	V	X No
1.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	0	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners?

Form **990** (2023)

	Part V Statements Regarding Other IRS Filings and Tax Compliance (continued		01 0703	010	<u> </u>	age •
ı aı	continued	d)				Γ
0-	On Establishment of continues and the Establishment Works and To Obstances.	1 1			Yes	No
2a	2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		0			
	filed for the calendar year ending with or within the year covered by this return			1		
b				2b		Х
3a	· · · · · · · · · · · · · · · · · · ·			3a		┝┻
	b If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedul			3b		\vdash
4a	4a At any time during the calendar year, did the organization have an interest in, or a signature or other				х	
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?		4a		
D	b If "Yes," enter the name of the foreign country See Schedule O	A /ED A				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial					v
5a				5a		X
b	KINA III II E E E III II II E E E E E E E E			5b		 ^
C	, , , , , , , , , , , , , , , , , , , ,			5c		\vdash
6a	6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	ne organization	n solicit			₩
	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		X
b	b If "Yes," did the organization include with every solicitation an express statement that such contribu	-		۱		
_	were not tax deductible?			6b		
7				_		- v
a				7a		X
b	, , , , , , , , , , , , , , , , , , , ,			7b		\vdash
С	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v	•				
	to file Form 8282?	1 1		7c		X
	d If "Yes," indicate the number of Forms 8282 filed during the year			-		v
e				7e		X
†	3 7 7 7 7 7 7 7			7f	N/	_
g			-	7g	N/	_
h	, , , , , , , , , , , , , , , , , , , ,		111 1096-0?	7h	14 /	Ĥ
8		•	N/A	8		
9			11 1/ 11			
а	5111		N/A	9a		
b			N/A	9b		
10						
а	31/3	10a				
b		10b		1		
11						
а	NT / 7	11a				
b	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	12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	m 1041?		12a		
	b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A					
13						
а	a 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	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						
14a	14a Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on School	lule O		14b	Ь—	Ь_
15						
	excess parachute payment(s) during the year?			15	_	X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	ls the organization an educational institution subject to the section 4968 excise tax on net investme	nt income?		16		X
	If "Yes," complete Form 4720, Schedule O.					
17	17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any a	activities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		N/A	17		<u>L</u> _

332005 12-21-23

If "Yes," complete Form 6069.

Blumont International, Inc. 81-0903010 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 0 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed VA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request __ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

Form **990** (2023)

Jonathan Nash - (703)248-0161

1777 North Kent Street, Suite 300, Arlington,

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- 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 n		orga I				nper	ısate			/- `
(A)	(B)		(C) Position			1		(D)	(E)	(F)
Name and title	Average		not c	heck	more	than		Reportable	Reportable	Estimated
	hours per week					is botl or/trus		compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	direc				, p		organization	(W-2/1099-MISC/	from the
	related	tee or	ıstee			ensate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ll trus	nal tri		loyee	om p		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) Jonathan Nash	line) 1.00	Ĕ	=	9	-\$	<u>₹</u> 5	Po-			
President & CEO	44.00	Х		Х				0.	427,402.	45,455
(2) Rob Murphy	1.00					T			12,71021	10,100
Treasurer & CFO	44.00			х				0.	267,423.	53,652
(3) Laura Fogarty	1.00									
<pre>Corp Secy & VP, Contracts/Grants/Com</pre>	44.00			Х		_		0.	235,905.	37,562.
(4) Roman Ponos	1.00	<u>_</u> _							045 045	40.505
VP, Business & Development		Х		_		_	-	0.	217,345.	49,698
(5) Susan Peacock	1.00	3,7							210 622	06 411
VP, Chief Human Resources	44.00	Х				\vdash		0.	219,632.	26,411
						\vdash				
		-								
						<u> </u>				
		<u> </u>				_				
		-				-	-			
										000

Form 990 (2023)

Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)			
(A)	(B)			•	C)			(D)	(E)		(F))
Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable		Estima	ated
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensatio		amour	
	week (list any		Ler ar	lu a u	recid	Tritus	iee)	from	from related		other	
	hours for	lirecto				L		the organization	organizations (W-2/1099-MIS		compen from	
	related	e or 0	stee			satec		(W-2/1099-MISC/	1099-NEC)	,0,	organiz	
	organizations	truste	al tru:		yee	ım per		1099-NEC)			and rel	
	below	Individual trustee or director	Institutional trustee	ia.	Key employee	est co	Je.				organiza	ations
	line)	Indi	Insti	Officer	Key	Highest compensated employee	Former					
			_									
			_									
			\vdash									
			\vdash									
												-
1b Subtotal								0.	1,367,70	7.	212,	778.
c Total from continuation sheets to Part VII								0.		0.		0.
d Total (add lines 1b and 1c)								0.	1,367,70	7.	212 <u>,</u>	778.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	:		
compensation from the organization												0
										_	Ye	s No
3 Did the organization list any former officer,	director, truste	ee, k	кеу е	empl	oye	e, or	hig	phest compensated empl	loyee on			
line 1a? If "Yes," complete Schedule J for so											3	X
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150										_	4 X	
5 Did any person listed on line 1a receive or a					•			•	dual for services			37
rendered to the organization? If "Yes." com	plete Schedule	J fo	or su	ıch ı	oers	on .					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest con	•	•								ensatio	n from	
the organization. Report compensation for t	ne calendar ye	ear e	ndir	ng w	ith c	or wi	thin		ear.			
(A) Name and business	address							(B) Description of s	ervices	Cor	(C) npensat	ion
The Smart Desert Company,		+ r	ih	.				Trading and			Пропои	
Street, Um-Uthina, Amman,			T11	_				Services	Eller gy		261,	1/2
National Drip Irrigation			Fа	++	a h		-	DELAICER			<u> </u>	147.
	Omar Street 6, , Amman, JORDAN								ervices		200,	859.
Safari Hardware	J112111						$\overline{}$	Information	- 11000		,	
Dabouq, , Amman, JORDAN							- 1	Technology S	ervices		128,	364.
											,	·

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

\$100,000 of compensation from the organization

	1 C V	•••		noo or noto to any lin	o in this Bort VIII			
			Check if Schedule O contains a respon	ise or note to any iir	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
'0 '0		_	Fordered committee					300010113 0 12 0 14
Contributions, Gifts, Grants and Other Similar Amounts	1 6		Federated campaigns 1a		-			
Gra	'		Membership dues 1b		-			
ts, An	•		Fundraising events 1c		-			
Gif ilar	•		Related organizations 1d	16 250 252				
ns, Simi	•		Government grants (contributions) 1e	16,358,353.	-			
er S	1	f	All other contributions, gifts, grants, and					
ig H			similar amounts not included above 1f		-			
ontr	,	g	Noncash contributions included in lines 1a-1f 1g \$					
<u>S</u> E	l	h	Total. Add lines 1a-1f		16,358,353.			
				Business Code				
e C	2 8	а						
e vi	ı	b						
Se		С						
am		d		_				
Program Service Revenue		е		_				
Pr	1	f	All other program service revenue					
		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, in					
			other similar amounts)		160.			160.
	4		Income from investment of tax-exempt bon	d proceeds				
	5		Royalties					
			(i) Real	(ii) Personal				
	6 8	а	Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Not worth in a constant					
			Gross amount from sales of (i) Securities					
		_	assets other than inventory 7a					
		h	Less: cost or other basis					
<u>o</u>		_	and sales expenses					
Revenue		_	Gain or (loss) 7c					
leve			Net gain or (loss)					
er F			Gross income from fundraising events (not					
Othe	0 (a	including \$ of					
O			contributions reported on line 1c). See					
			• • • • • •	8a				
		h	,	8b	1			
			Net income or (loss) from fundraising event					
	9 8	a	Gross income from gaming activities. See	92				
			,	9a 9b				
			1					
			Net income or (loss) from gaming activities					
	10 8	а	Gross sales of inventory, less returns	40				
	_			10a	-			
				10b				
	•	С	Net income or (loss) from sales of inventory					
S			Othor	Business Code	0.50			250
Miscellaneous Revenue	11 :		Other	900099	250.	1	 	250.
lan en	ı	b		_			-	
icel 3ev	•	С		_		1	 	
Mis	•		All other revenue		252			
	•	e	Total. Add lines 11a-11d		250.	-		
	12		Total revenue. See instructions		16,358,763.	0.	0.	410.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,734,427. 1,669,485. 64,942. Other salaries and wages 7 Pension plan accruals and contributions (include 850,261. 845,827. 4,434. section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): Management Legal 2,216. 2,216. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 216,777. 214,454. 2,323. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 529,657. 517,413. 12,244. Office expenses 13 49,011.49,011. Information technology 14 15 Royalties 218,071. 201,755. 16,316. 16 Occupancy 362,058. 359,561. 2,497. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 28,727. 107. 28,834. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 14,448. 13,765. 683. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 5,572,053. 5,572,053. Program Activities 2,775,610. Intercompany Transfer 692,103. 2,083,507. 1,934,025. 1,934,025. Subcontracts 425,900. 425,900. d Security & Construction $2,187,\overline{501}$. 2,137,152. -50,349e All other expenses 16,850,500. 14,711,580. 2,138,920. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form **990** (2023)

if following SOP 98-2 (ASC 958-720)

Check here

Pai	ťΧ	Balance Sneet				
		Check if Schedule O contains a response or n	ote to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		5,903,374.	1	9,291,346
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		342,183.	3	169,644
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, sub	estantial contributor, or 35%			
		controlled entity or family member of any of the	ese persons		5	
	6	Loans and other receivables from other disqua	alified persons (as defined			
		under section 4958(f)(1)), and persons describ		6		
ts	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use		8		
۲	9	Prepaid expenses and deferred charges		6,204.	9	82,547
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D				
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line		12		
	13	Investments - program-related. See Part IV, lin		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		6 051 561	15	0 540 505
	16	Total assets. Add lines 1 through 15 (must ed	6,251,761.	16	9,543,537	
	17	Accounts payable and accrued expenses	2,401,663.	17	4,610,567	
	18	Grants payable	1 /21 700	18	2 726 124	
	19	Deferred revenue		1,431,798.	19	2,726,134
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complet			21	
ies	22	Loans and other payables to any current or fo				
Liabilities		trustee, key employee, creator or founder, sub controlled entity or family member of any of the			22	
E.	23	Secured mortgages and notes payable to unre			23	
	23 24	Unsecured notes and loans payable to unrelate			24	
	25	Other liabilities (including federal income tax,			24	
	25	parties, and other liabilities not included on lin	-			
		of Schedule D	, ,	6,354,561.	25	6,634,832
	26	Total liabilities. Add lines 17 through 25		10,188,022.		13,971,533
		Organizations that follow FASB ASC 958, c				
es		and complete lines 27, 28, 32, and 33.				
auc	27			-3,936,261.	27	-4,427,996
Bal	28	Net assets with donor restrictions		-	28	-
P I		Organizations that do not follow FASB ASC				
ᇳ		and complete lines 29 through 33.				
ğ	29	Capital stock or trust principal, or current fund	ds		29	
set	30	Paid-in or capital surplus, or land, building, or			30	
As	31	Retained earnings, endowment, accumulated			31	
Net Assets or Fund Balances	32	Total net assets or fund balances		-3,936,261.	32	-4,427,996
	33	Total liabilities and net assets/fund balances		6,251,761.	33	9,543,537

	1990 (2023) Bramone internacionar, inc.	0 1	0,000	0 ± 0	Pa	ge •
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		<u>,35</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>,85</u>		
3	Revenue less expenses. Subtract line 2 from line 1	3		-49		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	<u> </u>	,93	<u>6,2</u>	<u>61.</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				<u> 2.</u>
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	<u> </u>	<u>,42</u>	7,9	<u>96.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	<u> </u>	
	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	<u> </u>	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule C).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a	X	—
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	lit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	<u>X</u>	
				Form	990	(2023)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

ZUZ3

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Blumont International, Inc. Employer identification number 81-0903010

Pa	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.											
The	orgar	nization is not a private found										
1	\bigcap	A church, convention of ch	•		-	•	I)(A)(i).					
2	\Box	A school described in sect				` ` ` ` `						
3	一	A hospital or a cooperative		· ·		/b)(1)(A)(ii	ii).					
4	一	A medical research organiz						the hospital's name				
•	ш	city, and state:	anon operated in con	njanotion with a noophal	GCCCTIDGG	000110	11 11 0(B)(1)(A)(III). Entor	the respitate riams,				
_		An organization operated for	or the benefit of a col	llogo or university ewned	l or operate	od by a go	worpmontal unit describe	ad in				
5	ш			nege of university owned	or operati	ed by a go	Werninental unit describe	5 u III				
_		section 170(b)(1)(A)(iv). (C		and the second s	4-	70(1-)(4)(4)	6.3					
6	\	A federal, state, or local gov	-									
7	X											
		section 170(b)(1)(A)(vi). (C										
8	Щ	A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)							
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a land-grant	college				
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of the college	e or				
		university:										
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, and	d gross receipts from				
		activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment				
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.				
		See section 509(a)(2). (Con	mplete Part III.)									
11		An organization organized a	and operated exclusi	ively to test for public sat	fety. See	section 50	09(a)(4).					
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform tl	he function	ns of, or to carry 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	-									
а		Type I. A supporting orga	* *					aivina				
		the supported organization	· · · · · · · · · · · · · · · · · · ·		•	_						
		organization. You must o										
b		Type II. A supporting org	-		ion with its	s sunnorte	ed organization(s) by hav	/ina				
~		control or management o	•					-				
		organization(s). You mus			arric persor	iis triat coi	ntiol of manage the supp	ported				
_		Type III functionally inte			in connect	tion with	and functionally intograte	od with				
C	· L	its supported organization	-				• •	ou with,				
		¬ ''		·				zation(a)				
C	·		= ::				• • • • •					
		that is not functionally int	-		•			veriess				
		requirement (see instructi	•									
е	· L_						Type I, Type II, Type III					
_		functionally integrated, or		nally integrated supporting	ng organiz	ation.						
f		er the number of supported o	-	-l								
		vide the following information (i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other				
		organization	(,	(described on lines 1-10	in your governi	ng document?	support (see instructions)	support (see instructions)				
				above (see instructions))	Yes	No	,	,				
	al											

(Form 990) 2023 Blumont International, Inc. 81-0903 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		<u> </u>								
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.")	11512402.	14311548.	19569689.	22183567.	16358353.	83935559.				
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge										
4	Total. Add lines 1 through 3	11512402.	14311548.	19569689.	22183567.	16358353.	83935559.				
5	The portion of total contributions										
	by each person (other than a										
	governmental unit or publicly										
	supported organization) included										
	on line 1 that exceeds 2% of the										
	amount shown on line 11,										
	column (f)										
6	Public support. Subtract line 5 from line 4.						83935559.				
Sec	ction B. Total Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total				
7	Amounts from line 4	11512402.	14311548.	19569689.	22183567.	16358353.	83935559.				
	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources	1,349.	31,458.	2.	8.	160.	32,977.				
9	Net income from unrelated business										
	activities, whether or not the										
	business is regularly carried on										
10	Other income. Do not include gain										
	or loss from the sale of capital										
	assets (Explain in Part VI.)			290.	1,758.	250.	2,298.				
11	Total support. Add lines 7 through 10						83970834.				
12	Gross receipts from related activities	, etc. (see instruction	ons)			12					
13	First 5 years. If the Form 990 is for the	he organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)					
	organization, check this box and sto	p here									
Sec	ction C. Computation of Publ	ic Support Per	centage								
14	Public support percentage for 2023 (line 6, column (f), d	ivided by line 11, o	column (f))		14	99 . 96 %				
15	Public support percentage from 2022	2 Schedule A, Part	II, line 14			15	99.96 %				
16a	33 1/3% support test - 2023. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo					
	stop here. The organization qualifies	as a publicly suppo	orted organization				X				
b	33 1/3% support test - 2022. If the	organization did no	t check a box on I	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	nis box				
	and stop here. The organization qua	lifies as a publicly s	supported organiza	ation							
17a	10% -facts-and-circumstances test	t - 2023. If the org	anization did not d	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,				
	and if the organization meets the fact	ts-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organi	zation				
	meets the facts-and-circumstances to	est. The organizatio	n qualifies as a pu	iblicly supported o	organization						
b	10% -facts-and-circumstances test	t - 2022. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or 1	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	top here. Explain i	n Part VI how the					
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization										
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				

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	Т	T	T	1	T	1
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)				-		
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	04(-)(0) - : ::	
14	First 5 years. If the Form 990 is for the	•		•	•		
Se	check this box and stop here ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (fl)		15	%
	Public support percentage from 2022	, (,,	,			16	<u>%</u> %
	ction D. Computation of Inves					, 10	70
	Investment income percentage for 20			ne 13. column (f))		17	%
	Investment income percentage from					18	<u> </u>
	33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
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4b		
4c		
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· u	Capporting Organizations (Continued)			
		Y	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	а		
b	A family member of a person described on line 11a above?	5		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	3		
Sec	tion B. Type I Supporting Organizations			
		Y	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
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.			
Sec	tion C. Type II Supporting Organizations			
		Y	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).			
Sec	tion D. All Type III Supporting Organizations			
			⁄es	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		_	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	_		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard. 3 tion 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.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruct		- 1	N 1 -
2	Activities Test. Answer lines 2a and 2b below.	Y	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities 28			
h				
b	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			
	-			
3	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.			
a				
а	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.			
b				
D	of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard.			

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	due A (Form 990) 2023 Bruthoff Tireering Tireering			T 0000010 Page 6
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on I	Nov. 20, 1970 (<i>explain in</i> l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			

Schedule A (Form 990) 2023

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

instructions).

emergency temporary reduction (see instructions).

Schedule A (Form 990) 2023

8 Breakdown of line 7: a Excess from 2019 **b** Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

Blumont International, 81-0903010 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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 \$ 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).

Schedule B (Form 990) (2023)

Name of organization Employer identification number

Blumont International, Inc.

81-0903010

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>8,391,639</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 624,549.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$1,588,842.	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions \$ 2,199,198.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 1,814,098.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u>		\$ <u>1,081,230.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

Blumont International, Inc.

81-0903010

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

Name of organization **Employer identification number** Blumont International, Inc. 81-0903010 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

Blumont International, Inc.

Employer identification number 81-0903010

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		Siı	nilar Funds o	r Ac	cour	nts. Complete if the
	Giganization anomorou Teo Giri enii eee, i arriv, iir	(a) Donor advi	ised	funds	(b) Fun	ds and other accounts
1	Total number at end of year	. ,					
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in v		helo	l in donor advise	d fund	ls	
	are the organization's property, subject to the organization's	-					Yes No
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered "\	Yes'	on Form 990, Pa	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply	y).				
	Preservation of land for public use (for example, recreated	tion or education)		Preservation of a	a histo	rically	important land area
	Protection of natural habitat	L		Preservation of a	a certi	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contr	ribut	ion in the form of	f a cor	nserva	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b	Total acreage restricted by conservation easements					2b	
С	Number of conservation easements on a certified historic stru	ucture included on line	2a			2c	
d	Number of conservation easements included on line 2c acqui						
	on a historic structure listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	minated by the o	organi	zation	during the tax
	year						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations,	anc	enforcing conse	rvatio	n ease	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	enfo	rcing conservation	on eas	sement	ts during the year
_					4) (D) (')		
8	Does each conservation easement reported on line 2d above						□ vaa □ Na
•	and section 170(h)(4)(B)(ii)?						Yes No
9	In Part XIII, describe how the organization reports conservation						
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the						
Par	organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.						
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its re	ever	ue statement an	d bala	ınce st	neet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education	on, o	or research in furt	heran	ce of p	oublic
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that d	lesc	ribes these items			
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its rever	nue :	statement and ba	alance	sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education,	, or ı	esearch in furthe	rance	of pul	olic service,
	provide the following amounts relating to these items.						
	(i) Revenue included on Form 990, Part VIII, line 1						\$
							\$
2	If the organization received or held works of art, historical trea						
	the following amounts required to be reported under FASB A						
а	Revenue included on Form 990, Part VIII, line 1						\$
b	Assets included in Form 990, Part X						\$

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equa	0.			

	ternational, I	nc.	81-0903010 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes	s" on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(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 organization answered "Yes	s" on Form 990, Part IV, line		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets	all are Faure 000. Don't IV line	11d Coo Forms 000 Book V line 15	
Complete if the organization answered "Yes	a) Description	Trd. See Form 990, Part X, line 15.	(h) Pook value
·	a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
<u>(7)</u> (8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, or	col. (B))		
Part X Other Liabilities	all are Faure 000 Doubly line	11 11. Co. Farra 000 Dart V II	OF
Complete if the organization answered "Yes	s" on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, II	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			6 634 933
(2) Due to Affiliates			6,634,832.
(3)			
(4)			
(5)			
<u>(6)</u>			
(8)			
(9)			6.634.832.
Total (Calumn (b) mount agual Form 000 Part V line 05	ool (D))		1 n n 14 n 1/.

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2023 Blumont International, Inc.		01-090	3010 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With Revenue per F	leturn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		. 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
•	7 dd iiriod 14 dird 16			
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990. Part I, line 12.)		. 5	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) TXII Reconciliation of Expenses per Audited Financial Stateme		Return	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990. Part I, line 12.)		7 Return	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) TXII Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses per	Return	
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) † XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	nts With Expenses per	Return	
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) **T XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	nts With Expenses per	Return	
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) **T XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nts With Expenses per	Return	
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) **T XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	nts With Expenses per	Return	
5 Par 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) TXII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	Return	
Par 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) **T XIII** Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	Return	
Par 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) **T XIII** Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	Return	
Par 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) **T XIII** Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	Return	
5 Par 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) **T XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	Return	
5 Par 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) **T XIII** Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses 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:	2a 2b 2c 2d	Return	
5 Pal 1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) **T XIII** Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses 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	2a 2b 2c 2d 4a 4b	Return 1 2e 3	
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) **T XIII** Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses 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.)	2a 2b 2c 2d 4a 4b	Return 1 2e 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:

The Organization evaluates uncertainty in income tax positions based on a more-likely-than-not recognition standard. If that threshold is met, the tax position is then measured at the largest amount that is greater than 50% likely of being realized upon ultimate settlement. As of December 31, 2023 and 2022, there are no accruals for uncertain tax positions. applicable, the Organization records interest and penalties as a component of other expenses and are presented as management and general in the combined statements of activities and functional expenses. Tax years from 2020 through the current year remain open for examination by tax authorities.

Schedule D (Form 990) 2023 Part XIII Supplemental Inf	Blumont International, Inc.	81-0903010 Page 5
Part XIII Supplemental Inf	formation (continued)	
		_

SCHEDULE F (Form 990)

Department of the Treasury

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.

Open to Public

OMB No. 1545-0047

Internal Revenue Service

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

Inspection

Name of the organization **Employer identification number** Blumont International, Inc. 81-0903010 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 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.) (e) If activity listed in (d) (b) Number of (c) Number of (d) Activities conducted in the region (f) Total (a) Region employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region South America -Argentina, Bolivia, Brazil, Chile, Humanitarian assistance Columbia, Ecuador, 13 Program Services and stabilization 589,143. Middle East and North Africa -Algeria, Bahrain, Humanitarian assistance and stabilization 16,255,867. Djibouti, Egypt, 413 Program Services 9 426 16,845,010. 3 a Subtotal **b** Total from continuation 0 sheets to Part I c Totals (add lines 3a 426 16,845,010. and 3b)

LHA 332071 11-29-23

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

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 n	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 ta	ax
	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

Part III Grants and Other Assistanc Part III can be duplicated if ac			ites. Complete it	f the organization answered "Yes	" on Form 990, Part	IV, line 16.	
(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)

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)	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? If "Yes," 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)	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? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)	X Yes	☐ No

Schedule F (Form 990) 2023 Blumont International, Inc. 81-0903010 Page 5 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 International hires and retains qualified, local third country national and expatriate staff and consultants to implement its various overseas programs both programmatically and financially. Each Blumont International field office has dedicated finance staff who verify that expenses incurred are reasonable, allowable and allocable under the various funding mechanisms. Additional monthly review of financial transactions is done at headquarters.

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Internal Revenue Service Name of the organization

Department of the Treasury

Open to Public Inspection
Employer identification number

OMB No. 1545-0047

Blumont International, Inc.

Part I Questions Regarding Compensation

81-0903010

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

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

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	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation 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.
President & CEO	(ii)	425,333.	0.	2,069.	16,500.	28,955.	472,857.	0.
(2) Rob Murphy	(i)	0.	0.	0.	0.	0.	0.	0.
Treasurer & CFO	(ii)	264,583.	0.	2,840.	12,979.	40,673.	321,075.	0.
(3) Laura Fogarty	(i)	0.	0.	0.	0.	0.	0.	0.
Corp Secy & VP, Contracts/Grants/Com	(ii)	234,939.	0.	966.	11,497.	26,065.	273,467.	0.
(4) 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.
(5) Susan Peacock	(i)	0.	0.	0.	0.	0.	0.	0.
VP, Chief Human Resources	(ii)	214,298.	0.	5,334.	10,465.	15,946.	246,043.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
Part I, Line 3:
The parent organization, Blumont Inc., has procedures for establishing
executive compensation including benchmarking with market-based salary
surveys for each position.

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Employer identification number

Name of the organization 81-0903010 Blumont International, Inc. Form 990, Part I, Line 1, Description of Organization Mission: aspirations of people, communities and donor partners worldwide. Form 990, Part V, Line 4b, List of Foreign Countries: Colombia, Iraq, Jordan, Other Country 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 Form 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 Form 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" For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2023

332211 11-14-23

Schedule O (Form 990) 2023 Page 2

Name of the organization

Blumont International, Inc.

Employer identification number
81-0903010

the board of directors and employees are required to conform to certain professional and ethical standards. The board of directors and employees are required to disclose professional affiliations and personal relationships which may constitute a conflict of interest or create the appearance of a conflict. The organization's employees must comply with annual requests to complete form a, "conflict of interest", where employees must identify conflicts and disclose them properly to Organization compliance staff, who take appropriate measures if necessary. In addition, the organization maintains a corporate hotline with anonymous reporting capabilities for employees to report all suspected violations of the organization's code of business ethics and conduct, organization's policies and government regulations.

Form 990, Part VI, Section B, Line 15:

The organization's HR & compensation committee is made up of board members who are independent with regards to executive compensation, are not employees of the organization, and receive no compensation from the organization. HR & compensation committee relies on industry salary surveys, executive compensation review by professional management firm, and other comparable information to review the compensation of president and CEO. The executive team in consultation with the HR department determines compensation of other key personnel.

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

The organization's financial statements, governing documents, and conflict of interest policy are available to the public upon request.

Form 990, Part XII, Line 2c:

Schedule O (Forn	1 990) 2023							Page 2
Name of the orgar	nization Blumo	nt Inter	nati	onal, Inc	•			Employer identification number $81-0903010$
The audit	oversight	process	has	remained	unchanged	from	the	e previous
year.								

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Blumont Inter	national, inc.					81-09030) <u>T</u> O	
Part I Identification of Disregarded Entities. Comp	lete if the organization answered "Yes'	on Form 990, Part IV, line 3	33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state foreign country)	or Total in			(f) Direct controll entity		9
Part II Identification of Related Tax-Exempt Organia organizations during the tax year.	zations. Complete if the organization	answered "Yes" on Form 99	0, Part IV, line 34	, because it had one	e or more	related tax-exe	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	status (if section	1	(f) ct controlling entity		g) 512(b)(13 rolled tity?
				501(c)(3))			Yes	No
Blumont, Inc 81-0903010 1777 North Kent Street, Suite 300	Holding Co. that provides governance & oversight to							
Arlington, VA 22209	three subsidiaries	Wisconsin	501(c)(3)	Line 7	N/A			X
Blumont Global Development, Inc	Provides relief &							
81-0925158, 1777 North Kent Street, Suite	humanitarian assistance as							
300, Arlington, VA 22209	well as transitional	Wisconsin	501(c)(3)	Line 7	Blumon	t, Inc.		X
International Relief and Development, Inc								
54-1889077, 1777 North Kent Street, Suite	humanitarian assistance as				IRD Ho	ldings,		
300 Arlington VA 22209	well as transitional	Virginia	501(c)(3)	Line 7	Inc.			X

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

Holdings Inc. - 80-0148653 1777 North Kent and/or hold subsidiaries

International Relief and Development

Street, Suite 300, Arlington, VA 22209

See Part VII for Continuations

To form, acquire, manage

Schedule R (Form 990) 2023

Virginia

501(c)(3)

Line 12b, II N/A

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)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total income	Share of	Disproportionate allocations?		Code V-UBI	General	Percentage ownership
of related organization		(state or foreign	entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)		end-of-year assets			amount in box 20 of Schedule K-1 (Form 1065)	partner	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
	1										
	1										
	1										
	1										
	1										
	1										
	1										
	1										
		l .					l				

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

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(l conti ent	tion b)(13) rolled tity?
Blumont Engineering Solutions Inc - 81-0881760, 1777 North Kent Street, Suite 300, Arlington, VA 22209	Civil Engineering	WI	Blumont Inc	C CORP				103	X

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

1a

Yes No

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

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

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

b	Gift, grant, or capital contribution to related organization(s)				1b					
С	Gift, grant, or capital contribution from related organization(s)				1c		X			
d	Loans or loan guarantees to or for related organization(s)				1d		_X_			
е	Loans or loan guarantees by related organization(s)				1e		_X_			
f	Dividends from related organization(s)				1f		_X			
g	Sale of assets to related organization(s)				1g		X			
h	Purchase of assets from related organization(s)				1h		X			
i	Exchange of assets with related organization(s)				1i		X			
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		_X_			
	Lease of facilities, equipment, or other assets from related organization(s)				1k		_X_			
ı	Performance of services or membership or fundraising solicitations for related organ	nization(s)			11		X			
m	m Performance of services or membership or fundraising solicitations by related organization(s)									
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
Sharing of paid employees with related organization(s)										
р	Reimbursement paid to related organization(s) for expenses				1 p	X				
q Reimbursement paid by related organization(s) for expenses										
r	Other transfer of cash or property to related organization(s)				1r		_X_			
	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 w	ho must complete th	is line, including covered relat	onships and transaction thresholds.						
	(a)	(b)	(c)	(d)						
	(a) Name of related organization	Transaction	Amount involved	Method of determining amount in	volved					
		type (a-s)								
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
332163	09-28-23			Schedule	R (For	n 990)	2023			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) r Percentage ownership
	-									