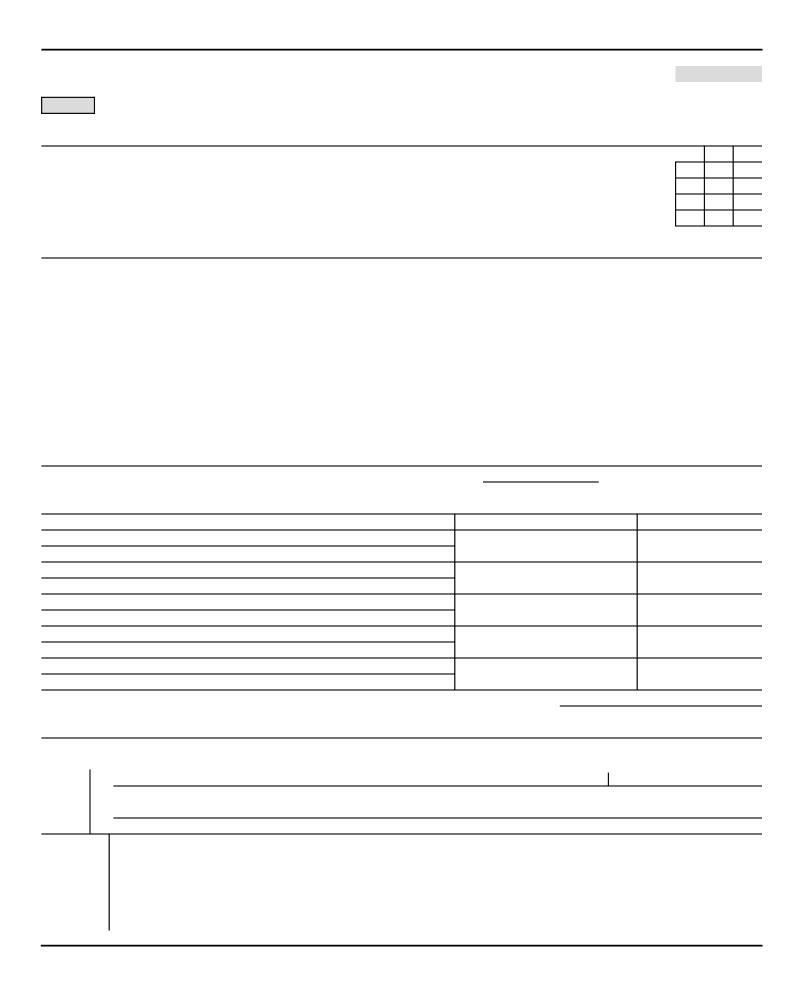
Blumont Inc c/o International Relief & Development Page 3 Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the X instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V Yes No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O X 33 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended 34 X documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported X on lines 2, 6a, and 7a, among others)? N/A b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O ~ ~ ~ ~ ~ ~ 35b Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III X 35c Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," X 36 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ~~~~~ | 37a b Did the organization file Form 1120-POL for this year? X 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made X 38a 38b Section 501(c)(7) organizations. Enter: N/A N/A 39b 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 0. **O.** ; section 4912 | \_\_\_\_\_ **O.** ; section 4955 | \_ b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any X 40b c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on 0. organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ~~~~~ | d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter X transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed | None Telephone no. | (703) 42a The organization's books are in care of | Vl adan Ilic 248-0161 Located at | 1621 North Kent Street, Fourth Floor, Arlington, 22209 ZIP + 4 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial 42b If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR). X c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: Yesl No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of 44a b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead 44b c Did the organization receive any payments for indoor tanning services during the year? 44c If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation

44d

45a

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? ~ ~ ~ ~ ~ ~ ~ ~ ~

b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section



1					
		(iv) Is the orga in your governi	nization listed ng document?		

## Bl umont Inc

Schedule A (Form 990 or 990-EZ) 2016 c/o International Relief & Development 81-0888072 Page 2

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.") ~~						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf ~~~~~						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge ~						
4	Total. Add lines 1 through 3 ~~~						
5	The portion of total contributions						
Ü	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f) ~~~~~~~~~						
6	Public support, Subtract line 5 from line 4.						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line $4 \sim \sim \sim \sim \sim$	(4) 20.2	(2) 20.0	(9/ 20	(4) 20.0	(0) 20 10	v, rota.
8	Gross income from interest,						
Ū	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources ~						
9	Net income from unrelated business						
,	activities, whether or not the						
	business is regularly carried on ~						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.) ~~~~						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities	atc (see instructi	one)			12	
13	First five years. If the Form 990 is fo		,				
13	organization, check this box and stor	•			•		• • • •
Sec	ction C. Computation of Publ						1
14	Public support percentage for 2016 (			column (f)) ~ ~ ~ ~	~~~~~~	14	%
15	Public support percentage from 2015		•	. , ,		15	%
	33 1/3% support test - 2016. If the						-
100	stop here. The organization qualifies	=					
r	33 1/3% support test - 2015. If the		=				•
`	and stop here. The organization qua	=					
17:	10% -facts-and-circumstances tes	· · · · · · · · · · · · · · · · · · ·					•
170	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"			· · · · · · · · · · · · · · · · · · ·	· ·	=	
ŀ	10% -facts-and-circumstances tes	•	•		•		
L	more, and if the organization meets t	=					
	organization meets the "facts-and-cir						
_18			=				·
10	Trivate loundation. If the organization	AT AIA HOLCHECK A	DON OH MIC 13, 10	a, 100, 174, ULT/		and see instruction	

Schedule A (Form 990 or 990-EZ) 2016

				5
			Yes	No
11			103	110
а				
		11a		<u> </u>
b		11b		
С	If "Yes" to a, b, or c, provide detail in	11c		
			Yes	No
4			162	INO
1				
	If "No," describe in 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 directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
_	organizations and what conditions of restrictions, if any, applied to saon powers during the tax year.	1		
2	15774			
	If "Yes," explain in			
	how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
			Yes	No
_			162	INO
1				
		1		
			Yes	No
1			103	INO
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		3		
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С				Г
2			Yes	No
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		2a		
h				
b				
		2b		
3				
а				
u		3a		
		Sa		
b				

ection 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		
ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
fj1(o 1 92.arket value of otheartible and vTj1 0 0 1 138.02 563.90 Tm ( 3.90es 5,	6, and 778.8	321b, and vTjly value of s	curitiesTj1 0 0 1 Acquisi1 5
2	2		
3	3		
4			
	4		
5	5		
	6		
6			
6 7	7		
6 7 8 Minimum Asset Amount	7 8		
7			
7 8 Minimum Asset Amount			
7 8 Minimum Asset Amount ection C - Distributable Amount	8		
7 8 Minimum Asset Amount ection C - Distributable Amount 1	1		
7 8 Minimum Asset Amount ection C - Distributable Amount 1 2	1 2		
8 Minimum Asset Amount ection C - Distributable Amount  1 2 3	1 2 3		
8 Minimum Asset Amount ection C - Distributable Amount  1 2 3 4	1 2 3 4		

Schedule A (Form 990 or 990-EZ) 2016

Schedule /	A (Form 990 or 990-EZ) 2016		Page 8
		Provide the explanations required by P 551.02 68.34 950 990-EZ) 2016	

1	OMB No. 1545-0047
Department of the Treasury Internal Revenue Servici2D3.02 540.00 0.48 re B0.35 w 0.0 q 36.50 1pU41	