

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

1 Briefly describe the organization's mission:

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ~ ~ ~ ~ ~ Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ~ ~ ~ ~ ~ Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe in Schedule O.)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses |



X

X

X

X

X

X

X



X

X

X

X

X

X

X

X

X

X

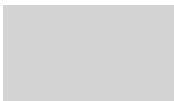
X

X

X



1
0



3zyty, po4

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return ~~~~~ 2a 13		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? ~~~~~ Note. If the sum of lines 1a and 2a is greater than 250, you may be required to post (see instructions) ~~~~~	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? ~~~~~	X	
b	If "Yes," has it filed a Form 990-T for this year? ~~~~~	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? ~~~~~	X	
b	If "Yes," enter the name of the foreign country: <u>JORDAN, IRAQ, LEBANON, YEMEN (ADEN)</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? ~~~~~		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? ~~~~~		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? ~~~~~		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? ~~~~~		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? ~~~~~		
7	Organizations that may receive deductible contributions under section 170(c).		
a	See instructions for filing requirements for Form 990-B, U.S. Income Tax Return for Organizations ~~~~~		X
b	If "Yes," did the organization notify the donor of the value of the goods b ~~~~~		
c			X
d	7d		
e			X
f			X
g			
h			
8	Sponsoring organizations maintaining donor advised funds.		
9	Sponsoring organizations maintaining donor advised funds.		
a			
b			
10	Section 501(c)(7) organizations.		
a	10a		
b	10b		
11	Section 501(c)(12) organizations.		
a	11a		
b	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts.		
b	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Note.		
b	13b		
c	13c		
14a			X
b	14b		
15			X
16			X

U-f 7A?@8

X

3
0

X

X
X
X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

W, VA

X

BLUMONT INTERNATIONAL INC. - 703-248-0161
118 EAST WASHINGTON AVENUE, SUITE 50, MADISON, W 53703

Check if person is:

Part-time officer or director Part-time director or trustee Full-time officer or director Full-time director or trustee

Former

Current

Officer

Director or trustee

2i	78	88						98	18	28
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROGER MERM IN CEO & PRESIDENT	1.00	X		X				0.	393,426.	49,409.
(2) CHERYL ROBERTS VP AND CFO	1.00	X		X				0.	233,073.	33,422.
(3) JAMES VAN HORN VP, GENERAL COUNSEL & CORP SECRETARY	1.00	X		X				0.	272,718.	48,376.
(4) JENNIFER LEHANE ACTING CHIEF OF PARTY LEBANON (06/18)	48.23					X		102,943.	0.	9,127.
(5) FATEN TANEEB DIRECTOR, COMMUNICATIONS & M&E	48.31					X		139,956.	0.	22,435.

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes sub-totals for lines 1b, 1c, and 1d.

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

Table with 3 rows and 3 columns: Question, Yes, No. Rows 3, 4, and 5 regarding former officers, directors, or trustees.

Section B. Independent Contractors. Table with 3 columns: (A) Name and address, (B) Description of services, (C) Amount paid. Includes entries for KRM YONETI M DANI SMANLIK A. S., SAVE THE CHILDREN, MDMAR, AMASSA/AFRIQUE VERTE, and BAYTNA SYRIA.

				(A)	(B)	(C)	(D)
Contributions, Gifts, Grants and Other Similar Amounts	1 a	1a					
	b	1b					
	c	1c					
	d	1d					
	e	1e	28,114,055.				
	f	1f					
	g	Noncash contributions included in lines 1a-1f: \$ _____					
	h	Total.		28,114,055.			
Program Service Revenue			Business Code				
	2 a	_____					
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f						
g	Total.						
Other Revenue	3			801.			801.
	4						
	5						
	6 a						
	b						
	c						
	d						
	7 a						
	b						
	c						
	d						
	8 a	_____					
	b		a				
	c		b				
	9 a		a				
b		b					
c							
10 a		a					
b		b					
c							
		Business Code					
11 a	_____						
b	_____						
c	_____						
d							
e	Total.						
12	c-p(f+t)tt=			28,114,856.	0.	0.	801.

^pnEzy @ <344 yo @ <344z>rlytl Ezy-x, -Enzx { v@ l wnz wx y-9L wz Ep} z}rlytl Ezy-x, -Enzx { v@ nzw wx y 3.4

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

Oz yz Etnwpol x z, yE- p{z} qo zy vwp- Am7 Bm7Cm7Dm7I yo <: mzq[l]Ea IIF9	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Vfp) ..,p)s'-vtfp,,x.p)rt'..s- t, x'-fvp)xp.x), p)s's- t, x v-ttj t) ..,=btt'_pf..X: ;X t'A@ ~				
2 Grants and other assistance to domestic individuals. See Part IV, line 22 ~ ~ ~ ~ ~				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ~ ~ ~				
4 Benefits paid to or for members ~ ~ ~ ~ ~				
5 Compensation of current officers, directors, trustees, and key employees ~ ~ ~ ~ ~				
6 R- Et),.p.x) }~.Xr(tsts'pq-tt'..s,x, tp(xts' Etf,-), '7p,'stuj' ts't)stf, tr.x) 'CHDG787@8p)s' Etf,-), 'st,r'fqt's'X', tr.x) 'CHDG787808 ~ ~ ~				
7 Other salaries and wages ~ ~ ~ ~ ~	7, 244, 734.	7, 141, 697.	103, 037.	
8 _t),x) E(p) 'pr'f'p, p)s'r-) .fqt.x), 'Xr(tst ,tr.x) 'C?@z8p)s' C?B7q8t E(-St'fr-) .fqt.x), 8	28, 758.	28, 758.		
9 Other employee benefits ~ ~ ~ ~ ~	1, 795, 930.	1, 726, 733.	69, 197.	
10 Payroll taxes ~ ~ ~ ~ ~	57, 179.	57, 179.		
11 Fees for services (non-employees):				
a Management ~ ~ ~ ~ ~				
b Legal ~ ~ ~ ~ ~	30, 408.	13, 992.	16, 416.	
c Accounting ~ ~ ~ ~ ~	34, 358.	30, 558.	3, 800.	
d Lobbying ~ ~ ~ ~ ~				
e _f-u,,x) p(u) s'fpx'X'v', t'f'xt, =btt'_pf..X: ;X t'@				
f Investment management fees ~ ~ ~ ~ ~				
g Other. 'X'X' t'@'v' p -t) :.t'k'ats, '@4'-u'X' t'AD, r-(f) 'P8p -t) :.X..X' t'@'v' t'k'ats, t, '-' brw^8	1, 986, 388.	1, 970, 467.	15, 921.	
12 Advertising and promotion ~ ~ ~ ~ ~				
13 Office expenses ~ ~ ~ ~ ~	758, 247.	750, 516.	7, 731.	
14 Information technology ~ ~ ~ ~ ~	50, 401.	50, 401.		
15 Royalties ~ ~ ~ ~ ~				
16 Occupancy ~ ~ ~ ~ ~	554, 854.	554, 533.	321.	
17 Travel ~ ~ ~ ~ ~	344, 266.	334, 216.	10, 050.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ~				
19 Conferences, conventions, and meetings ~ ~	85, 809.	85, 809.		
20 Interest ~ ~ ~ ~ ~				
21 Payments to affiliates ~ ~ ~ ~ ~				
22 Depreciation, depletion, and amortization ~ ~				
23 Insurance ~ ~ ~ ~ ~	29, 144.	23, 315.	5, 829.	
24 ^v'f't'k'ats, t, =Xt xt't'k'ats, t, }~.r-tt'fs' pq-tt=7x.. xrt((p) t-t, t'k'ats, t, X' X' t'ACT=X'X' t'ACT'p -t) :.t'k'ats, '@4'-u'X' t'AD, r-(f) 'P8 p -t) :.X..X' t'ACT'k'ats, t, '-' brw'st'f'^8				
a _____	7, 016, 671.	7, 016, 671.		
b _____	4, 217, 720.	302, 777.		
c _____	2, 329, 952.	3, 72		
d _____	1, 972, 712.			
e All other expenses _____	13, 728.			
25 c-p(u) r.x) p(t'k'ats) t, =Pss'X' t' @ wf-tvwAct	28, 551, 259.			
26 Y-X' .r-., =R- E(t.t'.vx' X' t'-) (S'xi.vt'-fvp) xp.x) fE-f'fs'X' r-(f) '08y-X' .r-., .uf- 'pr- q'X' ts' tstrp.x) p(rp E'p'v) p)s'f'f'px'X'v', -(x'xp.x) =				

		(A)		(B)
Assets	1		1	
	2		2	
	3		3	
	4		4	
	5			
			5	
	6			
			6	
	7		7	
	8		8	
	9		9	
	10a			
		10a		
	b	10b		10c
	11		11	
	12		12	
13		13		
14		14		
15		15		
16	Total assets		16	
Liabilities	17		17	
	18		18	
	19		19	
	20		20	
	21		21	
	22			
			22	
	23		23	
	24		24	
	25			
26	Total liabilities		26	
Net Assets or Fund Balances	27	Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34.		
	28		28	
	29		29	
	30	Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.		
	31		31	
	32		32	
	33		33	
	34		34	



1	1	28,114,856.
2	2	28,551,259.
3	3	-436,403.
4	4	-732,232.
5	5	
6	6	
7	7	
8	8	
9	9	0.
10	10	-1,168,635.



		Yes	No
1	X		
2a			X
b		X	
c	X		
3a		X	
b		X	

BLUMONT INTERNATIONAL INC.

81-0903010

X

(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.)

	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				26478092.	28114055.	54592147.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 Total		26478092.	28114055.	54592147.	54592147.	
4 Total		26478092.	28114055.	54592147.	54592147.	
5 Total		26478092.	28114055.	54592147.	54592147.	
6 Public support. Subtract line 5 from line 4.						

	(a)	(b)	(c)	(d)	(e)	(f)
7						
8						
9						
10						
11 Total support. Subtract line 6 from line 11.						
12						
13 First five years.						

14						
15						

16a 33 1/3% support test - 2018.
stop here.

b 33 1/3% support test - 2017.
stop here.

17a 10% -facts-and-circumstances test - 2018.
stop here.

b 10% -facts-and-circumstances test - 2017.
stop here.

18 Private foundation.



Amounts included on lines 2 and 3 received						
(Subtract line 7c from line 6.)						

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, i ! S n ° Ao — k

		Yes	No
1	Tq-Yz7 op-n)trp ty Part VI sz, sp ~, {{z}p o z)rlytl ezy-l)p op-tryl p o9qop-tryl p o m nW--z}{,}{z-p7op-n)trp sp op-tryl ezy9qst-e}n l yo nzydy, tyr)pwezy-s(7p.4 wty9		
2	Tq-dp-7 p.4 wty ty Part VI sz, sp z)rlytl ezy op(x) typ o si e sp ~, {{z}p o z)rlytl ezy, l ~ op-n)trp ty -pn ezy @ D3 4-4z} 3-4		
3a	Tq-dp-7 l y-, p} Anl yo Anpzw, 9		
b	Tq-dp-7 op-n)trp ty Part VI, spy l yo sz, sp z)rlytl ezy x l op sp op(x) ty l ezy9		
c	SU n ° Ao — AE ! 2 Tq-dp-7 p.4 wty ty Part VI, sl Enzygzw sp z)rlytl ezy {, e ty { vnp e py-, }p ~, ns, -p9		
4a	Tq -dp-7 l yo tqtz, nspnvo <=l z} <=mty [l)ETl y-, p} Anl yo Anpzw, 9		
b	Tq-dp-7 op-n)trp ty Part VI sz, sp z)rlytl ezy sl o ~, ns nzygzw yo ot-n)pezy op-{ t p mtyr nzygzw p o z} ~, {p}t-po m z} ty nzygn ezy, t e e ~, {{z}p o z)rlytl ezy-9		
c	SU 8 R n Apb k y;k R eymy \$2 n o b Tq-dp-7 p.4 wty ty Part VI, sl Enzygzw sp z)rlytl ezy, -p o e py-, }p si el ww, {{z}e e sp q}p r y-, {{z}p o z)rlytl ezy, l ~, -p o p.nw-t p w q} -pn ezy <B; 3-4-4M4 {, }z-p-9		
5a	Tq-dp-7 l y-, p} Anl yo Anpzw, 3q l {{vnl mp 9L wz 7{ }z fbp op e wty Part VI, tynwo tyr 34 sp yl x p-l yo PTY y, x mp)-z q sp ~, {{z}p o z)rlytl ezy-l oopo7~, m-e e p o 7z})px z fpo F 34 sp)pl -z y- q} pl ns ~, ns l n ezy F 34 sp l, e z} t e, yop) sp z)rlytl ezy 2 z)rlytl ty r ozn, x py e l, e z} t ty r ~, ns l n ezy Fl yo 3 4 sz, sp l n ezy, l ~ l nnzx { v sp o 3, ns l ~ m l x pyox py e e sp z)rlytl ty r ozn, x py e 9		
b	Type I or Type II only.		
c	Substitutions only.		
6	Tq-dp-7 { }z fbp op e wty Part VI.		
7	Tq-dp-7 nzx { w p [l)ETz q ^nspo, w W 3 z} x DD; z} DD; 8 Pe 4		
8	Tq-dp-7 nzx { w p [l)ETz q ^nspo, w W 3 z} x DD; z} DD; 8 Pe 4		
9a	Tq-dp-7 { }z fbp op e wty Part VI.		
b	Tq-dp-7 { }z fbp op e wty Part VI.		
c	Tq-dp-7 { }z fbp op e wty Part VI.		
10a	Tq-dp-7 l y-, p} <: mmpzw, 9		
b	3 -p ^nspo, w N 7 Q z} x ? B =; 7 e op(x) typ, sp e sp z)rlytl ezy sl o p.np--m -typ--sz wtyr -9		

		Yes	No
11			
a			
	11a		
b			
	11b		
c	Part VI.		
	11c		

		Yes	No
1	Part VI		
	1		
2	Part VI		
	2		

		Yes	No
1	Part VI		
	1		

		Yes	No
1			
	1		
2	Part VI		
	2		
3	Part VI		
	3		

		Yes	No
1	(see instructions).		
a	line 2		
b	line 3		
c	Part VI		
2	Answer (a) and (b) below.		
a	Part VI identify those supported organizations and explain		
	2a		
b	Part VI		
	2b		
3	Answer (a) and (b) below.		
a	Part VI.		
	3a		
b	Part VI		
	3b		

[Redacted]

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other	1c	
d	Total	1d	
e	Discount		
Part VI			
2	Recoveries of prior-year distributions	2	
3	Additional	3	
4		4	
5		5	
6	conin	6	rygrate2
7		7	
8	Minimum Asset Amount	8	

Section C - Distributable Amount		(A) Prior Year	(B) Current Year (optional)
1		1	
2		2	
3		3	
4		4	
5		5	
6	Distributable Amount.	6	
7			

		(continued)
Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2018 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2018		
a	From 2013		
b	From 2014		
c	From 2015		
d	From 2016		
e	From 2017		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2018 distributable amount		
i	Carryover from 2013 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4	Distributions for 2018 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2018 distributable amount		
c	Remainder. Subtract lines 4a and 4b from 4.		
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2019. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2014		
b	Excess from 2015		
c	Excess from 2016		
d	Excess from 2017		
e	Excess from 2018		

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

^ \ O] ~ = @ D C D ? ? C F

2018

Table with 2 columns: Name of the organization (BLUMONT INTERNATIONAL INC.) and Employer identification number (81-0903010)

Organization type (check one):

Filers of: Section: X 501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF 501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

X 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

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 or 990-EZ), 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 p.nw~tjpw 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 p.nw~tjpw 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 p.nw~tjpw religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received yzyp.nw~tjpw 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

LHA U-f_pEt_f ~fz'atsfr.x} Pr.:] ~.xt';tt'.wt } ,.fr.x-} ,u-fU-fj 'HH?; HH?<Ti ;'~fHH?<U= br wts t(t' O 'U-fj 'HH?; HH?<Ti ;'~fHH?<U8A?@G8

Name of organization

Employer identification number

BLUMONT INTERNATIONAL INC.

81-0903010

(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		17,617,286.	Person <input checked="" type="checkbox"/> Payroll Noncash
2		824,290.	Person <input checked="" type="checkbox"/> Payroll Noncash
3		3,910,303.	Person <input checked="" type="checkbox"/> Payroll Noncash
4		4,101,695.	Person <input checked="" type="checkbox"/> Payroll Noncash
5		1,624,254.	Person <input checked="" type="checkbox"/> Payroll Noncash
6		25,029.	Person <input checked="" type="checkbox"/> Payroll Noncash

Name of organization

Employer identification number

BLUMONT INTERNATIONAL INC.

81-0903010

(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
7		6,440.	Person <input checked="" type="checkbox"/> X Payroll Noncash
			Person Payroll Noncash
			Person Payroll Noncash
			Person Payroll Noncash
			Person Payroll Noncash
			Person Payroll Noncash

Name of organization

Employer identification number

BLUMONT INTERNATIONAL INC.

81-0903010

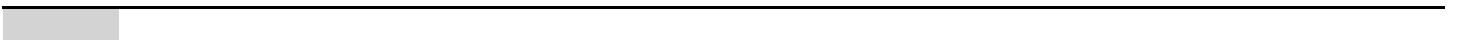
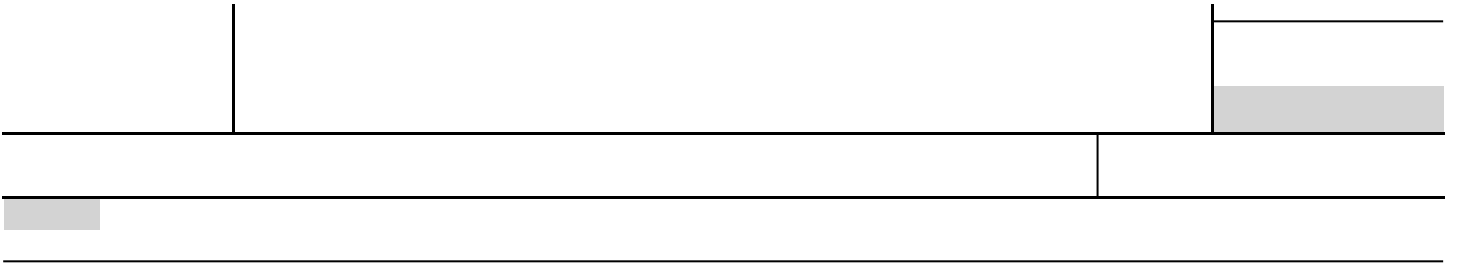
(see instructions). Use duplicate copies of Part II if additional space is needed.

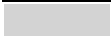
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____

Name of organization BLUMONT INTERNATIONAL INC.	Employer identification number 81-0903010
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Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	











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DUE TO AFFILIATES

5,479,145.

5,479,145.



X

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	28,114,856.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1	3		28,114,856.
4				
a		4a		
b		4b		
c	4a 4b	4c		0.
5		5		28,114,856.

1			1	28,551,259.
2				
a		2a		
b		2b		
c		2c		
d		2d		
e	2a 2d	2e		0.
3	2e 1	3		28,551,259.
4				
a		4a		
b		4b		
c	4a 4b	4c		0.
5		5		28,551,259.

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, 2018 AND 2017, THERE ARE NO ACCRUALS FOR UNCERTAIN TAX POSITIONS. IF APPLICABLE, THE ORGANIZATION RECORDS INTEREST AND PENALTIES AS A COMPONENT OF OTHER EXPENSES AND ARE PRESENTED AS MANAGEMENT AND GENERAL IN THE COMBINED STATEMENTS OF ACTIVITIES AND FUNCTIONAL EXPENSES. TAX YEARS FROM 2015 THROUGH THE CURRENT YEAR REMAIN OPEN FOR EXAMINATION BY TAX AUTHORITIES.



3zy6y.p04

Lined area for text entry

MIDDLE EAST AND
NORTH AFRICA

4

198 PROGRAM SERVICES

AND STABILIZATION

22,944,050

SUB-SAHARAN AFRICA

1

18 PROGRAM SERVICES

HUMANITARIAN ASSISTANCE
AND STABILIZATION

1,994,534

216

24,938,584

5

X

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

1 (a) Name of organization	(b) Abroad ^{Foreign} jurisdiction	(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 tax-exempt 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 ~~~~~ | _____

1	<p style="text-align: right;">Tq-dp-7 Sp</p> <p>z)rlytl lzy x l t mp)p , tpo e qpp Oz)x D=A7] p€ }y mt l ` 9 9_)l y-q)z} zq[]z{p)€ e l Oz}ptry Nz}{z} lzy 3pp Ty-g, n€zy- q} Oz)x D=A4</p>	Yes	X	No
2	<p style="text-align: right;">Tq-dp-7 Sp z)rlytl lzy</p> <p>x l t mp)p , tpo e -p{l}l qvw qpp Oz)x >@=: 7Lyy, l w p€ }y _z] p{z)€_)l y-l n€zy- b t€ Oz}ptry _), -€-l yo] pnp€(€zqNp)€ ty Oz}ptry R t€-7l yo:z} Oz)x >@=: 8. 7Lyy, l w y q}x l lzy] p€ }y z q Oz}ptry _), -€b t€ l ` 9 9Z , yp) 3pp Ty-g, n€zy- q} Oz)x ->@=: l yo >@=: 8. Fozy t€ qpp , t€ Oz)x DD; 4</p>	Yes	X	No
3	<p style="text-align: right;">Tq-dp-7</p> <p>Sp z)rlytl lzy x l t mp)p , tpo e qpp Oz)x @?B<7Ty q}x l lzy] p€ }y z q` 9 9[p]-zy- b t€] p-{pn€_z Np)€ ty Oz}ptry Nz}{z} lzy- 3pp Ty-g, n€zy- q} Oz)x @?B<4</p>	Yes	X	No
4	<p style="text-align: right;">Tq-dp-7 Sp z)rlytl lzy x l t mp)p , tpo e qpp Oz)x CA=<7</p> <p>Ty q}x l lzy] p€ }y mt l ^sl)pszwop} zql [l --t p Oz}ptry Tyfp-€ py€Nzx {l y t z} \ , l w ppo P p n€tyr Q, yo 3pp Ty-g, n€zy- q} Oz)x CA=<4</p>	Yes	X	No
5	<p style="text-align: right;">Tq-dp-7</p> <p>Sp z)rlytl lzy x l t mp)p , tpo e qpp Oz)x CCA@7] p€ }y z q` 9 9[p]-zy- b t€] p-{pn€€ Np)€ ty Oz}ptry [l)€p)-s€(- 3pp Ty-g, n€zy- q} Oz)x CCA@4</p>	Yes	X	No
6	<p style="text-align: right;">Tq</p> <p>-dp-7 Sp z)rlytl lzy x l t mp)p , tpo e -p{l}l qvw qpp Oz)x @B<>7Ty q}yl lzy l w t€ tnz €€] p{z)€3pp Ty-g, n€zy- q} Oz)x @B<>Fozy2] x x ` U-f ` H H ?8 A?@G h t</p>	X	Yes	No

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ROGER MERVIN CEO & PRESIDENT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	390,000.	0.	3,426.	13,750.	35,659.	442,835.	0.
(2) CHERYL ROBERTS VP AND CFO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	229,896.	0.	3,177.	11,495.	21,927.	266,495.	0.
(3) JAMES VAN HORN VP, GENERAL COUNSEL	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	272,045.	0.	673.	13,602.	34,774.	321,094.	0.
(4) FATEN TANEEB DIRECTOR, COMM REPORTING & M&E	(i)	102,197.	0.	37,759.	5,130.	17,305.	162,391.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(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 1A:

DURING 2018, HOUSING ALLOWANCE WAS PROVIDED TO FATEN TANEEB FOR \$16,811.

PART I, LINE 3:

THE PARENT ORGANIZATION, BLUMONT INC., HAS PROCEDURES FOR ESTABLISHING EXECUTIVE COMPENSATION.

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

BLUMONT INTERNATIONAL INC.

Employer identification number

81-0903010

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

BUSINESS RELATIONSHIPS

MANY OF THE OFFICERS HAVE BUSINESS RELATIONSHIPS WITH EACH OTHER BY VIRTUE
OF EMPLOYMENT BY RELATED ORGANIZATIONS.

FORM 990, PART VI, SECTION A, LINE 6:

ORGANIZATION MEMBERS

THE SOLE MEMBER OF THE ORGANIZATION IS BLUMONT, INC.

FORM 990, PART VI, SECTION A, LINE 7A:

MEMBER'S VOTING RIGHTS

THE MEMBER HAS THE RIGHT TO ELECT THE DIRECTORS OF THE ORGANIZATION, AND TO
APPROVE AMENDMENTS TO THE GOVERNING DOCUMENTS.

FORM 990, PART VI, SECTION A, LINE 7B:

MANAGEMENT POWERS

ALL POWERS AND AFFAIRS OF MANAGEMENT ARE DELEGATED TO THE MEMBER, BLUMONT,
INC.

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

FORM 990 REVIEW PROCESS

THE ORGANIZATION HIRES A CPA FIRM TO PREPARE THE FEDERAL FORM 990. AFTER
THE DRAFT 990 IS DELIVERED, THE CFO, PRESIDENT & CEO PERFORM THE FIRST
LEVEL OF REVIEWS. NEXT, IT IS SENT TO THE FULL BOARD FOR THEIR REVIEW. ONCE
REVIEWED, THE 990 IS SIGNED BY THE PRESIDENT & CEO AND ELECTRONICALLY FILED
BY THE CPA FIRM ON BEHALF OF THE ORGANIZATION.

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization

BLUMONT INTERNATIONAL INC.

Employer identification number

81-0903010

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

CONFLICTS OF INTEREST POLICY

AS SET FORTH IN THE ORGANIZATION'S "CODE OF BUSINESS ETHICS AND CONDUCT", THE BOARD OF DIRECTORS AND EMPLOYEES ARE REQUIRED TO CONFORM TO CERTAIN PROFESSIONAL AND ETHICAL STANDARDS. THE BOARD OF DIRECTORS AND EMPLOYEES ARE REQUIRED TO DISCLOSE PROFESSIONAL AFFILIATIONS AND PERSONAL RELATIONSHIPS WHICH MAY CONSTITUTE A CONFLICT OF INTEREST OR CREATE THE APPEARANCE OF A CONFLICT. THE ORGANIZATION'S EMPLOYEES MUST COMPLY WITH ANNUAL REQUESTS TO COMPLETE FORM A, "CONFLICT OF INTEREST", WHERE EMPLOYEES MUST IDENTIFY CONFLICTS AND DISCLOSE THEM PROPERLY TO ORGANIZATION COMPLIANCE STAFF WHO TAKE APPROPRIATE MEASURES IF NECESSARY. IN ADDITION, THE ORGANIZATION MAINTAINS A CORPORATE HOTLINE WITH ANONYMOUS REPORTING CAPABILITIES FOR EMPLOYEES TO REPORT ALL SUSPECTED VIOLATIONS OF THE ORGANIZATION'S CODE OF BUSINESS ETHICS AND CONDUCT, ORGANIZATION'S POLICIES AND GOVERNMENT REGULATIONS.

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

PROCESS OF DETERMINING OFFICER'S COMPENSATION

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 DEPARTMENT DETERMINES COMPENSATION OF OTHER KEY PERSONNEL.

Name of the organization

BLUMONT INTERNATIONAL INC.

Employer identification number

81-0903010

FORM 990, PART VI, SECTION C, LINE 19:

AVAILABILITY OF DOCUMENTS

THE ORGANIZATION'S FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

Name of the organization **BLUMONT INTERNATIONAL INC.** Employer identification number **81-0903010**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
BLUMONT INC - 81-0888072 118 EAST WASHINGTON AVENUE, STE 50 MADISON WI 53703	HOLDING CO THAT PROVIDES GOVERNANCE & OVERSIGHT TO THREE SUBSIDIARIES	WISCONSIN	501(C)(3)	LINE 7	N/A		X
BLUMONT GLOBAL DEVELOPMENT INC - 81-0925158 118 EAST WASHINGTON AVENUE, STE 50 MADISON WI 53703	PROVIDES RELIEF & HUMANITARIAN ASSISTANCE AS WELL AS TRANSITIONAL SVCS	WISCONSIN	501(C)(3)	LINE 7	BLUMONT INC		X
INTERNATIONAL RELIEF AND DEVELOPMENT INC - 54-1889077, 1777 NORTH KENT ST., SUITE 300, ARLINGTON VA 22209	PROVIDES RELIEF & HUMANITARIAN ASSISTANCE AS WELL AS TRANSITIONAL SVCS	MARGINA	501(C)(3)	LINE 7	IRD HOLDINGS INC		X
INTERNATIONAL RELIEF AND DEVELOPMENT HOLDINGS INC - 80-0148653, 1777 NORTH KENT ST., SUITE 300, ARLINGTON VA 22209	TO FORM ACQUIRE, MANAGE AND/OR HOLD SUBSIDIARIES IN THE US	MARGINA	501(C)(3)	LINE 12B, 11	N/A		X

		Legal domicile (state or foreign country)					Disproportionate allocations?			General or managing partner?	

		Legal domicile (state or foreign country)										Section 512(b)(13) controlled entity?	
BLUMONT ENGINEERING SOLUTIONS INC - 81-0881760, 118 EAST WASHINGTON AVE STE 50, MADISON, WI 53703	CIVIL ENGINEERING	WI	BLUMONT INC	C CORP		0	0	.00%					X

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity ~ ~ ~ ~ ~	1a	
b Gift, grant, or capital contribution to related organization(s) ~ ~ ~ ~ ~	1b	
c Gift, grant, or capital contribution from related organization(s) ~ ~ ~ ~ ~	1c	
d Loans or loan guarantees to or for related organization(s) ~ ~ ~ ~ ~	1d	
e Loans or loan guarantees by related organization(s) ~ ~ ~ ~ ~	1e	
f Dividends from related organization(s) ~ ~ ~ ~ ~	1f	
g Sale of assets to related organization(s) ~ ~ ~ ~ ~	1g	
h Purchase of assets from related organization(s) ~ ~ ~ ~ ~	1h	
i Exchange of assets with related organization(s) ~ ~ ~ ~ ~	1i	
j Lease of facilities, equipment, or other assets to related organization(s) ~ ~ ~ ~ ~	1j	
k Lease of facilities, equipment, or other assets from related organization(s) ~ ~ ~ ~ ~	1k	
l Performance of services or membership or fundraising solicitations for related organization(s) ~ ~ ~ ~ ~	1l	
m Performance of services or membership or fundraising solicitations by related organization(s) ~ ~ ~ ~ ~	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) ~ ~ ~ ~ ~	1n	
o Sharing of paid employees with related organization(s) ~ ~ ~ ~ ~	1o	
p Reimbursement paid to related organization(s) for expenses ~ ~ ~ ~ ~	1p	
q Reimbursement paid by related organization(s) for expenses ~ ~ ~ ~ ~	1q	
r Other transh he	1r	
s Loans transh he	1s	

	(a)	(b)	(c)	(d)
2 Gi				
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership.

(a)	(b)	(c)	(d)	(e) Are all partners sec. 501(c)(3) orgs.?	(f)	(g)	(h) Dispropor- tionate allocations?	(i)	General or managing partner?	ataOrdna fe tr



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

Lined area for providing additional information, consisting of multiple horizontal lines.