

PUBLIC DISCLOSURE COPY

A handwritten signature in black ink, appearing to read "John M. ...".

10/21/2020

Part III Supplemental Information

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

1 Briefly describe the organization's mission:

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2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Y [ ] N
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? [ ] Y [ ] N
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 on Schedule O.)
(Expenses \$ including grants of \$ ) (Revenue \$ )

4

**Part IV** **Character Description**

Y	N
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1

Part IV C c R d Sc d ( )

Table with 3 columns: Question number, Question text, and Y/N response. Rows include questions 22 through 38 regarding grants, compensation, bond issues, and controlled entities.

Part V S a R, a d O IRS FO a d Ta C c

Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with 3 columns: Question number, Question text, and Y/N response. Rows include 1a, 1b, and 1c regarding Form 1096 and backup withholding rules.

**Pa V**

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**Part VII** Compensation of Officers, Directors, Trustees, Key Employees, Highest Paid Officers, and

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 Paid Officers

**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 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 key employees, if any. See instructions for definition of "key employee."
- List the organization's five highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's 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 directors 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 instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations)	

**Part VII** **Supplemental information** ( )

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			

(15) -----



**Part VIII** **S a . R**

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

<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax
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**Part IX** **Supplemental Information**  
 501(c)(3) 501(c)(4) (A) (A).

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	5,179,646	5,060,923	118,723	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11,518	11,518		
<b>9</b> Other employee benefits	875,321	797,923	77,398	
<b>10</b> Payroll taxes	24,080	24,080		
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	8,461	8,459	2	
<b>c</b> Accounting	9,366	9,366		
<b>d</b> Lobbying				
Professional fundraising services. See Part IV, line 17				
Investment management fees				
Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	347,347	341,725	5,622	0
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	775,855		13,908	
<b>14</b> Information technology	87,559	87,559		
<b>15</b> Royalties				
<b>16</b> Occupancy	315,279	314,742	537	
<b>17</b> Travel	515,139	510,826	4,313	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	49,515	49,515		
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization				
<b>23</b> Insurance	12,681	12,681		
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> PROGRAM ACTIVITIES	2,609,157	2,609,157		
<b>b</b> INTERCOMPANY TRANSFER	251,608	(1,835,331)	2,086,939	
<b>c</b> SUBCONTRACTS	225,783	225,783		
<b>d</b> SECURITY & CONSTRUCTION CONTRACTS	8,117	8,117		
All other expenses	1,719,712	1,642,047	77,665	0
<b>25</b> Total. Add lines 1 through 24e	13,026,144	10,641,037	2,385,107	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				



**Part XI** **Revenue**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	11,513,751
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	13,026,144
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	(1,512,393)
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	(1,168,635)
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	12
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	(2,681,016)

**Part XII** **Financial Statements and Audits**

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

	Y	N
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
<b>b</b> Were the organization's financial statements audited by an independent accountant? 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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<input checked="" type="checkbox"/>	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	<input checked="" type="checkbox"/>	

# 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/efile](#) for instructions and the latest information.

Open to Public Inspection

Name of the organization

Employer identification number

## Part I Reason for Public Charity Status

- 1  section 170(b)(1)(A)(i).
- 2  section 170(b)(1)(A)(ii). (Form 990 990- )
- 3  section 170(b)(1)(A)(iii).
- 4  section 170(b)(1)(A)(iii).
- 5  section 170(b)(1)(A)(iv). ( )
- 6  section 170(b)(1)(A)(v).
- 7  section 170(b)(1)(A)(vi). ( )
- 8  section 170(b)(1)(A)(vi). ( )
- 9  section 170(b)(1)(A)(ix) ( )
- 10  (1) 33 1/3% (2) 511 (3) 33 1/3% (4) 30, 1975. section 509(a)(2). ( )
- 11  section 509(a)(4).
- 12  section 509(a)(1) section 509(a)(2). section 509(a)(3).  
  - a  Type I. You must complete Part IV, Sections A and B.
  - b  Type II. You must complete Part IV, Sections A and C.
  - c  Type III functionally integrated. You must complete Part IV, Sections A, D, and E.
  - d  Type III non-functionally integrated. You must complete Part IV, Sections A and D, and Part V.
  - e
  - f



**Part III**

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**Part IV Supporting Organizations**

**Section A. All Supporting Organizations**

	Yes	No
1 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 If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a If "Yes," answer (b) and (c) below.		
b If "Yes," describe in Part VI when and how the organization made the determination.		
c If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		



**Part IV** Supporting Organizations (continued)

11

- a
  - b
  - c 35%
- If "Yes" to a, b, or c, provide detail in P VI.

	Yes	No
11a		
11b		
11c		

**Section B. Type I Supporting Organizations**

1

Yes	No
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**Part V**

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**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D—Distributions	Current Year
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**Schedule B**  
(Form 990, 990-EZ,



Employer identification number

**Part I** Contributors

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-----	----- ----- -----	\$-----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> ( )
-----	----- ----- -----	\$-----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>

Employer identification number

**Part II** Noncash Property

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) ( )	
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# 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.

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Name of the organization

Employer identification number

## Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

990, 6.

	(a)	(b)
1		
2		
3		
4		
5		
6		

Yes  No

Yes  No

## Part II Conservation Easements.

990, 7.

1  ( )

2  2

	Held at the End of the Tax Year
a	2a
b	2b
c	2c
d	2d

3

4

5  Yes  No

6

7

8  Yes  No

9

## Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

990, 8.

1a



**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3

a  b  c  d  e

4

5  Yes  No

**Part IV Escrow and Custodial Arrangements.**

990, 21.

990, 9,

1a  Yes  No

b

1c	
1d	
1e	
1f	

2a  Yes  No

b

**Part V Endowment Funds.**

990, 10.

	(a)	(b)	(c)	(d)	(e)
1a					
b					
c					

**Part VII** Investments—Other Securities.

		990,	11 .	990,	12.
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(a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z) (aa) (ab) (ac) (ad) (ae) (af) (ag) (ah) (ai) (aj) (ak) (al) (am) (an) (ao) (ap) (aq) (ar) (as) (at) (au) (av) (aw) (ax) (ay) (az) (ba) (bb) (bc) (bd) (be) (bf) (bg) (bh) (bi) (bj) (bk) (bl) (bm) (bn) (bo) (bp) (bq) (br) (bs) (bt) (bu) (bv) (bw) (bx) (by) (bz) (ca) (cb) (cc) (cd) (ce) (cf) (cg) (ch) (ci) (cj) (ck) (cl) (cm) (cn) (co) (cp) (cq) (cr) (cs) (ct) (cu) (cv) (cw) (cx) (cy) (cz) (da) (db) (dc) (dd) (de) (df) (dg) (dh) (di) (dj) (dk) (dl) (dm) (dn) (do) (dp) (dq) (dr) (ds) (dt) (du) (dv) (dw) (dx) (dy) (dz) (ea) (eb) (ec) (ed) (ee) (ef) (eg) (eh) (ei) (ej) (ek) (el) (em) (en) (eo) (ep) (eq) (er) (es) (et) (eu) (ev) (ew) (ex) (ey) (ez) (fa) (fb) (fc) (fd) (fe) (ff) (fg) (fh) (fi) (fj) (fk) (fl) (fm) (fn) (fo) (fp) (fq) (fr) (fs) (ft) (fu) (fv) (fw) (fx) (fy) (fz) (ga) (gb) (gc) (gd) (ge) (gf) (gg) (gh) (gi) (gj) (gk) (gl) (gm) (gn) (go) (gp) (gq) (gr) (gs) (gt) (gu) (gv) (gw) (gx) (gy) (gz) (ha) (hb) (hc) (hd) (he) (hf) (hg) (hh) (hi) (hj) (hk) (hl) (hm) (hn) (ho) (hp) (hq) (hr) (hs) (ht) (hu) (hv) (hw) (hx) (hy) (hz) (ia) (ib) (ic) (id) (ie) (if) (ig) (ih) (ii) (ij) (ik) (il) (im) (in) (io) (ip) (iq) (ir) (is) (it) (iu) (iv) (iw) (ix) (iy) (iz) (ja) (jb) (jc) (jd) (je) (jf) (jg) (jh) (ji) (jj) (jk) (jl) (jm) (jn) (jo) (jp) (jq) (jr) (js) (jt) (ju) (jv) (jw) (jx) (jy) (jz) (ka) (kb) (kc) (kd) (ke) (kf) (kg) (kh) (ki) (kj) (kk) (kl) (km) (kn) (ko) (kp) (kq) (kr) (ks) (kt) (ku) (kv) (kw) (kx) (ky) (kz) (la) (lb) (lc) (ld) (le) (lf) (lg) (lh) (li) (lj) (lk) (ll) (lm) (ln) (lo) (lp) (lq) (lr) (ls) (lt) (lu) (lv) (lw) (lx) (ly) (lz) (ma) (mb) (mc) (md) (me) (mf) (mg) (mh) (mi) (mj) (mk) (ml) (mm) (mn) (mo) (mp) (mq) (mr) (ms) (mt) (mu) (mv) (mw) (mx) (my) (mz) (na) (nb) (nc) (nd) (ne) (nf) (ng) (nh) (ni) (nj) (nk) (nl) (nm) (nn) (no) (np) (nq) (nr) (ns) (nt) (nu) (nv) (nw) (nx) (ny) (nz) (oa) (ob) (oc) (od) (oe) (of) (og) (oh) (oi) (oj) (ok) (ol) (om) (on) (oo) (op) (oq) (or) (os) (ot) (ou) (ov) (ow) (ox) (oy) (oz) (pa) (pb) (pc) (pd) (pe) (pf) (pg) (ph) (pi) (pj) (pk) (pl) (pm) (pn) (po) (pp) (pq) (pr) (ps) (pt) (pu) (pv) (pw) (px) (py) (pz) (qa) (qb) (qc) (qd) (qe) (qf) (qg) (qh) (qi) (qj) (qk) (ql) (qm) (qn) (qo) (qp) (qq) (qr) (qs) (qt) (qu) (qv) (qw) (qx) (qy) (qz) (ra) (rb) (rc) (rd) (re) (rf) (rg) (rh) (ri) (rj) (rk) (rl) (rm) (rn) (ro) (rp) (rq) (rr) (rs) (rt) (ru) (rv) (rw) (rx) (ry) (rz) (sa) (sb) (sc) (sd) (se) (sf) (sg) (sh) (si) (sj) (sk) (sl) (sm) (sn) (so) (sp) (sq) (sr) (ss) (st) (su) (sv) (sw) (sx) (sy) (sz) (ta) (tb) (tc) (td) (te) (tf) (tg) (th) (ti) (tj) (tk) (tl) (tm) (tn) (to) (tp) (tq) (tr) (ts) (tu) (tv) (tw) (tx) (ty) (tz) (ua) (ub) (uc) (ud) (ue) (uf) (ug) (uh) (ui) (uj) (uk) (ul) (um) (un) (uo) (up) (uq) (ur) (us) (ut) (uu) (uv) (uw) (ux) (uy) (uz) (va) (vb) (vc) (vd) (ve) (vf) (vg) (vh) (vi) (vj) (vk) (vl) (vm) (vn) (vo) (vp) (vq) (vr) (vs) (vt) (vu) (vv) (vw) (vx) (vy) (vz) (wa) (wb) (wc) (wd) (we) (wf) (wg) (wh) (wi) (wj) (wk) (wl) (wm) (wn) (wo) (wp) (wq) (wr) (ws) (wt) (wu) (wv) (ww) (wx) (wy) (wz) (xa) (xb) (xc) (xd) (xe) (xf) (xg) (xh) (xi) (xj) (xk) (xl) (xm) (xn) (xo) (xp) (xq) (xr) (xs) (xt) (xu) (xv) (xw) (xx) (xy) (xz) (ya) (yb) (yc) (yd) (ye) (yf) (yg) (yh) (yi) (yj) (yk) (yl) (ym) (yn) (yo) (yp) (yq) (yr) (ys) (yt) (yu) (yv) (yw) (yx) (yz) (za) (zb) (zc) (zd) (ze) (zf) (zg) (zh) (zi) (zj) (zk) (zl) (zm) (zn) (zo) (zp) (zq) (zr) (zs) (zt) (zu) (zv) (zw) (zx) (zy) (zz)

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

1		1
2	990, 12:	
a	2a	
b	2b	
c	2c	
d	2d	
e	2a 2d	2e
3	2e 1	3
4	990, 12, 1:	
a	990, 7	4a
b	( )	4b
c	4a 4b	4c
5	3 4c. (This must equal Form 990, Part I, line 12.)	5

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

1		1
2	990, 25:	
a	2a	
b	2b	
c	2c	



# Statement of Activities Outside the United States

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▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/form990](#) for instructions and the latest information.

Employer identification number

## Part I General Information on Activities Outside the United States.

990, line 14.

1 For grantmakers.  Yes  No

2 For grantmakers.

3

(a)	(b)	(c)	(d)	(e)	(f)
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a					
b					



**Part III** Grants and Other Assistance to Individuals Outside the United States.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
-----	-----	-----	-----	-----	-----	-----	-----

(1)

**Part IV Foreign Forms**

1 *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926).*  Yes  No

2 *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*



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).

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	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 F, PART I, LINE 3 - METHOD TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	MIDDLE EAST AND NORTH AFRICA: ACCRUAL SOUTH AMERICA: ACCRUAL SUB-SAHARAN AFRICA: ACCRUAL

# 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.

▶ Go to [www.irs.gov/efile](https://www.irs.gov/efile) for instructions and the latest information.

019

Open to Public Inspection

BLUMONT INTERNATIONAL INC.

Employer identification number

81-0903010

## Part I Questions Regarding Compensation

		Yes	No
1a	<p>990, ( )</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>		
b			
2			
3	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>990</p>		
4	<p>990, ( )</p> <p>a <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>c <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>		<p>4a ✓</p> <p>4b ✓</p> <p>4c ✓</p>
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	<p>990, ( )</p> <p>a <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>		<p>5a ✓</p> <p>5b ✓</p>
6	<p>990, ( )</p> <p>a <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>		<p>6a ✓</p> <p>6b ✓</p>
7	<p>990, ( )</p> <p>5 6</p>		7 ✓
8	<p>990, ( )</p> <p>53.4958-4( ) (3)</p>		8 ✓
9	<p>8, ( )</p> <p>53.4958-6( )</p>		9



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.

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 3 - ARRANGEMENT USED TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION	THE PARENT ORGANIZATION, BLUMONT INC., HAS PROCEDURES FOR ESTABLISHING EXECUTIVE COMPENSATION INCLUDING BENCHMARKING WITH MARKET-BASED SALARY SURVEYS FOR EACH POSITION.

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of 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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the Organization  
**BLUMONT INTERNATIONAL INC.**

Employer Identification Number  
**81-0903010**

Return Reference - Identifier	Explanation										
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS	THE ORGANIZATION HAS MEMBERS OF THE BOARD OF DIRECTORS.										
FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	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, LINE 7B - DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS	ALL GOVERNANCE DECISIONS ARE MADE AND APPROVED BY THE MEMBERS OF THE BOARD OF DIRECTORS.										
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	BGD HIRES A CPA FIRM TO PREPARE THE FEDERAL FORM 990. AFTER THE DRAFT 990 IS DELIVERED, THE CFO, PRESIDENT & CEO PERFORM THE FIRST LEVEL OF REVIEWS. NEXT IT IS SENT TO THE FINANCE COMMITTEE, AND THEN SENT TO THE FULL BOARD FOR THEIR REVIEW. ONCE REVIEWED, THE 990 IS SIGNED BY THE PRESIDENT & CEO AND ELECTRONICALLY FILED BY THE CPA FIRM ON BGD'S BEHALF.										
FORM 990, PART VI, LINE 12C - CONFLICT 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, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	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, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE ORGANIZATION'S FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST.										
FORM 990, PART IX, LINE 24E - OTHER EXPENSES	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">(a) Description</th> <th style="text-align: center;">(b) Total Expenses</th> <th style="text-align: center;">(c) Program Service Expenses</th> <th style="text-align: center;">(d) Management and General Expenses</th> <th style="text-align: center;">(e) Fundraising Expenses</th> </tr> </thead> <tbody> <tr> <td>OTHER EXPENSES</td> <td style="text-align: right;">1,719,712</td> <td style="text-align: right;">1,642,047</td> <td style="text-align: right;">77,665</td> <td></td> </tr> </tbody> </table>	(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses	OTHER EXPENSES	1,719,712	1,642,047	77,665	
(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses							
OTHER EXPENSES	1,719,712	1,642,047	77,665								

## Related Organizations and Unrelated Partnerships

019

Open to Public Inspection

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

▶ Go to [www.irs.gov/form990](#) for instructions and the latest information.

Employer identification number

**Part I** Identification of Disregarded Entities. OMB No. 1545-0047 Form 990, line 33.

(a) Name of the disregarded entity	(b) State	(c) Employer identification number	(d) Date	(e) Type of entity	(f) Disregarded
(1) _____					
(2) _____					
(3) _____					
(4) _____					
(5) _____					
(6) _____					

**Part II** Identification of Related Tax-Exempt Organizations. OMB No. 1545-0047 Form 990, line 34, for instructions



Part V Transactions With Related Organizations.

990, 34, 35, 36.

Note:

1

a (i), (ii), (iii), (iv)

b

c

d

e

f

g

h

i

j

k

l

m

n

o

p

q

r

s

	Yes	No
1a		
1b		
1c		
1d		
1e		
1f		
1g		
1h		
1i		
1j		
1k		
1l		
1m		
1n		
1o		
1p		
1q		
1r		
1s		

2

(a)

(b)



**Part VI** Unrelated Organizations Taxable as a Partnership. 990, 37.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j)	(k)
				501(c)(3) 512-514			Yes	No	20 -1 (1065)	Yes	

**Part IV****Identification of Related Organizations Taxable as a Corporation or Trust** (continued)

(a) Name, address and EIN of related organization	(b) Primary activity	(c) 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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) BLUMONT ENGINEERING SOLUTIONS INC (81-0881760) 1777 NORTH KENT STREET, SUITE 300, ARLINGTON, VA 22209	CIVIL ENGINEERING	WI	BLUMONT INC	C CORPORATION					<input checked="" type="checkbox"/>

