		EXTENDED TO NO	OVEM	BER 16, 2020)		
Form 990-T	E	Exempt Organization B			Гах Returr	ı L	OMB No 1545-0047
		(and proxy tax u	nder s	ection 6033(e))	191)		2040
	For ca	alendar year 2019 or other tax year beginning		, and ending	1112	_	2019
Department of the Treasury Internal Revenue Service	•	► Go to www.irs.gov/Form990T fo Do not enter SSN numbers on this form as it i				5	Open to Public Inspection for 0 1(c)(3) Organizations Only
A X Check box if		Name of organization (Check box if nam				(Emplo	yer identification number byees' trust, see
address changed	1	THE EMMA AND GEORGINA	A BL	OOMBERG	•	instruc	·
B Exempt under section	Print				_		3-7151342 ted business activity code
X 501(c)(3 07 408(e) 220(e)	Туре	Number, street, and room or suite no. If a P.O. C/O GELLER ADVISORS,					structions }
408(e) 220(e) 408A 530(a)		City or town, state or province, country, and ZI				1	
529(a)		NEW YORK, NY 10150				5230	000
C Book value of all assets at end of year 4,055,1	0.0	F Group exemption number (See instructions.		[37] CO4(-)	1 404(-)		——————————————————————————————————————
			corporati		401(a)		Other trust
	•	ation's unrelated trades or businesses. TI FROM FLOW THROUGH	<u>т</u>		the only (or first) un , complete Parts I-V.		than and
		ace at the end of the previous sentence, complete			•		•
business, then complete			, raits i	ino n, compicte a ocheda	ic ivi for cach addition	iai ti auc	OI .
		poration a subsidiary in an affiliated group or a pa	arent-sul	sidiary controlled group?		Yes	X No
		stifying number of the parent corporation.	_	`	_		
		GELLER ADVISORS		Telep	none number 🕨 2	12-5	
Part I Unrelate	d Trac	de or Business Income		(A) Income	(B) Expenses		(C) Net
1a Gross receipts or sale			1				
b Less returns and allow		c Balance	► 1c				
2 Cost of goods sold (S		•	2				
3 Gross profit. Subtract			3 4a	 		- /	
4a Capital gain net incon	•	Part II, line 17) (attach Form 4797)	4a 4b	 		-+	
c Capital loss deduction			4c	 	 	\rightarrow	
•		ship or an S corporation (attach statement)	5	 		-+	
6 Rent income (Schedu		i i	6		 	+	
7 Unrelated debt-finance		me (Schedule E)	7		 		
_		and rents from a controlled organization (Schedule	F) 8			$\neg \uparrow$	
9 Investment income of	a sectio	on 501(c)(7), (9), or (17) organization (Schedule	G) 9				
10 Exploited exempt acti	vity inco	ome (Schedule I)	_1O	1			
11 Advertising income (S	Schedule	e J)	<u> </u>	<u> </u>			
12 Other income (See in:			12				
13 Total. Combine lines			13	0.			
		ot Taken Elsewhere (See instructions be directly connected with the unrelated by)		
· · · · · · · · · · · · · · · · · · ·			33111033			14	
14 Compensation of off15 Salaries and wages	icers, ai	irectors, and trustees (Schedule K)				15	
16 Repairs and mainten	ance					16	
17 Bad debts	idi100			 1		17	
18 Interest (attach sche	dule) (s	ee instructions) RECEIV	ED	ţ		18	
19 Taxes and licenses	, ,			୍ବ		19	100.
20 Depreciation (attach	Form 4	562)	າດາດ	20			
21 Less depreciation cla	aimęď oi	562) n Schedule A and elsewhere on return 17	צטצט	20 21a		21b	
22 Depletion		\ L				22	
23 Contributions to defe		mpensation plans OGDEN	<u>, U I</u>			23	
24 Employee benefit pro	ograms	. L.				24	
25 Excess exempt expe	•					25	
26 Excess readership of						26	
27 Other deductions (at		· ·				27	
28 Total deductions. A				001 1 15		28	100.
		ncome before net operating loss deduction. Subt				29	-100.
,	erating l	loss arising in tax years beginning on or after Jai	nuary 1,		וביאביאזמו ס	,,	^
(see instructions)	avahl-	naama Cuhtraat lina 20 fram ! 00		SEE STAT	PMPM.I. 9	30	-100.
		ncome. Subtract line 30 from line 29 rwork Reduction Act Notice, see instructions.				1	Form 990-T (2019)
943101 01-21-20 LMA FC	ahei	יייייייייייייייייייייייייייייייייייייי	2		(?)	Ч	· 31111 - 200 - 1 (2013)
441020 72772	1 2	7151242 2010 0402		E EMMA AND	TEODOTNIA E		M 12715121

Form 99	0-T (20 <u>)</u> 4	THE EMMA AND GEORGIN	IA BLOOMBERG FOUNDA	TION		13-7	151342 Page 2
Part		Total Unrelated Business Taxa		<u> </u>			
		f unrelated business taxable income computed	from all unrelated trades or businesses (see instructions)		32	10,861.
33	Amou	nts paid for disallowed fringes			•	33	
34		able contributions (see instructions for limitation	on rules)			34	0.
35		inrelated business taxable income before pre-2		line 34 from the sum o	f lines 32 and 35	7 35	10,861.
36		tion for net operating loss arising in tax years t				Ø 36	10,861.
37		of unrelated business taxable income before sp				37	
38		ic deduction (Generally \$1,000, but see line 38			9	38	1,000.
39	-	ated business taxable income. Subtract line 3		e 37.	~		
		he smaller of zero or line 37	• g	,		39	0.
		Tax Computation	· · · · · · · · · · · · · · · · · · ·			Ŋ	
40		izations Taxable as Corporations. Multiply line	e 39 hv 21% (0 21)			140	
41	-	Taxable at Trust Rates. See instructions for t		t on line 39 from:			
71		ax rate schedule or Schedule D (Form	-	2 011 11110 00 11 01111.	>	41	0.
42		tax. See instructions				/42	
	_	tive minimum tax (trusts only)				# 43	
44		i Noncompliant Facility Income. See instruction	-		•	44	
		Add lines 42, 43, and 44 to line 40 or 41, which				45	0.
		Tax and Payments	печен арриез	· · · · · · · · · · · · · · · · · · ·		1 70 1	
		n tax credit (corporations attach Form 1118; tre	uete attach Form 1116)	46a		1	
		credits (see instructions)	usis attach rollin 1110)	460		┤ │	
		il business credit. Attach Form 3800	•	462		⊣ վ	
_	-	for prior year minimum tax (attach Form 8801	or 9927)	461		1	
		•	01 8627)	400 1		46,6	
		eredits. Add lines 46a through 46d		•	•	47	0.
.47		ct line 46e from line 45 axes, Check if from: Form 4255	Form 8611 Form 8697 Form	opes [] Other	(attach schedule)	48	
48		· · · · · · · · · · · · · · · · · · ·	Politi 8697 Politi	TOOOD L Other	(attach schedule)	49	0.
		ax. Add lines 47 and 48 (see instructions)	vm OCE D. Dort H. column (b) line 2			50	0.
		et 965 tax liability paid from Form 965-A or Fo	rm 965-B, Part II, Column (k), line 3	اجيا		30	
	-	nts: A 2018 overpayment credited to 2019		51a 51b	•	- II ⊦	
		stimated tax payments				'	
		posited with Form 8868		51c 51d	····	- '	
		organizations: Tax paid or withheld at source	(see instructions)	- 1		-	
-	,	o withholding (see instructions)	(. W. a.b. T 0044)	51e		1	
		for small employer health insurance premiums		51f		1	
9			orm 2439				
			ther Total	► 5 g		<u>-</u> }Ŋ-	
		payments. Add lines 51a through 51g		V	•	52	
		ted tax penalty (see instructions). Check if For			_	53	
54		e. If line 52 is less than the total of lines 49, 50	•	•		54	
	•	ayment. If line 52 is larger than the total of line				55)	
		he amount of line 55 you want. Credited to 20			funded >	56/	0.
Part		Statements Regarding Certain			ctions)		——————————————————————————————————————
		time during the 2019 calendar year, did the org					Yes No
		financial account (bank, securities, or other) in					
		Form 114, Report of Foreign Bank and Finance	ial Accounts. If "Yes," enter the name of th	e foreign country			
	here						$-\frac{\Lambda}{X}$
		the tax year, did the organization receive a dis		transferor to, a forei	gn trust?	•	A
		see instructions for other forms the organizat	-				
<u>59</u>		he amount of tax-exempt interest received or a					
c:	l u	nder penalties of perjury, I declare that I have examined prect, and complete Declaration of preparer (other that	d this return, including accompanying schedules a n taxpayer) is based on all information of which pr	ing statements, and to eparer has any knowled	ine best of my kno Jge	wieage and be	mer, it is true,
Sign	Ι.					lay the IRS dis	cuss this return with
Here		255	TRUST	EE			own below (see
		Signature of officer	Date · Fitte			structions)?	X Yes No
		Print/Type preparer's name	Preparer's signature	Date	Check ı	if PTIN	
Paid			Charle Pour		self- employed		445056
Prep		CHARLES POMO	l	11/4/2020	····		445956
Use			PANY LLC		Firm's EIN	13-	4149326
	,	P.O. BOX 1			.	.4.6 = -	
		Firm's address ► NEW YORK,	NY 10150		Phone no. 2		3-6000
923711 (01-27-20					Fo	orm 990-T (2019)

Schedule A - Cost of Good	is Sold. Enter	method of inv	entory v	valuation ► N/	A				
1 Inventory at beginning of year	1	·		Inventory at end of	year		6		
2 Purchases	2		7	Cost of goods sold.	Subtract I	ine 6			
3 Cost of labor	3		\neg	from line 5. Enter he	ere and in f	Part I,	ĺ <u>.</u>	Ì	
4a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8	Do the rules of secti	on 263A (with respect to		Yes	No
b Other costs (attach schedule)	4b			property produced (or acquired	l for resale) apply to			
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property a	nd Pe	rsonal Propert	y Leas	ed With Real Pro	oper	ty) 	
1. Description of property									
(1)						 		·- ·-	
(2)									
(3)									-
(4)	<u> </u>			· -		· ·-			
	2. Rent receiv	ed or accrued						 	
(a) From personal property (if the personal property is more 10% but not more than 50%	r personal	sonal property (if the perc property exceeds 50% of sed on profit or income)	entage er if	3(a) Deductions directl columns 2(a) a		ected with the income (attach schedule)	ın		
(1)								-	
(2)						<u> </u>			
(3)	_			-	-				
(4)					-				
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter -			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated De	bt-Financed	Income (se	e instru	ictions)					
		<u>_</u> _	2	. Gross income from		3. Deductions directly co to debt-finan			
1. Description of debt-fi	inanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	ns
(1)			_				+		
(2)			1				\top		
(3)			_	-	_		\top		
(4)					1		\top		
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property is schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduc (column 6 x total of co 3(a) and 3(b))	
(1)		 -		%			$\neg \vdash$		
(2)				%	7		\top		
(3)				%					
(4)				%			\top		
						nter here and on page 1, art I, line 7, column (A)		Enter here and on pag Part I, line 7, column	
Totals				1	•	0			0.
Total dividends-received deductions in	ncluded in column	8		_		<u> </u>	_		0.
		* * *						Form 990-T	(2019)

Form 990-T (2019) FOUNDATION

Schedule F - Interest,	Annuitie	s, Royal	ties, aı	nd Rents	From C	ontrolle	d Organiz	zatior	1S (see ins	tructio	ns)
				Exempt C	ontrolled O	rganızatı	ons				
1. Name of controlled organizat	ion	2. Emp identific numb	ation		lated income instructions)		l of specified ents made	includ	t of column 4 ed in the cont ation's gross	rolling	6. Deductions directly connected with income in column 5
(1)								1			
<u>(1)</u> <u>(2)</u>											
(3)	-	l		 							
(4)		_		†							
Nonexempt Controlled Organi	zations										
7, Taxable Income	8. Net u	nrelated incom		9. Total o	of specified pay made	ments	10. Part of colu in the controll gross	mn 9 tha ing orgar s income	nization's	11. p	Deductions directly connected with income in column 10
(1)					_						
(2)	_				_						
(3)	-		_	<u> </u>	-						
(4)											
X:L				•			Add colur Enter here and line 8,		1, Part I,		Add columns 6 and 11 r here and on page 1, Part I, line 8, column (B)
Totals						▶			0.		<u> </u>
Schedule G - Investme		me of a	Section	n 501(c)(7	7), (9), or	(17) Or	ganizatio	1			
	ription of inco	ome	-		2. Amount of	income	3. Deduction directly connection (attach scheen	ected	4. Set- (attach s	asides chedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)			****			Î					
(3)						İ		,			
(4)						Î					
					Enter here and Part I, line 9, co		·-		•		Enter here and on page Part I, line 9, column (B)
Totals				•		0.					0
Schedule I - Exploited (see instru		Activity	Incom	ne, Other	Than Ac		ng Incom	е			
1. Description of exploited activity	2. c	Gross business le from business	directly with pr of un	spenses connected roduction irelated ss income	4. Net inconfrom unrelated business (cominus columgain, comput through	d trade or olumn 2 in 3) If a e cols 5	5. Gross inc from activity is not unrela business inc	that ted	6. Exp attribut colui		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)	_					•					
(3)											
(4)											
Totals	page 1	re and on , Part I, col (A)	page	ere and on 1, Part I, 1, cot (B)				-	•		Enter here and on page 1, Part II, line 25
Schedule J - Advertisi	ng Inco		nstructio								· · · · · · · · · · · · · · · · · · ·
Part I Income From					solidated	Basis					
1. Name of periodical		2. Gross advertising income	adv	3. Direct vertising costs	or (loss) (c col 3) If a g	tising gain ol 2 minus ain, comput hrough 7	5. Circula income		6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					-						_
(2)	- -		+		-		-		 		+
(3) (4)									-		
Totals (carry to Part II, line (5))		(o.	0							0
											Form 990-T (201

Form 990-T (2019) FOUNDATION

Part II	Income From	Periodicals	Reported on a	Separate Basis (Fo	r each periodical listed in Part II, fill in
	columns 2 through	h 7 on a line-by-	line basis)		

1. Name of periodical	_	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2) .							L
(3)							
(4)							
Totals from Part I		0.	0.				0
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	'			Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	▶	0.	0.				0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	(

Form 990-T (2019)

SCHEDULE I (Form 1041)

Department of the Treasury

Internal Revenue Service

Alternative Minimum Tax - Estates and Trusts

► Attach to Form 1041.

► Go to www.irs.gov/Form1041 for instructions and the latest information.

OMB No 1545-0092

2019

Employer identification number Name of estate or trust THE EMMA AND GEORGINA BLOOMBERG FOUNDATI 13-7151342 Part'I" Estate's or Trust's Share of Alternative Minimum Taxable Income 1 1 Adjusted total income or (loss) (from Form 1041, line 17) ESBTs, see instructions 2 2 Interest 3 3 Taxes 4 4 Refund of taxes 5 5 Depletion (difference between regular tax and AMT) 10,861. SEE STATEMENT 14 6 6 Net operating loss deduction Enter as a positive amount 7 Interest from specified private activity bonds exempt from the regular tax 7 8 8 Qualified small business stock (see instructions) 9 Exercise of incentive stock options (excess of AMT income over regular tax income) 10 Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) 10 **-4.** 11 Disposition of property (difference between AMT and regular tax gain or loss) 11 137. 12 Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) 12 13 Passive activities (difference between AMT and regular tax income or loss) 13 14 14 Loss limitations (difference between AMT and regular tax income or loss) 15 Circulation costs (difference between regular tax and AMT) 15 16 Long-term contracts (difference between AMT and regular tax income) 16 17 17 Mining costs (difference between regular tax and AMT) 18 Research and experimental costs (difference between regular tax and AMT) 18 19 19 Income from certain installment sales before January 1, 1987 3,669. 20 20 Intangible drilling costs preference 2,672. 21 21 Other adjustments, including income-based related adjustments 8,318, 22 Alternative tax net operating loss deduction (See the instructions for the limitation that applies) 22 9.017. STATEMENT 15 23 23 Adjusted alternative minimum taxable income Combine lines 1 through 22

N/A

N/A

27 Estate's or trust's share of alternative minimum taxable income. Subtract line 26 from line 23

If line 27 is

- \$25,000 or less, stop here and enter -0- on Form 1041, Schedule G, line 1c The estate or trust isn't liable for the alternative minimum tax
- Over \$25,000, but less than \$183,500, go to line 43

Note: Complete Part II below before going to line 24

24 Income distribution deduction from Part II, line 42

25 Estate tax deduction (from Form 1041, line 19)

• \$183,500 or more, enter the amount from line 27 on line 49 and go to line 50

ESBTs, see instructions

26 Add lines 24 and 25

Part III Income Distribution Deduction on a Minimum Tax Basis N/A	
B Adjusted alternative minimum taxable income (see instructions)	28
Adjusted tax-exempt interest (other than amounts included on line 7)	29
Total net gain from Schedule D (Form 1041), line 19, column (1) If a loss, enter -0-	30
1 Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable	
purposes (from Form 1041, Schedule A, line 4)	31
2 Capital gains paid or permanently set aside for charitable purposes from gross income (see instructions)	32
3 Capital gains computed on a minimum tax basis included on line 23	33 (
4 Capital losses computed on a minimum tax basis included on line 23. Enter as a positive amount	34
5 Distributable net alternative minimum taxable income (DNAMTI) Combine lines 28 through 34 If zero	
or less, enter -0-	35
Income required to be distributed currently (from Form 1041, Schedule B, line 9)	36
7 Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10)	37
B Total distributions Add lines 36 and 37	38
9 Tax-exempt income included on line 38 (other than amounts included on line 7)	39
Tentative income distribution deduction on a minimum tax basis. Subtract line 39 from line 38	40

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule I (Form 1041) (2019)

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9,017.

	edule I (Form 1041) (2019) THE EMMA AND GEORGINA BLOOM					-7151342 Page 2
	art II I Income Distribution Deduction on a Minimum Tax Basi			-i	N/A	·
41	Tentative income distribution deduction on a minimum tax basis. Subtract line 2:	9 from	line	35		
	If zero or less, enter -0-	40		na 41 - 4-	41	
42	Income distribution deduction on a minimum tax basis. Enter the smaller of li	ne 40 d	or lir	ne 41	10	
TID.	Enter here and on line 24			 ·	42	
	art III Alternative Minimum Tax				1	405.000
_	Exemption amount	1	ı		43	\$25,000
44	Enter the amount from line 27	44	₩	400.500	-	
45	Phase-out of exemption amount	45	₩	\$83,500	⊣ i	
46	Subtract line 45 from line 44 If zero or less, enter -0-	46	<u></u>		 -	
47	Multiply line 46 by 25% (0 25)				47	
48	Subtract line 47 from line 43 If zero or less, enter -0-				48	
49	Subtract line 48 from line 44			. (49	
50	Go to Part IV of Schedule I to figure line 50 if the estate or trust has qualified dividends or h	_				
	of column (2) of Schedule D (Form 1041) (as refigured for the AMT, if necessary). Otherwi	se, ii iin	e 45	IS.		
	• \$194,800 or less, multiply line 49 by 26% (0 26)					
E 4	Over \$194,800, multiply line 49 by 28% (0 28) and subtract \$3,896 from the re Attack to the contract to the	sun			50	
	Alternative minimum foreign tax credit (see instructions)				51	
	Tentative minimum tax. Subtract line 51 from line 50			dula O luas Os)	52	
53	Enter the tax from Form 1041, Schedule G, line 1a (minus any foreign tax credit f	_		•	53	· · · · · · · · · · · · · · · · · · ·
54	Alternative minimum tax. Subtract line 53 from line 52 If zero or less, enter -0-	54				
ĪDa	Form 1041, Schedule G, line 1c irt IV Line 50 Computation Using Maximum Capital Gains Ra	tac			34	
1176	Caution: If you didn't complete Part V of Schedule D (Form 1041), the Schedule		14/0	deboot	T	
	or the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, see					
	before completing this part	1116 1113	uuc	CIONS		
55	Enter the amount from line 49				55	
56	Enter the amount from line 26 of Schedule D (Form 1041), line 13 of the Schedule D Tax	1	ſ		1 3	
40	Worksheet, or line 4 of the Qualified Dividends Tax Worksheet in the Instructions for				1 1	,
	Form 1041, whichever applies (as refigured for the AMT, if necessary)	56				
57	Enter the amount from Schedule D (Form 1041), line 18b, column (2)	-	t	·· ·	┥	
٠.	(as refigured for the AMT, if necessary) If you didn't complete		ļ			
	Schedule D for the regular tax or the AMT, enter -0-	57				
58	If you didn't complete a Schedule D Tax Worksheet for the regular tax or the		\vdash	·	-	
-	AMT, enter the amount from line 56 Otherwise, add lines 56 and 57 and enter		l			
	the smaller of that result or the amount from line 10 of the Schedule D Tax					
	Worksheet (as refigured for the AMT, if necessary)	58	1			
59	Enter the smaller of line 55 or line 58				59	
60	Subtract line 59 from line 55				60	
61	If line 60 is \$194,800 or less, multiply line 60 by 26% (0 26) Otherwise, multiply line 60 by 26% (0 26)	ine 60 l	by			
	28% (0 28) and subtract \$3,896 from the result		•	•	61	_
62	Maximum amount subject to the 0% rate	62		\$2,650		
63	Enter the amount from line 27 of Schedule D (Form 1041), line 14 of the Schedule D		Π			•
	Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet in the Instructions				1 1	
	for Form 1041, whichever applies (as figured for the regular tax). If you didn't					
	complete Schedule D or either worksheet for the regular tax, enter the amount	1			1 1	
	from Form 1041, line 23; if zero or less, enter -0-	63	L			
64	Subtract line 63 from line 62. If zero or less, enter -0-	64				
65	Enter the smaller of line 55 or line 56	65			_	
66	Enter the smaller of line 64 or line 65 This amount is taxed at 0%	66			_	
67	Subtract line 66 from line 65	67	L			·
0.00					Cahadi	lo I (Form 1041) (2010)

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Schedule I (Form 1041) (2019)

SCHEDULE I	NET O	PERATING LOSS CARRYO	VER	STATEMENT	14
		LOSS			
		PREVIOUSLY			
TAX YEAR	LOSS SUSTAINED	APPLIED		AMOUNT	
12/31/11	3.	3.			0.
12/31/12	1,316.	663.		6	53.
12/31/13	3,970.	0.		3,9	70.
12/31/14	15,373.	0.		15,3	73.
12/31/15	8,420.	0.		8,4	20.
12/31/16	3,601.	0.		3,6	01.
12/31/18	6,221.	0.		6,2	
12/31/18	5,101.	0.		5,1	01.
TOTAL TO SO	CHEDULE I, LINE 6			43,3	39.
SCHEDULE I	ALTERNAT	VE MINIMUM TAX NOL	CARRYOVER	STATEMENT	15
	•	LOSS PREVIOUSLY			
TAX YEAR	LOSS SUSTAINED	APPLIED		AMOUNT	
12/31/12	1,316.	1,316.			0.
12/31/13	3,970.	3,970.			0.
12/31/14	15,373.	12,156.	~	3,2	17.
12/31/18	5,101.	0.		5,1	01.
	CHEDULE I, LINE 23			8,3	18.

FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT 8
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	5,101.	0.	5,101.	5,101.
NOL CARRYOV	VER AVAILABLE THIS	YEAR	5,101.	5,101.
FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT 9
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/11 12/31/12 12/31/13 12/31/14 12/31/15 12/31/16	3. 1,316. 3,970. 15,373. 8,420. 3,601.	3. 663. 0. 0. 0.	0. 653. 3,970. 15,373. 8,420. 3,601.	0. 653. 3,970. 15,373. 8,420. 3,601.
NOL CARRYOV	VER AVAILABLE THIS	YEAR	32,017.	32,017.
FORM 990-T		CONTRIBUTIONS		STATEMENT 10
DESCRIPTION	I/KIND OF PROPERTY	METHOD USED T	O DETERMINE FMV	AMOUNT
CONTRIBUTIO	ons	N/A		1,357,500.
TOTAL TO FO	ORM 990-T, PAGE 2,	LINE 34		1,357,500.

CORM 990-T CONTRIBU	UTIONS SUMMARY		STATEMENT	11
CARRYOVER OF PRIOR YEARS UNUSED CO	ONTRIBUTIONS - 6	0% LIMIT		
FOR TAX YEAR 2018				
TOTAL CARRYOVER TOTAL CURRENT YEAR 60% CONTRIBUTION	ONS			
TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS ADJUS	STED	0		
EXCESS 60% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS		0 0		
ALLOWABLE CONTRIBUTIONS DEDUCTION				C
TAXABLE INCOME FOR LIMITATION AFTE	ER 60% CONTRIBUT	IONS	-26,	357
CARRYOVER OF PRIOR YEARS UNUSED CO	ONTRIBUTIONS - 5	0% LIMIT		
FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016 FOR TAX YEAR 2017 FOR TAX YEAR 2018	ONTRIBUTIONS - 5	0% LIMIT		
FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016 FOR TAX YEAR 2017 FOR TAX YEAR 2018 FOTAL CARRYOVER	923,000	923,000		
FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016 FOR TAX YEAR 2017 FOR TAX YEAR 2018 TOTAL CARRYOVER	923,000	923,000 1,357,500		
FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016 FOR TAX YEAR 2017	923,000 ONS	923,000		
FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016 FOR TAX YEAR 2017 FOR TAX YEAR 2018 TOTAL CARRYOVER TOTAL CURRENT YEAR 50% CONTRIBUTION TOTAL CONTRIBUTIONS AVAILABLE	923,000 ONS	923,000 1,357,500 2,280,500		
FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016 FOR TAX YEAR 2017 FOR TAX YEAR 2018 TOTAL CARRYOVER TOTAL CURRENT YEAR 50% CONTRIBUTION TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS ADJUST EXCESS 50% CONTRIBUTIONS	923,000 ONS	923,000 1,357,500 2,280,500 0		O

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

ENTITY OMB No 1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning

523000

► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Name of the organization

THE EMMA AND GEORGINA BLOOMBERG FOUNDATION

Employer identification number 13-7151342

	Junelated Business Activity Code (see instructions) ► 52300	_=	OW THROUGH AC	·ጥተ <i>\11</i> ተጥህ	
	Describe the unrelated trade or business	(A) Income	(B) Expenses	(C) Net	
1a	Gross receipts or sales				
b	Less returns and allowances c Balance	1c			
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Schedule D)	4a	8,826.		8,826.
b					
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 12	5	2,035.		2,035.
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7	1		
8	Interest, annuities, royalties, and rents from a controlled			<u> </u>	<u> </u>
	organization (Schedule F)	-8			
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9]		
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12			
<u>13</u>	Total. Combine lines 3 through 12	13	10,861.		10,861.
_	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in			<u></u>	
14	Compensation of officers, directors, and trustees (Schedule K)			14	
15	Salaries and wages			15	
16	Repairs and maintenance			16	
17	Bad debts			. 17	
18	Interest (attach schedule) (see instructions)			18	
19	Taxes and licenses	•) }	19	
20	Depreciation (attach Form 4562)		20		<u>-</u>
21	Less depreciation claimed on Schedule A and elsewhere on return		21a	216	
22	Depletion			22	
23	Contributions to deferred compensation plans			23	
24	Employee benefit programs .			24	1

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 30 from line 29

Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Excess exempt expenses (Schedule I)

Excess readership costs (Schedule J) Other deductions (attach schedule)

Total deductions. Add lines 14 through 27

Schedule M (Form 990-T) 2019

0.

10,861.

10,861.

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STMT 13

instructions)

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FORM 990-1	r (M) INCO	ME (LOSS) FROM P	ARTNERSHIPS	STATEMENT	12
DESCRIPTIO	, ON			NET INCOM	
THRU PARTN	2,035.				
TOTAL INCI	2,035.				
SCHEDULE M	STATEMENT	13			
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
12/31/18 6,221.		6,221.	6,221.		
NOL CARRYO	OVER AVAILABLE THIS	6,221.	6,221.		