29**393**321**072**11 8

	Føm	`9 90-T	E	xempt Organi	zation Bus	sine	ess Inco	ome T	ax Returr	n L	OMB No 1545-0687
	\tilde{o}	, J · · ·		(and	proxy tax und	ler se	ection 603	3(e))			2017
	*1	<i>)</i>	For ca	For calendar year 2017 or other tax year beginning, and ending, and ending Go to www.irs.gov/Form990T for instructions and the latest information.							ZU 1/
	Interna	tment of the Treasury	•	Do not enter SSN numbers	on this form as it may	y be ma	ade public if y	our organiz			Open to Public Inspection for 501(c)(3) Organizations Only
	A L	Check box if address changed		Name of organization (Check box if name of	change	d and see instr	uctions.)		(Empl	oyer identification number loyees' trust, see ictions)
٠,٢	B Ex	kempt under section	Print	THE BLOOMBER	G FAMILY F	OUN	DATION	INC			0-5602483
	X	501(c)(3 05)	Type	Number, street, and room or							ated business activity codes instructions)
	<u>_</u>] 408(e)220(e)*	,,,,,	C/O GELLER A				E, 16	<u>/</u> F	4	
	H]408A530(a)]529(a)		City or town, state or province NEW YORK, NY	ce, country, and ZIP o	or toreig	jn postal code			523	000
	C Boo	ok value of all assets	1	F Group exemption number	(See instructions.)						
				G Check organization type				1(c) trust	401(a)		Other trust
				ary unrelated business activity					H ACTIVIT		191.
				oration a subsidiary in an affi ifying number of the parent c		nt-subs	sidiary controll	ed group?	▶ 1	Ye	s X No
				DIANE GUBELLI	. C/O GELI	ER	ADVISO	RSTeleph	one number 🕨 2	12-	583-6000
				le or Business Inco			(A) Inc		(B) Expense		(C) Net
	1 a	Gross receipts or sale	es								ĺ
	b	Less returns and allo	wances		Balance	1c					
		Cost of goods sold (S		•		2					,
	3	Gross profit. Subtract Capital gain net incon				3 4a	38,916	453.			38,916,453.
		, -	•	art II, line 17) (attach Form 47	797)	4b	30,310	, 133.			30,710,1331
		Capital loss deduction	-	. , ,	,	4c					
	5	Income (loss) from p	artnersh	ips and S corporations (attacl	n statement)	5	<58,5	75,582.	STMT 2	21	<58,575,582.>
		Rent income (Schedu				6					
		Unrelated debt-finance		•	annotano (Cab. E)	7 8	-				
	8 9		•	nd rents from controlled orga in 501(c)(7), (9), or (17) orga		<u> </u>		_			 .
	10	Exploited exempt acti			mization (conocato a)	10					
	11	Advertising income (S	-	, ,		11					
		Other income (See in:			,	12					
		Total. Combine lines			/C	13	<u> </u>	59,129.	<u></u>		<19,659,129.>
	Га			ot Taken Elsewhere utions, deductions must b					s income) -		
	14	Compensation of off	ficers, di	rectors, and trustees (Schedy	DECE	N/E	n			14	
	15	Salaries and wages			RECE	IVL	-0			15	
	16 17	Repairs and mainter Bad debts	nance	İ	8	A 00	RS-OSC			16	
	18	Interest (attach sche	edule)		88 NOV 1	9 41	118			18	
2	19	Taxes and licenses	,		III)		السسمين			19	1,092,363.
Š	20	Charitable contributi	ons (Se	e instructions for limitation ru	(es) OGDE	N.	<u>Ull</u>			20	0.
•	21	Depreciation (attach			1/6 (2)			21			
•	22	•	aimed o	Schedule A and elsewhere o	n return			22a		22b 23	
-	23 24	Depletion Contributions to def	erred co	mnensation nlans						24	
5	25	Employee benefit pr		inponsation plans						25	
2	26	Excess exempt expe	-	chedule I)						26	
	27	Excess readership c	osts (Sc	hedule J)						27	
3	28	Other deductions (at								28	1,092,363.
*	29	Total deductions. A		14 through 28 ncome before net operating lo	una daduation. Cubtra	ot line S	0 from line 12			30	<20,751,492.>
<i>'</i>	30 31			icome before net operating to (limited to the amount on lin		C. 1111E 2			EMENT 22	31	(20,,52,252.)
	32			ncome before specific deducti		rom lın				32	<20,751,492.>
	33	Specific deduction (Generall	\$1,000, but see line 33 instr	uctions for exception	s)				33	1,000.
	34	Unrelated business		income. Subtract line 33 from			than line 32, 6	enter the sn	naller of zero or		
		line 32								34	<20,751,492.>

Form 990-T (2017) THE BLOOMBERG FAMILY FOUNDATION INC 20	0-5 <u>60248</u>	Page 2
Part III	Tax Computation		
35	Organizations Taxable as Corporations. See instructions for tax computation.		
(Controlled group members (sections 1561 and 1563) check here See instructions and.		
	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):		
	(1) \$ (2) \$ (3) \$		
	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)		
	(2) Additional 3% tax (not more than \$100,000)		
	income tax on the amount on line 34	▶ 35c	0.
	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from.		
١	Tax rate schedule or Schedule D (Form 1041)	▶ 36	
37	Proxy tax. See instructions	37	
	Alternative minimum tax	38	712,552.
	Tax on Non-Compliant Facility Income. See instructions	39	
	Total, Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40	712,552.
	Tax and Payments	1 .5 1	
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a		
	Other credits (see instructions) 41b		
	General business credit. Attach Form 3800 41c	-	
-	Credit for prior year minimum tax (attach Form 8801 or 8827)		
	Total credits. Add lines 41a through 41d	41e	
	Subtract line 41e from line 40	42	712,552.
_	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Total tax, Add lines 42 and 43	44	712,552.
	Payments: A 2016 overpayment credited to 2017 45a 1 , 725		,
	2017 estimated tax payments 45b	/ • • • • • • • • • • • • • • • • • • •	
	Tax deposited with Form 8868		
	Foreign organizations. Tax paid or withheld at source (see instructions) 45d		
	Backup withholding (see instructions) 45e		
	Credit for small employer health insurance premiums (Attach Form 8941) 45f		
	Other credits and payments: Form 2439		
,	☐ Form 4136 ☐ Other Total ► 45g		
46	Total payments. Add lines 45a through 45g	46	1,725,000.
	Estimated tax penalty (see instructions). Check if Form 2220 is attached	47	
	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	▶ 48	
	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	4 9	1,012,448.
	Enter the amount of line 49 you want: Credited to 2018 estimated tax 1,012,448. Refunde	d 🕨 50	0.
Part V		5)	
51 /	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority		Yes No
(over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file		
f	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the foreign country		
	nere SEE STATEMENT 23		X
52 (During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign t	rust?	X
1	f YES, see instructions for other forms the organization may have to file.		
53 E	Enter the amount of tax-exempt interest received or accrued during the tax year 🕨 \$		
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	t of my knowledge a	nd belief, it is true,
Sign	m I I/ami	May the IR	S discuss this return with
Here	AUTHORIZED SIGNER	the prepare	r shown below (see
	Signature of officer Date Title	instructions	3)? X Yes No
	Print/Type preparer's name Preparer's signature Date Check	· If PTII	N
Paid		employed	
Prepar			00445956
Use O	Firm's name GELLER & COMPANY LLC	's EIN ► 1	3-4149326
	909 THIRD AVENUE 16TH FLOOR	.	
	Firm's address ► NEW YORK, NY 10022 Pho	ne no. 212-	
			Form 990-T (2017)

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	aluation N/A		- "	
1 Inventory at beginning of year	1		_	Inventory at end of year	ar		6
2 Purchases	2		7	Cost of goods sold. Si	ubtract I	ine 6	
3 Cost of labor 3				from line 5. Enter here	and in F	Part I,	
4a Additional section 263A costs				line 2		·	7
(attach schedule)	4a		8	Do the rules of section	263A (with respect to	Yes No
b Other costs (attach schedule)	4b		1	property produced or a	acquired	for resale) apply to	
5 Total. Add lines 1 through 4b	5		7	the organization?		,	
Schedule C - Rent Income	(From Real	Property an	d Pe	rsonal Property	Leas	ed With Real Pro	perty)
(see instructions)							
1. Description of property							
(1)							
(2)	•						
(3)				_			
(4)							
		ed or accrued				2(a) Dadwahana dwaath	and the second s
(a) From personal property (if the personal property is more 10% but not more than 50%	e than	` 'of rent for p	personal	onal property (if the percental property exceeds 50% or if ed on profit or income)	age		r connected with the income in nd 2(b) (attach schedule)
(1)							
(2)							
(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 Del	ot-Financed	Income (see	ınstru	ctions)			
			2	Gross income from		3. Deductions directly cont to debt-finance	nected with or allocable sed property
1. Description of debt-fit	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			+				. 1
(2)	<u> </u>		 			-	
(3)			†				
(4)	<u>-</u>		1			•	
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-finar	adjusted basis illocable to nced property i schedule)	6	by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)				%			
(2)				%			
(3)		•		%			
(4)				%			
						nter here and on page 1, art I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals				▶		0 .	. 0.
Total dividends-received deductions in	cluded in column	8				>	0.
							Form 990-T (2017)

1. Name of periodical

2. Gross advertising an or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7

(1)

(2)

(3)

(4)

Totals (carry to Part II, line (5))

2. Gross advertising 3. Direct advertising gain or (loss) (col 2 minus col 2 minus col 3) If a gain, compute cols 5 through 7

5. Circulation income

6. Readership costs (column 6 minus column 4)

7. Excess readership costs (column 6 minus column 4)

7. Excess readership costs (column 6 minus column 4)

7. Excess readership costs (column 6 minus column 6)

7. Excess readership costs (column 6 minus column 6)

7. Excess readership costs (column 6 minus column 6)

7. Excess readership costs (column 6 minus column 6)

(4)

Form 990-T (2017)

Form 990-T (2017) THE BLOOMBERG FAMILY FOUNDATION INC 20-56024

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 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)							
(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 27
Totals, Part II (lines 1-5)	•	0.	0.				0
Schedule K - Comper	 nsatio				structions)		

•	1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)			%	
(2)			%	
(3)			%	
(4)			%	
Total. Enter her	e and on page 1, Part II, line 14		▶	0.

Form 990-T (2017)

Form 4626 Department of the Treasury Internal Revenue Service

Alternative Minimum Tax - Corporations

Attach to the corporation's tax return.

► Go to www.irs.gov/Form4626 for instructions and the latest information.

OMB No 1545-0123

	THE BLOOMBERG FAMILY FOUNDATION INC			20-5602483
	Note: See the instructions to find out if the corporation is a small corporation exempt			
	from the alternative minimum tax (AMT) under section 55(e).			
1	Taxable income or (loss) before net operating loss deduction		1_	<20,751,492.
2	Adjustments and preferences:		ł	
	a Depreciation of post-1986 property		2a	1,716,659.
	b Amortization of certified pollution control facilities		2b	
	c Amortization of mining exploration and development costs		2c	<u> </u>
	d Amortization of circulation expenditures (personal holding companies only)		2d	
	e Adjusted gain or loss		2e	<837,856.
	f Long-term contracts		2f	
	g Merchant marine capital construction funds		2g	
	h Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)		2h	
	Tax shelter farm activities (personal service corporations only)		2i	
	Passive activities (closely held corporations and personal service corporations only)		2j	
ı	k Loss limitations		2k	
	Depletion		21	
	m Tax-exempt interest income from specified private activity bonds		2m	
	n Intangible drilling costs		2n	
	Other adjustments and preferences	STATEMENT 24	20	55,500,293.
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 20		3	35,627,604.
4	Adjusted current earnings (ACE) adjustment:		.	
	ACE from line 10 of the ACE worksheet in the instructions	4a 35,627,604	<u>- </u>	
	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a			
	negative amount. See instructions		<u>) </u>	
	Multiply line 4b by 75% (0.75). Enter the result as a positive amount	4c		
-	Enter the excess, if any, of the corporation's total increases in AMTI from prior	, ,		
	year ACE adjustments over its total reductions in AMTI from prior year ACE			
	adjustments. See instructions. Note : You must enter an amount on line 4d	1	•	
	(even if line 4b is positive)	4d	_	
	e ACE adjustment.			
	If line 4b is zero or more, enter the amount from line 4c	λ		•
_	• If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount	J	4e	0. 35,627,604.
5	Combine lines 3 and 4e. If zero or less, stop here, the corporation does not owe any AMT	STATEMENT 25	5	32,064,844.
6	Alternative tax net operating loss deduction. See instructions	-	b	32,004,044.
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a	residuai	,	3,562,760.
	Interest in a REMIC, see instructions	lina Qali	7	3,302,700.
8	Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on l	ine oc).		
	a Subtract \$150,000 from line 7. If completing this line for a member of a controlled	8a		
	group, see instructions. If zero or less, enter -0- b Multiply line 8a by 25% (0.25)	8b	-	
	Exemption. Subtract line 8b from \$40,000. If completing this line for a member of a control		-	
	group, see instructions. If zero or less, enter -0-	iicu	8c	0.
9	Subtract line 8c from line 7. If zero or less, enter -0-		9	3,562,760.
10			10	712,552.
11	Multiply line 9 by 20% (0.20) Alternative minimum tax foreign tax credit (AMTFTC), See instructions		11	, 12, 332.
12	Tentative minimum tax, Subtract line 11 from line 10		12	712,552.
13	Regular tax liability before applying all credits except the foreign tax credit		13	, 12, 332 •
14	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0 Enter her	e and on	10	
• •	Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return		14	712,552.
JWA			17	Form 4626 (2017)

	Adjusted Current Earnings	•		<u>-</u>
	See ACE Worksheet Ins	tructions.		
Pre-adjustment AMTI. Enter the amount f	rom line 2 of Form 4626			35,627,604.
 Pre-adjustment AMTI. Enter the amount f ACE depreciation adjustment 	Total line 3 of Form 4020		 -'-	33,021,004.
· · · · · · · · · · · · · · · · · · ·		2a		
a AMT depreciation		24		
b ACE depreciation:	25(1)			
(1) Post-1993 property	2b(1)			
(2) Post-1989, pre-1994 property	2b(2)	_		
(3) Pre-1990 MACRS property	2b(3)			
(4) Pre-1990 original ACRS property	[2b(4)]			
(5) Property described in sections	łl			
168(f)(1) through (4)	2b(5)			
(6) Other property	[2b(6)]			
(7) Total ACE depreciation. Add lines 2		2b(7)		
c ACE depreciation adjustment. Subtract lin	e 2b(7) from line 2a		2c	
3 Inclusion in ACE of items included in earr	nings and profits (E&P):			
a Tax-exempt interest income		3a		
b Death benefits from life insurance contract	ets	3b		
c All other distributions from life insurance	contracts (including surrenders)	3c		
d Inside buildup of undistributed income in	life insurance contracts	3d		
e Other items (see Regulations sections 1.5	56(g)-1(c)(6)(iii) through (ix)			
for a partial list)		3e		
f Total increase to ACE from inclusion in A	CE of items included in E&P. Add lines 3a thr	ough 3e	3f	
4 Disallowance of items not deductible from	n E&P:			
a Certain dividends received		4a		
b Dividends paid on certain preferred stock of pub	lic utilities that are deductible under section 247 (as			
affected by P L 113-295, Div A, section 221(a)(4)		4b		
c Dividends paid to an ESOP that are deduc		4c		
d Nonpatronage dividends that are paid and	deductible under section			
1382(c)		4d		
e Other items (see Regulations sections 1.5	66(g)-1(d)(3)(i) and (ii) for a			
partial list)		4e		
•	rance of items not deductible from E&P. Add	lines 4a through 4e	. 4f	
5 Other adjustments based on rules for figu		, , ,	·	
a Intangible drilling costs		5a	1	
b Circulation expenditures		5b		
c Organizational expenditures		5c	i	
d LIFO inventory adjustments		5d	- 	
e Installment sales		5e		
f Total other E&P adjustments. Combine lin	nes 5a through 5e	_ 00		
6 Disallowance of loss on exchange of debt			6	
7 Acquisition expenses of life insurance col			7	
8 Depletion	inputition for qualified foreign contracts		8	
• Depiction			1 0 1	

Form 4626

Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property

10 Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9 Enter the result here and on line 4a of

9

10

35,627,604.

FORM 990-T		SS) FROM PARTNERS CORPORATIONS	HIPS	STATEMENT	21
DESCRIPTION	1			AMOUNT	
THRU PARTNE	- ERSHIP INVESTMENTS			<58,575,5	82.>
TOTAL TO FO	ORM 990-T, PAGE 1,	LINE 5		<58,575,5	82.>
FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT	22
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
12/31/08 12/31/09 12/31/10 12/31/12 12/31/13 12/31/14 12/31/15 12/31/16 NOL CARRYOV	186,525. 613,334. 1,670,140. 1,330,221. 8,208,516. 54,159,255. 37,172,738. 24,537,019.	186,525. 278,900. 0. 0. 0. 0. 0. YEAR	0. 334,434. 1,670,140. 1,330,221. 8,208,516. 54,159,255. 37,172,738. 24,537,019.	334,43 1,670,14 1,330,22 8,208,51 54,159,25 37,172,73 24,537,01	10. 21. 6. 55. 88.
FORM 990-T	NAME OF	YEAR FOREIGN COUNTRY	IN WHICH	127,412,32 STATEMENT	23.

NAME OF COUNTRY

BRAZIL CHINA **GERMANY BELGIUM** SWEDEN

DESCRIPTION OTHER AMT ITEMS TOTAL TO FORM 4626, LINE 20 FORM 4626 ALTERNATIVE MINIMUM TAX NOL DEDUCTION STATEMENT 25 LOSS PREVIOUSLY LOSS PREVIOUSLY REMAINING 12/31/08 186,525. 186,525. 0. 12/31/09 613,334. 278,900. 334,434. 12/31/10 1,670,140. 0. 1,670,140. 12/31/12 1,330,221. 0. 1,670,140. 12/31/12 1,330,221. 0. 1,330,221. 12/31/13 8,208,516. 0. 8,208,516. 12/31/14 54,159,255. 0. 54,159,255. 12/31/15 37,172,738. 0. 37,172,738. 12/31/16 2,749,587. 0. 2,749,587.	FORM 4626	C	THER AMT ADJUS	TMENTS	STATEMENT	24
TOTAL TO FORM 4626, LINE 20 FORM 4626 ALTERNATIVE MINIMUM TAX NOL DEDUCTION TAX YEAR LOSS SUSTAINED 12/31/08 186,525. 186,525. 186,525. 186,525. 12/31/10 1,670,140. 12/31/12 1,330,221. 12/31/12 1,330,221. 12/31/13 8,208,516. 12/31/14 54,159,255. 10. 55,500,293. LOSS PREVIOUSLY APPLIED REMAINING 0. 1,670,140. 1,670,140. 1,330,221.	DESCRIPTIO	N			TUNOMA	
FORM 4626 ALTERNATIVE MINIMUM TAX NOL DEDUCTION STATEMENT 25 LOSS PREVIOUSLY LOSS TAX YEAR LOSS SUSTAINED APPLIED REMAINING 12/31/08 186,525. 186,525. 0. 12/31/09 613,334. 278,900. 334,434. 12/31/10 1,670,140. 0. 1,670,140. 12/31/12 1,330,221. 0. 1,330,221. 12/31/13 8,208,516. 0. 8,208,516. 12/31/14 54,159,255. 0. 54,159,255. 12/31/15 37,172,738. 0. 37,172,738.	OTHER AMT	 ITEMS			55,500,2	93.
LOSS PREVIOUSLY 12/31/08 186,525. 12/31/09 613,334. 278,900. 12/31/10 1,670,140. 12/31/12 1,330,221. 12/31/13 8,208,516. 12/31/14 54,159,255. 12/31/15 37,172,738. LOSS PREVIOUSLY REMAINING 0. 1,670,140. 0. 1,670,140. 0. 1,330,221. 0. 1,330,221. 0. 37,172,738.	TOTAL TO F	ORM 4626, LINE 20		•	55,500,2	93.
TAX YEAR LOSS SUSTAINED APPLIED REMAINING 12/31/08 186,525. 186,525. 0. 12/31/09 613,334. 278,900. 334,434. 12/31/10 1,670,140. 0. 1,670,140. 12/31/12 1,330,221. 0. 1,330,221. 12/31/13 8,208,516. 0. 8,208,516. 12/31/14 54,159,255. 0. 54,159,255. 12/31/15 37,172,738. 0. 37,172,738.	FORM 4626	ALTERNATI	VE MINIMUM TAX	NOL DEDUCTION	STATEMENT	25
12/31/09 613,334. 278,900. 334,434. 12/31/10 1,670,140. 0. 1,670,140. 12/31/12 1,330,221. 0. 1,330,221. 12/31/13 8,208,516. 0. 8,208,516. 12/31/14 54,159,255. 0. 54,159,255. 12/31/15 37,172,738. 0. 37,172,738.	TAX YEAR	LOSS SUSTAINED	PREVIOUSLY			
	12/31/09 12/31/10 12/31/12 12/31/13 12/31/14 12/31/15	613,334. 1,670,140. 1,330,221. 8,208,516. 54,159,255. 37,172,738.	278,900. 0. 0. 0. 0.	334,434. 1,670,140. 1,330,221. 8,208,516. 54,159,255. 37,172,738.		

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

Name

Employer identification number

THE B	LOOMBERG	FAMILY	FOUNDATION	INC
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20-5602483

Part I Short-Term Capital Ga	ins and Losses - As	<u>sets Held One Year</u>	or Less			
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gai	n	(ħ) Gain or (loss) Subtract column (e) from column (d) and	
This form may be easier to complete if you round off cents to whole dollars.	This form may be easier to complete if you (sales price) (or other basis) Part I, line 2, column (g) Part I, line 2, column (g)					
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b						
1b Totals for all transactions reported on						
Form(s) 8949 with Box A checked						
2 Totals for all transactions reported on						
Form(s) 8949 with Box B checked						
3 Totals for all transactions reported on						
Form(s) 8949 with Box C checked	. farm Farm COFO, has OC as O	7				
4 Short-term capital gain from installment sales		<i>'</i>		4		
5 Short-term capital gain or (loss) from like-kin				5	,	
6 Unused capital loss carryover (attach comput	•			6	(
7 Net short-term capital gain or (loss). Combin			- O V	7	<u> </u>	
Part II Long-Term Capital Gai	ins and Losses - Ass	sets Heid More I nai	n One Year		T	
to enter on the lines below. This form may be easier to complete if you	(d) Proceeds (sales price)	(e) Cost (or other basis)	(9) Adjustments to gai or loss from Form(s) 894 Part II, line 2, column (c	9.	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)	
round off cents to whole dollars.	(out-op prico)	(6. 6.1.6. 5.5.6)	T GIT III III O Z.; OOIZIIII (§		ourname the result with selamin (g)	
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b						
8b Totals for all transactions reported on						
Form(s) 8949 with Box D checked						
9 Totals for all transactions reported on						
Form(s) 8949 with Box E checked					38,916,453.	
10 Totals for all transactions reported on					j	
Form(s) 8949 with Box F checked			<u> </u>			
11 Enter gain from Form 4797, line 7 or 9				11		
12 Long-term capital gain from installment sales	•			12		
13 Long-term capital gain or (loss) from like-kin	d exchanges from Form 8824			13		
14 Capital gain distributions				14	22 24 5 1 5 2	
15 Net long-term capital gain or (loss) Combine		ın h		15	38,916,453.	
Part III Summary of Parts I and					, 	
16 Enter excess of net short-term capital gain (lin	, ,	` '		16		
17 Net capital gain. Enter excess of net long-term	, , ,	, ,	•	17	38,916,453.	
18 Add lines 16 and 17. Enter here and on Form has qualified timber gain, also complete Part	.,	roper line on other returns. If t	the corporation	18	38,916,453.	
Note: If losses exceed gains, see Capital loss				,,,	20,220,200	

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2017

JWA

Part IV Alternative Tax for Corporations with Qualified Tim	ber Gain.Complete	Part IV only if the corporation has	
qualified timber gain under section 1201(b). Skip this part if you are filing For	m 1120-RIC. See instruc	ctions.	
19 Enter qualified timber gain (as defined in section 1201(b)(2))	19		
20 Enter taxable income from Form 1120, page 1, line 30, or the applicable line			
of your tax return	20		
21 Enter the smallest of. (a) the amount on line 19, (b) the amount on line 20; or			
(c) the amount on Part III, line 17	21		}
22 Multiply line 21 by 23.8% (0.238)		22	
23 Subtract line 17 from line 20. If zero or less, enter -0-	23		
24 Enter the tax on line 23, figured using the Tax Rate Schedule (or applicable tax rate) appro	priate for		
the return with which Schedule D (Form 1120) is being filed		24	
25 Add lines 21 and 23	25		
26 Subtract line 25 from line 20. If zero or less, enter -0-	26		
27 Multiply line 26 by 35% (0.35)		27	
28 Add lines 22, 24, and 27		28	
29 Enter the tax on line 20, figured using the Tax Rate Schedule (or applicable tax rate) appro	priate for the		
return with which Schedule D (Form 1120) is being filed		29	
30 Enter the smaller of line 28 or line 29. Also enter this amount on Form 1120, Schedule J, li	ne 2, or the		
applicable line of your tax return		30	
		Schedule D (For	m 1120) 2017

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on page 1

Social security number or taxpayer identification no.

20-5602483

THE BLOOMBERG FAMILY FOUNDATION INC

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1

Note: You may aggregate all long term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box D, E, or F below. Check only one box, If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

1 (a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr.)	(c) Date sold or disposed of (Mo, day, yr)	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and see Column (e) in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		Gain or (loss). Subtract column (e)
					(f) Code(s)	(g) Amount of adjustment	from column (d) & combine the result with column (g)
THRU PARTNERSHIP							
INVESTMENTS							38,916,453.
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2 Totals. Add the amounts in colu	umns (d), (e), (d) :	and (h) (subtract					
negative amounts) Enter each t							
Schedule D, line 8b (if Box D at		•					
above is checked), or line 10 (if	•	,					38,916,453.

above is checked), or line 10 (if Box F above is checked)

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Form **8949** (2017)