	2 .	· compare		471 18 1	f.		
	TXT	ENDED TO NOV	EMB	ER 15, 20	ę.	_	
Form 990-T	Exempt Org	anization Bus	sine	ss Income T	ax Returi	า ₋	OMB No 1545-0687
		and proxy tax und	ler se			l	2018
	For calendar year 2018 or other tax	w.irs.gov/Form990T for it	nstructi	, and ending ons and the latest inform	nation	-	2010
Department of the Treasury Internal Revenue Service		bers on this form as it may) [[*]	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed	Name of organization (Check box if name of	hanged	and see instructions.)		(Empl	oyer identification number loyees' trust, see ictions)
B Exempt upder section	Print THE BLOOMB	ERG FAMILY F	NUO	DATION INC		2	0-5602483
\mathbf{X} 501(ch)(3)	Tues	om or suite no. If a P.O. bo					ated business activity code nstructions)
408(e) (220(e)	C/O)GETTER	ADV, 909 3R				-	
408A530(a) 529(a)	NEW YORK,	rovince, country, and ZIP on NY 10022	r toreig	n postal code		523	000
€ Book value of all assets	F Group exemption nu	mber (See instructions.)				1223	000
at end of year 8,957,988,9	56 . G Check organization t	ype ► X 501(c) cor	poratio	501(c) trust	401(a) trust	Other trust
H Enter the number of the	organization's unrelated trades o		3		the only (or first) ui	related	
	► UBTI FROM FLO				complete Parts I-V.		
	lank space at the end of the prev	ious sentence, complete Pa	arts I ar	id II, complete a Schedule	M for each addition	nal trade	or
business, then complete		- officeted areas as a serie	at auba	diani partrallad araug?		I va	es X No
	the corporation a subsidiary in a and identifying number of the pai		nt-subs	lolary controlled group?		Ye	S LALINO
	► DIANE GUBEL		ER	ADVISORSTeleph	one number 🕨 2	212-	583-6000
	d Trade or Business II			(A) Income	(B) Expense		(C) Net
1a Gross receipts or sale	es						
b Less returns and allow	wances	c Balance	1c				
2 Cost of goods sold (S	• •		2				
3 Gross profit. Subtract			3 4a			-	
4a Capital gain net incon	4797, Part II, line 17) (attach Fo	rm 4797)	4b				
c Capital loss deduction		11114737)	4c				
•	partnership or an S corporation	(attach statement)	5				
6 Rent income (Schedu			6				
7 Unrelated debt-finance	ed income (Schedule E)		7				
· · · · · · · · · · · · · · · · · · ·	valties, and rents from a controlle	=	8				
	f a section 501(c)(7), (9), or (17)	organization (Schedule G)	10				
10 Exploited exempt acti 11 Advertising income (S	vity income (Schedule I) Schedule JV		11				
,	structions; attach schedule)		12				
13 Total. Combine lines		_	13	0.			
	ns Not Taken Elsewh contributions, deductions mu						
14 Compensation of off	icers, directors, and trustees (Sc	chedule K)				14	
15 Salaries and wages						15	
16 Repairs and mainten	ance					16	
17 Bad debts	d. I-3 /					17	
18 Interest (attach sche19 Taxes and licenses	dule) (see instructions)					18	
	ons (See instructions for limitati	on rules) STATEME	NT	22 SEE STAT	EMENT 21	20	0.
21 Depreciation (attach		,,		21			
22 Less depreciation cla	aimed on Schedule A and elsewh	ere on return		22a		22b	
23 Depletion		RECE	IVE	<u>U</u>		23	
	erred compensation plans			ומו		24	,
25 Employee benefit pro	_	NOV 2	1 21	119		25	
26 Excess exempt expe27 Excess readership co	,	<u></u>		JE		26 27	
28 Other deductions (at	,	OGDI	ΞŇ,	UT		28	
•	dd lines 14 through 28					29	0.
30 Unrelated business t	axable income before net operat	ing loss deduction. Subtrac	t line 2	9 from line 13		30	0.
	erating loss arising in tax years l		ry 1, 20	018 (see instructions)		31	
	axable income. Subtract line 31					32	0 . Form 990-T (2018)
823701 01-09-19 LHA FC	or Paperwork Reduction Act Not	ice, see instructions.					- COLIN 330-1 (2018)

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20-5602483	Page 2

THE BLOOMBERG FAMILY FOUNDATION INC Form 990-T (2018) **Total Unrelated Business Taxable Income** Part III <u>0.</u> Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 33 34 Amounts paid for disallowed fringes 0. STMT 25 35 Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) 35 36 Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of 36 1,000. 37 Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) 38 Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36 38 0. Part IV Tax Computation Organizations Taxable as Corporations, Multiply line 38 by 21% (0.21) 39 Ō. 40 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: Tax rate schedule or Schedule D (Form 1041) 40 41 Proxy tax. See instructions 41 42 Alternative minimum tax (trusts only) 42 43 Tax on Noncompliant Facility Income See instructions 43 Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies 0. Part V Tax and Payments 45a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a b Other credits (see instructions) 45b c General business credit. Attach Form 3800 45c d Credit for prior year minimum tax (attach Form 8801 or 8827) 45d e Total credits. Add lines 45a through 45d 46 Subtract line 45e from line 44 46 $\overline{0}$. Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) 47 Total tax. Add lines 46 and 47 (see instructions) 48 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 49 50 a Payments: A 2017 overpayment credited to 2018 1,012,448 50a 50b b 2018 estimated tax payments c Tax deposited with Form 8868 SDc d Foreign organizations: Tax paid or withheld at source (see instructions) 50d 50e e Backup withholding (see instructions) f Credit for small employer health insurance premiums (attach Form 8941) 50f g Other credits, adjustments, and payments: Form 2439 X Other 356,276. 356,276 ____ Form 4136 Total > 50g SEE STATEMENT 51 Total payments, Add lines 50a through 50g 1,368,724. 51 52 Estimated tax penalty (see instructions). Check if Form 2220 is attached 52 53 Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed 53 Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid 54 368,724. 55 Enter the amount of line 54 you want: Credited to 2019 estimated tax 418,724. Refunded 55 950,000. Part VI | Statements Regarding Certain Activities and Other Information (see instructions) 56 At any time during the 2018 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ► SEE STATEMENT 23 X X 57 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. 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 of my knowledge and belief, it is true claration of preparer (other than taxpayer) is based on all information of which preparer has any Sign May the IRS discuss this return with Here 11/13/1 AUTHORIZED SIGNER the preparer shown below (see Signature of officer instructions)? X Yes Print/Type preparer's name Preparer's signature Date Check PTIN self- employed Paid CHARLES POMO P00445956 **Preparer**

Firm's name ► GELLER & COMPANY LLC 13-4149326 Firm's EIN **Use Only**

909 THIRD AVENUE 16TH FLOOR Firm's address > NEW YORK. NY 10022

Form 990-T (2018)

212-583-6000

823711 01-09-19

Phone no.



Schedule A - Cost of Good	s Sold. Enter metho	od of inventory valuation N/A	
1 Inventory at beginning of year	1	6 Inventory at end of year 6	
2 Purchases	2	7 Cost of goods sold. Subtract line 6	
3 Cost of labor	3	from line 5. Enter here and in Part I,	
4a Additional section 263A costs		line 2	
(attach schedule)	4a	8 Do the rules of section 263A (with respect to	Yes No
b Other costs (attach schedule)	4b	property produced or acquired for resale) apply to	
5 Total. Add lines 1 through 4b	5	the organization?	
Schedule C - Rent Income (see instructions)	(From Real Prop	perty and Personal Property Leased With Real Proper	ty)
1. Description of property			
(1)			
(2)			
(3)			

(4)							
	2. Rent recei	ved or accrued					
	(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	of rent for pers	personal property (if the percentage conal property exceeds 50% or if based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)			
(1)							
(2)							
(3)							
(4)							
Total	0.	Total	0.	-			
	al income. Add totals of columns 2(a) and 2(b). E id on page 1, Part I, line 6, column (A)	nter >	0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (8)	0.		

Schedule E - Unrelated Debt-Financed Income (see instructions) 3. Deductions directly connected with or allocable to debt-financed property 2. Gross income from or allocable to debt-financed property (b) Other deductions (attach schedule) (a) Straight line depreciation (attach schedule) 1. Description of debt-financed property (1) (2) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) Average adjusted basis of or allocable to debt-financed property (attach schedule) 6. Column 4 divided by column 5 7. Gross income reportable (column 8. Allocable deductions (column 6 x total of columns 2 x column 6) 3(a) and 3(b)) % (1) (2) % % (3) % (4) Enter here and on page 1, Enter here and on page 1.

> 0. <u>0.</u> ▶ 0.

Part I, line 7, column (B)

Form **990-T** (2018)

Totals

Part I, line 7, column (A)

Total dividends-received deductions included in column 8

Schedule F - Interest,	Annuities, Roy	alties, aı		s From C Controlled C			zatio	ns (see in:	structio	ons)	
1. Name of controlled organizal	ident	mployer tification umber	3. Net un	related income e instructions)	4. To	al of specified nents made 5. Part of column 4 included in the conorganization's gross		ntrolling connected		Deductions directly innected with income in column 5	
(1) `					 			 .			
(2)											
(3)	-			,							
(4)											
Nonexempt Controlled Organi	zations										
7. Taxable Income	8. Net unrelated inc (see instruction		9. Total	of specified pay made	ments	10. Part of colu in the controll gross	mn 9 tha ing orga s income	nızatıon's	11. t	Deduct	tions directly connected ome in column 10
(1)											
(2)		-	1								
(3)											
(4)											
						Add colun Enter here and line 8, 6		e 1, Part I,		er here	olumns 6 and 11 and on page 1, Part I, 8, column (B)
Totals		•	•		•			0.			0.
Schedule G - Investme		Section	1 501(c)(7), (9), or	(17) Oı	rganizatior	1	,			
(see insti	ructions)			Γ		3. Deductio	200	1 .			5. Total deductions
	ription of income			2. Amount of	income	directly conne (attach sched	cted	4. Set-	-asides schedule))	and set-asides (col 3 plus col 4)
(1)											
(2)										-	
(3)				-		<u> </u>				<u> </u>	
(4)				Enter here and Part I, line 9, co				<u> </u>			Enter here and on page 1 Part I, line 9, column (B)
Totals			•	<u></u>	0.	_					0.
Schedule I - Exploited (see instru	-	ty Incom	e, Othe	r Than Ac	Ivertisi	ing Income	•				
	_	3 5-	penses	4. Net incom	ne (loss)	_					7. Excess exempt
1. Description of exploited activity	2. Gross unrelated business income from trade or business	directly of with pro of uni	penses connected oduction related s income	from unrelated business (cd minus colum gain, comput through	olumn 2 n 3) If a e cols 5	5. Gross inco from activity to is not unrelate business inco	hat ed	attribut	oenses table to mn 5		expenses (column 6 minus column 5, but not more than column 4)
(1)			_					L			
(2)											
(3)										\perp	
(4)				ļ				l			
	Enter here and on page 1, Part I, line 10, col (A)	page 1	re and on I, Part I, , col (B)								Enter here and on page 1, Part II, line 26
Totals -	0.		0.								0.
Schedule J - Advertision				11.1.1.1.1	- ·	**					
Part ! Income From I	Periodicals Re	ported o	n a Con	isolidated	Basis						
1. Name of periodical	2. Gross advertising income		3. Direct ertising costs	4. Advertor (loss) (ccol 3) If a gcols 5 ti	ising gain of 2 minus ain, comput arough 7			6. Read cost		0	7. Excess readership costs (column 6 minus olumn 5, but not more than column 4)
(1)										$oldsymbol{ol}}}}}}}}}}}}} $	
(2)										_	
(3)										_	
(4)								ļ		↓.	
Totals (carry to Part II, line (5))	•	0.	0			.					0.

Form 990-T (2018) 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

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)	Î	,		-		
(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

1. Nar	ne	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)			%	
(2)	4	•	%	
(3)			%	
(4)			%	
Total. Enter here and on page 1, Par	rt II, line 14		•	. 0

Form 990-T (2018)

THE BLOOMBERG FAMILY FOUNDATION INC

FORM 990-T	CONTRIBUTIONS	STATEMENT 21
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CONTRIBUTIONS	N/A	433,973,606.
TOTAL TO FORM 990-T, PAGE 1, L	INE 20	433,973,606.

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT	22
QUALIFIED	CONTRIBUTIONS SUBJECT TO 100% LIMIT			
FOR TAX FOR TAX FOR TAX FOR TAX	OF PRIOR YEARS UNUSED CONTRIBUTIONS YEAR 2013 YEAR 2014 YEAR 2015 YEAR 2016 YEAR 2017			
TOTAL CARE	YOVER ENT YEAR 10% CONTRIBUTIONS	433,973,606		
	RIBUTIONS AVAILABLE COME LIMITATION AS ADJUSTED	433,973,606		
EXCESS 100	CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS	433,973,606 0 433,973,606		
ALLOWABLE	CONTRIBUTIONS DEDUCTION			0
TOTAL CONT	RIBUTION DEDUCTION		-	0

FORM 990-T	NAME OF FOREIGN COUNTRY IN WHICH	STATEMENT	23
	ORGANIZATION HAS FINANCIAL INTEREST		

NAME OF COUNTRY

BRAZIL CHINA **ISRAEL BELGIUM** SWEDEN

FORM 990-T	ОТН	ER CREDITS AND PA	YMENTS	STATEMENT	24
DESCRIPTION	1			AMOUNT	
FORM 8827,	LINE 8C			356,2	76.
TOTAL INCLU	JDED ON FORM 990-T	, PAGE 2, PART V,	LINE 50G	356,2	76.
FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT	25
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 12/31/17	186,525. 613,334. 1,670,140. 1,330,221. 8,208,516. 54,159,255. 37,172,738. 24,537,019. 20,751,492.	186,525. 278,900. 0. 0. 0. 0. 0.	0. 334,434. 1,670,140. 1,330,221. 8,208,516. 54,159,255. 37,172,738. 24,537,019. 20,751,492.	334,43 1,670,14 1,330,22 8,208,51 54,159,25 37,172,73 24,537,01 20,751,49	0. 1. 6. 5. 8.
NOL CARRYOV	VER AVAILABLE THIS	YEAR	148,163,815.	148,163,81	5.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for

Unrelated Trade or Business

OMB No 1545-0687

ENTITY

Department of the Treasury Internal Revenue Service (99)

Name of the organization

For calendar year 2018 or other tax year beginning ► 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

Employer identification number

	THE BLOOMBERG FAMILY FO	UND	ATION INC	20-56	024	83
$\overline{}$	Inrelated business activity code (see instructions) > 52300					
	Describe the unrelated trade or business UBTI FROM	FL	OW THROUGH A	CTIVITY		
Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expense	s	(C) Net
1 a	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	33,674,018.	<u> </u>		33,674,018.
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 26	5	<125,887,900.			<125,887,900.
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7			Ü	
8	Interest, annuities, royalties, and rents from a controlled					
	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				
13	Total. Combine lines 3 through 12	13	<92,213,882.			<92,213,882.
14	Deductions Not Taken Elsewhere (See instruction deductions must be directly connected with the Compensation of officers, directors, and trustees (Schedule K)	unrel	ated business incom	ne.)	14	or contributions,
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	706,943.
20	Charitable contributions (See instructions for limitation rules)				20	
21	Depreciation (attach Form 4562)		21			
22	Less depreciation claimed on Schedule A and elsewhere on return	ı	22a		22b	
23	Depletion				23	
24	Contributions to deferred compensation plans				24	
25	Employee benefit programs				25	
26	Excess exempt expenses (Schedule I)				26	
27	Excess readership costs (Schedule J)				27	
28	Other deductions (attach schedule)				28	
29	Total deductions. Add lines 14 through 28				29	706,943.
30	Unrelated business taxable income before net operating loss dedu	iction	Subtract line 29 from line	13	30	<92,920,825.

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 31 from line 30

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

Schedule M (Form 990-T) 2018

<92,920,825.>

THE BLOOMBERG FAMILY FOUNDATION INC

FORM 990-T (M) INCOME (LOSS) FROM PARTNE	RSHIPS STATEMENT
DESCRIPTION	NET INCOME OR (LOSS)
THRU PARTNERSHIP INVESTMENTS - ORDINARY BUSINESS (LOSS)	NCOME <125,887,900
TOTAL INCLUDED ON SCHEDULE M, PART I, LINE 5	<125,887,900

SCHEDULE M (Form 990-T)

Department of the Treasury Internal Revenue Service (99)

unrelated	busin	ess ra	axable	income	101
Unre	elated 1	Trade	or Bus	iness	

For calendar year 2018 or other tax year beg , and ending

► 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).

ENTITY 2

OMB No 1545-0687

501(c)(3) Organizations Only

<8,708,165.>

Schedule M (Form 990-T) 2018

Employer identification number Name of the organization THE BLOOMBERG FAMILY FOUNDATION INC 20-5602483 523000 Unrelated business activity code (see instructions) FROM FLOW THROUGH ACTIVITY Describe the unrelated trade or business Part I Unrelated Trade or Business Income (B) Expenses (C) Net (A) Income 1a Gross receipts or sales b Less returns and allowances c Balance 1c Cost of goods sold (Schedule A, line 7) 2 3 Gross profit Subtract line 2 from line 1c 201,344. 201,344. 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b 4c c Capital loss deduction for trusts Income (loss) from a partnership or an S corporation (attach <8,905,502. <8,905,502.> statement) STATEMENT 27 5 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 10 Exploited exempt activity income (Schedule I) 11 11 Advertising income (Schedule J) Other income (See instructions, attach schedule) 12 12 <8,704,158.> <8,704,158.Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K) 14 14 15 15 Salaries and wages 16 16 Repairs and maintenance 17 17 Bad debts 18 18 Interest (attach schedule) (see instructions) 4,007. 19 19 Taxes and licenses 20 Charitable contributions (See instructions for limitation rules) 20 Depreciation (attach Form 4562) 21 22b Less depreciation claimed on Schedule A and elsewhere on return 22 23 23 Depletion 24 Contributions to deferred compensation plans 24 25 25 Employee benefit programs Excess exempt expenses (Schedule I) 26 27 Excess readership costs (Schedule J) 27 28 Other deductions (attach schedule) 28 4.007. 29 29 Total deductions. Add lines 14 through 28 <8,708,165. 30

instructions)

30 31 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

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

Unrelated business taxable income Subtract line 31 from line 30

LHA For Paperwork Reduction Act Notice, see instructions.

THE BLOOMBERG FAMILY FOUNDATION INC

FORM 990-T (M)	INCOME (LOSS)	FROM PARTNERSHIPS	STATEMENT 27
DESCRIPTION			NET INCOME OR (LOSS)
THRU PARTNERSHIP INVESTMENTS - ORDINARY BUSINESS INCOME (LOSS)		<8,905,502.>	
TOTAL INCLUDED ON SCHE	DULE M, PART I	, LINE 5	<8,905,502.>

Form **8827**

Department of the Treasury Internal Revenue Service

Credit for Prior Year Minimum Tax - Corporations

► Attach to the corporation's tax return.

► Go to www.irs.gov/Form8827 for the latest information.

OMB No. 1545-0123

2018

THE BLOOMBERG FAMILY FOUNDATION INC	1	-5602483
1 Alternative minimum tax (AMT) for 2017. Enter the amount from line 14 of the 2017 Form 4626	1	712,552.
2 Minimum tax credit carryforward from 2017. Enter the amount from line 9 of the 2017 Form 8827	2	
3 Enter any 2017 unallowed qualified electric vehicle credit (see instructions)	3	
4 Add lines 1, 2, and 3	4	712,552.
5 Enter the corporation's 2018 regular income tax liability minus allowable tax credits (see instructions)	5	0.
6 Enter the refundable minimum tax credit (see instructions)	6	356,276.
7 Add lines 5 and 6	7	356,276.
8aEnter the smaller of line 4 or line 7. If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions	8a	356,276.
b Current year minimum tax credit. Enter the smaller of line 4 or line 5 here and on Form 1120, Schedule J, Part I, line 5d (or the applicable line of your return) If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions. If you made an entry on line 6, go to line 8c. Otherwise, skip line 8c	8b	0.
c Subtract line 8b from line 8a. This is the current year refundable minimum tax credit. Include this amount on Form 1120, Schedule J, Part II, line 20c (or the applicable line of your return)	8c	356,276.
9 Minimum tax credit carryforward to 2019. Subtract line 8a from line 4. Keep a record of this amount to carry forward and use in future years	9	356,276.

	PRIC	OR YEAR MINIMUM T	AX CREDIT	STATEMENT	28
TAX YEAR	ORIGINAL	PREVIOUSLY APPLIED	REMAINING	AVAILABLE THIS YEAR	
12/31/17	712,552.	0.	712,552.	712,552.	•
AVAILABLE 1	FOR CREDIT		712,552.	712,552.	=