Form 990-T	E	Exempt Organization Bus			Γax Retur	n L	OMB No 1545-0047
		(and proxy tax und	ler se	ection 6033(e))	191	_	2040
	For ca	lendar year 2019 or other tax year beginning	•	, and ending		_	2019
Department of the Treasury Internal Revenue Service	•	► Go to www.irs.gov/Form990T for ir Do not enter SSN numbers on this form as it may	be ma	ade public if your organi			Open to Public Inspection for 01(c)(3) Organizations Only
A X Check box if address changed		Name of organization (Check box if name c				(Emplo	•
B Exempt under section	Print	THE BLOOMBERG FAMILY F					0-5602483
X 501(c <u>93</u>)	or Type	Number, street, and room or suite no. If a P.O. box					led business activity code structions)
408(e) 220(e)		C/O GELLER ADVISORS, P				-	
408A 530(a) 529(a)		City or town, state or province, country, and ZIP o NEW YORK, NY 10150	r toreig	jn postal code		5230	000
C Book value of all assets at end of year	2.0	F Group exemption number (See instructions.)	<u> </u>	-	1 101/-	V A a A	1000-10-1
		G Check organization type ► X 501(c) corp) trust	Other trust (
	-	ition's unrelated trades or businesses. TI FROM FLOW THROUGH AC	2		the only (or first) u		W
					, complete Parts I-V.		•
business, then complete		ice at the end of the previous sentence, complete Pa	aris i ai	iu ii, compiete a Schedur	e ivi for each additio	nai trade	Of .
		oration a subsidiary in an affiliated group or a parei	nt-subs	udiany controlled group?	<u> </u>	Yes	X No
		tifying number of the parent corporation.	in Subs	naidly controlled group.		103	, <u>(25) 11</u> 0
		DIANE GUBELLI, C/O GELL	ER	ADVISORSTeleph	one number	212-5	83-6000
		de or Business Income		(A) Income	(B) Expense		(C) Net
1a Gross receipts or sale	s					İ	-/ 1
b Less returns and allow	wances	c Balance	1c				
2 Cost of goods sold (S	chedule	A, line 7)	2				
3 Gross profit. Subtract	line 2 fr	rom line 1c	3				
4a Capital gain net incom	•	·	4a				<u>/</u>
		art II, line 17) (attach Form 4797)	4b				
 Capital loss deduction 			4c				
5 Income (loss) from a	partners	ship or an S corporation (attach statement)	5				
6 Rent income (Schedu	le C)		6				
7 Unrelated debt-finance	ed incor	ne (Schedule E)	7				
		and rents from a controlled organization (Schedule F)	8		[
		on 501(c)(7), (9), or (17) organization (Schedule G)		//			
10 Exploited exempt activ	-	•	10			+	
11 Advertising income (S		•	11		<u> </u>		
• 12 Other income (See ins		•	12	0.			
Part II Deduction		ot Taken Elsewhere (See instructions to				I.	
(Deductions	must b	pe directly connected with the unrelated busin	ness ir	ncome)			
	ıcers, dı	rectors, and trustees (Schedule K)				14	
15 Salaries and wages						15	
16 Repairs and mainten	ance					16	
17 Bad debts	1.1.1.7.6.			RECEI	VED	17	
18 Interest (attach sche	dule) (s	ee instructions)		THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM	Carried and and a	18	
19 Taxes and licenses	Farm 41	560)		S NOW 23	2020	19	
20 Depreciation (attach21 Less depreciation cla		n Schedule A and elsewhere on return		30 11020 20	2020	21b	
22 Depletion	illinea oi	1 Schedule A alid elsewhere off return		OGDEN	TUT =	22	,
23 Contributions to defe	read of	mnencation plans		0002.	<u>', ' </u>	23	
24 Employee benefit pro		impensation plans				24	
25 Excess exempt exper		chedule I)				25	
26 Excess readership co						26	
27 Other deductions (at					•	27	
28 Total deductions. Ac						28	0.
,		ncome before net operating loss deduction. Subtrac	t line 2	8 from line 13		29	0.
/		loss arising in tax years beginning on or after Janua					
(see instructions)		_				30	0.
		ncome. Subtract line 30 from line 29				31	0.
923701 01-27-20 LHA Fo	r Papei	work Reduction Act Notice, see instructions.					Form 990-T (2019)

Form 990-T (2019) THE BLOOMBERG FAMILY FOUNDATION INC 20-5602483 Page 2 **Total Unrelated Business Taxable Income** 32 48,454,886. Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 32 33 33 Amounts paid for disallowed fringes STMT 21 STMT 22 34 Charitable contributions (see instructions for limitation rules) 34 Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 39 48,454,886. 35 35 STMT 200 48,454,886. 36 Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) 37 Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35 37 1,000. Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions) 38 38 Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, 0. enter the smaller of zero or line 37 39 Part IV Tax Computation 0. Organizations Taxable as Corporations, Multiply line 39 by 21% (0.21) 40 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from. Tax rate schedule or Schedule D (Form 1041) 41 Proxy tax. See instructions 42 43 Alternative minimum tax (trusts only) 43 Tax on Noncompliant Facility Income. See instructions 44 Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies 45 Part V Tax and Payments 46a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a b Other credits (see instructions) 46b 46c c General business credit. Attach Form 3800 d Credit for prior year minimum tax (attach Form 8801 or 8827) 46d e Total credits. Add lines 46a through 46d 46e 0. 47 47 Subtract line 46e from line 45 Other taxes, Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) 48 0. 49 Total tax. Add lines 47 and 48 (see instructions) 49 0. 50 50 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3 418,724 51 a Payments: A 2018 overpayment credited to 2019 5/1a b 2019 estimated tax payments 51b 51c c Tax deposited with Form 8868 d Foreign organizations; Tax paid or withheld at source (see instructions) 51d 51e e Backup withholding (see instructions) 51f f Credit for small employer health insurance premiums (attach Form 8941) g Other credits, adjustments, and payments: Form 2439 356,276. 356,276 Form 4136 X Other Total 340 SEE STATEMENT 775,000. 52 52 Total payments. Add lines 51a through 51g 53 Estimated tax penalty (see instructions). Check if Form 2220 is attached 54 54 Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed 775,000. Overpayment, If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid 55 Enter the amount of line 55 you want; Credited to 2020 estimated tax 0. 56 Part VI | Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2019 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 X ► SEE STATEMENT 18 X 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, Sign May the IRS discuss this return with Here AUTHORIZED SIGNER the preparer shown below (see Signature of office instructions)? X Yes [PTIN Print/Type preparer's name Preparer's signature Date Check self- employed Paid P00445956 CHARLES POMO Preparer Firm's name ▶ GELLER & COMPANY 13-4149326 Firm's EIN **Use Only** P.O. BOX 1510

59

NY 10150

Phone no. 212-583-6000

Form 990-T (2019)

923711 01-27-20

Firm's address > NEW YORK,

Threathers at beginning of year 1 6 inventory at end of year 7 Cest of goods sold. Subtract line 6 7 Cest of goods s	Schedule A - Cost of Good	s Sold. Enter	r method of inver	itory v	valuation N/A					
3 Cost of labor 4 a Additional section 263A costs (attach schedule) 4 a So the rules of section 263A (with respect to property of the property of the property and Personal Property Leased With Real Property) Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (a) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c				1		ar	<u>-</u>	6		
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(2)	(1)	Ī			%	1		1		
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Enter here and on page 1, Part I, line 7, column (A) Totals Enter here and on page 1, Part I, line 7, column (B) Column (B)				Ì	%	İ				
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· · · · · · · · · · · · · · · · · · ·	Totals				•		0			0.
		ncluded in columi	n 8		•		<u> </u>	-		

				Exempt C	Controlled O	rganızatı	ons				
1. Name of controlled organiz	ation	2. Emp Identific numb	ation		elated income instructions)		al of specified ments made	includ	rt of column 4 led in the cont zation's gross	rolling	6. Deductions directly connected with income in column 5
1)											
2)			,								
3)					-					Î	
(4)							-				
lonexempt Controlled Organ	nizations	<u> </u>						<u> </u>			
7. Taxable Income	T	unrelated incomi	/loss)	Q Total	of specified pay	nente	10. Part of colu	nn Q th	t is included	11 Da	dustings dustily connects
, taxable income		see instructions		g. rotart	made	nents	in the controll		nization's	witi	ductions directly connecte n income in column 10
(1)	1 -										3 **
(2)					•						
(3)											•
	1										
(4)	<u>l</u>										
							Add colun Enter here and line 8, c	on pag	e 1, Part I,		dd columns 6 and 11 nere and on page 1, Part I, Iine 8, column (B)
otals						▶	•		0.		0
Schedule G - Investm	ent Inco	me of a S	ection	501(c)(7), (9), or	(17) Or	ganization				
	tructions)	inc or a c	COLIOI	001(0)(, , , (J), UI	(17, 0.	garnzatioi	•			
	scription of inco	ome			2. Amount of	ıncome	3. Deduction directly connection (attach scheduler)	cted	4. Set- (attach s	asides chedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1) ,											(,
(2)									-		
									1		
(3)											
(4)		•							<u> </u>		
					Enter here and Part I, line 9, co	lumn (A)					Enter here and on page Part I, line 9, column (B
otals				•		0.				_	0
Schedule I - Exploited (see inst		t Activity	Incom	e, Other	Than Ad	vertisi	ng Income	•			
1. Description of exploited activity	unrelated incom	Gross d business ne from business	3. Exp directly c with pro of unre business	elated	4. Net incomfrom unrelated business (cominus colum gain, compute through	trade or lumn 2 n 3) If a cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6 Exp attribut colur	able to	7 - Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)	1									-	<u> </u>
(2)	 	}			ı						+
(3)	+						<u> </u>				
									ļ		
(4)	 								<u> </u>		
	page 1	re and on 1, Part I, , col (A)	Enter her page 1 line 10,	, Part I, col (B)							Enter here and on page 1, Part II, line 25
otals •	•	0.		<u> </u>							0
Schedule J - Advertis											
Part I Income From	Periodic	cals Repo	rted o	n a Con	solidated	Basis					
		2. Gross			4. Advert	sing gain	-				7. Excess readership
1. Name of periodical		advertising income		3. Direct rtising costs	or (loss) (co col 3) If a ga cols 5 th	iin, comput	5. Circulat e income	ion	6. Reade costs		costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)			Ī		7						
(4)	<u> </u>	•	1								
V · 7					 		† .		-		
otals (carry to Part II, line (5))	•	0		0							0

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 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	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		>	0

Form 990-T (2019)

OTHER	CREDITS	AND	PAYMENT	S	STATEMENT	19
					AMOUNT	
					356,2	276.
990-T, 1	PAGE 2,	PART	V, LINE	51G	356,2	276.
-					OTHER CREDITS AND PAYMENTS 990-T, PAGE 2, PART V, LINE 51G	AMOUNT 356,2

FORM 990-T	CONTRIBUTIONS	STATEMENT 21
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CONTRIBUTIONS	N/A	1,616,655,690.
TOTAL TO FORM 990-T, PAGE 2, L	INE 34	1,616,655,690.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

ENTITY 1

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning , and ending

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

Open to Public Inspection for

	Do not enter SSN numbers on this form as in	may	e made public if your o	rganization is a 501(:)(3).	30 I(C)(3) Organizations Only
Name	of the organization THE BLOOMBERG FAMILY FO		ATION INC	Employer Id 20-5		
ι	Inrelated Business Activity Code (see instructions) 52300					
	Describe the unrelated trade or business UBTI FROM	FL	OW THROUGH	ACTIVITY		
Pai	TI Unrelated Trade or Business Income		(A) Income	(B) Expens	es	(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	49,824,269).		49,824,269.
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		1		
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 23	5	<3,770,633	3.>		<3,770,633.
6	Rent income (Schedule C)	6	, , , , , , , , , , , , , , , , , , , ,			
7	Unrelated debt-financed income (Schedule E)	7				1
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) STMT 24	12	201,673	B.		201,673.
13	Total. Combine lines 3 through 12	13	46,255,309			46,255,309.
Par	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in			deductions) (De	educti	ons must be
14	Compensation of officers, directors, and trustees (Schedule K)				14	
15	Salaries and wages				15	<u> </u>
16	Repairs and maintenance				16	
17	Bad debts		ann ama	m=14=17m 0.F	17	7 574
18	Interest (attach schedule) (see instructions)		SEE STA	TEMENT 25	18	7,574.
19	Taxes and licenses		1 1		19	1,124,680.
20	Depreciation (attach Form 4562)		20		 	
21	Less depreciation claimed on Schedule A and elsewhere on return	ı	21a	 	21b	
22	Depletion				22	
23	Contributions to deferred compensation plans				23	
24	Employee benefit programs				24	
25	Excess exempt expenses (Schedule I)				25	<u> </u>
26	Excess readership costs (Schedule J)				26	
27	Other deductions (attach schedule)				27	1,132,254.
28	Total deductions. Add lines 14 through 27		0	lin = 40	28	45,123,055.
29	Unrelated business taxable income before net operating loss dedu				29	±3,143,033.
30	Deduction for net operating loss arising in tax years beginning on constructions.	or attei	January 1, 2018 (see	STMT 20	احترا	0.
21	Instructions) Unrelated business taxable income. Subtract line 30 from line 29			DIMI 2	30	45,123,055.
31 I HA	For Paperwork Reduction Act Notice, see instructions.					le M (Form 990-T) 2019

FORM 990-T (M)	INCOME (LOSS) FROM PARTNERSHIP	PS STATEMENT 23
DESCRIPTION		NET INCOME OR (LOSS)
THRU PARTNERSHIP INVE	STMENTS - ORDINARY BUSINESS INCOM	
TOTAL INCLUDED ON SCH	EDULE M, PART I, LINE 5	<3,770,633.
FORM 990-T (M)	OTHER INCOME	STATEMENT 24
DESCRIPTION		AMOUNT
STATE TAX REFUNDS		201,673.
TOTAL TO SCHEDULE M, 1	PART I, LINE 12	. 201,673.
FORM 990-T (M)	INTEREST PAID	STATEMENT 25
DESCRIPTION	,	AMOUNT
INTEREST EXPENSE		7,574.
TOTAL TO SCHEDULE M, 1	PART II, LINE 18	7,574.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

ENTITY

2

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service For calendar year 2019 or other tax year beginning ______, and endir

► 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 BLOOMBERG FAMILY FO	ממוו	ATTON	TNC	3 -		r ident		on number
	inrelated Business Activity Code (see instructions) 52300		1111011	1110			300		
	escribe the unrelated trade or business UBTI FROM	FL	OW THR	OUG	H ACT	IVITY	<u> </u>		
Par	t I Unrelated Trade or Business Income		(A) In	come		(B) Expe	enses		(C) Net
1 a	Gross receipts or sales		-						
b	Less returns and allowances c Balance ▶	1c							<u> </u>
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	4,05	3,6	51.				4,053,651.
þ	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b							
C	Capital loss deduction for trusts	4c				<u> </u>			
5	Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 27	5	<67	9,1	25.>				<679,125.>
6	Rent income (Schedule C)	6							
7	Unrelated debt-financed income (Schedule E)	7							
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) STMT 28	12		8,3					138,327.
13	Total. Combine lines 3 through 12	13	3,51	2,8	53.				3,512,853.
	Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in			ons c	on deduc	ctions)	(Ded		ons must be
14	Compensation of officers, directors, and trustees (Schedule K)						⊦	14	
15	Salaries and wages						F	15 16	
16	Repairs and maintenance						┝	17	
17	Bad debts		SE	E S	TATEM	ENT 2	ا و:	18	1,211.
18 19	Interest (attach schedule) (see instructions) Taxes and licenses						'	19	179,811.
20	Depreciation (attach Form 4562)			20			⊦	-19	1/3/0111
21	Less depreciation claimed on Schedule A and elsewhere on return			21a				21b	
22	Depletion	•		2 10			- 1	22	
23	Contributions to deferred compensation plans						ŀ	23	
24	Employee benefit programs						F	24	
25	Excess exempt expenses (Schedule I)						F	25	
26	Excess readership costs (Schedule J)						F	26	
27	Other deductions (attach schedule)						F	27	
28	Total deductions. Add lines 14 through 27						F	28	181,022.
29	Unrelated business taxable income before net operating loss dedi	uction	Subtract Iin	e 28 fr	om line 13	3		29	3,331,831.
30	Deduction for net operating loss arising in tax years beginning on						l		<u> </u>
	instructions)		, -,	- \		STMT	30	30	0.
31	Unrelated business taxable income Subtract line 30 from line 29							31	3,331,831.
LHA	For Paperwork Reduction Act Notice, see instructions.						Sch	nedul	e M (Form 990-T) 2019

THE BLOOMBERG FAMILY FOUNDATION INC

FORM 990-T (M)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 27
DESCRIPTION		NET INCOME OR (LOSS)
THRU PARTNERSHIP INVEST: (LOSS)	MENTS - ORDINARY BUSINESS INCOME	<679,125.>
TOTAL INCLUDED ON SCHED	ULE M, PART I, LINE 5	<679,125.>
FORM 990-T (M)	OTHER INCOME	STATEMENT 28
DESCRIPTION		AMOUNT
STATE TAX REFUNDS		138,327.
TOTAL TO SCHEDULE M, PA	RT I, LINE 12	138,327.
FORM 990-T (M)	INTEREST PAID	STATEMENT 29
DESCRIPTION		AMOUNT
INTEREST EXPENSE		1,211.
TOTAL TO SCHEDULE M, PA	RT II. LINE 18	1,211.

Form **8827**

(Rev May 2020) 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

2019

Name	Employ	er identification number
THE BLOOMBERG FAMILY FOUNDATION INC	20	-5602483
1 Minimum tax credit carryforward from 2018 Enter the amount from line 9 of the 2018 Form 8827	1	356,276.
2 Enter the corporation's 2019 regular income tax liability minus allowable tax credits (see instructions)	2	
3 Enter the refundable minimum tax credit (see instructions)	3	356,276.
4 Add lines 2 and 3	4	356,276.
5a Enter the smaller of line 1 or line 4 If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions	5a	356,276.
b Current year minimum tax credit. Enter the smaller of line 1 or line 2 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		
3, go to line 5c Otherwise, skip line 5c	5b	
c Subtract line 5b from line 5a This is the current year refundable minimum tax credit include this amount on Form 1120, Schedule J, Part III, line 20c (or the applicable line of your return)	_ 5c	356,276.
6 Minimum tax credit carryforward. Subtract line 5a from line 1 Keep a record of this amount to carry		
forward and use in future years	_ 6	

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8827** (Rev 5-2020)