Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2008 and ending 12/31/2008

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [X] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
BLOOMBERG L.P. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 08/15/1995

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
BLOOMBERG L.P.

731 LEXINGTON AVENUE
NEW YORK, NY 10022

2b Employer Identification Number (EIN) 13-3417984

2c Sponsor's telephone number 212-617-2000

2d Business code (see instructions) 541990

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2010	PETER GRAUER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
BLOOMBERG L.P.

731 LEXINGTON AVENUE
NEW YORK, NY 10022

3b Administrator's EIN
13-3417984

3c Administrator's telephone number
212-617-2000

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:
a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	7454
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	6297
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	1424
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	7721
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	7721
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	6601
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	135
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)		**A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)	X	**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2008 and ending 12/31/2008

A Name of plan
BLOOMBERG L.P. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BLOOMBERG L.P.

D Employer Identification Number (EIN)
13-3417984

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

THE 401K COMPANY

74-2279754

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 15 21 50 64	THIRD PARTY ADM	49209	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

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(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN;
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN;
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2008 and ending 12/31/2008

A Name of plan
BLOOMBERG L.P. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
BLOOMBERG L.P.

D Employer Identification Number (EIN)
13-3417984

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB INSTL LARGE CAP VALUE

b Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
81-0625170-001	C	31344443

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO STABLE VALUE FUND D

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
52-2250949-001	C	25347603

a Name of MTIA, CCT, PSA, or 103-12 IE: KEYBANK MANAGED GIC FUND

b Name of sponsor of entity listed in (a): KEYBANK NATIONAL ASSOCIATION

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
34-6903863-002	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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b Name of plan sponsor	**c** EIN-PN

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a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2008 and ending 12/31/2008

A Name of plan
BLOOMBERG L.P. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BLOOMBERG L.P.

D Employer Identification Number (EIN)
13-3417984

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	692609	153680
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	55028	64347
(2) Participant contributions	1b(2)	102948	103800
(3) Other	1b(3)	910185	236856
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	32920791	47898189
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	10382422	11692645
(9) Value of interest in common/collective trusts	1c(9)	12206246	56692047
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	459001436	297611500
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	516271665	414453064
	Liabilities			
g	Benefit claims payable	1g	607266	149884
h	Operating payables	1h	903644	207988
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	1510910	357872
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	514760755	414095192

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	25884385	
	(B) Participants	2a(1)(B)	54567143	
	(C) Others (including rollovers)	2a(1)(C)	4205562	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		84657090
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1144363	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	820266	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1964629
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-21593092
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-148792544
c Other income	2c		908201
d Total income. Add all **income** amounts in column (b) and enter total	2d		-82855716
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	17750962	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		17750962
f Corrective distributions (see instructions)	2f		9676
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	49209	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		49209
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		17809847
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-100665563
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: EISNER AMPER, LLP (2) EIN: 13-1639826

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. (2) [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		15000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2008 and ending 12/31/2008

A Name of plan
BLOOMBERG L.P. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BLOOMBERG L.P.

D Employer Identification Number (EIN)
13-3417984

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 20-4117135

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

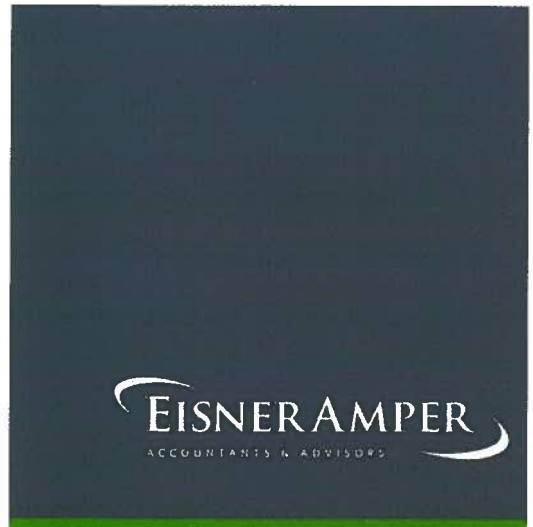
18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):



BLOOMBERG L.P. 401(k) PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2008 and 2007
(with supplementary information)

BLOOMBERG L.P. 401(k) PLAN

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INDEPENDENT AUDITORS' REPORT

To the Administrative and Investment Committee and Participants
Bloomberg L.P. 401(k) Plan

We were engaged to audit the accompanying statements of net assets available for plan benefits of Bloomberg L.P. 401(k) Plan (the "Plan") as of December 31, 2008 and 2007, the related statement of changes in net assets available for plan benefits for the year ended December 31, 2008, and the supplemental schedule of assets held at December 31, 2008. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by Section 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in the statements of net assets available for plan benefits, changes in net assets available for plan benefits and Note H, which was certified by The Charles Schwab Trust Company ("Schwab"), the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that Schwab holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of December 31, 2008 and 2007 and for the year ended December 31, 2008 that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by Schwab, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

As described in Note A, the financial statements have been restated for the reasons described therein.

EisnerAmper LLP

New York, New York
October 12, 2010

BLOOMBERG L.P. 401(k) PLAN

Statements of Net Assets Available for Plan Benefits

	December 31,	
	2008	2007
ASSETS		
Investments:		
Marketable securities	**$ 403,907,100**	$ 504,250,479
Participant loans receivable	**11,692,645**	10,382,422
	415,599,745	514,632,901
Other assets	**200,812**	249,860
Net assets available for plan benefits	**$ 415,800,557**	$ 514,882,761

See notes to financial statements

BLOOMBERG L.P. 401(k) PLAN

Statement of Changes in Net Assets Available for Plan Benefits
Year Ended December 31, 2008

Additions (reductions):	
Investment income (loss):	
Interest and dividend income (including interest on participant loans)	**$ 14,575,520**
Net realized loss on sale of investments during the year and change in unrealized depreciation in the fair value of investments held	**(180,504,967)**
Total investment loss	**(165,929,447)**
Contributions:	
Participants	**54,567,143**
Participants' rollovers	**4,205,562**
Employer, net of forfeitures	**25,884,385**
Total contributions	**84,657,090**
Net reductions	**(81,272,357)**
Deductions from net assets attributed to:	
Benefits paid to participants	**17,760,638**
Administrative expenses	**49,209**
	17,809,847
Net decrease in net assets available for plan benefits	**(99,082,204)**
Net assets available for plan benefits - January 1, 2008	**514,882,761**
Net assets available for plan benefits - December 31, 2008	**$ 415,800,557**

See notes to financial statements

NOTE A - DESCRIPTION OF PLAN AND RESTATEMENT

Effective August 15, 1995, Bloomberg L.P. (the "Company") established the Bloomberg L.P. 401(k) Plan (the "Plan") which covers eligible employees who elect to participate in the Plan.

The plan administrator is the Administrative and Investment Committee of the Company. Information concerning the Plan and its provisions can be found in the plan agreement, a copy of which can be obtained from the plan administrator at Bloomberg L.P., 731 Lexington Avenue, New York, NY 10022.

The Plan provides that all employees who have attained the age of twenty-one are eligible to participate in the Plan. Employees paid on an hourly basis, as determined by their employment categorization with the Company, and nonresident aliens who receive no U.S. income from the Company, are not eligible to participate. Eligible employees may enter the Plan as participants on the first day of each month after satisfying the Plan's eligibility requirements.

The plan administrator has identified that certain investments reported as mutual funds should have been classified as common/collective trusts. For financial statement reporting purposes these were reported at contract value. Additional disclosures relating to the common/collective trusts have been included in Note H to the financial statements. The Plan amended its 2008 Form 5500 to reflect these changes and the notes to the financial statements have been to restated to reflect such changes. The restatement has no impact on the previously reported statement of net assets available for plan benefits and changes in net assets as of and for the year ended December 31, 2008.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

[1] Basis of presentation:

The financial statements of the Plan are prepared under the accrual method of accounting.

[2] Investment valuation and income:

The value of the account balance of each active participant is determined on each valuation date. Income for the period, including unrealized appreciation or depreciation in the value of securities, is allocated based on the participant's account balance at the beginning of the period. Interest income is recorded on the accrual basis and dividends are recorded on the ex-dividend date. Investments are valued at fair value. Quoted market prices are used to value investments. Shares of mutual funds are valued at the net asset value of shares held by the Plan at year end. The fair value of collective trust funds is based on their unit value or contract value, which represents the net asset value at year end.

Participant loans receivable are valued at net cost, which approximates fair value.

[3] Use of estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of net assets available for benefits at the dates of the financial statements and changes therein during the reporting period, and when applicable, disclosures of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

[4] Payment of benefits:

Benefits are recorded when paid.

NOTE C - FUNDING POLICY

The Company forwards to the Plan contributions withheld from the compensation of participants. Pre-tax contributions are voluntary and are limited to 60% of the total earnings of participants (15% prior to July 1, 2002), subject to certain limitations imposed by the Internal Revenue Code ("IRC").

NOTE D - PARTICIPANT'S ACCOUNTS AND VESTING

Each participant's account is credited with the participant's contributions and allocation of plan earnings or losses based on their respective pro rata share in each investment. Effective January 1, 2007, participants may designate part or all of their elective contributions as Roth contributions (as defined).

All participant contributions and earnings or losses thereon are 100% vested and nonforfeitable at all times. Upon retirement at age 65, in the event of disability as defined in the Plan, or other termination of employment, distributions may be made in whole or in part, generally at the election of the participant. Upon death, distributions may be made in whole or in part at the election of the participant's beneficiary.

Effective January 1, 2000, for every dollar contributed by a participant, the employer agreed to make a matching contribution, not to exceed 15% of participant's compensation, at a rate of 50%. Effective January 1, 2007, the maximum employer match was $7,750. Vesting in the Company's contribution is on a three-year graduated schedule; however, at the end of three years of service all existing and future matching contributions fully vest immediately.

NOTE E - PARTICIPANT LOANS

A participant may be eligible to borrow from the Plan, depending on the participant's ability to repay the loan and certain other factors. However, the total participant's outstanding loans may never be more than the lesser of:

- $50,000 (reduced by a participant's highest outstanding loan balance during the previous 12-month period); or
- 50% of the balance of a participant's account (calculated as of the valuation date of the loan request).

The interest rate charged is commensurate with the prevailing interest rate charged by institutions in the business of lending money under similar circumstances. Payments of principal and interest are credited directly to the borrowing participant's account. A participant must repay the loan within five years through monthly payroll deductions or within ten years if the loan proceeds are used to acquire a principal residence.

NOTE F - FORFEITED ACCOUNTS

During the year ended December 31, 2008, forfeitures of $378,000 were utilized to reduce the employer matching contribution. At December 31, 2008 and 2007, $32,000 and $79,000 are in the forfeiture account, respectively.

During the year ended December 31, 2008, additions to the forfeited nonvested accounts totaled $331,000 including forfeiture additions of $213,000 and investment income and other miscellaneous items aggregating $118,000. These accounts were allocated to the employer's portion of participants' accounts.

NOTE G - ADMINISTRATIVE EXPENSES

Plan administrative expenses and fees other than loan origination and maintenance fees are paid by the Company.

NOTE H - INVESTMENTS

Under the Department of Labor's Rules and Regulations 29 CFR 2520.103-8, investment information prepared and certified by a bank, trust, or insurance company, which is regulated, supervised and subject to periodic examination by a state or federal agency, need not be audited. The plan administrator has received certification from the Charles Schwab Trust Company ("Schwab"), the trustee, of the cost and market value of the Plan's investments as of December 31, 2008 and 2007, and all investment activities related to such assets for the year ended December 31, 2008. The Plan's 2008 and 2007 financial statements and schedule of assets as of December 31, 2008 have been prepared based on this certified information. No auditing procedures were performed by the independent auditor with respect to the investment information certified as complete and accurate by the custodian.

The Plan currently offers various investment options. Upon enrollment in the Plan, a participant may direct contributions to any available investment option. The investments at December 31, 2008 and 2007 are presented in the following table, at fair value except for the Wells Fargo Stable Value Fund which is presented at contract value. Investments that represent five percent or more of the plan assets are separately identified.

	December 31,	
	2008	**2007**
BlackRock Basic Value I		$ 49,158,149*
Dodge & Cox Balanced Fund	**$ 20,549,969**	32,150,382*
Wells Fargo Stable Value Fund	**27,052,967***	
Harbor International Institutional	**60,945,349***	103,503,675*
Harbor Capital Appreciation Institutional	**25,867,191***	34,447,452*
Legg Mason Value Institutional	**11,484,543**	25,647,796
PIMCO Total Return Institutional	**62,736,553***	41,639,899*
PIMCO Foreign Bond Institutional		9,429,761
Royce Total Return Institutional	**17,017,971**	22,010,244
Schwab Inst Large Cap Val III	**31,344,444***	
Vanguard Developed Markets Index	**5,209,524**	7,178,091
Vanguard Institutional Index	**53,915,419***	76,883,509*
Vanguard Explorer Admiral	**28,101,175***	46,593,817*
Vanguard Mid Cap Index Admiral	**3,928,214**	5,132,831
Vanguard Small Cap Index Admiral	**2,818,940**	2,848,052
Vanguard Total Bond Market Index	**5,036,652**	2,377,778
Key Bank Managed GIC		12,328,252
Vanguard Prime Money Market Index	**47,898,189***	32,920,791*
	403,907,100	504,250,479
Participant loans (interest rates ranging from 4.25% to 9.25%)	**11,692,645**	10,382,422
	$ 415,599,745	$ 514,632,901

* Investments exceeding five percent of net assets.

NOTE H - INVESTMENTS (CONTINUED)

Investment in Common/Collective Trusts

A portion of the Plan's investments at December 31, 2007 were in the Key Bank Managed GIC (the "Key") established under a Declaration of Trust which sets forth the Fund's investment objectives. The Key is managed by Key Bank National Association, as trustee, and its affiliates acting in a fiduciary capacity. As of December 31, 2007 the Plan's interest relative to the underlying assets of the Key was 1.61%.

The Key held guaranteed investment contracts which are considered fully benefit-responsive. As required by the accounting standards, the investment in the Key is required to be recognized at fair value with an adjustment for contract value. The adjustment between fair value and contract value attributable to the Plan's share of the Fund was $122,006 at December 31, 2007 and is not considered significant, and therefore, such investment is carried at contract value in 2007.

The average market yield of the Fund was 4.65% for 2007. The average yield earned by the Fund with an adjustment to reflect the actual interest rate credited to participants in the Fund was 4.54% at December 31, 2007.

As of December 31, 2008, a portion of the Plan's investments are in the Wells Fargo Stable Value Fund (the "Trust") which invests solely in the Wells Fargo Synthetic Stable Fund ("Stable"). The Trust and Stable are collective trusts. The Trust provides for the collective investment of assets of tax-exempt pension and profit-sharing plans. The Trust and Stable were created, managed, and maintained by Wells Fargo Bank, N.A., Galliard Capital Management, Inc. serves as the investment advisor to Stable. Stable invests in investment contracts including guaranteed investment contracts ("GICs") and security-backed contracts issued by insurance companies and other financial institutions.

The Plan also invested in the Schwab managed Institutional Large Capital Value Trust Fund III (the "Fund") which is a collective trust fund. The Fund was created, managed and maintained by Charles Schwab Trust Company. The Fund invests in equity and bond funds.

Each investee in the Trust and Fund has an undivided interest in the underlying assets. The issuer's ability to meet these obligations may be affected by the economic development in their respective companies and industries. As of December 31, 2008, the Plan's interest relative to the underlying assets of the Trust was approximately 4.2%. As of December 31, 2008, the Plan's interest relative to the underlying assets of the Fund was approximately 6.0%. Investment income and administrative expenses relating to the Fund, Stable and the Trust are allocated in the form of trust units.

The existence of certain conditions can limit Stable's ability to transact at contract value with issuers of its investment contracts. Specifically, any event outside the normal operation of Stable that causes a withdrawal from an investment contract may result in a negative market value adjustment with respect to the withdrawal.

In general, issuers may terminate the contract and settle at other than contract value if there is a change in the qualification status of participant, employer, or plan; a breach of material obligations under the contract and misrepresentation by the contract holder; or failure of the underlying portfolio to conform to the pre-established investment guidelines.

As required by accounting guidance, investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets of Stable attributable to fully benefit-responsive investment contracts because contract value is the amount the investees would receive if they were to initiate permitted transactions under the terms of the Plan. Contract value of the GICs represents contributions made under the contract plus interest accrued at the contract rate less withdrawals. Security-backed investments are carried at contract value which consists of the fair value of the underlying portfolio, accrued interest, fair value of the contract and adjustments to contract value. The statements of net assets available for benefits present investment contracts at contract value. Fair value is less than contract value by $1,705,364 as of December 31, 2008.

NOTE H - INVESTMENTS (CONTINUED)

For a contract to be fully benefit-responsive it encompasses all of the following:

- The investment contract is effected directly between the plan and the issuer.
- The repayment of principal and interest credited to participants in the plan is a financial obligation of the issuer of the investment contract.
- The terms of the investment contract require all permitted participant-initiated transactions with the plan to occur at contract value with no conditions, limits, or restrictions.
- An event that limits the ability of the plan to transact at contract value with the issuer and that also limits the ability of the plan to transact at contract value with the participants in the plan, such as any of the following, must not be probable:
    - Premature termination of the contracts by the plan
    - Layoffs
    - Plan termination
    - Bankruptcy
    - Mergers
    - Early retirement incentives
- The plan itself must allow participants reasonable access to their funds.

The annualized average yield earned by Stable was 6.19% during the year ended December 31, 2008. The average yield earned by Stable with an adjustment to reflect the actual interest rate credited to the participants in Stable was 4.79% during the year ended December 31, 2008. The difference between valuation at contract value and fair value is affected over time through the crediting rate formula provided for in Stable's synthetic contracts. The crediting rate of the contract resets every quarter based on the performance of the underlying investment portfolio.

NOTE I - FAIR MARKET MEASUREMENT

Effective January 1, 2008, the Plan adopted Statement of Financial Accounting Standards No. 157, "Fair Value Measurements" ("SFAS 157"), for assets and liabilities measured at fair value on a recurring basis. SFAS 157 establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under SFAS 157 are described below:

- Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 - Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

NOTE I - FAIR MARKET MEASUREMENT (CONTINUED)

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Assets and liabilities measured at fair value are based on one or more of the following three valuation techniques noted in SFAS 157:

A: Market approach: Prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities.

B: Income approach: Techniques to convert future amounts to a single present amount based on market expectations including present value techniques, option-pricing and excess earnings models.

C: Cost approach: Amount that would be required to replace the service capacity of an asset (replacement cost).

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at December 31, 2008 and 2007:

Mutual funds:	Valued at the net asset value (NAV) of the shares held by the Plan at year end.
Common/collective trusts:	Valued at the net asset value (NAV) of the shares held by the Plan at year end.
Participant loans:	Valued at the amortized cost, which approximates fair value.

The following table summarizes the Plan's investments measured at fair value on a recurring basis as of December 31, 2008:

As previously reported:

	Level 1	Level 2	Level 3	Total	Valuation Technique
Investments:					
Mutual funds	$403,907,100			$403,907,100	Market Approach
Participant loans			$11,692,645	11,692,645	Cost Approach
Total investments	$403,907,100		$11,692,645	$415,599,745	

As restated:

	Level 1	Level 2	Level 3	Total	Valuation Technique
Investments:					
Mutual funds	$345,509,689			$345,509,689	Market Approach
Common/ collective trusts		$ 58,397,411		58,397,411	Market Approach
Participant loans			$11,692,645	11,692,645	Cost Approach
Total investments	$345,509,689	$58,397,411	$11,692,645	$415,599,745	

NOTE I - FAIR MARKET MEASUREMENT (CONTINUED)

The table below sets forth a summary of the changes in the fair value of the Plan's Level 3 investment representing participant loans for the year ended December 31, 2008:

Balance - beginning of the year	$ 10,382,422
Purchases, sales, issuances and settlements (net)	1,310,223
Balance - end of the year	$ 11,692,645

NOTE J - DIFFERENCE BETWEEN FINANCIAL STATEMENTS AND FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements and Form 5500:

	December 31,		
	2008		2007
	(As Previously Reported)	(As Restated)	
Net assets available for plan benefits per the financial statements	**$ 415,800,557**	**$ 415,800,557**	$ 514,882,761
Less adjustment from contract value per the financial statements to fair value per Form 5500		**(1,705,364)**	(122,006)
Net assets available for plan benefits per Form 5500	**$ 415,800,557**	**$ 414,095,193**	$ 514,760,755

The following is a reconciliation of investment loss per the financial statements and Form 5500:

	Year Ended December 31, 2008	
	(As Previously Reported)	(As Restated)
Investment loss per the financial statements	$ (165,929,447)	$ (165,929,447)
Add (less) adjustment from contract value per the financial statements to fair value per Form 5500:		
Beginning of year	122,006	122,006
End of year		(1,705,364)
Investment loss per Form 5500	$ (165,807,441)	$ (167,512,805)

NOTE K - INCOME TAX STATUS

The Plan has obtained a favorable determination letter dated May 13, 2002 from the Internal Revenue Service that it is qualified under Section 401(a) of the IRC and, consequently, its related trust is exempt from federal income tax under Section 501(a) of the IRC. The Plan has been amended since receiving the determination letter. However, the Plan's Administrative and Investment Committee believes the Plan operates in accordance with the requirements of the IRC Section 401(a). Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE L - TERMINATION

The Company reserves the right, at any time, to amend or terminate the Plan subject to the provisions of ERISA. The Company has not expressed any intent to discontinue or terminate the Plan. In the event of plan termination, participants would become 100% vested in their employer contributions.

NOTE M - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE N - SUBSEQUENT EVENTS

In May 2009, the Financial Accounting Standards Board ("FASB") issued guidance for subsequent events which is included in Accounting Standards Codification ("ASC/Codification") 855 and is effective for fiscal years and interim periods ending after June 15, 2009. The guidance requires evaluation and disclosures of subsequent events after the balance sheet date but before the financial statements are issued or available to be issued. Such disclosures are required for revised financial statements. The Plan's management evaluated subsequent events through October 12, 2010, the date on which the financial statements were revised.

SUPPLEMENTARY INFORMATION

BLOOMBERG L.P. 401(k) PLAN

Schedule H, Part IV, 4(i) - Schedule of Assets Held at December 31, 2008

Identity of Issuer or Borrower	Description of Investment	Current Value
Dodge & Cox	Balanced Fund	$ 20,549,969
Wells Fargo	Stable Value Fund	25,347,603
Harbor	International Institutional	60,945,349
Harbor	Capital Appreciation Institutional	25,867,191
Legg Mason	Value Institutional	11,484,543
PIMCO	Total Return Institutional	62,736,553
Royce	Total Return Institutional	17,017,971
Schwab*	Inst Large Cap Val III	31,344,444
Vanguard	Developed Markets Index	5,209,524
Vanguard	Institutional Index	53,915,419
Vanguard	Explorer Admiral	28,101,175
Vanguard	Mid Cap Index Admiral	3,928,214
Vanguard	Small Cap Index Admiral	2,818,940
Vanguard	Total Bond Market Index	5,036,652
Vanguard	Prime Money Market Index	47,898,189
	Participant loans (interest rates ranging from 4.25% to 9.25%)	11,692,645
		$ 413,894,381

Cost information is not provided since the Plan is an individual plan with participant directed transactions.

* Indicates party-in-interest to the Plan.

Bloomberg L.P. 401(k) Plan

Schedule H, Line 4i -- Schedule of Assets (Held At End of Year)

EIN: 13-3417984 Plan Number: 001 **December 31, 2008**

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(e) Current Value
	Wells Fargo Stable Value Fund	Common Collective Trust Funds, 1,491,175.898 shares/units	25,347,603
*	Schwab Inst Large Cap Val III	Common Collective Trust Funds, 2,479,781.863 shares/units	31,344,444
	Dodge & Cox Balanced Fund	Mutual Funds, 400,896.781 shares/units	20,549,969
	Harbor International Institutional	Mutual Funds, 1,519,076.500 shares/units	60,945,349
	Harbor Capital Appreciation Institutional	Mutual Funds, 1,110,179.890 shares/units	25,867,191
	Legg Mason Value Institutional	Mutual Funds, 381,673.084 shares/units	11,484,543
	PIMCO Total Return Institutional	Mutual Funds, 6,187,036.760 shares/units	62,736,553
	Royce Fund Total Return Institutional	Mutual Funds, 1,956,088.643 shares/units	17,017,971
	Vanguard Developed Markets Index	Mutual Funds, 692,755.877 shares/units	5,209,524
	Vanguard Institutional Index	Mutual Funds, 653,203.527 shares/units	53,915,419
	Vanguard Explorer Admiral	Mutual Funds, 717,232.652 shares/units	28,101,175
	Vanguard Mid Cap Index Admiral	Mutual Funds, 232,576.299 shares/units	3,928,214
	Vanguard Small Cap Index Admiral	Mutual Funds, 153,286.589 shares/units	2,818,940
	Vanguard Total Bond Market Index	Mutual Funds, 494,759.541 shares/units	5,036,652
	Vanguard Prime Money Market Index	Money Market Funds, 43,036,039.857 shares/units	47,898,189
		Participant loans (interest rates ranging from 4.25% to 9.25%)	11,692,645

Cost information is not provided since the Plan is an individual plan with participant-directed transactions.

* Indicates party-in-interest to plan