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 6057(b) 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

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] 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 (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
BLOOMBERG L.P.

731 LEXINGTON AVENUE
NEW YORK, NY 10022

2b Employer Identification Number (EIN)
13-3417984

2c Plan 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.	08/15/2019	CATHERINE A. BOLZ
	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 [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

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

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	14503
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	10974
a(2) Total number of active participants at the end of the plan year	**6a(2)**	11368
b Retired or separated participants receiving benefits	**6b**	69
c Other retired or separated participants entitled to future benefits	**6c**	3831
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	15268
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	13
f Total. Add lines **6d** and **6e**.	**6f**	15281
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	14222
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	285
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 Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2T 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics 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)	[ ]	0	**A** (Insurance Information)
(4)	[X]		**C** (Service Provider Information)
(5)	[X]		**D** (DFE/Participating Plan Information)
(6)	[ ]		**G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

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.**	**2018** **This Form is Open to Public Inspection.**

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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).. . . . . [X] 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

GREAT-WEST LIFE & ANNUITY INS CO

84-0467907

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

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

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)

GREAT-WEST LIFE & ANNUITY INS CO

84-0467907

(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?
16 50	NONE	7000	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 ☐

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)

(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

(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

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

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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: WELLS FARGO STABLE VALUE FUND D

b Name of sponsor of entity listed in (a): WELLS FARGO BANK

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	71698410

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH INDEX RETIREMENT NL-M

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

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)
81-3250773-001	C	12899940

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH INDEX 2020 NL-M

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

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)
81-3116010-001	C	28541559

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH INDEX 2025 NL-M

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

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)
81-3128643-001	C	42802697

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH INDEX 2030 NL-M

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

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)
81-3148951-001	C	78738802

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH INDEX 2035 NL-M

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

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)
81-3168065-001	C	105198936

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH INDEX 2040 NL-M

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

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)
81-3185003-001	C	138991534

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH INDEX 2045 NL-M

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

c EIN-PN 81-3196176-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 152855786

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH INDEX 2050 NL-M

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

c EIN-PN 81-3217294-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 137062075

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH INDEX 2055 NL-M

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

c EIN-PN 81-3223239-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 57952588

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH INDEX 2060 NL-M

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

c EIN-PN 81-3239005-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10529594

a Name of MTIA, CCT, PSA, or 103-12 IE: SHORT TERM INVESTMENT FUND W

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

c EIN-PN 16-1673805-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 123699960

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET U.S. BOND INDEX K

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN 90-0337987-462	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 55263030

a Name of MTIA, CCT, PSA, or 103-12 IE: PRUDENTIAL CORE PLUS BOND FUND

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

c EIN-PN 23-6994310-165	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 104719307

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET S&P 500 INDEX NL K

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN 90-0337987-388	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 351445008

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL SMALL MID NL K

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN 90-0337987-461	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 156771408

a Name of MTIA, CCT, PSA, or 103-12 IE: TS&W INTERNATION LARGE CAP EQ

b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY - TS&W

c EIN-PN 26-6773274-003	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 80457555

a Name of MTIA, CCT, PSA, or 103-12 IE: AB US VALUE COLLECTIVE TRUST

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

c EIN-PN 04-6948485-026	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34945285

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET GLOBAL ALL CAP EQ NL K

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN 90-0337987-456	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 52325298

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

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

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

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	23493327	22880206
(9) Value of interest in common/collective trusts	1c(9)	1827852926	1796898772
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	556572070	568387551
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	2273	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(2) Employer real property	1d(2)	0	0
e	Buildings and other property used in plan operation	1e	0	0
f	Total assets (add all amounts in lines 1a through 1e)	1f	2407920596	2388166529
	Liabilities			
g	Benefit claims payable	1g	0	0
h	Operating payables	1h		
i	Acquisition indebtedness	1i	0	0
j	Other liabilities	1j	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	2407920596	2388166529

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)	64516532	
	(B) Participants	2a(1)(B)	155973291	
	(C) Others (including rollovers)	2a(1)(C)	14710515	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		235200338
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)	0	
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)	1104422	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1104422
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	51004735	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		51004735
	(3) Rents	2b(3)		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
	(B) Other	2b(5)(B)	0	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-117257288
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-78315868
c Other income	2c		-314
d Total income. Add all **income** amounts in column (b) and enter total	2d		91736025
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	111047756	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		111047756
f Corrective distributions (see instructions)	2f		57739
g Certain deemed distributions of participant loans (see instructions)	2g		374597
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	10000	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		10000
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		111490092
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-19754067
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)** ☒ Disclaimer **(4)** ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ 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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 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	

			Yes	No	Amount
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		10000000
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			

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

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)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

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 sections 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

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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): 84-1455663

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 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 (include any prior year accumulated funding deficiency not waived) **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 or other authority 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. 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 lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 line 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 lines (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 line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

EISNERAMPER

BLOOMBERG L.P. 401(k) PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2018 and 2017
(with supplemental information)



BLOOMBERG L.P. 401(k) PLAN

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EISNERAMPER

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INDEPENDENT AUDITORS' REPORT

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Bloomberg L.P. 401(k) Plan (the "Plan"), which comprise the statements of net assets available for Plan benefits as of December 31, 2018 and 2017, and the related statement of changes in net assets available for Plan benefits for the year ended December 31, 2018, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements, in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the U.S. Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information discussed in Note H, which was certified by Great-West Trust Company, LLC, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of December 31, 2018 and 2017, and for the year, ended December 31, 2018, that the information provided to the Plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2018, which is the responsibility of Plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements, but is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, it is inappropriate to, and we do not, express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

EisnerAmper LLP

EISNERAMPER LLP
New York, New York
July 31, 2019

BLOOMBERG L.P. 401(k) PLAN

Statements of Net Assets Available for Plan Benefits

	December 31,	
	2018	2017
ASSETS		
Investments at fair value	**$ 2,365,286,323**	$ 2,384,427,268
Notes receivable from participants	**22,880,206**	23,493,328
Net assets available for plan benefits	**$ 2,388,166,529**	$ 2,407,920,596

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, 2018

Additions to/deductions from net assets available for plan benefits:	
Investment (loss):	
Interest and dividends	**$ 51,004,735**
Other losses	**(314)**
Net realized/unrealized depreciation in fair value of investments	**(195,573,156)**
Total investment (loss)	**(144,568,735)**
Interest on notes receivable from participants	**1,104,422**
Contributions:	
Participants	**155,973,291**
Participants' rollovers	**14,710,515**
Employer, net of forfeitures	**64,516,532**
Total contributions	**235,200,338**
Benefits paid to participants inclusive of loans deemed distributed and corrective distributions	**(111,480,092)**
Administrative expenses	**(10,000)**
Net decrease in net assets available for plan benefits	**(19,754,067)**
Net assets available for plan benefits - January 1, 2018	**2,407,920,596**
Net assets available for plan benefits - December 31, 2018	**$ 2,388,166,529**

See notes to financial statements

NOTE A - DESCRIPTION OF PLAN

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

The Plan administrator is the Retirement Plan Committee (the "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, New York 10022.

Great-West Trust Company, LLC ("Great-West Trust") serves as the Plan's trustee.

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.

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. Investments held by a defined-contribution plan are reported at fair value.

[2] Investment valuation and income:

The value of the account balance of each active participant is determined on each valuation date. Interest income is recorded on the accrual basis and dividends are recorded on the ex-dividend date. Purchases and sales of securities are recorded on a trade-date basis. Investments are valued at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Quoted market prices are used to value investments. Shares of mutual funds are valued at quoted market prices which represent the Net Asset Value ("NAV") of shares held by the Plan at year end.

Collective Trust Funds

The fair value of the collective trust funds utilizes the funds' NAV, as provided by the trustees, as a practical expedient. The NAV is based upon the fair value of the underlying investments held by the fund less its liabilities. The practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. The redemption frequency for participant transactions is daily upon receipt of an authorized request on or prior to the valuation date of the fund. The Plan invests in the following collective trust funds for which there are no unfunded commitments:

BlackRock Short-Term Investment Fund W ("WFund") is managed by BlackRock Institutional Trust Company, N.A. ("BTC"). The fund is invested in one or more other collective investment funds to meet investment objectives.

BlackRock Life Path Non-Lendable M Funds ("MFund") are managed by BTC and are invested in one or more other collective investment funds. The *MFund* is invested in underlying BTC collective trust funds.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

[2] Investment valuation and income: (continued)

Collective Trust Funds: (continued)

For *MFund* and *WFund*, were the Plan to initiate a full redemption of the collective trusts, the investment advisor reserves the right, subject to applicable laws, to suspend or delay withdrawals in order to ensure that securities liquidations are not seriously prejudicial to the collective funds. The collective trust funds contain several redemption restrictions including a notice of intention three business days before the valuation date. The trustee can accept a lesser number of days for such notice, as well as suspend withdrawals for varying or different periods of time at its sole discretion.

Stable Value Fund D - Wells Fargo ("Trust") invests solely in the Wells Fargo Synthetic Stable Value Fund ("Stable"), a collective trust fund sponsored by Wells Fargo Bank, N.A. as advised by Galliard Capital Management, Inc. The value of this investment is based on the underlying unit value reported by Stable. Stable invests in investment contracts including guaranteed investment contracts ("GICs") and security-backed contracts. The collective trust fund contains several redemption restrictions to withdraw, including the right to require a 12-month advance notice period for fund withdrawals initiated by the Plan sponsor. Were the Plan to initiate a full redemption of the collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in circumstances that make securities liquidation not reasonably practicable.

State Street Global All Cap Equity Ex-U.S. Index Non-Lending Series Fund Class K is managed by State Street Global Advisors Trust Company ("SSGA"). The fund is invested in other collective investment funds with the objective of approximating the MSCI ACWI ex USA IMI Index over the long term.

State Street Russell Small/Mid Cap Index Securities Non-Lending Series Fund Class K is managed by SSGA. The fund is invested in common stocks with the objective of approximating the Russell Small Cap Completeness Index over the long term.

State Street S&P 500 Index Non-Lending Series Fund Class K is managed by SSGA. The fund is invested in common stocks with the objective of approximating the S&P 500 Index over the long term.

State Street U.S. Bond Index Non-Lending Series Fund Class K is managed by SSGA. The fund seeks an investment return that approximates the performance of the Bloomberg Barclays U.S. Aggregate Bond Index over the long term.

TS&W International Large Cap Equity Trust ("TSW") is managed by Thompson, Siegel & Walmsley LLC. The fund is invested in common stocks with the objective of outperforming the Morgan Stanley Capital International Index of Europe, Australia and the Far East over multiple years.

AB US Small & Mid Cap Value CIT TR CL P1 ("AB") is managed by AllianceBernstein, L.P. The fund is invested in equity securities of small-to-mid capitalization U.S. companies with the objective of long-term growth of capital.

Prudential Core Plus Bond Fund 5 ("PCP") is managed by The Prudential Insurance Company of America. The fund is invested in privately placed corporate debt securities with credit qualities ranging from AAA to CCC.

The State Street funds, *TSW*, *AB* and *PCP* may be subject to several redemption restrictions to withdraw including 15- to 30-day notice and that redemption can be suspended or delayed if deemed in the best interest of the fund.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

[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 plan 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.

[5] Recent accounting pronouncement ASU 2018-13:

In August, 2018, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update No. 2018-13 ("ASU 2018-13"), *Fair Value Measurement (Topic 820) Disclosure Framework-Changes to the Disclosure Requirements for Fair Value Measurement.* The amendments in this update apply to all entities that are required to make disclosures about recurring or nonrecurring fair value measurements. Certain of the disclosures that are required by the amendments are not required for nonpublic entities. ASU 2018-13 eliminates, adds and modifies certain disclosure requirements for fair value measurements as part of its disclosure framework project. ASU 2018-13 is effective for fiscal years beginning after December 15, 2019 and interim periods within those fiscal years. The amendments on changes in unrealized gains and losses, the range and weighted average of significant unobservable inputs used to develop Level 3 fair value measurements, and the narrative description of measurement uncertainty should be applied prospectively for only the most recent annual period presented in the year of adoption. All other amendments should be applied retrospectively to each period for which the financial statements are presented. Early adoption is permitted. An entity is permitted to early adopt any removed or modified disclosures and delay adoption of the additional disclosures until their effective date. The Plan did not early adopt ASU 2018-13 as of December 31, 2018.

[6] Subsequent events:

The Plan has evaluated subsequent events through July 31, 2019, the date the financial statements were available to be issued.

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 75% of cash compensation of participants subject to certain limitations imposed by the Internal Revenue Code ("IRC"). The total amount of a participant's elective contribution, when added to Roth contributions, shall not exceed 75% of compensation, as defined, for the Plan year.

NOTE D - PARTICIPANTS' ACCOUNTS AND VESTING

Each participant's account is credited with the participant's contributions, allocation of Plan earnings or losses and charged with participant loan fees, and Qualified Domestic Relations Order ("QDRO") fees, if applicable, and an allocation of administrative expenses. Allocations are based on the participant's respective pro-rata share in each investment. Participants may designate part or all of their elective contributions as Roth contributions.

NOTE D - PARTICIPANTS' ACCOUNTS AND VESTING (CONTINUED)

All participant contributions and earnings or losses thereon are 100% vested and not forfeitable 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. In-service withdrawals of vested balances are permitted at age 591/2 and for reasons of hardship (as defined in the Plan). Upon death, distributions may be made in whole or in part at the election of the participant's beneficiary.

Distributions upon retirement and death are to be made in a single lump sum if the value of the participant's account does not exceed $1,000. Upon disability, as defined in the Plan, or termination of employment, a participant can elect to receive distributions in a single lump sum or request distributions, no more than once during the Plan year, with the balance that remains at the retirement age to be paid in a single lump sum.

The employer has agreed to make a matching contribution of every dollar contributed by a participant not to exceed 15% of the participant's compensation, as defined in the Plan, at a rate of 50%, not to exceed a maximum of $7,750 per year. Vesting in the employer's contribution, plus actual earning thereon, is as follows:

Years of Service	Vesting
Less than 1 year	0%
1 year but less than 2 years	34%
2 years but less than 3 years	67%
3 years or more	100%

NOTE E - NOTES RECEIVABLE FROM PARTICIPANTS

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. 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 vested 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. Loans can be prepaid at any time. Loans may be paid outside of payroll deductions for active employees or on a fixed schedule after termination of employment. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the Plan document.

NOTE F - FORFEITED ACCOUNTS

During the year ended December 31, 2018, forfeitures of $1,729,093 were utilized to reduce the employer's matching contribution. As of December 31, 2018 and 2017, $848,327 and $938,199 are in the forfeiture account, respectively, and reflected in investments at fair value on the statements of net assets available for plan benefits.

During the year ended December 31, 2018, additions to the forfeited non-vested accounts totaled $1,639,221, including forfeiture additions of $1,628,488 and investment income and other miscellaneous items aggregating $10,733.

NOTE G - ADMINISTRATIVE EXPENSES

Plan administrative expenses paid by the Plan include select Plan attorney fees and maintenance fees. All other administrative expenses are paid by the Company.

NOTE H - INVESTMENT CERTIFICATION

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the U.S. Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, Great-West Trust, the trustee of the Plan, has certified to the completeness and accuracy of all investments and related investment activity and notes receivable from participants and related activity in the accompanying statements of net assets available for plan benefits as of December 31, 2018 and 2017, the accompanying statement of changes in net assets available for plan benefits for the year ended December 31, 2018 and the accompanying supplemental schedule of assets (held at end of year) as of December 31, 2018.

NOTE I - INVESTMENTS

The Plan currently offers various investment options. Upon enrollment in the Plan, a participant may direct contributions to any available investment option. Life Path funds are target date funds made up of multiple asset classes (stocks, bonds, and cash alternatives) and offer a professionally managed, diversified asset mix. The date in the Life Path fund's name corresponds to an anticipated year of retirement at age 65 and the assumed date the investors plan to start withdrawing their money. The investments as of December 31, 2018 and 2017 are presented in the following table at fair value:

	December 31,	
	2018	2017
Mutual Funds:		
Fidelity Contra Fund	$ 87,537,208	$ 79,366,159
Dodge & Cox Balanced Fund	81,026,668	82,051,683
Aberdeen Emerging Markets Institutional Fund	29,633,186	32,832,834
Dodge & Cox Stock Fund	108,425,002	123,039,218
Harbor Capital Appreciation Institutional	126,860,132	113,934,169
Parnassus Core Equity-Institutional	15,485,265	12,160,166
Vanguard Explorer Admiral	119,420,090	113,187,841
Subtotal mutual funds	$ 568,387,551	$ 556,572,070

NOTE I - INVESTMENTS (CONTINUED)

	December 31, 2018	December 31, 2017
Subtotal mutual funds carried forward	$ 568,387,551	$ 556,572,070
Common/Collective Trusts:		
Wells Fargo Stable Value Fund D	71,698,410	65,217,432
BlackRock Short-Term Investment-W	123,699,960	104,951,233
BlackRock Life Path Index Retirement Non-Lendable M	12,899,940	12,122,403
BlackRock Life Path Index 2020 Non-Lendable M	28,541,559	27,321,340
BlackRock Life Path Index 2025 Non-Lendable M	42,802,697	44,178,317
BlackRock Life Path Index 2030 Non-Lendable M	78,738,802	75,303,181
BlackRock Life Path Index 2035 Non-Lendable M	105,198,936	101,992,282
BlackRock Life Path Index 2040 Non-Lendable M	138,991,534	145,534,605
BlackRock Life Path Index 2045 Non-Lendable M	152,855,786	155,511,424
BlackRock Life Path Index 2050 Non-Lendable M	137,062,075	134,512,047
BlackRock Life Path Index 2055 Non-Lendable M	57,952,588	51,238,985
BlackRock Life Path Index 2060 Non-Lendable M	10,529,594	5,529,290
State Street Global All Cap Equity EX-US Index	52,325,298	56,037,525
State Street US Bond Index Non-Lending Fund Class K	55,263,030	53,441,978
TS&W International LRGCP Equity Trust	80,457,555	101,858,252
AB US Small & Mid Cap Val CIT TR CL P1	34,945,285	43,116,247
State Street Russell Small/Mid Cap Index Fund K	156,771,408	188,162,044
State Street S&P 500 Index Fund Class K	351,445,008	357,229,477
Prudential Core Plus Bond Fund 5	104,719,307	104,594,863
Subtotal common/collective trust	1,796,898,772	1,827,852,925
J.P. Morgan Self-Directed Brokerage Accounts	0	2,273
	$ 2,365,286,323	$ 2,384,427,268

NOTE J - FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board "ASC" 820, "Fair Value Measurements and Disclosures" ("ASC 820"), 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 ASC 820 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.

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. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The valuation methodologies used for assets measured at fair value are described in Note B[2]. There have been no changes in methodologies used as of December 31, 2018 and 2017.

The methods described may produce a fair value calculation that may not be indicative of the net realizable value or reflective of future values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting dates.

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another.

For the years ended December 31, 2018 and 2017, there were no transfers in or out of Level 1 or 2.

The Plan did not have any assets and liabilities measured at fair value on a recurring basis using Level 3 inputs as of December 31, 2018 and 2017.

The following tables summarize the Plan's investments measured at fair value:

	December 31, 2018	
	Fair Value	Level 1
Mutual Funds	$ 568,387,551	$ 568,387,551
Total investments in the fair value hierarchy	568,387,551	$ 568,387,551
Common/Collective Trusts measured at NAV *	1,796,898,772	
Total Investments, at fair value	$ 2,365,286,323	

NOTE J - FAIR VALUE MEASUREMENT (CONTINUED)

	December 31, 2017	
	Fair Value	Level 1
Mutual Funds	$ 556,572,070	$ 556,572,070
Self-Directed Brokerage Account	2,273	2,273
Total investments in the fair value hierarchy	556,574,343	$ 556,574,343
Common/Collective Trusts measured at NAV *	1,827,852,925	
Total Investments, at fair value	$ 2,384,427,268	

* In accordance with ASC Subtopic 820-10, certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statement of net assets available for plan benefits.

NOTE K - INCOME TAX STATUS

The Plan, as amended and restated, effective January 1, 2015, has obtained a favorable determination letter dated July 19, 2016 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 subsequently re-stated, effective January 1, 2017, to incorporate all amendments since the 2015 re-statement. The Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, the Plan administrator believes that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require the Plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by a government authority. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that, as of December 31, 2018, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine examinations by taxing jurisdictions; however, there are currently no examinations for any tax periods in progress.

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 instruments. 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 Plan benefits.

NOTE M - RISKS AND UNCERTAINTIES (CONTINUED)

Volatility in the financial markets may significantly impact the subsequent valuation of the Plan's investments. Accordingly, the valuation of investments at December 31, 2018 may not necessarily be indicative of amounts that could be realized in a current market exchange.

NOTE N - RELATED PARTY TRANSACTIONS

Fees paid by the Plan for the investment management services of Great-West amounted to $7,000 for the year ended December 31, 2018. This amount is included in administrative expenses in the statement of changes in net assets available for Plan benefits.

SUPPLEMENTAL INFORMATION

BLOOMBERG L.P. 401(k) PLAN

Schedule H, Part IV, 4(i) - Schedule of Assets (Held at End of Year) - December 31, 2018
EIN: 13-3417984
Plan Number: 001

Identity of Issuer or Borrower	Investment Type	Current Value
Mutual Funds:		
Fidelity	Contra Fund	$ 87,537,208
Dodge & Cox	Balanced Fund	81,026,668
Aberdeen	Emerging Markets Institutional Fund	29,633,186
Dodge & Cox	Stock Fund	108,425,002
Harbor	Capital Appreciation Institutional	126,860,132
Parnassus	Core Equity Institutional	15,485,265
Vanguard	Explorer Admiral	119,420,090
Common Collective Trust:		
Wells Fargo	Stable Value Fund D	71,698,410
BlackRock	Short-Term Investment-W	123,699,960
BlackRock	Life Path Index 2020 Non-Lendable M	28,541,559
BlackRock	Life Path Index 2025 Non-Lendable M	42,802,697
BlackRock	Life Path Index 2030 Non-Lendable M	78,738,802
BlackRock	Life Path Index 2035 Non-Lendable M	105,198,936
BlackRock	Life Path Index 2040 Non-Lendable M	138,991,534
BlackRock	Life Path Index 2045 Non-Lendable M	152,855,786
BlackRock	Life Path Index 2050 Non-Lendable M	137,062,075
BlackRock	Life Path Index 2055 Non-Lendable M	57,952,588
BlackRock	Life Path Index 2060 Non-Lendable M	10,529,594
BlackRock	Life Path Index Retirement Non-Lendable M	12,899,940
State Street Global Advisors	US Bond Index Non-Lending Fund Class K	55,263,030
State Street Global Advisors	Global All Cap Equity EX-US Index	52,325,298
State Street Global Advisors	Russell Small/Mid Cap Index Fund Class K	156,771,408
State Street Global Advisors	S&P 500 Index Fund Class K	351,445,008
TS&W	International LRGCP Equity Trust	80,457,555
Alliance Bernstein	US Small & Mid Cap Val CIT TR CL P1	34,945,285
Prudential	Core Plus Bond Fund 5	104,719,307
***Notes receivable from participants**	Participant loans, interest rates ranging from 4.25% to 8.75% and maturing through November 2028	22,880,206
		$ 2,388,166,529

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, Part IV, 4(i) - Schedule of Assets (Held at End of Year) - December 31, 2018
EIN: 13-3417984
Plan Number: 001

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		$ 2,388,166,529

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