Check box if address changed B Exempt under section	ction for
Department of the Treasury Internal Revenue Service A Check box if address changed THE CHILDRENS INVESTMENT FUND FOUNDATION Open to Public Insp 50 1(c)(3). The children of the Treasury Internal Revenue Service Name of organization (ction for
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Organization is a 501(c)(3)	ction for
address changed THE CHILDRENS INVESTMENT FUND FOUNDATION (Employees' trust, see instructions.)	
P. Cymret under control Drug DRA RTC WTM DUTT ANTHUDODY C/O DAY DTTMTPY 104-363364	mber
B Exempt under section Time Data Data	
X 501(CM3) Or Number, street, and room or suite no. If a P.O. box, see instructions.	y code
408(8) 220(8) BECK SQ. 73 ISHAF KD, NO. 300	
408A 530(a) City or town, state or province, country, and ZIP or foreign postal code 529(a) WEST HARTFORD, CT 06107-2237 523000	<u>·</u>
Book value of all assets at end of year F Group exemption number (See instructions.)	
160, 239, 639. G Check organization type ► 501(c) corporation X 501(c) trust . 401(a) trust Other	trust
H Enter the number of the organization's unrelated trades or businesses.	
trade or business here SEE STATEMENT 19 If only one, complete Parts I-V. If more than one,	
describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or	
business, then complete Parts III-V. I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes X No	
If "Yes," enter the name and identifying number of the parent corporation	
J The books are in care of ► ANCHIN BLOCK & ANCHIN LLP Telephone number ► 212-840-3456	;
Part Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net	
1a Gross receipts or sales	
b Less returns and allowances c Balance 1c	<u> </u>
2 Cost of goods sold (Schedule A, line 7)	
3 Gross profit. Subtract line 2 from line 1c 3	
4a Capital gain net income (attach Schedule D) 4a	
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	
c Capital loss deduction for trusts	
5 Income (loss) from a partnership or an S corporation (attach statement) 5 68,123.	23.
6 Rent income (Schedule C)	
7 Unrelated debt-financed income (Schedule E) 7	
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9	
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 Exploited exempt activity income (Schedule I) 10	
11 Advertising income (Schedule J)	
12 Other income (See instructions, attach schedule) 12	
13 Total. Combine lines 3 through 12 13 68, 123. 68, 1	.23.
Part III Deductions Not Taken Elsewhere (See instructions for limitations on deductions)	
(Except for contributions, deductions must be directly connected with the unrelated business income)	
14 Compensation of officers, directors, and trustees (Schedule K)	
15 Salaries and wages RECEIVED	
16 Repairs and maintenance 17 Bad debts 18 Interest (attach schedule) (see instructions) 19 NOV 2 5 2019 20 18	
17 Bad debts 17 NOV 2 5 2019 6	
19 Taxes and incenses	
20 Charitable contributions (See instructions for limitation rules) 21 Depreciation (attach Form 4562)	
22 Less depreciation claimed on Schedule A and elsewhere on return 228 228	
23 Depletion	
24 Contributions to deferred compensation plans \ 24	
25 Employee benefit programs 25	
26 Excess exempt expenses (Schedule I) 26	
27 Excess readership costs (Schedule J)	
28 Other deductions (attach schedule)	
29 Total deductions. Add lines 14 through 28	0.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	
Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 31	
32 Unrelated business taxable income. Subtract line 31 from line 30 32 68, 823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions. Form 990-	L23.

0	4 -	3	6	3	2	6	4	1

Form 990-T	(2018) DBA BIG WIN PHILANTHROPY, C/O DAY PITNEY 04-36	32641	Page 2
Part I	Total Unrelated Business Taxable Income		
, 33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	68,123.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		
•	lines 33 and 34	36	68,123.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	68,123. 1,000.
	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36,	"	270001
38	enter the smaller of zero or line 36	38	67,123.
Part I			07,123.
		\Box	
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)	39	
40	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 38 from:		02 000
	X Tax rate schedule or Schedule D (Form 1041)	· 40	23,222.
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income See Instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	23,222.
Part \	Tax and Payments		
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a		
b	Other credits (see instructions) 45b		
C	General business credit Attach Form 3800 45c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
е	Total credits Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	23,222.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)		•
48	Total tax Add lines 46 and 47 (see instructions)	48	23,222.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
	Payments A 2017 overpayment credited to 2018	73-	
	2018 estimated tax payments 50b	\dashv	
	50.000	\dashv \vdash	
		-	
	Foreign organizations: Tax paid or withheld at source (see instructions) 50d	-	
	Backup withholding (see instructions) 50e	\dashv \sqcup	
	Credit for small employer health insurance premiums (attach Form 8941)	\dashv \vdash	
9	Other credits, adjustments, and payments: Form 2439		
	Form 4136 Other Total ▶ 50g	_	F0 000
51	Total payments. Add lines 50a through 50g	51	50,000.
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52	89.
53	Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	26 600
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	26,689.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax 26,689. Refunded	55	0.
Part \	/I Statements Regarding Certain Activities and Other Information (see instructions)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	here		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.		
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$		
	Under penalties of perjury, I declare that have examined this return, including accompanying schedules and statements, and to the best of my know	ledge and bel	ief, it is true,
Sign	correct and complete Declaration of preparer (other than tax payer) is based on all information of which preparer has any knowledge		
Here	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	-	discuss this return with shown below (see
	Signature of Officer Date Title	instructions)?	
	Print/Type preparer's name Preparer's signature Date Check	if PTIN	
.	R 4.77 self- employe		
Paid	DADDY I TEDEDMANI DAM Helenmin 1///4//7		1264445
Prepa	ANOUTH DIOCK C MICHTALLD		-0436940
Use C	Only 1375 BROADWAY	- 13	0430340
	i l	212 0	40-3456
	Firm's address ► NEW YORK, NY 10018-7001 Phone no.	<u> </u>	70-7470

THE CHILDRENS INVESTMENT FUND FOUNDATION Form 990-T (2018) DBA BIG WIN PHILANTHROPY, C/O DAY PITNEY

04-3632641

Page 3

Schedule A - Cost of Good	s Sold. Enter r	method of inver	ntory valuation N/A					
Inventory at beginning of year	1 1		6 Inventory at end of year			6	1	
2 Purchases	2		7 Cost of goods sold. S		ine 6			
3 Cost of labor	3		from line 5. Enter here					
4a Additional section 263A costs			line 2		7			
(attach schedule)	4a		8 Do the rules of section	263A (\	with respect to		Yes	No
b Other costs (attach schedule)	4b		property produced or a	•	•			†
5 Total. Add lines 1 through 4b	5		the organization?	zoquii ou	ioi rosaio, appiy to		<u> </u>	1
Schedule C - Rent Income (see instructions)		Property and		.ease	d With Real Prop	erty)	
Description of property								
(1)			-					
(2)	-							
(3)								
(4)								
	2. Rent receive	d or accrued						
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	of rent for	and personal property (if the percentage personal property exceeds 50% or if and its based on profit or income)					
(1)	Ť							
(2)								
(3)								
(4)								
Total	0.	Total		0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		er 🕨		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Del	ot-Financed	Income (see	instructions)					
			Gross income from or allocable to debt-		3. Deductions directly conto debt-finance		perty	
1. Description of debt-fi	nanced property		financed property	(a)	Straight line depreciation (attach schedule)	i	(b) Other deductio (attach schedule)	
(1)				† · · · ·				
(2)								
(3)						1		
(4)							_	
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or al debt-finan	adjusted basis locable to ced property schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduc (column 6 x total of co 3(a) and 3(b))	olumns
(1)			%			1		
(2)			%					
(3)			%			T	-	
(4)			%					
· · · · · · · · · · · · · · · · · · ·		.			nter here and on page 1, Part I, line 7, column (A)		Enter here and on page	
Totals			_		0			0.
Totals Total dividends-received deductions	ncluded in column	8						-0.
LOTOL GIAINGHOS-LECKIASA ASARCHOUS	noidaea ili colullili	<u> </u>						

04	_		•	_	4	4
1171	_ <	h ·		h	4	

				PHILANTHROP				04-3632641	
Schedule F -	Intere	st, An	nuities	, Royalties, and R	ents Fror	n Con	trolled Orgai	nizations (see instructions))

		-, ,	,				<u>J</u>		- (500 1110		<u> </u>
				Exempt (Controlled O	rganızatı	ons				
Name of controlled organizati -	on	identifica					ments made include		, Part of column 4 that is cluded in the controlling panization's gross income		6. Deductions directly connected with income in column 5
(1)	•							Ť			
(2)								1			
(3)											
(4)											
Nonexempt Controlled Organiz	zations		Ł								
7. Taxable Income	8. Netu	inrelated income see instructions)	(loss)	9. Total	of specified payr made	nents	10. Part of colu in the control gros	ımn 9 tha ling orgar is income	nization's		ductions directly connected income in column 10
(1)							-				·· · · · · ·
(2)											
(3)											
(4)				,			Add colu Enter here an line 8,		9 1, Part I, A)	Enter h	Id columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals						>			0.		0.
Schedule G - Investme (see instr		ne of a Se	ection	501(c)(7	7), (9), or (17) Org	ganization 3. Deduction	nne .	 		5. Total deductions
1, Descr	ription of inco	me			2. Amount of	income	directly conn (attach sche	ected	4. Set-		and set-asides (col 3 plus col 4)
(1)											
(2)											
(3)											
(4)											
Totals					Enter here and o Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Schedule I - Exploited (see instru	-	Activity I	ncome	, Other	Than Adv	ertisir	g Income	·			
			2 5		4. Net incom	ne (loss)			1		7
1. Description of exploited activity	unrelated incom	Gross I business ne from business	3. Exp directly co with pro- of unre- business	onnected duction elated	from unrelated business (co minus colum gain, compute through	I trade or Jumn 2 n 3) If a e cols 5	5. Gross ind from activity is not unrela business ind	that ited	6. Exp attributi colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)											
(4)			-								
_(//			Enter here page 1, tine 10, c	Part I,							Enter here and on page 1, Part II, line 26
Totals	L	0.		<u> </u>	馬安德富特					[7] 轉列	0.
Schedule J - Advertisir											
Part M Income From F	Periodic	als Repo	rted on	a Cons	solidated	Basis			_		
1. Name of periodical		2. Gross advertising income		. Direct rtising costs	or (loss) (c col 3) If a ga	ising gain of 2 minus ain, comput irough 7	5. Circula incom		6. Reade cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							ř.		1		
(2)											
(3)						490	Ä			-	
(4)			+			100	143				
			 		-n., -n. 4 20-302	and the secondaries of	†				The second secon
Totals (carry to Part II, line (5))	▶	0		0	cols 5 th						0.

Form **990-T** (2018)

Form 990-T (2018) DBA BIG WIN PHILANTHROPY, C/O DAY PITNEY

Part II. Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					-		
(2)					•		
(3)		-			_		
(4)					_		<u> </u>
Totals from Part I	•	0.	0.				0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	•	. 0.	0.		TO THE SE		0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	•
(4) SEE STATEMENT 21		%	,
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2018)

(A)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 19
BUSINESS ACTIVITY

OTHER FINANCIAL INVESTMENTS AND RELATED ACTIVITIES:
THE TAXPAYER SATISFIES THE DE-MINIMUS RULE UNDER NOTICE 2018-67 TO TREAT ALL
INVESTMENT ACTIVITIES AS ONE TRADE OR BUSINESS SINCE THE TAXPAYER DOES NOT
OWN MORE THAN 2% IN PROFITS OR CAPITAL OF ANY PASS-THRU PARTNERSHIP
INTERESTS.

TO FORM 990-T, PAGE 1

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 20
DESCRIPTION	NET INCOME OR (LOSS)
CAPULA GLOBAL RELATIVE VALUE FUND L.P ORDINARY BUSINESS INCOME (LOSS) BIOMATICS CAPITAL PARTNERS II LP - ORDINARY BUSINESS	69,233.
INCOME (LOSS) SUSTAINABLE ASSET FUND II, LP - ORDINARY BUSINESS INCOME	-188.
(LOSS)	-922.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	68,123.

FORM 990-T	SCHEDULE K - CO DIRECTOR	STATEMENT 21		
NAME		TITLE	PERCENT	COMPENSATION
JAMIE COOPER		PRESIDENT AND		
		CHAIR	.00%	•
MARK DYBUL		TRUSTEE	.00%	
SUPROTIK BASU		TRUSTEE	.00%	
MALIK DECHAMBENOIT	1	TRUSTEE	.00%	
BILL HANEY		TRUSTEE	.00%	
NIKOS MAKRIS		TRUSTEE	.00%	
MUHAMMAD PATE		CEO	.00%	
CHRISTOPHER KLATEL	L	COO AND GENERAL		
		COUNSEL	.00%	
DZINGAI MUTUMBUKA		TRUSTEE	.00%	
LUISA DIOGO		TRUSTEE (EFF.		
		6/9/18) (.00%	
TOTAL TO FORM 990-	T, SCHEDULE K			