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## 990

### **Return of Organization Exempt From Income Tax**

Inspection

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

For the 2009 calendar year, or tax year beginning 7/1 , 2009, and ending Please use IRS C Name of organization Fidelity Investments Charitable Gift Fund Employer identification number B Check if applicable Doing Business As 0303001 Address change label or print or Number and street (or P O box if mail is not delivered to street address) Telephone number Name change type. 200 Seaport Blvd 682-4438 Initial return Specific City or town, state or country, and ZIP + 4 ☐ Terminated Instruc-Boston, MA, 02210 G Gross receipts \$ 2,817,645,729 Amended return F, Name and address of principal officer Sarah Libbey H(a) Is this a group return for affiliates? Yes Application pending 200 Seaport Blvd, Boston, MA 02210 H(b) Are all affiliates included? ☐Yes ☐ No Tax-exempt status:  $\boxed{3}$  501(c) (  $\boxed{3}$  )  $\boxed{4}$  (insert no )  $\boxed{1}$  4947(a)(1) or If "No," attach a list (see instructions) Website: ▶ www.charitablegift.org H(c) Group exemption number ► Form of organization. 

Corporation 

Trust Association Other M State of legal domicile: MA Part I Summary Briefly describe the organization's mission or most significant activities: The Gift Fund's mission is to further the American tradition of philanthropy by providing programs that make charitable giving simple and effective. Governance See Schedule O for more detail. Check this box ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . . . . 4 7 Number of independent voting members of the governing body (Part VI, line 1b) . 5 0 5 Total number of employees (Part V, line 2a) . . . . 6 0 Total number of volunteers (estimate if necessary) 7a 488,912 7a Total gross unrelated business revenue from Part VIII, column (C), line 12. b Net unrelated business taxable income from Form 990-T, line 34. 243,456 **Current Year** 952,697,029 1,321,234,154 Contributions and grants (Part VIII, line 1h) . 0 Program service revenue (Part VIII, line 2g) . (557,589,884) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . (47,058,580) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 395,107,145 1,274,175,574 997,593,129 1,105,960,064 13 Grants and similar amounts paid-(Rart IX, column-(A), lines 1-3) . . Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, selumn (A), lines 5-10) 14,984,998 16,571,345 16a Professional fundraising fees Part IX Column (A) pline ite). 河源源沙漠水 b Total fundraising expenses (Part IX, column (D), line 25) 1,198,451 4,346,415 1,013,776,578 1,126,877,824 Revenue less expenses. Subtract line 18 from line 12 (618,669,433) 147,297,750 Pes **Beginning of Current Year** End of Year 3,833,550,786 4,397,153,855 20 Total assets (Part X, line 16). 49,823,404 66,917,283 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 3,783,727,382 4,330,236,572 Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Signature of officer Date . Sarah Libbey, President Type or print name and title Check if Date Preparer's identifying number Preparer's selfsignature employed ▶ 🗌 Paid P00641464 Preparer's Firm's name (or yours PricewaterhouseCoopers, LLP ▶ 13 } 4008324 Use Only 125 High Street, Boston, MA 02110 530-5000 address, and ZIP + 4 Phone no. ► ( 617 ) Yes 🗌 May the IRS discuss this return with the preparer shown above? (see instructions)

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

SCANNED MAR

Form 990 (2009)

Pai	t III	Statement of Program Service Accomplishments
1	The C	describe the organization's mission: ift Fund's mission is to further the American tradition of philanthropy by providing programs that make able giving simple and effective. See Schedule O for more detail.
		· · · · · · · · · · · · · · · · · · ·
2	the pr	e organization undertake any significant program services during the year which were not listed on or Form 990 or 990-EZ?
3		e organization cease conducting, or make significant changes in how it conducts, any program
Ū	servic	
4	Section	be the exempt purpose achievements for each of the organization's three largest program services by expenses. n 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and ions to others, the total expenses, and revenue, if any, for each program service reported.
4a		) (Expenses \$ 1,120,839,497 including grants of \$ 1,105,960,064 ) (Revenue \$) chedule O
		***************************************
4b	(Code:	) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:	) (Expenses \$ including grants of \$) (Revenue \$)
		······································
	<del>-</del>	······································
		······································
	(Exper	
4e	Total (	program service expenses ► 1.120.839.497

**Checklist of Required Schedules** 

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors?,	2	✓_	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		✓
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	1	_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	<b>√</b>	-800 NO
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	10.00		
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	3,4		
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	✓	38 W. V
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			1 2 1 2
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		<b>√</b>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	✓	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	✓	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			,
20	If "Yes," complete Schedule G, Part III	19 20		<del>/</del>
<u>u</u>	Did the organization operate one or more hospitals; if res, complete ochedule if	40		•

	350 (2003)			age ·
Pa	rt IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	1	•
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	<b>24</b> a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	24d 25a		<b>√</b>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		<b>√</b>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		<b>√</b>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	1	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<b>✓</b>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		<b>-</b>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<b>√</b>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	✓	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	1	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		<b>√</b>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	<b>✓</b>	_ ✓

Part V

Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
_ aı	Otalements fregulating other into timige and tax ocinphanes	-	Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		* <u>\$</u>	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	3 2	~,	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	1	<u>.</u>
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		- 18	<b>W</b>
h	Statements, filed for the calendar year ending with or within the year covered by this return 2a   0   0   1   1   1   1   1   1   1   1	2b		
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.	1776	37.7
	instructions)		7.	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	1	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	✓	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<b> </b> ✓
b	If "Yes," enter the name of the foreign country: ► N/A	15.	2. 3	
-	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		/
		5b	_	<b>✓</b>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		<b>V</b>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			100
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	23.	<b>✓</b>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		ļ
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		✓.
d	If "Yes," indicate the number of Forms 8282 filed during the year		1	
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<b>/</b>
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g		<del></del>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		, ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	
	organization, have excess business holdings at any time during the year?	8		<b>V</b>
9	Sponsoring organizations maintaining donor advised funds.	9a		1
a	Did the organization make any taxable distributions under section 4966?	9b		1
b 10	Section 501(c)(7) organizations. Enter:	<del></del> -	,	L.
	Initiation fees and capital contributions included on Part VIII, line 12	est of the state o	,	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	``		
11	Section 501(c)(12) organizations. Enter:			,
	Gross income from members or shareholders			. is
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	234		`.?* :
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes " enter the amount of tax-exempt interest received or accrued during the year	12a		& j>,

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
		F96 - 2.5 .	Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			المؤث
	any other officer, director, trustee, or key employee?	2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		✓
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		✓
6	Does the organization have members or stockholders?	6		<b>√</b>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		✓
h	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	(F)	in Special	
U	the year by the following:			
_	The governing body?	8a	<u> </u>	
	Each committee with authority to act on behalf of the governing body?	8b	7	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	0.0	_	
3	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		./
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter-			
	enue Code.)	zi i iai		
	side Code,		Yes	No
		10a	162	No /
	Does the organization have local chapters, branches, or affiliates?	iva		
þ	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	405		
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11 3500	<b>∀</b> Es%/•	F. 680
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		建立/	X.4
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	<b>V</b>	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	<b>✓</b>	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	<b>√</b>	
13	Does the organization have a written whistleblower policy?	13	<b>√</b>	
14	Does the organization have a written document retention and destruction policy?	14	<b>√</b>	* 'sponsessowerd
15	Did the process for determining compensation of the following persons include a review and approval by		经到	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	4	<u> </u>	<u> </u>
а	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b	,	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			, 40
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		<b>2.0</b>	
	with a taxable entity during the year?	16a		✓
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	1	~ ( ) ·	3.
~	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	134.75	.***	153
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ Schedule O			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(or	:)(3)e	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.	,,(U)S (	J1 11 y j	
	✓ Own website ✓ Another's website ✓ Upon request			
40	, ,	of int	roo*	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	or inte	HEST	
00	policy, and financial statements available to the public.	ا ملمد		
20	State the name, physical address, and telephone number of the person who possesses the books and recoorganization: ► Stephen Herlihy (Treasurer), 200 Seaport Blvd, Boston, MA 02210, 800-682-4438	ras o	tne	

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee."

Check this box if the organization did not compensate any current officer, director, or trustee.

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order, individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)			(6	C)			(D)	(E)	(F)
Name and Title	Average	Positi	on (	checi	k all	that ap	ply)	Reportable Reportable		Estimated
	hours per week	유코	l Z	皇	ē.	a F	2	compensation from	compensation from related	amount of other
	""	Individual trustee or director	Institutional trustee	Officer	Key employee	ploy	Former	the	organizations	compensation
		ctor t	iona		old	e co	'	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		rust	音		yee	mpe	İ	ĺ		and related
,		8	stee			Highest compensated employee	Ι.			organizations
						<u> </u>				
Rudman J. Ham	1						li	o	o	0
Trustee (Retired 2/23/10)	ļ ·	✓	_			<u> </u>	<u> </u>			
Melvin R Seiden	1							0	o	0
Trustee	ļ ·	<b>✓</b>		<u> </u>		<del> </del>	ļ			
Anne-Marie Soulliere	1							0	0	0
Trustee		<b>✓</b>					-			
Thomas R. Powers	1							0	0	0
Trustee Sout Porgonal		<b>✓</b>					<u> </u>			
Scott Bergeson	1	1						0	0	0
Trustee Anna Spangler Nelson		<b>-</b> ✓								
	1	1						0	0	0
Trustee Alfred E. Osborne, Jr.	<del></del> -	<b>-</b>	-				-			
Trustee	1	1				i		0	0	0
Richard D. Tadler		_					$\vdash$			
Trustee	1	1			i			0	0	0
Audrey McNiff		•							_	
Trustee (Effective 1/1/10)	1	1						0	0	0
Sarah Libbey										
President	37.5			1				365,000	0	61,911
Karla Valas	07.5							400,000		47.005
VP, Secretary and Chief Compliance Officer	37.5			1				162,000	0	47,085
Stephen Herlihy	37.5							178,831	0	48,450
VP, Treasurer & CFO (Effective 9/09)	37.5			✓				170,031	U	40,450
Amy Danforth	37.5				1			355,918	0	60,655
SVP Outreach and Program Development	37.5			✓				333,310		00,055
Christopher Houlihan	37.5				1			327,476	o	60,228
SVP Fundraising (Effective 9/09)	01.0		<u> </u>	✓	_			321,410	•	
Cynthia Strauss	37.5							163,808	o	45,671
Director of Grants and Research	31.3		<u> </u>	✓	L			100,000		45,071
Mark Alcaide	37.5							42,529	ol	11,595
Treasurer and CFO (Ending 9/09)	1		<u> </u>	✓	L			12,020		

Part VII Section A. Officers, Directors, Trustees, Key			Employees, and Highest					hest	t Compensated Employees (continued)			
(A)		(B)			(0	•			(D)	(E)	(F)	
Name and title	ho	Average ours per week	Individual trustee or director	nstrtutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MiSc	Estimated amount of other compensation from the organization and related organizations	
Jeffrey Sheridan Charitable Planning Consultant	37	7.5					1		423,931		0 61,675	
Jacqueline Valouch Charitable Planning Consultant	37	7.5					<u>√</u>		311,977		0 59,996	
Keiron O'Brien Charitable Planning Consultant	37	7.5					<b>√</b>		255,007		0 58,277	
Mark Humphreville Charitable Planning Consultant	37	7.5	-,-				<b>√</b>		251,417		0 59,088	
Jeffrey Gerold Charitable Planning Consultant	37	7.5					<b>√</b>		240,708		0 58,927	
1b Total	<u> </u>				<u></u>		•	<b></b>	3,078,602		<u>0</u> 633,558	
2 Total number of individuals (in reportable compensation from			o the	se	liste	d a	bove	) wh 	o received mo	ore than \$100,	000 in	
<ul> <li>3 Did the organization list any employee on line 1a? <i>If "Yes</i>,</li> <li>4 For any individual listed on line the organization and related organization.</li> </ul>	" complete Sche ne 1a, is the sum	edule J fo n of repo	o <i>r su</i> rtable	ch i e cc	<i>indi</i> v omp	<i>idu</i> ens	<i>al</i> . ation	and	other compe	nsation from	Yes No	
individual	a 1a receive or	accrue	comp	ens	atio	n fi	rom a	any	unrelated orga	anization for	4 /	
services rendered to the organisers Section B. Independent Contract		, compi	ete S	cne	eaui	e J	tor s	ucn	person	· · · · ·	5   √	
1 Complete this table for your f		nensated	Linds	nor	nde	nt c	ontra	ctor	e that received	1 more than \$	100 000 of	
compensation from the organ	ization.		- Inde				Onti a	Cto <sub>1</sub> .		I more than $\phi$		
	(A) and business address								(B) Description of se	<u> </u>	(C) Compensation	
FMR LLC, 82 Devonshire Street,	Boston, MA 021	109						Ad	ministration F	ee	20,917,760	
2 Total number of independent more than \$100,000 in comp	contractors (incluensation from the	uding bu	t not	limi n ►	ted 1	to t	hose	liste	d above) who	received	-	

Par	: VII	Statement of Re	venue		<del></del>			<u> </u>
3, 6			3		(A) Total revenue	(B) Related or exempt function	(C) Unrelated business	(D)  Revenue excluded from tax under sections
250.95		٠ 🚜 .	<i>z</i> , , ) * 0	£		revenue	revenue	512, 513, or 514
tributions, gifts, grants other similar amounts	1a	Federated campaigns	<u>1</u> a	<u> </u>				
gra	b	Membership dues	<u>1b</u>				-	
ts, arr	C	Fundraising events	. <u>1c</u>	;				
<u>a</u>	1	Related organizations	<u>1</u> d			,		]
ž,		Government grants (contr	nbutions). 1e				, a (A)	× 7 , - 1
Contributions, and other simi	f	All other contributions, gifts,	1			· .	* , , *	, , , ,
혈		and similar amounts not inclu		1,321,234,154	<u></u>	,	^	•
늍	a	Noncash contributions include		885,743,893		·		
Cont		Total. Add lines 1a-1f			1,321,234,154	<u>,</u>	ŕ	- ]
			<del></del>	Business Code	ى <sup>م</sup> ۇق ,	·	و فرد المحد	
ם	2a						I wante make make ' 2	· · · · · · · · · · · · · · · · · · ·
ě	b							
8								
Ž	C				<u> </u>			
Š	a	•••••						
Lau	e	All other program servi						
Program Service Revenue	'a	Total. Add lines 2a–2f			_			^ }
	<del>-</del>				-	7 8%		
	3	Investment income (inc			60,248,839		488,912	59,759,927
		other similar amounts)			00,246,635		400,512	39,139,921
	4	Income from investment of	of tax-exempt bo	nd proceeds				
	5	Royalties	(ı) Real	(II) Personal	- 70	1 - 4 <sub>2</sub> , 4		85.8 × × × ,
			(i) Heai	(II) Personal				
	6a	Gross Rents .				,	^ -	·
		Less: rental expenses					٦	, 1
		Rental income or (loss)		0 0	<u> </u>	( tere concernation of		t
	d	Net rental income or (kg		<u>, , , ▶</u>	0			
	7a	Gross amount from sales of	(i) Securities	(II) Other			- · · · · · · · · · · · · · · · · · · ·	.: * <b>7</b>
		assets other than inventory	1,436,162,73	6	30	;·	1,500	, ,
	Ь	Less cost or other basis				,		
		and sales expenses .	1,543,470,15		, \$			
	С	Gain or (loss)	(107,307,419	)]	<u> </u>	t		·
	d	Net gain or (loss)		<u> </u>	(107,307,419)			(107,307,419)
ē	8a	Gross income from	fundraising		-		,	,
evenue		events (not including \$						ì
ě		of contributions reporte	d on line 1c).					į
Ř		See Part IV, line 18		a l	, ,	<i>x</i>		
Other	ь	Less: direct expenses	1	<b>o</b>		λ <sup>*</sup>		
ō	С	Net income or (loss) fro	om fundraising	events . >	0			
	92	Gross income from gam	and activities					
	l	See Part IV line 19		a				-
	ь	Less: direct expenses.	i			_		1
	С	Net income or (loss) fro	om gaming act	ivities ▶	0			
	10a	Gross sales of inve	entony less			٠	*	***************************************
		returns and allowances		a				) 1
	ь	Less cost of goods so		5				ì
		Net income or (loss) from			0			
		Miscellaneous Rev		Business Code	·	,		
	11a				1			
					1			<del></del>
					<del> </del>			
	<u>ا</u> ا	All other revenue			1	-		
		All other revenue		L	0			
		Total. Add lines 11a-1 Total revenue. See ins			1,274,175,574		488,912	(47,547,492)
		. Jean 1010Habi 000 HB	2 40.110110		1,417,113,014	l	1 400,512	(41,541,432)

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete co	lumn (A) but are no	ot required to com	plete columns (B),	(C), and (D).
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,105,508,564	1,105,508,564		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	451,500	451,500		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,595,562	681,726	586,360	327,476
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	44 422 026	7 500 647	000 407	2 700 040
7	Other salaries and wages	11,423,026	7,520,617	626,197	3,726,212
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	3,552,757	2,330,675	317,300	904,782
10	Payroll taxes				*** ***
11	Fees for services (non-employees):				
а	Management				
	Legal			i i	
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
•	Investment management fees			Company of the second s	
<u> </u>	<del>-</del>				
_ g	Other				•
12	Advertising and promotion				
13	Office expenses				
14	Information technology		· · · · ·		
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization.				
23	Insurance	CONTRACT NO WARRIET C.F.	09854 7.486 . 10 - 75.67	ST NOW WELL ON THE	35-55 A 1 18 18 18 15 17 17 18 18
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
а	Other Services Provided	2,005,153	2,005,153		
b	Technology	2,341,262	2,341,262		
C					· · · · · ·
d					
e	All other expenses				
25	All other expenses	1,126,877,824	1,120,839,497	1,529,857	4,508,470
26	Joint costs. Check here ► ☐ if following	1,120,077,024	1,120,000,401	1,020,037	4,500,470
20	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundamental campaign and				

Part X **Balance Sheet** (A) Beginning of year (B) End of year 66,585,760 50,684,869 Cash—non-interest-bearing . . . . . . . . . . . . 1 Savings and temporary cash investments . . . . . . . . . . . . . . . 2 2 3 3 21,144,311 4 12,915,213 4 \* ; \* } Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 6 7 Assets 7 8 8 9 Prepaid expenses and deferred charges . . . Land, buildings, and equipment: cost or 10a 10a other basis. Complete Part VI of Schedule D Less: accumulated depreciation . . . . 10b 10c 3.674.090.709 11 Investments—publicly traded securities . . . . . . . . . 4,253,500,274 11 12 Investments-other securities. See Part IV, line 11 12 13 13 Investments-program-related. See Part IV, line 11 14 14 Other assets. See Part IV, line 11 . . . . . 15 71,730,006 15 80,053,499 Total assets. Add lines 1 through 15 (must equal line 34) 16 3,833,550,786 16 4,397,153,855 5,010,883 17 10,242,081 17 2,949,027 18 6,093,294 18 19 19 20 20 21 Liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key jegt employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 Unsecured notes and loans payable to unrelated third parties . . . 24 24 41,863,494 25 25 50,581,908 26 Total liabilities. Add lines 17 through 25 . . . . 49,823,404 26 66,917,283 475 Organizations that follow SFAS 117, check here ▶ 
☐ and **Fund Balances** complete lines 27 through 29, and lines 33 and 34. 3.753.364.682 4,300,490,380 27 27 30,362,700 28 29,746,192 28 29 29 Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ŏ 34.X 30 Assets Capital stock or trust principal, or current funds . . . . . . . . 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds Net. 3,783,727,382 33 4,330,236,572 33 Total liabilities and net assets/fund balances 3,833,550,786 4,397,153,855

Form 990 (2009)

Pai	t XI Financial Statements and Reporting			
		_	Yes_	No
1	Accounting method used to prepare the Form 990:   Cash   Accrual   Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			1
	Schedule O.			,- 5.5.
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	<u> </u>	✓
b	Were the organization's financial statements audited by an independent accountant?	2b	✓	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	<b>✓</b>	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			2 2 2 4
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were		7	
	issued on a consolidated basis, separate basis, or both:			
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		3723	
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		_✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form **990** (2009)

### **SCHEDULE A**

(Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Employer identification number Name of the organization 0303001 Fidelity Investments Charitable Gift Fund 11 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33\% % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33/4 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II c Type III-Functionally integrated e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (III) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? |11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (iii) Type of organization (ii) EIN (iv) Is the organization (i) Name of supported (v) Did you notify (vi) is the (vii) Amount of organization (described on lines 1-9 in col. (i) listed in your the organization in organization in col. support above or IRC section governing document? col (i) of your (i) organized in the HS 2 (see instructions)) support? Yes No Yes Total

18

Schedule A (Form 990 or 990-EZ) 2009 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support (a) 2005 (b) 2006 (d) 2008 (e) 2009 Calendar year (or fiscal year beginning in) (c) 2007 (f) Total Gifts, grants, contributions, and membership fees received. (Do not 1,150,322,396 1.530,457,367 1.594.934.259 952.697.029 1,321,234,154 6,549,645,205 include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities 3 furnished by a governmental unit to the organization without charge 1,150,322,396 1,530,457,367 1,594,934,259 952,697,029 1.321.234.154 6,549,645,205 Total. Add lines 1 through 3 4 T. J. The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount 230,235,204 shown on line 11, column (f) Public support. Subtract line 5 from line 4. 6,319,410,001 Section B. Total Support (c) 2007 Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (d) 2008 (e) 2009 (f) Total 1,150,322,396 1,530,457,367 1,594,934,259 952,697,029 1,321,234,154 6,549,645,205 Amounts from line 4 . . 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 143,309,559 220,603,854 293,737,910 106,587,594 60,248,839 824,487,756 sources Net income from unrelated business 9 activities, whether or not the business is regularly carried on . . . . . . Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV.) . . . . . . 7,374,132,961 Total support. Add lines 7 through 10 . 11 0 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 85.70 % 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 15 87.41 % 15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . . . . 16a 331/4 support test - 2009. If the organization did not check the box on line 13, and line 14 is 331/4 or more, check this box b 331/3 % support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3 % or more, check this 17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . .

b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . . . Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions >

# Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

<u></u>	Complete only if you check	sa the box of	11 11110 3 01 1 2	11(1.)			<del></del>
	etion A. Public Support	( ) 2005	#1.0000	43.000	1 (1) 2222	1 () ()	
Ca	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						···
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)	7 3 <b>4 3</b>			e <b>2</b>		
	tion B. Total Support	<del></del>		·	<del></del>	· · ·	
Ca	alendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for organization, check this box and stop	here	<u></u>		=	rear as a section	· · · · · · · · · · · · · · · · · · ·
Sec	tion C. Computation of Public Su	<del>". "</del>	<del></del>				<del>_</del>
15 16	Public support percentage for 2009 (lin Public support percentage from 2008 S	Schedule A, Pa	art III, line 15	e 13, column		15 16	<u>%</u>
Sec	tion D. Computation of Investmen	it Income Pe	ercentage			y <del>  </del>	
17	Investment income percentage for 2009	<b>9</b> (line 10c, col	umn (f) divided	d by line 13, c	olumn (f)) .	17	<u></u> %%
18	Investment income percentage from 20					18	%_
19a	331/3 % support tests—2009. If the orga 17 is not more than 331/3 %, check this b						
b	33%% support tests—2008. If the organ line 18 is not more than 33%%, check this						
20	Private foundation. If the organization	did not check	a box on line 1	4 19a or 19b	check this h	ny and see insti	ructions > \bullet

	orm 990 or 990-EZ) 2009	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information.	by Part II, line 10; See instructions.
<b></b>		
•••		
••••		

### SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

**Fidelity Investments Charitable Gift Fund** 0303001 11 Part i Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 52,466 Total number at end of year . . . . 1,321,234,154 2 Aggregate contributions to (during year) 1,105,960,064 3 Aggregate grants from (during year) . 4,330,236,572 4 Aggregate value at end of year . . 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . ✓ Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? √ Yes 

No Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a Total number of conservation easements . . . . 2b Total acreage restricted by conservation easements . . . . . . . . . 2c c Number of conservation easements on a certified historic structure included in (a) . . . 2d d Number of conservation easements included in (c) acquired after 8/17/06 . . . . . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ ..... Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year **▶**\$ \_\_\_\_\_ Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2 following amounts required to be reported under SFAS 116 relating to these items: \$ ......

Page	2

Par	t III Organizations Maintaining	Collections of	of Art, His	toric	al Treasures,	or Ot	her Similar	Assets (continued)
3	Using the organization's acquisition, accollection items (check all that apply):	cession, and o	ther record	ds, ch	eck any of the	follow	ing that are a	significant use of its
а	Public exhibition		ď		Loan or exchar			
b	Scholarly research		е	Ш	Other			
¢	Preservation for future generations	;						
4	Provide a description of the organization Part XIV.	n's collections	and expla	ain ho	w they further t	he org	ganization's e	xempt purpose in
5	During the year, did the organization solic assets to be sold to raise funds rather that	in to be mainta	ined as pa	rt of th	e organization's	colle	ction?	. Yes No
Par	Escrow and Custodial Arrai					swere	ed "Yes" to F	orm 990, Part
	Is the organization an agent, trustee, cuincluded on Form 990, Part X?					ns or	other assets r	not Yes No
b	If "Yes," explain the arrangement in Par	t XIV and com	iplete the f	follow	ng table:		1	 Amount
						10		Amount
	Beginning balance					1c_		
	Additions during the year					1d		
е	Distributions during the year					1e_		
f	Ending balance					1f		<u> </u>
	Did the organization include an amount If "Yes," explain the arrangement in Par	t XIV.						
Pai	t V Endowment Funds. Compl							
	(a	) Current year	(b) Prior	year	(c) Two years b		d) Three years ba	
1a								
b	Contributions				S. L. S. E.			
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f g	Administrative expenses End of year balance		I			عة أحضينا		
2	Provide the estimated percentage of the	year end bal	ance held	as:				
а	Board designated or quasi-endowment							
b	Permanent endowment ▶	%						
С	Term endowment ▶ %							
3a	Are there endowment funds not in the poorganization by:	ssession of th	e organiza	tion th	at are held and	admir	nistered for the	Yes No
	(i) unrelated organizations				,			3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" to 3a(ii), are the related organization							3b
4	Describe in Part XIV the intended uses							
Par	t VI Investments—Land, Buildi	ngs, and Eq	uipment.	See	<del>-</del> orm 990, Par	t X, li	ne 10.	
	Description of investment	(a) Cost or oth (investme			ost or other sis (other)	dep	ccumulated preciation	(d) Book value
1a	Land						# 30 <b>0</b> 32	
b	Buildings							
c	Leasehold improvements							
d	Equipment							
	Other							
	I. Add lines 1a through 1e. (Column (d) musi		90. Part X, o	columi	(B), line 10(c).)		>	

Part VII Investments—Other Securities	. See Form 990, Part X	, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method	of valuation: year market value
Financial derivatives			
Closely-held equity interests			
Other	<del></del>	ļ	<del></del>
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments—Program Related	I. See Form 990, Part X	, line 13.	
(a) Description of investment type	(b) Book value	(c) Method Cost or end-of-	of valuation year market value
			· · · · · · · · · · · · · · · · · · ·
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►			
Part IX Other Assets. See Form 990, Par	T X, IINE 15. (a) Description		(b) Book value
	(a) Description		(b) book value
• • • • • • • • • • • • • • • • • • • •			
	<del></del>		
<del></del>			
Total. (Column (b) must equal Form 990, Part X, col. (b)		<u>,,,, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	. ▶
Part X Other Liabilities. See Form 990, F			
1. (a) Description of liability	(b) Amount		
Federal income taxes Obligations to deliver securities	22,48	4	
Discount for future interest in Pooled Income Fund	50,307,30		
Other payables	252,12	<del></del>	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	50,581,90	8	
Town (Soldini la) most squar to mit Soo, t art A, col. (D) mic 20.)	30,301,30	V   1/20 1	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Page	4
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	330 5 (1 0111 300) 2000		. ago .
Pai	T.XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial S	r	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,274,175,574
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,126,877,824
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3_	147,297,750
4	Net unrealized gains (losses) on investments	4	399,827,948
5	Donated services and use of facilities	5	<del></del>
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	(616,508)
9	Total adjustments (net). Add lines 4 through 8	9	399,211,440
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	546,509,190
Par	T XII Reconciliation of Revenue per Audited Financial Statements With Revenue	e pei	<del></del>
1	Total revenue, gains, and other support per audited financial statements	7	1,673,387,014
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments	8	
b	Donated services and use of facilities	<sub>ين</sub> ړي .	
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV.)		200 044 440
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,274,175,574
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		4
b	Other (Describe in Part XIV.)	4.0	
c	Add lines 4a and 4b	40	<del></del>
5 Box	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,274,175,574
		1 1	1,126,877,824
1	Total expenses and losses per audited financial statements		1,120,011,024
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities		
a	Bonated services and use of identities		
b	Thor year adjustments	- 1	
C	Other 10303		
d	Other (Describe in Factory)	2e	0
e		3	1,126,877,824
3	Subtract line <b>2e</b> from line <b>1</b>		3
4	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	7	
a	Other (Describe in Part XIV.)		
b	Add lines 4a and 4b	4c	0
С 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,126,877,824
	t XIV Supplemental Information	<u> </u>	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	nd 4:	Part IV. lines 1b
	2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d ar		
	part to provide any additional information.		,
	AV 11. 0 FIN 10 F - 1. 1. The Olf F - 1.11.1 - 1.1.		
Par	t X, Line 2: FIN 48 Footnote - The Gift Fund did not have any unrecognized tax benefits in the	e acc	ompanying
fin c	anaial etatamente		
	ncial statements.		
Par	t XI, Line 8: Decrease in remainder interest of Pooled Income Fund		
Par	t XII, Line 2d: Decrease in remainder interest of Pooled Income Fund		
	,		
· · · · ·		• • • • • •	
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Part XIV	Supplemental Information (continued)	_
al CAIL		
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• • • • • • • • • • • • • • • • • • • •		• • • •
<i>.</i>		
- <b></b>		
		<b></b>

# Schedule F (Form 990)

### **Statement of Activities Outside the United States**

 Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
 ► Attach to Form 990.
 ► See separate instructions. OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
Fidelity Investments Charitable Gift Fund

Employer identification number 11 0303001

Pa	rt I General Informa "Yes" to Form 990			e the United States	. Complete if the organi	zation answered
1	For grantmakers. Does to assistance, the grantees' the grants or assistance?	eligibility for th	e grants or as	sistance, and the selec	tion criteria used to aw	ard
2	For grantmakers. Describ United States.	oe in Part IV th	e organization	's procedures for monit	oring the use of grant f	unds outside the
3	Activities per Region. (Use	Schedule F-1	(Form 990) ıf	additional space is nee	ded.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Cent	ral America and the Caribbean	0	0	Grantmaking		\$85,750
Eur	ope	0	0	Grantmaking	·	\$100,000
Nor	th America	0	0	Grantmaking		\$5,000
Sou	ith America	0	0	Grantmaking		\$150,000
Sou	ith Asia	0	0	Grantmaking		\$105,000
Sub	-Sahara Africa	0	0	Grantmaking		\$5,750
						, <u>-,</u>
						,,,,,,,,,
				-		_
			<del></del>			
					,	
Tota	No.	0	0			\$451 500

Page 1

Schedule F (Form 990) 2009

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000. The Schedule F-1 (Form 990) if additional space is needed. Part II

	(I) Method of valuation (book, FMV, appraisal, other)									•			!		
	(h) Description of non-cash assistance									:					
	(g) Amount of non-cash assistance	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A					
	(t) Manner of cash disbursement	Wire	Check	Check	Wire	Check	Wire	Wire	Wire	Check					
	(e) Amount of cash grant	\$21,500	\$64,250	\$90,000	\$10,000	\$150,000	\$15,000	\$75,000	\$15,000	\$5,750					
o liedueu.	(d) Purpose of grant	General Operating Expenses	General Operating Exp/Scholarships	Museum Development	Educational Day Care Center	General Oper Exps/ Earthquake Relief	Tree Based Farming Program	Midwives Training and Development	Graduate Finishing School	General Operating Expenses					
מספי סכוומים ו (ו סודו ספס) וו מתחווטו מו פאסים וכ	(c) Region	Central Amenca and the Caribbean	Central America and the Caribbean	Europe	Europe	South America	South Asia	South Asia	South Asia	Sub-Sahara Africa					
	(b) IRS code section and EIN (if applicable)	ē.	Section of the sectio			, P		A Section of the sect			in the state of th	,		ر مهر اهر ا	
Delico peo	1 (a) Name of organization		ook '								, -		,		

Enter total number of other organizations or entities က ~

Schedule F (Form 990) 2009

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Schedule F (Form 990) 2009

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance

Schedule F (Form 990) 2009

001100001 (1 01111 000) 2000	
	ntal Information is part to provide the information required in Part I, line 2, and any additional information.
	s for monitoring grant funds outside the US
During its fiscal year end	ding June 30, 2010, the Fidelity Investments® Charitable Gift Fund ("Gift Fund") began to make
grants to select foreign o	charitable organizations not recognized by the Internal Revenue Service as public charities. In
making such grants from	n donor-advised funds, the Gift Fund complies with the requirements of Internal Revenue Code
(IRC) §4966(c) and perfor	rms expenditure responsibility as described in IRC §4945(h). In performing expenditure
responsibility, the Gift Fo	und:
1) Undertakes a Pre-Grar	nt Inquiry with reasonable determination that the intended grantee is capable of fulfilling the
charitable purpose of the	e grant,
2) Executes a Grant Agre	eement that includes spending and reporting responsibilities and commits the grantee
organization to spend the	e funds only for the specified charitable purposes stated in the Grant Agreement,
3) Requires the grantee of	organization to submit to the Gift Fund regular status reports on the expenditure of the funds and
the progress made in full	filling the charitable purpose of the grant, until such grant has been fully spent, and
4) Reports each such gra	ant to the Internal Revenue Service on its information return (Form 990) with the requisite
accompanying description	on, in compliance with Treas. Reg. §53.4945-5(d).
The Gift Fund complies v	with the Treasury Department's Office of Foreign Asset Control (OFAC) regulations, and,
therefore, any grants ma	de to foreign charitable organizations must not violate OFAC's country-based sanctions
programs. Further, Gift I	Fund grants must not involve trade or transaction activities with sanctions targets named on
OFAC's list of Specially I	Designated Nationals and Blocked Persons. As with any grant by the Gift Fund, each grant
recommended by a dono	or advisor is ultimately subject to the Gift Fund's standard due diligence procedures (including
review of the recommend	ded grant recipient and the recommended purpose for the grant) and to the approval of the
Trustees of the Gift Fund	l.

# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part I General Information on Grants and Assistance

Fidelity Investments Charitable Gift Fund

Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations,

OMB No 1545-0047 

▶ Attach to Form 990.

2009	Open to Public	Inspection	Employer identification number
			<b>Employer Ident</b>

0303001

7

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ds to substants or grants or	antiate the amour rassistance?	nt of the grants or ass	sistance, the granteer	s' eligibility for the gra	ints or assistance, an	d 🛮 Yes 🗎 No
<u> </u>	to Gov	ernments and	and Organizations in the United States Complete if the organization answered "Ves" to	e United States	Complete if the oros	nization answered	"Yes" +0
	r any recip rm 990) if		eceived more than \$5,000. Check this box if no one recipient received more than \$5,000. Use space is needed	00. Check this box	if no one recipient r	eceived more than	\$5,000. Use
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See attached list							
	-						
	and governm	nent organizations				•	62,869
So Enter total number of other organizations  For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ons	e the Instructions	for Form 990.		Cat. No 50055P	S	Schedule I (Form 990) 2009

Schedule I (Form 990) 2009

activities. In addition, the Gift Fund monitors charitable activities of recipient organizations through various media searches designed to identify charities where funds (including an enforceable pledge) of any individual or entity; and (v) the grant will not be used for lobbying or political contributions or to support political campaign Fund requires the charitable grant recipient to certify that by cashing the check the charity agrees that (i) the organization is formed under the laws of the US and its (f) Description of non-cash assistance The Giff Fund makes grants to IRS-qualified 501(c)(3) charitable organizations where the funds distributed will be used exclusively for charitable purposes. The Giff recommending donor nor other third party will receive goods, services or any more than incidental benefits (such as tuition, memberships or dues, with more than 4942(j)(3), and applicable regulations and IRS authority; (ii) the grant will be used exclusively in furtherance of the organization's exempt purposes; (iii) neither the incidental benefits, admission to events or goods bought at auction) as a result of the grant; (iv) the grant does not satisfy all or a portion of a financial obligation territories and is a public charity described in Internal Revenue Code section 509(a)(1), (2) or (3), or is a private operating foundation described in the IRC section Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part IV

regarding the charitable activities and use of Gift Fund monies from charitable grant recipients. The Gift Fund also works with its recommending donors to verify that

funds are being used for charitable purposes.

(Giff Fund or other sourced funds) are not being used for proper exempt purposes. Moreover, from time to time the Gift Fund requests documentation and certification

### SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees
Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions.

0303001

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

**Fidelity Investments Charitable Gift Fund** 

Employer identification number 11 i

Part I Questions Regarding Compensation Νo 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel Housing allowance or residence for personal use ☐ Travel for companions Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?....... **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?..... 4b 4c c Participate in, or receive payment from, an equity-based compensation arrangement?. . . . . . . If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?............. 5a If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?............... If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . . . . . . . . . . . . . . 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was 8

subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

8

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed Part II

For each individual whose compensation must be reported in Schedule J, report compensation from the organization in the instructions, on row (i). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	Fue taemented (7)	oldoxotool (0)	(E) Total of polymen	i i
(A) Name		(t) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(i)(a)	reported in prior Form 990 or Form 990-EZ
Sarah Libbey	€ €	365,000				61,911	426,911	345,000
Karla Valas	E 5	162,000				47,085	209,085	162,000
Stephen Herlihy	6 3	178,831				48,450	189,401	0
Amy Danforth	€ €	355,918				60,655	416,573	220,616
Christopher Houlihan	83	327,476				60,228	323,087	0
Cynthia Strauss	€ €	163,808				45,671	209,479	156,383
Mark Alcaide	€ €	42,529				11,595	54,124	239,000
	€ €							
	(E) (E)							
Jeffrey Sheridan	(E)	423,931				61,675	485,606	0
Jacqueline Valouch	€ €	311,977				966'65	371,973	269,900
Keiron O'Brien	€ 3	255,007				58,277	313,285	272,214
Mark Humphreville	≘ ≘	251,417				59,088	310,504	205,199
Jeffrey Gerold	(ii)	240,708				58,927	299,635	0
	© (E)							
	€€							
							Sche	Schedule J (Form 990) 2009

Schedule J (Form 950) 2009

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Neither CGF (nor any related organization) pays compensation to any officers or other individuals. CGF engages FMR LLC pursuant to a Master Services Agreement
(MSA) under which a broad range of services are provided to and on behalf of CGF, including services of officers and other individuals. Payments by CGF to FMR
under the MSA are based on the terms of the MSA in aggregate; separate costs borne by FMR in providing services under the MSA, including compensation paid by
FMR, are not separately stated under the MSA (Payments to FMR under the MSA are reported on Form 990 Part VII, Section B). Notwithstanding the foregoing, CGF's
Board of Trustees has requested and received compensation information for officers from FMR, which information CGF reports on Form 990 Schedule J, Part II. CGF
reviews the compensation for the officers for purposes of reporting compensation on Form 990 and for determining the amounts to be considered arms'-length
comparables for the Board's overall review of the MSA.

### SCHEDULE M (Form 990)

### **Noncash Contributions**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Open To Public Inspection

Internal Revenue Service

Name of the organization

Employer identification number

Fide	elity Investments Charitable Gif	ft Fund			11	:	030	3001	
Par									
		(a) Check if applicable	<b>(b)</b> Number of contributions	(c) Revenues reported Form 990, Part VIII, II		М	ethod of	d) determinir nues	ıg
1	Art—Works of art								
2	Art—Historical treasures								
	Art—Fractional interests								
_	Books and publications								
5	Clothing and household		7 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -						
	goods							`	
	Cars and other vehicles	<del></del>							
	Boats and planes								
	Intellectual property	1	31,554	855,909,057		ERAV	at data c	f contribu	itlan
	Securities—Publicly traded .	<b>V</b>	51,334	27,396,704				f contribu	
	Securities—Closely held stock .	<b>-</b>	31	21,390,104		LIMIA	at date o	CONTINU	шоп
	Securities—Partnership, LLC, or trust interests	1	5	2,438,132		FMV	at date o	f contribu	ution
12	Securities - Miscellaneous .								
	Qualified conservation contribution—Historic								
	structures								
	Qualified conservation								
	contribution—Other								
	Real estate—Residential								
	Real estate—Commercial			· · · · · · · · · · · · · · · · · · ·					
	Real estate—Other	-							
	Collectibles								
	Food inventory			<del></del>					
	Drugs and medical supplies .								
	Taxidermy			, -					
	Historical artifacts		<del></del>						
	Scientific specimens								
	Archeological artifacts Other ► ()					_			
	Other ► ()								
	Other ► ()			<u> </u>				·	
	Other ► ()					·			
	Number of Forms 8283 received		anniantian during the tour	year for contribution	a far				
	which the organization complete				S IOI	29		23	
	which the organization complete	50 T OHIT 02	oo, i ait iv, bollee Acknow	neagement	• '			Yes	No
	Desire the second state of				. 1 . 1	- 4 00		M. N.	
	During the year, did the organize it must hold for at least three ye								
	used for exempt purposes for the			ution, and which is i	iot req	uirea		0a	<b>1</b>
	If "Yes," describe the arrangement						. 8		
				on the review of a	nu no:	n oton	الم	3 5	
	Does the organization have a contributions?	giit accep		es the review of a		ıı-stan 		31 🗸	
	Does the organization hire or us contributions?	se third par	ties or related organization	ns to solicit, process	or se	ll non	cash 3	2a	1
b							3 %	PAT SOLE	300
	If "Yes," describe in Part II.						199		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

	Schedule M (Form 990) 2009         Page 2								
Part II	<b>Supplemental Information.</b> Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.								
	·								
-									
••									
·									
<b></b>									
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	·								
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# SCHEDULE O (Form 990)

### **Supplemental Information to Form 990**

2009

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Fidelity Investments Charitable Gift Fund ("Gift Fund")

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990.

Open to Public Inspection

0303001

Employer identification number

Part I, Line 1 and Part III, Lines 1 and 4a: The Gift Fund seeks to facilitate, support, and increase charitable activities in the
following areas: Health and Human services; Children, Youth and Families; Social Welfare; Education; Scientific Research;
Culture, Arts and Humanities; Religion; Civic and Community Affairs; Environment; Wildlife and Animals; Testing for
Public Safety and Consumer Affairs; and other charities that support causes that represent the philanthropic wishes and
geographic regions of donors to the Gift Fund. The Gift Fund's goal is to increase the dollars to non-profit organizations
through fundraising and outreach.
·
Part VI, Section B, line 11A: As part of the process of preparing the Gift Fund's IRS Form 990 (the Form), the independent
return preparer reviewed the Form with Gift Fund management. The independent return preparer then met with the Board's
Chair and the Board's Audit Committee (comprised of Trustees independent from Fidelity Investments), along with Gift
Fund management, to review the drat Form and to answer Board questions. The Audit Committee and Board Chair had the
return preparer distributed the Form to each Board member. Upon receiving final Audit Committee approval the
independent return preparer filed the Form with the IRS.
Part VI, Section B, line 12c: Trustees and Officers of the Gift Fund are required on an annual basis to complete a Conflict
of Interest Survey which is then reviewed by and filed with the Gift Fund's Secretary and Cheif Compliance Officer.
Part VI, Section B, line 15b: Neither CGF(nor any related organization) pays compensation to any officers or other
individuals. CGF engages FMR LLC pursuant to a Master Services Agreement (MSA) under which a broad range of services
are provided to and on behalf of CGF, including services of officers and other individuals. Payments by CGF to FMR under
the MSA are based on the terms of the MSA in aggregate; separate costs borne by FMR in providing services under the
MSA, including compensation paid by FMR, are not separately stated under the MSA (Payments to FMR under the MSA are
reported on Form 990 Part VII, Section B). Notwithstanding the foregoing, CGF's Board of Trustees has requested and
received compensation information for officers from FMR, which information CGF reports on Form 990 Schedule J, Part II.
CGF reviews the compensation for the officers for purposes of reporting compensation on Form 990 and for determining
the amounts to be considered arms'-length comparables for the Board's overall review of the MSA

Name of the organization	Employer identification number									
Fidelity Investments Charitable Gift Fund	11 0303001									
Part VI, Section C, line 17: Alabama, Alaska, Arizona, Arkansas, California, Connecticut, F	lorida, Georgia, Hawaii, Illinois,									
Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, New Hampshire, New Jersey, New Mexico,										
New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South C	arolina, Tennessee, Utah,									
Virginia, Washington, West Virginia, Wisconsin										
Part VI, Section C, line 19: The Gift Fund makes its governing documents, conflict of interest	est policy and financial									
statements available to public upon request pursuant to its Public Disclosure Policy, which	h is published on its website.									
······										
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	·									
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# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Part I

Name of the organization

# Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990.

See separate instructions.

Open to Public

OMB No 1545-0047

Schedule R (Form 990) 2009 Employer identification number (f)
Direct controlling entity (f) Direct controlling 0303001 Identification of Related Tax-Exempt Organizations (Complete If the organization answered "Yes" to Form 990, Part IV, line 34 because It Ϋ́ 11, Type 1 <del>---</del> Public charity status (if section 501(c)(3)) (e) End-of-year assets Identification of Disregarded Entities (Complete of the organization answered "Yes" to Form 990, Part IV, line 33.) (d) Exempt Code section 501 (c) (3) (d) Total income (c)
Legal domicile (state
or foreign country) Legal domicile (state or foreign country) ğΑ (b) Primary activity (b) Primary activity had one or more related tax-exempt organizations during the tax year.) Fundraising Fidelity Investments Charitable Giff Fund Foundation 200 Seaport Blvd, Boston, MA EIN# 11-0301001 (a) Name, address, and EIN of related organization (a) (ame, address, and EIN of disregarded entity Fidelity Investments Charitable Gift Fund

Part II

Schedule R (Form 990) 2009

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

General or managing partner?					۲ اج آخ	(h) Percentage ownership	100%	100%	100%			
(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)					<b>Ible as a Corporation or Trust</b> (Complete if the organization answered "Yes" to Form 990, Part IV, anizations treated as a corporation or trust during the tax year.)	(g) Share of Pend-of-year assets o	80.053.499	0	0			
(h) Disproportionate allocations?	1				ed "Yes"		0	0	0			
(g) Share of end-of-year assets				;	inization answer	(f) Share of total income				-		
			,		te if the organst during the	(e) Type of entity (C corp, S corp, or trust)	  -		±			
(f) Share of total income					<b>rust</b> (Comple	(d) Direct controlling entity	A/N	N/A	N/A			
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)					uble as a Corporation or Trust (Complete if the organization and anizations treated as a corporation or trust during the tax year.)	(c) Legal domicile (state or foreign country)	MA		MA			
(d) Direct controlling entity					s Taxable as a C	(b) Primary activity	Investment	Investment	Investment			
(c) Legal domicile (state or foreign country)		i			<b>nization</b> : ore relate			0 82	5 61			
(b) Primary activity					Identification of Related Organizations Taxa line 34 because it had one or more related orga	of related organization	1A EIN# 75-25683	Growth Fund 201 1A EIN# 75-65008	Growth Fund 201 1A EIN# 75-26844			
(a) Name, address, and ElN of related organization					Part IV Identification of Ine 34 because	(a) Name, address, and EIN of related organization	Pooled Income Fund 200 Seaport Blvd, Boston, MA EIN# 75-2568377	Fidelity Investments Series Growth Fund 2010 200 Seaport Blvd, Boston, MA EIN# 75-6500882	Fidelity Investments Series Growth Fund 2015 200 Seaport Blvd, Boston, MA EIN# 75-2684461			

Schedule R (Form 990) 2009

Schedule R (Form 990) 2009

Transactions With Related Organizations (Complete If the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.) Part V

<b>Note.</b> Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.		Yes
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	n Parts II-IV?	
a Receipt of (f) interest (fil) annuities (fil) royalties or (iv) rent from a controlled entity		1a /
	•	1b ~
_	•	10 <
Loans or loan quarantees to or for other organization(s)		1d /
Loops or loop angrestees by other organization(s)		10
		·
f Sale of assets to other organization(s)		14
Direpase of assets from other organization(s)		10
b Exhange of accete		14
Excitatige of assets		
i Lease of facilities, equipment, or other assets to other organization(s)		> 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
		( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
j Lease of facilities, equipment, or other assets from other organization(s)		-ti
k Performance of services or membership or fundraising solicitations for other organization(s)		1k /
I Performance of services or membership or fundraising solicitations by other organization(s)		11 /
m Sharing of facilities, equipment, mailing lists, or other assets		1m
n Sharing of paid employees		1n /
	•	
o Reimbursement paid to other organization for expenses		10
		1p
a Other transfer of cash or property to other organization(s)		1a ×
r Other transfer of cash or property from other organization(s)		-t-
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	elationships and transa	action thresholds.
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
	(Apc (a-1)	
Pooled Income Fund - Grants to beneficiaries	S	1,059,272
(2)		
(3)		
(4)		
(c)		
(9)		
	Schedule	Schedule R (Form 990) 2009

Schedule R (Form 990) 2009

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

or gross revenied; that was first a related organization; ode first deficiency design in the single.	Stractions regarding exc	יומאיטון וטו כפון נמוון ווון	מפוווופוני (	Jai trieroriipo.	,		
(a)	(a)		(D)		€ '		£ (
Name, address, and Ein or entry	Primary activity	Legal domicile (state or foreign country)	Are all partners section 501(c)(3) organizations?	lers Share of end-of-year assets	Disproportionate allocations?	rate Code V—UBI 7 amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?
			Yes No	0	Yes No		Yes No
		-					
					`		
							_
					-		
			-				
		:	_				
		:					

Schedule R (Form 990) 2009

Statement Required by Reg. §53.4945-5(d)

## INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILTY GRANTS

(1) Grantee: BAIF DEVELOPMENT RESEARCH FOUNDATION

BAIF BHAVAN WARJE, PUNE

411058 India

(2) Date and Amount Paid:

January 20, 2010

\$15,000.00

- (3) Purpose: Tree Based Farming Program in Dharwad District.
- (4) Amount of Grant Spent by Grantee: \$12,600

(5) Diversion:

To the knowledge of the Fidelity Investments<sup>®</sup> Charitable Gift Fund, and based on the report furnished by the grantee, no part of the grant funds has been used for other than their intended purpose.

(6) Date of Report(s) Received from the Grantee: September 2, 2010

(7) Verification:

Fidelity Investments<sup>®</sup> Charitable Gift Fund reviewed the Grant Report but did not undertake any verification of the grantee's report, as there has not been any reason to doubt its accuracy or reliability (§53.4945-5(c)).

Statement Required by Reg. §53.4945-5(d)

## INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILTY GRANTS

(1) Grantee: BEACH COMMUNITY CHURCH

200 Meters South of the Reserva Conchal

Huacas Costa Rica

(2) Date and Amount Paid:

January 7, 2010

\$21,500

(3) Purpose: Pastoral Support

(4) Amount Spent by Grantee: N/A

(5) Diversion:

To the knowledge of the Fidelity Investments<sup>®</sup> Charitable Gift Fund no part of the grant funds has been used for other than their intended purpose.

- (6) Date of Report(s) Received from Grantee: Report due March 31, 2011.
- (7) Verification: N/A as first report is due March 31, 2011.

Statement Required by Reg. §53.4945-5(d)

#### INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILTY GRANTS

(1) Grantee: BUTRINT FOUNDATION

64a The Close Norwich, Norfolk

NR1 4DH

United Kingdom

(2) Date and Amount Paid:

November 9, 2009

\$90,000.00

- (3) Purpose: To support the Chronicle in Stone Gjirokastra Museum of the Gjirokastra Conservation Development Organization.
- (4) Amount Spent by Grantee: \$0
- (5) Diversion: To the knowledge of the Fidelity Investments® Charitable Gift Fund no part of the grant funds has been used for other than their intended purpose.
- (6) Date of Report(s) Received from Grantee: March 31, 2010
- (7) Verification: Fidelity Investments<sup>®</sup> Charitable Gift Fund reviewed the Grant Report but did not undertake any verification of the grantee's report, as there has not been any reason to doubt its accuracy or reliability (§53.4945-5(c)).

Statement Required by Reg. §53.4945-5(d)

## INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILTY GRANTS

(1) Grantee: CARITAS ARCHIDIECEZJI KRAKOWSKIEJ

CARITAS ARCHDIOCESE OF KRAKOW

Ossowskiego #5 Street 30-656 KRAKOW

Poland

(2) Date and Amount Paid:

March 15, 2010

\$10,000.00

(3) Purpose: Educational and Therapeutic Day Care Center in Spytkowice, Poland.

(4) Amount Spent by Grantee: N/A

- (5) Diversion: To the knowledge of the Fidelity Investments<sup>®</sup> Charitable Gift Fund no part of the grant funds has been used for other than their intended purpose.
- (6) Date of Report(s) Received from Grantee: Report is due March 31, 2011.
- (7) Verification: N/A as the first report is due March 31, 2011.

Statement Required by Reg. §53.4945-5(d)

## INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILTY GRANTS

(1) Grantee: CHARITY INTELLIGENCE CANADA

P.O. Box 124

King City, ON L7B 1A4

Canada

(2) Date and Amount Paid:

September 11, 2009

\$5,000.00

- (3) Purpose: To be used to support the Calgary Food Bank, Fresh Start Recovery Centre, Hospice Dufferin, the Children's Garden, and for Charity Intelligence Canada's Sector Research Report on the Homeless.
- (4) Amount Spent by Grantee: \$5,000.00
- (5) Diversion: To the knowledge of the Fidelity Investments® Charitable Gift Fund, and based on the report furnished by the grantee, no part of the grant funds has been used for other than their intended purpose.
- (6) Date of Report(s) Received from Grantee: November 1, 2010.
- (7) Verification: Fidelity Investments<sup>®</sup> Charitable Gift Fund reviewed the Grant Report but did not undertake any verification of the grantee's report, as there has not been any reason to doubt its accuracy or reliability (§53.4945-5(c)).

Statement Required by Reg. §53.4945-5(d)

## INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILTY GRANTS

(1) Grantee: TRUST FOR DEVELOPMENT STUDIES AND PRACTICES TDSP

7-A, Al Mashraq Street Arab Karam Khan Road

Quetta Pakistan

(2) Date and Amount Paid:

April 9, 2010

\$75,000.00

(3) Purpose: Midwives Training

(4) Amount Spent by Grantee: \$7,408

- (5) Diversion: To the knowledge of the Fidelity Investments® Charitable Gift Fund, and based on the report furnished by the grantee, no part of the grant funds has been used for other than their intended purpose.
- (6) Date of Report(s) Received from Grantee: September 29, 2010
- (7) Verification: Fidelity Investments® Charitable Gift Fund reviewed the Grant Report but did not undertake take any verification of the grantee's report, as there has not been any reason to doubt its accuracy or reliability (§53.4945-5(c)).

Statement Required by Reg. §53.4945-5(d)

#### INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILTY GRANTS

(1) Grantee: KLIPTOWN YOUTH PROGRAM

P.O. Box 800 Eldorado Park

1811

South Africa

(2) Date and Amount Paid:

September 12, 2009

\$5,750

- (3) Purpose: Kliptown Youth Program staff support: the board approved stipend program and leadership training.
- (4) Amount Spent by Grantee: \$5,750
- (5) Diversion: To the knowledge of the Fidelity Investments® Charitable Gift Fund, and based on the report furnished by the grantee, no part of the grant funds has been used for other than their intended purpose.
- (6) Date of Report(s) Received from Grantee: October 4, 2010
- (7) Verification: Fidelity Investments<sup>®</sup> Charitable Gift Fund reviewed the Grant Report but did not undertake any verification of the grantee's report, as there has not been any reason to doubt its accuracy or reliability (§53.4945-5(c)).

Statement Required by Reg. §53.4945-5(d)

## INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILTY GRANTS

(1) Grantee: SOCIEDAD DE ASISTENCIA Y CAPACITACION

PROTECTORA DE LA INFANCIA

Evaristo Lillo 78 of. 32 Las Condes, Santiago

Chile

(2) Date and Amount Paid:

December 3, 2009

\$50,000.00

(3) Purpose: General Operating Expenses.

(4) Amount Spent by Grantee: \$50,000.00

- (5) Diversion: To the knowledge of the Fidelity Investments<sup>®</sup> Charitable Gift Fund, and based on the report furnished by the grantee, no part of the grant funds has been used for other than their intended purpose.
- (6) Date of Report(s) Received from Grantee: April 1, 2010
- (7) Verification: Fidelity Investments<sup>®</sup> Charitable Gift Fund reviewed the Grant Report but did not undertake any verification of the grantee's report, as there has not been any reason to doubt its accuracy or reliability (§53.4945-5(c)).

Statement Required by Reg. §53.4945-5(d)

## INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILTY GRANTS

(1) Grantee: SOCIEDAD DE ASISTENCIA Y CAPACITACION

PROTECTORA DE LA INFANCIA

Evaristo Lillo 78 of. 32 Las Condes, Santiago

Chile

(2) Date and Amount Paid:

March 19, 2010

\$100,000

(3) Purpose: Earthquake Recovery

(4) Amount Spent by Grantee: N/A

- (5) Diversion: To the knowledge of the Fidelity Investments<sup>®</sup> Charitable Gift Fund no part of the grant funds has been used for other than their intended purpose.
- (6) Date of Report(s) Received from Grantee: Report is due March 31, 2011.
- (7) Verification: N/A as first report is due March 31, 2011.

Statement Required by Reg. §53.4945-5(d)

#### INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILTY GRANTS

(1) Grantee: PROVIDENCIALES PRIMARY SCHOOL

PO Box 329 Graceway

British West Indies

Turks and Caicos Islands

(2) Date and Amount Paid:

December 8, 2009

\$64,250.00

- (3) Purpose: Music and theater, tuition assistance, and tutoring programs.
- (4) Amount Spent by Grantee: \$64,250.00
- (5) **Diversion:** To the knowledge of the Fidelity Investments<sup>®</sup> Charitable Gift Fund, and based on the report furnished by the grantee, no part of the grant funds has been used for other than their intended purpose.
- (6) Date of Report(s) Received from Grantee: September 28, 2010
- (7) Verification: Fidelity Investments® Charitable Gift Fund reviewed the Grant Report but did not undertake any verification of the grantee's report, as there has not been any reason to doubt its accuracy or reliability (§53.4945-5(c)).

Statement Required by Reg. §53.4945-5(d)

#### INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILTY GRANTS

(1) Grantee: VIDYA POSHAK

1st Floor, Yashoda Sadan Vidyagiri, P.B. Road

Dharwad 580 004, Karnataka

India

(2) Date and Amount Paid:

December 14, 2009

\$15,000.00

(3) Purpose: Graduate Finishing School

(4) Amount Spent by Grantee: \$7,587.00

- (5) Diversion: To the knowledge of the Fidelity Investments® Charitable Gift Fund, and based on the report furnished by the grantee, no part of the grant funds has been used for other than their intended purpose.
- (6) Date of Report(s) Received from Grantee: October 21, 2010
- (7) Verification: Fidelity Investments® Charitable Gift Fund reviewed the Grant Report but did not undertake any verification of the grantee's report, as there has not been any reason to doubt its accuracy or reliability (§53.4945-5(c)).

Form **8868** (Rev. April 2009)

Department of the Treasury

# Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

internal nevertue	SERVICE .	<u> </u>		
	filing for an Automatic 3-Month Extension, complete only Part I and check this box			
	filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II ( plete Part II unless you have already been granted an automatic 3-month extension on a			
	Automatic 3-Month Extension of Time. Only submit original (no copies nee		CO I OIII	1 0000.
A corporation	n required to file Form 990-T and requesting an automatic 6-month extension—check	this box a	nd com	plete
	porations (including 1120-C filers), partnerships, REMICs, and trusts must use Form income tax returns.	7004 to req	uest an	extension of
one of the relectronically returns, or a	iling (e-file). Generally, you can electronically file Form 8868 if you want a 3-month au etums noted below (6 months for a corporation required to file Form 990-T). Hower if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms composite or consolidated Form 990-T. Instead, you must submit the fully completed and ore details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file if	ver, you ca s 990-BL, 6 id signed pa	nnot file 3069, or age 2 (Pa	Form 8868 8870, group art II) of Form
Type or	Name of Exempt Organization	Employer i	dentifica	tion number
print	Fidelity Investments Charitable Gift Fund	11-030	3001	
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.			
due date for filing your	2 Seaport Lane, 7th Floor			
return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Boston, MA 02210			
Check type	of return to be filed (file a separate application for each return):			
X Form 99	Form 990-T (corporation)		Form 4	720
☐ Form 99	D-BL		Form 5	227
☐ Form 99	0-EZ		Form 6	069
☐ Form 99	0-PF		Form 8	870
<ul><li>If the orga</li><li>If this is for</li></ul>	No. ► 617-563-3708 FAX No. ►  unization does not have an office or place of business in the United States, check this or a Group Return, enter the organization's four digit Group Exemption Number (GEN)	box	 II	
	e group, check this box $\dots$ $\blacktriangleright$ $\square$ . If it is for part of the group, check this box . e names and EINs of all members the extension will cover.	· · · · · · · · · · · · · · · · · · ·	and	attach
until F	est an automatic 3-month (6 months for a corporation required to file For ebruary $15$ , $2011$ , to file the exempt organization return for the organization organization's return for:			
	calendar year 20 or			
▶ 🏻	tax year beginning July 1 , 20 09 , and ending Ju	ne 30		2010
2 If this	ax year is for less than 12 months, check reason:   Initial return  Final return	Change	in accou	unting period
	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax by nonrefundable credits. See instructions.	c, 3a	\$	NONE
	application is for Form 990-PF or 990-T, enter any refundable credits and estimated ta nts made. Include any prior year overpayment allowed as a credit.	L	\$	NONE
c Balane	te Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Paymern). See instructions.	nt 💆	-	0.00
	·	3c	<del></del>	0.00
	rou are going to make an electronic fund withdrawal with this Form 8868, see Form 84 instructions.	อง-EO and	rorm 88	9/9-EO
			~~~	<b>~</b> .