



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

OMB No 1545-0047

2010**Open to Public Inspection**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

A For the 2010 calendar year, or tax year beginning 7/1, 2010, and ending 6/30, 20 11																																					
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization Fidelity Investments Charitable Gift Fund</td> </tr> <tr> <td colspan="2">Doing Business As</td> </tr> <tr> <td>Number and street (or P O box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td colspan="2">200 Seaport Blvd</td> </tr> <tr> <td colspan="2">City or town, state or country, and ZIP + 4</td> </tr> <tr> <td colspan="2">Boston, MA 02210</td> </tr> <tr> <td colspan="2">F Name and address of principal officer Sarah Libbey</td> </tr> <tr> <td colspan="2">200 Seaport Blvd, Boston, MA 02210</td> </tr> <tr> <td colspan="2">D Employer identification number 11-0303001</td> </tr> <tr> <td colspan="2">E Telephone number 800-682-4438</td> </tr> <tr> <td colspan="2">G Gross receipts \$ 3,033,810,979</td> </tr> <tr> <td colspan="2">H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2">H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)</td> </tr> <tr> <td colspan="2">H(c) Group exemption number ▶ N/A</td> </tr> <tr> <td colspan="2">I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> </tr> <tr> <td colspan="2">J Website: ▶ www.fidelitycharitable.org</td> </tr> <tr> <td colspan="2">K Form of organization <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> </tr> <tr> <td colspan="2">L Year of formation 1990 M State of legal domicile MA</td> </tr> </table>	C Name of organization Fidelity Investments Charitable Gift Fund		Doing Business As		Number and street (or P O box if mail is not delivered to street address)	Room/suite	200 Seaport Blvd		City or town, state or country, and ZIP + 4		Boston, MA 02210		F Name and address of principal officer Sarah Libbey		200 Seaport Blvd, Boston, MA 02210		D Employer identification number 11-0303001		E Telephone number 800-682-4438		G Gross receipts \$ 3,033,810,979		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)		H(c) Group exemption number ▶ N/A		I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ www.fidelitycharitable.org		K Form of organization <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1990 M State of legal domicile MA	
C Name of organization Fidelity Investments Charitable Gift Fund																																					
Doing Business As																																					
Number and street (or P O box if mail is not delivered to street address)	Room/suite																																				
200 Seaport Blvd																																					
City or town, state or country, and ZIP + 4																																					
Boston, MA 02210																																					
F Name and address of principal officer Sarah Libbey																																					
200 Seaport Blvd, Boston, MA 02210																																					
D Employer identification number 11-0303001																																					
E Telephone number 800-682-4438																																					
G Gross receipts \$ 3,033,810,979																																					
H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																					
H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)																																					
H(c) Group exemption number ▶ N/A																																					
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527																																					
J Website: ▶ www.fidelitycharitable.org																																					
K Form of organization <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶																																					
L Year of formation 1990 M State of legal domicile MA																																					

Part I Summary

Activities & Governance	1	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. See Schedule O for more detail.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	8
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	0
	Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a
b		Net unrelated business taxable income from Form 990, line 34	7b	1,289,293
8		Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9		Program service revenue (Part VIII, line 2g)	1,321,234,154	1,735,234,386
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9, 10, and 11e)	(47,058,580)	139,653,194
12		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	0
13		Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,274,175,574	1,874,887,580
14		Benefits paid to or for members (Part IX, column (A), line 4)	1,105,960,064	1,251,908,456
Expenses		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	16,571,345
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	4,346,415	23,854,193 *
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,126,877,824	1,275,762,649
	19	Revenue less expenses. Subtract line 18 from line 12	147,297,750	599,124,931
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year
21		Total liabilities (Part X, line 26)	4,397,153,855	5,615,146,363
22		Net assets or fund balances. Subtract line 21 from line 20	66,917,283	46,995,989

Part II Signature Block

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	
	Type or print name and title	2/10/12	
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature
	Gwen Spencer		2/9/12
	Firm's name ▶ PricewaterhouseCoopers, LLP	Firm's EIN ▶	PTIN
	Firm's address ▶ 125 High Street, Boston, MA 02110	Phone no	P00641463

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2010)

*The Gift Fund engages FMR, LLC pursuant to a Master Service Agreement under which all services are provided to the Gift Fund.

See Schedule O for further explanation

SCANNED MAR 15 2012

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☒**1** Briefly describe the organization's mission:

The Gift Fund's mission is to further the American tradition of philanthropy by providing programs that make charitable giving simple and effective. See Schedule O for more details.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,275,762,649 including grants of \$ 1,251,908,456) (Revenue \$)
See Schedule O

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 1,275,762,649

Part IV 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? (see instructions)	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	✓
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	✓
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 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 ✓	
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 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓
b 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	11b	✓
c 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	11c	✓
d 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	11d	✓
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e ✓	
f 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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f ✓	
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a ✓	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	✓
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	✓
14 a Did the organization maintain an office, employees, or agents outside of the United States?	14a	✓
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, Parts I and IV	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, Parts II and IV	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, Parts III and IV	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 (see instructions)	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? If "Yes," complete Schedule G, Part III	19	✓
20 a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	✓
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV Checklist of Required Schedules (continued)

	Yes	No
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule J</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/> *
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<input type="checkbox"/>	<input type="checkbox"/>
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<input type="checkbox"/>	<input type="checkbox"/>
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<input type="checkbox"/>	<input type="checkbox"/>
25a Section 501(c)(3) and 501(c)(4) organizations. 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
25b 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? <i>If "Yes," complete Schedule L, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule L, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule L, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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):	<input type="checkbox"/>	<input type="checkbox"/>
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule R, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
36 Section 501(c)(3) organizations. Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule R, Part VI</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Form **990** (2010)

*The Gift Fund engages FMR, LLC, pursuant to a Master Service Agreement under which all services are provided to the Gift Fund. See Schedule O for further explanation.

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c ✓		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 0		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	2b		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a ✓		
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 If "Yes," enter the name of the foreign country: ► N/A See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a 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 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).			
a 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		✓
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c 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	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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		✓
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		✓
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		✓
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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.

Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 8	<input type="checkbox"/>	<input type="checkbox"/>
b Enter the number of voting members included in line 1a, above, who are independent 1b 7	<input type="checkbox"/>	<input type="checkbox"/>
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Does the organization have members or stockholders?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	<input type="checkbox"/>	<input type="checkbox"/>
a The governing body?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	<input type="checkbox"/>	<input type="checkbox"/>
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.	<input type="checkbox"/>	<input type="checkbox"/>
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Does the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14 Does the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	<input type="checkbox"/>	<input type="checkbox"/>
a The organization's CEO, Executive Director, or top management official	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Other officers or key employees of the organization	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	<input type="checkbox"/>	<input type="checkbox"/>
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	<input type="checkbox"/>	<input type="checkbox"/>

Section 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(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Stephen Herlihy (Treasurer), 200 Seaport Blvd, Boston, MA 02210, 800-682-4438

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☒**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.

- 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, if any. See instructions for definition of "key employee."
 - 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.

☒ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Melvin R Seiden (retired 10/26/2010) Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(2) Anne-Marie Soulliere Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(3) Thomas R Powers Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(4) Scott Bergeson Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(5) Anna Spangler Nelson Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(6) Alfred E Osborne, Jr Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(7) Richard D. Tadler Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(8) Audrey McNiff Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(9) Kristin Mugford Trustee	1	<input checked="" type="checkbox"/>						0	0	0
(10) Sarah Libbey President	37.5			<input checked="" type="checkbox"/>				0	0	0 *
(11) Stephen Herlihy Treasurer	37.5			<input checked="" type="checkbox"/>				0	0	0 *
(12) Karla Valas Secretary	37.5			<input checked="" type="checkbox"/>				0	0	0 *
(13) Deborah Segal Chief Compliance Officer	37.5			<input checked="" type="checkbox"/>				0	0	0 *
(14)										
(15)										
(16)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total								0	0	0
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								0	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		✓

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

	Yes	No
4		✓

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
5		✓

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
FMR LLC, 82 Devonshire Street, Boston, MA 02109	Administration Fee	23,854,193

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **1**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,735,234,386				
	g	Noncash contributions included in lines 1a-1f: \$		1,121,330,703				
	h	Total. Add lines 1a-1f		1,735,234,386				
Program Service Revenue				Business Code				
	2a							
	b							
	c							
	d							
	e							
	f	All other program service revenue .						
	g	Total. Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			86,539,598		2,580,586	83,959,012
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
			(i) Real	(ii) Personal				
	6a	Gross Rents						
	b	Less: rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)		0				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			1,212,036,995					
	b	Less: cost or other basis and sales expenses		1,158,923,399				
	c	Gain or (loss)		53,113,596				
	d	Net gain or (loss)		53,113,596			53,113,596	
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
	b	Less: direct expenses	b					
	c	Net income or (loss) from fundraising events		0				
	9a	Gross income from gaming activities. See Part IV, line 19	a					
	b	Less: direct expenses	b					
	c	Net income or (loss) from gaming activities		0				
	10a	Gross sales of inventory, less returns and allowances	a					
b	Less: cost of goods sold	b						
c	Net income or (loss) from sales of inventory		0					
Miscellaneous Revenue			Business Code					
11a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			0				
12	Total revenue. See instructions.			1,874,887,580		2,580,586	137,072,608	

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 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	1,250,208,282	1,250,208,282		
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	1,700,174	1,700,174		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management	23,854,193 *	23,854,193 *		
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
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				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a	-----				
b	-----				
c	-----				
d	-----				
e	-----				
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	1,275,762,649	1,275,762,649		
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

*The Gift Fund engages FMR, LLC, pursuant to a Master Service Agreement under which all services are provided to the Gift Fund. See Schedule O for further explanation.

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	50,684,869	1	77,829,037
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	12,915,213	4	12,810,539
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments—publicly traded securities	4,253,500,274	11	5,416,851,813
	12 Investments—other securities. See Part IV, line 11		12	22,893,057
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	80,053,499	15	84,761,917
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,397,153,855	16	5,615,146,363	
Liabilities	17 Accounts payable and accrued expenses	10,242,081	17	12,622,331
	18 Grants payable	6,093,294	18	8,607,952
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	50,581,908	25	25,765,706
	26 Total liabilities. Add lines 17 through 25	66,917,283	26	46,995,989
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	4,300,490,380	27	5,508,276,081
	28 Temporarily restricted net assets	29,746,192	28	59,874,293
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances.	4,330,236,572	33	5,568,150,374
	34 Total liabilities and net assets/fund balances.	4,397,153,855	34	5,615,143,363

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,874,887,580
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,275,762,649
3	Revenue less expenses. Subtract line 2 from line 1	3	599,124,931
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,330,236,572
5	Other changes in net assets or fund balances (explain in Schedule O)	5	638,788,871
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	5,568,150,374

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		✓
b Were the organization's financial statements audited by an independent accountant?	✓	
c 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	✓	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a 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?		✓
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		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

Fidelity Investments Charitable Gift Fund

Employer identification number

11-0303001

Part I 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)**.
- 2 ☐ 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)**.
- 4 ☐ 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:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% 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 1/3% 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.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 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.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- 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).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
- (ii) A family member of a person described in (i) above?

11g(ii)		
---------	--	--
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

11g(iii)		
----------	--	--
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part II 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,530,457,367	1,594,934,259	952,697,029	1,321,234,154	1,735,234,386	7,134,557,195
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,530,457,367	1,594,934,259	952,697,029	1,321,234,154	1,735,234,386	7,134,557,195
5 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 shown on line 11, column (f)						224,109,523
6 Public support. Subtract line 5 from line 4.						6,910,447,672

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	1,530,457,367	1,594,934,259	952,697,029	1,321,234,154	1,735,234,386	7,134,557,195
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	220,603,854	293,737,910	106,587,594	60,248,839	86,539,598	767,717,795
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						7,902,274,990
12 Gross receipts from related activities, etc. (see instructions)					12	0
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	87.4 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	85.7 %
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2010. 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	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2009. 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	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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 or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

2010

**Open to Public
Inspection**

Name of the organization

Fidelity Investments Charitable Gift Fund

Employer identification number

11-0303001

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
1 Total number at end of year	52,494	
2 Aggregate contributions to (during year)	1,735,234,386	
3 Aggregate grants from (during year)	1,251,908,456	
4 Aggregate value at end of year	5,568,150,374	
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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space
- 2 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 |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____
- 4 Number of states where property subject to conservation easement is located ► _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ **Yes** ☐ **No**
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
► _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
► \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ **Yes** ☐ **No**
- 9 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.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), 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:
- (i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____
- (ii) Assets included in Form 990, Part X ► \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ► \$ _____
- b Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment _____ %
 b Permanent endowment _____ %
 c Term endowment _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (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 Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount	
(1) Federal income taxes		
(2) Obligations to Deliver	111,971	
(3) Discount for future interest in Pooled Income Fund	24,887,624	
(4) Other payables	766,111	
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	25,765,706	

2. FIN 48 (ASC 740) 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 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,874,887,580
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,275,762,649
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	599,124,931
4	Net unrealized gains (losses) on investments	4	608,660,770
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	20,561,115
8	Other (Describe in Part XIV.)	8	9,566,986
9	Total adjustments (net). Add lines 4 through 8	9	638,788,871
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	1,237,913,802

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	2,493,115,336
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	608,660,770
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	9,566,986
e	Add lines 2a through 2d	2e	618,227,756
3	Subtract line 2e from line 1	3	1,874,887,580
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	1,874,887,580

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	1,275,762,649
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	1,275,762,649
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	1,275,762,649

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part X, Line 2: FIN 48 Footnote - The Gift Fund did not have any unrecognized tax benefits in the accompanying financial statements

Part XI, Line 7 Prior period adjustment reflects a reclassification on prior year financial statements of \$20,561,115 from liabilities to

temporarily restricted net assets

Part XI, Line 8 Increase in remainder interest in Pooled Income Fund

Part XII, Line 2d Increase in remainder interest in Pooled Income Fund

Part XIV Supplemental Information *(continued)*

Lined area for supplemental information.



**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

2010

**Open to Public
Inspection**

Name of the organization

Fidelity Investments Charitable Gift Fund

Employer identification number

11-0303001

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to
Form 990, Part IV, line 14b.

- 1 For grantmakers.** 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? ☒ **Yes** ☐ **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, 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 and investments in region
(1) East Asia and the Pacific	0	0	Grantmaking		\$1,249,844
(2) Europe	0	0	Grantmaking		\$86,700
(3) North America	0	0	Grantmaking		\$95,000
(4) South America	0	0	Grantmaking		\$50,000
(5) South Asia	0	0	Grantmaking		\$210,630
(6) Sub-Saharan Africa	0	0	Grantmaking		\$8,000
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					\$1,700,174
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					\$1,700,174

Part II **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 ☐ Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		East Asia and the Pacific	General Operating Expenses	\$1,249,844	Wire	N/A		
(2)		Europe	"1 Day for Rehab"	\$10,000	Wire	N/A		
(3)		Europe	General Operating Expenses	\$75,000	Wire	N/A		
(4)		North America	General Operating Expenses	\$75,000	Wire	N/A		
(5)		North America	Responsible Mining Program	\$15,000	Wire	N/A		
(6)		South America	General Operating Expenses	\$50,000	Check	N/A		
(7)		South Asia	Science Centers and Labs	\$107,418	Wire	N/A		
(8)		South Asia	Farming and Food Security	\$25,707	Wire	N/A		
(9)		South Asia	HIV/AIDS support and foster care	\$27,505	Wire	N/A		
(10)		South Asia	Midwifery Program	\$50,000	Wire	N/A		
(11)		Sub-Saharan Africa	General Operating Expenses	\$8,000	Wire	N/A		
(12)								
(13)								
(14)								
(15)								
(16)								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 11

3 Enter total number of other organizations or entities 0

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.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926).* ☐ Yes ☒ No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A).* ☐ Yes ☒ No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471)* ☐ Yes ☒ No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* ☐ Yes ☒ No

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Part I, Line 2 Procedures for monitoring grant funds outside the US

Fidelity Investments® Charitable Gift Fund ("Gift Fund") made grants to select foreign charitable organizations not recognized by the Internal Revenue Service as public charities. In making such grants from donor-advised funds, the Gift Fund complies with the requirements of Internal Revenue Code (IRC) §4966(c) and performs expenditure responsibility as described in IRC §4945(h). In performing expenditure responsibility, the Gift Fund:

- 1) Undertakes a Pre-Grant Inquiry with reasonable determination that the intended grantee is capable of fulfilling the charitable purpose of the grant,
- 2) Executes a Grant Agreement that includes spending and reporting responsibilities and commits the grantee organization to spend the funds only for the specified charitable purposes stated in the Grant Agreement,
- 3) Requires the grantee organization to submit to the Gift Fund regular status reports on the expenditure of the funds and the progress made in fulfilling the charitable purpose of the grant, until such grant has been fully spent, and
- 4) Reports each such grant to the Internal Revenue Service on its information return (Form 990) with the requisite accompanying description, in compliance with Treas. Reg. §53.4945-5(d).

The Gift Fund complies with the Treasury Department's Office of Foreign Asset Control (OFAC) regulations, and, therefore, any grants made to foreign charitable organizations must not violate OFAC's country-based sanctions programs. Further, Gift Fund grants must not involve trade or transaction activities with sanctions targets named on OFAC's list of Specially Designated Nationals and Blocked Persons. As with any grant by the Gift Fund, each grant recommended by a donor advisor is ultimately subject to the Gift Fund's standard due diligence procedures (including review of the recommended grant recipient and the recommended purpose for the grant) and to the approval of the Trustees of the Gift Fund.

SCHEDULE I
(Form 990)

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service
Name of the organization

Fidelity Investments Charitable Gift Fund

Employer identification number

11-0303001

Part I General Information on Grants and Assistance

- 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? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ☐

1 (a) Name and address of organization or government	(b) 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
(1) See attached list							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2	Enter total number of section 501(c)(3) and government organizations	67,804
3	Enter total number of other organizations	0

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

The Gift Fund makes grants to IRS-qualified 501(c)(3) charitable organizations where the funds distributed will be used exclusively for charitable purposes. The Gift 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 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 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 recommending donor nor other third party will receive goods, services or any more incidental benefits (such as tuition, memberships or dues, with more than 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 (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 activities. In addition, the Gift Fund monitors charitable activities of recipient organizations through various media searches designed to identify charities where funds (Gift 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 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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2010

**Open To Public
Inspection**

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.**

Name of the organization

Employer identification number

Fidelity Investments Charitable Gift Fund

11-0303001

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	✓	38,980	1,037,153,161	FMV at date of contribution
10 Securities—Closely held stock	✓	104	61,941,778	FMV at date of contribution
11 Securities—Partnership, LLC, or trust interests	✓	8	21,146,764	FMV at date of contribution
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential	✓	1	1,089,000	FMV at date of contribution
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	19
---	----	----

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		✓
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	✓	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		✓
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Area for supplemental information with horizontal dashed lines.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

Fidelity Investment Charitable Gift Fund

Employer identification number

11-0303001

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 11b 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 draft 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 Chief Compliance Officer.

* Various References Neither the Gift Fund (nor any related organization) pays compensation to any officers or other individuals. The

Gift Fund engages FMR LLC ("FMR") pursuant to a Master Services Agreement ("MSA") under which a broad range of services are provided

to and on behalf of the Gift Fund, including services of officers and other individuals. Payments by the Gift Fund 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)

As provided under the MSA, the Gift Fund and FMR shall review the terms of its agreement on an annual basis to ensure that the Gift Fund

is receiving fair value for the fees that it is paying FMR. The fees paid by the Gift Fund include, but are not limited to, the following services

provided by FMR: employment, record-keeping, systems, occupancy, administration, fundraising, and investment advisory services. The

Gift Fund and FMR shall compare the services provided under the MSA with prices provided by other vendors for comparable services to

ensure that CGF is receiving at least as favorable an arrangement as it would receive with a party other than FMR. In addition to the review

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat No. 51056K

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization

Employer identification number

of comparable pricing of industry services, the review by the Gift Fund also includes informational disclosure of the overall expense incurred by FMR to support the Gift Fund vs the fees paid by the Gift Fund. Finally, pursuant to the Gift Fund Board policy, all amounts paid to FMR by the Gift Fund under the MSA shall be reviewed on an annual basis by a qualified, independent third party

Part VI, Section C, line 17. Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Florida, 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 Carolina, Tennessee, Utah, Virginia, Washington, West Virginia, Wisconsin

Part VI, Section C, line 19. The Gift Fund makes its governing documents, conflict of interest policy and financial statements available to public upon request pursuant to its Public Disclosure Policy, which is published on its website.

Part XI, Line 5 Other Changes in net assets or fund balances The following items make up the \$638,788,871

\$608,660,770 - Net unrealized gains on investments

\$9,566,986 - Increase in remainder interest in Pooled Income Fund

\$20,561,115 - Prior period adjustment reflects a reclassification on prior year financial statements of \$20,561,115 from liabilities to temporarily restricted net assets

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Fidelity Investments Charitable Gift Fund

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.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Employer identification number

11-0303001

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) _____					
(2) _____					
(3) _____					
(4) _____					
(5) _____					
(6) _____					

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
(1) Fidelity Investments Charitable Gift Fund Foundation 200 Seaport Blvd, Boston, MA EIN# 22-3332686	Fundraising	MA	501 (c) (3)	11, Type 1	N/A	Yes No ✓
(2) _____						
(3) _____						
(4) _____						
(5) _____						
(6) _____						
(7) _____						

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 50135Y

Schedule R (Form 990) 2010

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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) _____												
(2) _____												
(3) _____												
(4) _____												
(5) _____												
(6) _____												
(7) _____												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) Pooled Income Fund 200 Seaport Blvd, Boston, MA EIN# 75-2568377	Investment	MA	N/A	T	0	84,761,917	100%
(2) Fidelity Investments Series Growth Fund 2010 200 Seaport Blvd, Boston, MA EIN# 75-6500882	Investment	MA	N/A	T	0	0	100%
(3) Fidelity Investments Series Growth Fund 2015 200 Seaport Blvd, Boston, MA EIN# 75-2684461	Investment	MA	N/A	T	0	0	100%
(4) _____							
(5) _____							
(6) _____							
(7) _____							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**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?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	<input type="checkbox"/>	<input type="checkbox"/>
b Gift, grant, or capital contribution to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from other organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d Loans or loan guarantees to or for other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Loans or loan guarantees by other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Sale of assets to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g Purchase of assets from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h Exchange of assets	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i Lease of facilities, equipment, or other assets to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
k Performance of services or membership or fundraising solicitations for other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations by other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
m Sharing of facilities, equipment, mailing lists, or other assets	<input type="checkbox"/>	<input checked="" type="checkbox"/>
n Sharing of paid employees	<input type="checkbox"/>	<input checked="" type="checkbox"/>
o Reimbursement paid to other organization for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
p Reimbursement paid by other organization for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
q Other transfer of cash or property to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
r Other transfer of cash or property from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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.

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
Pooled Income Fund - Grants to beneficiaries		C	2,115,222	FMV
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No
(1) _____										
(2) _____										
(3) _____										
(4) _____										
(5) _____										
(6) _____										
(7) _____										
(8) _____										
(9) _____										
(10) _____										
(11) _____										
(12) _____										
(13) _____										
(14) _____										
(15) _____										
(16) _____										

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

E.I.N. # 11-0303001
Attachment to 2011 Form 990
Return of a Public Charity

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

INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILITY GRANTS

(1) Grantee: AGASTYA INTERNATIONAL FOUNDATION
79/26, 2nd Cross
Ramya Reddy Layout
Benson Town, Bangalore 560046
India

(2) Date and Amount Paid:

August 12, 2010 \$107,418

(3) Purpose: For operations of 5 Science Centers and 5 mobile labs in Dharwad district.

(4) Amount of Grant Spent by Grantee: \$107,418

(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 the Grantee: August 2, 2011

(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)).

E.I.N. # 11-0303001
Attachment to 2011 Form 990
Return of a Public Charity

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

INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILITY GRANTS

(1) Grantee: BAIF DEVELOPMENT RESEARCH FOUNDATION
BAIF BHAVAN
WARJE, PUNE
411058
India

(2) Date and Amount Paid:

January 20, 2010	\$15,000
------------------	----------

(3) Purpose: Tree Based Farming Program in Dharwad District.

(4) Amount of Grant Spent by Grantee: \$15,000

(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 the Grantee: September 2, 2010 and July 1, 2011.

(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)).

E.I.N. # 11-0303001
Attachment to 2011 Form 990
Return of a Public Charity

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

INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILITY 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: \$21,500

(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: March 9, 2011

(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)).

E.I.N. # 11-0303001
Attachment to 2011 Form 990
Return of a Public Charity

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

INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILITY GRANTS

(1) Grantee: BHORUKA CHARITABLE TRUST
#39/1 Chandra Shekar Nivasa
2nd Fl, Sannidhi Road,
Basavangudi, Bangalore - 560004
India

(2) Date and Amount Paid:

November 24, 2010 \$27,505

(3) Purpose: To support reaching out to young dependents of people vulnerable to or infected by HIV/AIDS in 2 talukas of Hubli-Dharwad through child development and educational support and Foster Care Program with orphans and vulnerable children.

(4) Amount of Grant Spent by Grantee: \$17,370

(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 the Grantee: July 22, 2011. Next report is due July 1, 2012.

(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)).

E.I.N. # 11-0303001
Attachment to 2011 Form 990
Return of a Public Charity

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

INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILITY GRANTS

(1) Grantee: BUTRINT FOUNDATION
64a The Close
Norwich, Norfolk
NR1 4DH
United Kingdom

(2) Date and Amount Paid:

November 9, 2009 \$90,000

(3) Purpose: To support the Chronicle in Stone - Gjirokastra Museum of the Gjirokastra Conservation Development Organization.

(4) Amount Spent by Grantee: \$74,075

(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: March 31, 2010 and March 22, 2011.
Next report is due on March 31, 2012.

(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)).

E.I.N. # 11-0303001
Attachment to 2011 Form 990
Return of a Public Charity

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

INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILITY GRANTS

(1) Grantee: CANARY RESEARCH INSTITUTE FOR MINING, ENVIRONMENT,
AND HEALTH
250 City Centre Ave
Suite 508
Ottawa, ON K1R 6K7
Canada

(2) Date and Amount Paid:

August 3, 2010 \$75,000

(3) Purpose: General operating grant to build a responsible mining campaign in Latin America with special emphasis on Guatemala

(4) Amount of Grant Spent by Grantee: \$2,727

(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 the Grantee: March 24, 2011. Next report is due March 31, 2012.

(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)).

E.I.N. # 11-0303001
Attachment to 2011 Form 990
Return of a Public Charity

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

INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILITY GRANTS

(1) Grantee: CANARY RESEARCH INSTITUTE FOR MINING, ENVIRONMENT,
AND HEALTH
250 City Centre Ave
Suite 508
Ottawa, ON K1R 6K7
Canada

(2) Date and Amount Paid:

April 28, 2011 \$15,000

(3) Purpose: For Mining Watch Canada to support travel, partner visits and publications pertaining to the Latin America program, including development of an interactive map regarding Canadian mining in the region.

(4) Amount of Grant Spent by Grantee: N/A

(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: N/A

(7) Verification: N/A as the first report is due March 31, 2012.

E.I.N. # 11-0303001
Attachment to 2011 Form 990
Return of a Public Charity

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

INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILITY GRANTS

(1) Grantee: CANCER RESEARCH UK
Angel Building
407 St John Street
London, EC1V 4 AD
United Kingdom

(2) Date and Amount Paid:

June 17, 2011 \$1,700

(3) Purpose: General Operating Expenses

(4) Amount of Grant Spent by Grantee: N/A

(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 the Grantee: N/A

(7) Verification: N/A as first report is due June 30, 2012.

E.I.N. # 11-0303001
Attachment to 2011 Form 990
Return of a Public Charity

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

INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILITY 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
----------------	----------

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

(4) Amount Spent by Grantee: \$0

(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: May 11, 2011. Next report is due March 31, 2012.

(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)).

E.I.N. # 11-0303001
Attachment to 2011 Form 990
Return of a Public Charity

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

INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILITY GRANTS

(1) Grantee: CHARITY INTELLIGENCE CANADA
P.O. Box 124
King City, ON L7B 1A4
Canada

(2) Date and Amount Paid:

June 6, 2011 \$5,000

(3) Purpose: For the Children's Garden and for Charity Intelligence Canada's general operating expenses and research.

(4) Amount Spent by Grantee: \$5,000

(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: January 6, 2012

(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)).

E.I.N. # 11-0303001
Attachment to 2011 Form 990
Return of a Public Charity

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

INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILITY GRANTS

(1) Grantee: GUIDESTAR INTERNATIONAL
Queens House
55-56 Lincoln's Inn Fields
London, WC2A 3LJ
United Kingdom

(2) Date and Amount Paid:

February 1, 2011 \$75,000

(3) Purpose: To support the general operating expenses of GuideStar India to match a challenge grant made by the Rockefeller Foundation.

(4) Amount of Grant Spent by Grantee: N/A

(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 the Grantee: N/A.

(7) Verification: N/A as first report is due March 31, 2012

E.I.N. # 11-0303001
Attachment to 2011 Form 990
Return of a Public Charity

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

INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILITY GRANTS

(1) Grantee: JAPAN CANCER SOCIETY
Yurakucho Mullion Bldg13F. 2-5-1
Yurakucho Chiyoda-ku,
Tokyo 100-0006
Japan

(2) Date and Amount Paid:

May 9, 2011 \$1,249,843.77

(3) Purpose: General Operating Expenses

(4) Amount of Grant Spent by Grantee: N/A

(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 the Grantee: N/A

(7) Verification: N/A as the first report is due July 1, 2012.

E.I.N. # 11-0303001
Attachment to 2011 Form 990
Return of a Public Charity

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

INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILITY GRANTS

(1) Grantee: KLIPTOWN YOUTH PROGRAM

P.O. Box 800
Eldorado Park
1811
South Africa

(2) Date and Amount Paid:

September 13, 2010 \$8,000

(3) Purpose: To support the general operating expenses of Kiptown Youth Program.

(4) Amount Spent by Grantee: \$8,000

(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: December 26, 2011

(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)).

E.I.N. # 11-0303001
Attachment to 2011 Form 990
Return of a Public Charity

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

INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILITY GRANTS

(1) Grantee: THE REHAB GROUP
Roslyn Park, Beach Rd
Sandymount
Dublin 4
Ireland

(2) Date and Amount Paid:

August 31, 2010	\$10,000
-----------------	----------

(3) Purpose: 1 Day for Rehab

(4) Amount of Grant Spent by Grantee: \$10,000

(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 the Grantee: February 8, 2011

(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)).

E.I.N. # 11-0303001
Attachment to 2011 Form 990
Return of a Public Charity

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

INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILITY 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:

June 10, 2011	\$50,000
---------------	----------

(3) Purpose: General Operating Expenses.

(4) Amount Spent by Grantee: N/A

(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: N/A

(7) Verification: N/A as the first report is due March 31, 2012.

E.I.N. # 11-0303001
Attachment to 2011 Form 990
Return of a Public Charity

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

INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILITY 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: \$100,000

(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: March 26, 2011

(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)).

E.I.N. # 11-0303001
Attachment to 2011 Form 990
Return of a Public Charity

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

INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILITY GRANTS

(1) Grantee: SELF RELIANT INITIATIVES THROUGH JOINT ACTION
SRIJAN
#4 Community Shopping Center FL1
Annupam Apts, M.B.Rd, Saidullaja
Saket, New Delhi-110068
India

(2) Date and Amount Paid:

October 27, 2010 \$25,707

(3) Purpose: Scale up SRI method of paddy cultivation for 4000 small and marginal farmers to ensure food security and enhance the income.

(4) Amount of Grant Spent by Grantee: \$23,161

(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 the Grantee: September 15, 2011. Next report is due July 1, 2012.

(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)).

E.I.N. # 11-0303001
Attachment to 2011 Form 990
Return of a Public Charity

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

INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILITY 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
May 24, 2011	\$50,000

(3) Purpose: Midwives Training

(4) Amount Spent by Grantee: \$14,887

(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 and September 30, 2011. Next report is due September 30, 2012.

(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)).

E.I.N. # 11-0303001
Attachment to 2011 Form 990
Return of a Public Charity

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

INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILITY 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
-------------------	----------

(3) Purpose: Graduate Finishing School

(4) Amount Spent by Grantee: \$15,000

(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 and December 30, 2011.

(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)).

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► **File a separate application for each return.**

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **►**

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐ **►**

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization	Employer identification number
	Fidelity Investments Charitable Gift Fund	11-0303001
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	2 Seaport Lane, 7th Floor	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	Boston, MA 02210	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ► Stephen Herlihy

Telephone No. ► 617-563-3708

FAX No. ►

• If the organization does not have an office or place of business in the United States, check this box ☐ **►**

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ **►**. If it is for part of the group, check this box ☐ **►** and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until February 15, 2012, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year 20 or
- ☒ tax year beginning July 1, 20 10, and ending June 30, 20 11.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2011)