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Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

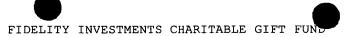
Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

| <u> </u> | or the | 2014 calendar year, or tax year beginning | 07/01, 2014 , | and en | ding | | 06/30, 20 15 | | |
|-------------------------|-----------------------|--|--|----------------|------------------------------|---------------------------------|--|--------------|--|
| _ | | C Name of organization | | | | D Employer Iden | rtfication number | | |
| B 0 | heck if appl | FIDELITY INVESTMENTS CHARITABLE G | IFT FUND | | | 11-0303 | 001 | | |
| Г | Address change | Doing business as | | | | | | | |
| Г | Name of | Number and street (or P.O. box if mail is not delivered to street | address) | Room/sui | te | E Telephone number | | | |
| \vdash | inklal re | ONE CONDORN DOWN THINDS WATE COME N | CW4B | | | (800) 952 | 2 - 4438 | | |
| \vdash | Final ref | | | | | | | | |
| \vdash | L terminat | led | | | | G Gross receipts | s \$ 8,904,669, | 788. | |
| \vdash | return Applicat | DODION, PAR OZZIO | 7077 | | | H(a) is this a group | | X No | |
| Щ | pending | | | | | subordinates? | ; | | |
| | | 200 SEAFORT BLVD, MZ NCW4B BOSTON | , MA 02210 | | | H(b) Are all subordi | | No | |
| | | mpt status: X 501(c)(3) 501(c)() ◀ (Insert no.) | 4947(a)(1) c | or | 527 | If "No," attact | h a list. (see instructions) | | |
| J | Website | : ▶ WWW.FIDELITYCHARITABLE.ORG | | | | H(c) Group exemp | | | |
| K | Form of | organization. Corporation X Trust Association Ot | her ▶ | L Ye | er of formati | ion 1990 M : | State of legal domicile: | MA | |
| Ρá | art I | Summary | | | | | | | |
| | 1 E | Briefly describe the organization's mission or most significant ac | tivities SEE SC | HEDUL | E O | | | | |
| • | | | | | | - | | | |
| Activities & Governance | ! - | | | | | | | | |
| Ĕ | ء ا | Check this box F if the organization discontinued its ope | rotions or dispose | d of more | than 25% | of its not assets | | | |
| Ž | 1 | | | | | | 3 | 9. | |
| 9 | | tumber of voting members of the governing body (Part VI, line 1 | | | | I | 4 | 8. | |
| 2 | | lumber of independent voting members of the governing body | • | | | | | | |
| Ę | 5 T | otal number of individuals employed in calendar year 2014 (Pa | rt V, line 2a) | | | | 5 | | |
| 돮 | 6 T | otal number of volunteers (estimate if necessary) | <i></i> | | | | 6 | | |
| Ř | 7a ⊺ | otal unrelated business revenue from Part VIII, column (C), line | 12 | | | | 7a 42,281, | | |
| | b N | let unrelated business taxable income from Form 990-T, line 34 | · | | | | 7b 21,105, | 537. | |
| | | | | | | Prior Year | Current Y | ear | |
| _ | 1 a c | Contributions and grants (Part VIII, line 1h) | <u></u> | | 3,8 | 49,430,422 | 2. 4,607,982, | 076. | |
| Revenue | | Program conico revenue (Part VIII line 2g) | | _ | · · | | 0 | | |
| ě | 46 | nvestment income (Part VIII, column (A), lines 3, 4, and 75) | 'FIVED | | · · | 23,346,91 | 8. 785,580, | 319. | |
| 2 | | 1 4 2 | | | ··├── | | 0 | 0 | |
| | 11 0 | Other revenue (Part VIII, column (A), lines 5, 6d 8c, 9c, 10c, and | 3 116) | <u> </u> | 4 3 | 72 777 340 | 0. 5,393,562, | 395 | |
| | 12 T | otal revenue - add lines 8 through 11 (must equal Part VIII qui | 14 (4) (1069 5) | - 1 | | | 8. 2,843,827, | | |
| | 13 0 | Grants and similar amounts paid (Part IX, column (2) lines 1-3) | <u></u> | 166 J | · · 2 , 2 | 11,9//,23 | | 549. | |
| | 14 E | Benefits paid to or for members (Part IX, column (A), line 4) | SEKI HIT. | ·= . | | | 0 | | |
| 2 | 15 8 | Salaries, other compensation, employee benefits Part IX | n/(A), lines 5-10) | <u></u> . | | | 0 | | |
| Ē | 16a F | Salaries, other compensation, employee benefits (Part IX, column Professional fundraising fees (Part IX, column (A), hine-11e) | | | | | 0 | 0 | |
| Expe | ьт | otal fundraising expenses (Part IX, column (D), line 25) ▶ | | 0 | | | | | |
| Ü | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | | | 47,478,80 | 3. 60,443 | ,912. | |
| | ľ | Total expenses. Add lines 13-17 (must equal Part IX, column (A) | | | | 59,456,04 | 1. 2,904,271, | 461. | |
| | | Revenue less expenses. Subtract line 18 from line 12 | | | | 13,321,29 | 9. 2,489,290, | 934. | |
| 28 | | torongo roop oxpanoes. Octobrast fine 10 trans fine 12 1 1 1 1 | | | | ning of Current Y | | | |
| Sets of Party | | Catal assets (Part V. See 46) | | | 1 | 329811045 | 2. 1534398 | 7929. | |
| ᆲ | | Total assets (Part X, line 16) | | • • • • | • • – | 92,887,11 | | .360. | |
| 32 | 21 | Total liabilities (Part X, line 26) | • • • • • • • • | • • • • | • • ⊢— | 320522333 | | | |
| | | Net assets or fund balances. Subtract line 21 from line 20 | | • • • • | <u> </u> | 320322333 | 0. 1323030 | 1505. | |
| | rt II | Signature Block | | | | | | -11-5 14 1- | |
| Un | der pena n correct | ities of perfury. I declare that I have examined this return, including a t, and complete. Declaration of preparer (other than officer) is based on a | ccompanying schedu all information of whi | ch prepare | exoments, a or has any kr | ing to the best of howledge, | Lun Kuomende sun p | Cilet, It IS | |
| | J, 0000 | | | - | | 1 | 1 1 | _ | |
| | l | 1 Mm Lxuton | | | | 2_` | 116/16 | | |
| Sig | | Signature of officer | | | | Date | 1 1 | | |
| He | re | AMY DANFORTH | PRESIDE | ENT | | | | | |
| | | Type or print name and title | | | | | | | |
| | | Print/Type preparer's name Preparer's signification | , | Date | | Check | if PTIN | | |
| Pak | s , | GWEN SPENCER | · A- | 02 | 2/15/2016 | | • • • | 3 | |
| Pre | parer 📙 | | | | | | 3-4008324 | | |
| Use | Only | | MA 02210 | | | | 17-530-5000 | | |
| | | Firm's address >101 SEAPORT BOULEVARD BOSTON | | | | Phone no. 6 | | т | |
| | | S discuss this return with the preparer shown above? (see instri | actious) · · · · · | | | <u> </u> | X Yes | No | |
| E | Denom | work Paduation Act Notice, see the senerate instructions | | | | | Fam 991 | U (2014) | |

*Fidelity Charitable engages FMR LLC pursuant to a Master Services Agreement under which all services are JSA provided to Fidelity Charitable. See Schedule O for further explanation.
4E1010 1.000
8923JK 7377
V 14-7.16



| | rt III Stateme | nt <mark>of Program Service Ac</mark> Schedule O contains a re | sponse or note to any line in this P | art III | x |
|---|------------------------|---|---|--|---------------------------------------|
| | | ne organization's mission: | sponse of flote to any line in this i | art | |
| | SEE SCHEDULE | • | | | |
| | 022 00112022 | | | | |
| | | | | | |
| _ | Did the organizat | tion undertake any signific | cant program services during the | year which were not listed on the | |
| | prior Form 990 o | | | | Yes X No |
| | Did the organiza | ation cease conducting, | or make significant changes i | n how it conducts, any program | Yes X No |
| | If "Yes," describe | these changes on Schedu | ile O. | | |
| | expenses Sectio | n 501(c)(3) and 501(c)(4 | or each program service reported. | of its three largest program services, report the amount of grants and alloc | ations to others |
| | (Code: SEE SCHEDULE | | v _{1,461.} including grants of \$ _ 2, | 343,827,549.) (Revenue \$ |) |
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| b | (Code: |) (Expenses \$ | ıncluding grants of \$ |) (Revenue \$ |) |
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| C | (Code |) (Expenses \$ | micluding grants of \$ |) (Nevenue \$ | |
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| | | | | | |
| | Other program s | ervices (Describe in Scheo | dule O.) | | |
| | | including gra | | anua ¢ \ | |
| | (Expenses \$ | including dia | 11/2 OI \$ \(\frac{1}{2}\) | silde ψ , | |



| Part | Cnecklist of Required Schedules | | Yes | No |
|------|--|-------------|----------------|--|
| _ | | | 103 | -140 |
| 1 | is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | v | |
| | complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | ľ | | |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | <u> </u> |
| 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 | | Х |
| 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, | | | |
| | | 5 | | Х |
| 6 | Part III | | | |
| 0 | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | |
| | | 6 | X | |
| _ | "Yes," complete Schedule D, Part I | • | | |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | _ | | х |
| | 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," | _ | | ١ |
| | complete Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted | | | |
| | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | Х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | | 74 | |
| •• | VII, VIII, IX, or X as applicable | | | |
| • | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | ن ـ خاسمه | | |
| a | complete Schedule D, Part VI | 11a | | x |
| L | Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more | 114 | \vdash | |
| D | | 446 | | х |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | <u></u> | ^\ |
| С | Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more | | | x |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | <u> </u> |
| 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 | - | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| 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 | Х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," | | | |
| | complete Schedule D, Parts XI and XII | 12a | X | |
| 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 and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | |
| J | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | x | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | | † | 1 |
| 15 | • | 15 | x | |
| | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 13 | | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | 46 | | X |
| | assistance to or for foreign individuals? 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 | - | X |
| 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 | | X |
| 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 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

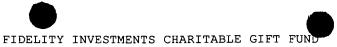
Form **990** (2014)



Part IV **Checklist of Required Schedules** (continued) Yes Nο Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Х domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II........ 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Х 22 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 х * 23 24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b Х 24a 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit Х 25a 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? Х 25b 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II Х 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Х 27 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) Х A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes." complete X 28b 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? If "Yes," complete Schedule L, Part IV. Х 28c Х 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. . . . Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Х 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 X 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 34 X Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 35 a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Х Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 X 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, X 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note, All Form 990 filers are required to complete Schedule O

*Fidelity Charitable engages FMR LLC pursuant to a Master Services Agreement under which all services are provided to Fidelity Charitable. See Schedule O for further explanation.

Form 990 (2014)



| | Check if Schedule O contains a response or note to any line in this Part V | <u></u> | | ليا |
|----|--|------------|----------|--|
| | 5 | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1 | | |
| | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | ļ | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | 10 | X | |
| _ | 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? | 2b | | - |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | - v | ال ـ ـ ـ ـ |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | X | |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | X | |
| 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 | X | |
| b | If "Yes," enter the name of the foreign country ▶ SWITZERLAND | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | | |
| а | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Х |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Х |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | |
| • | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | х |
| h | If "Yes," did the organization include with every solicitation an express statement that such contributions or | <u> </u> | | - |
| • | gifts were not tax deductible? | 6b | | |
| | Organizations that may receive deductible contributions under section 170(c). | | | |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | |
| • | | 7a | | x |
| | and services provided to the payor? | 7b | | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 75 | | - |
| ; | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | 70 | | х |
| | required to file Form 8282? | 7c | | |
| | If "Yes," indicate the number of Forms 8282 filed during the year | . . | | , v |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | - | X |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | ^ |
| | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | - | <u> </u> |
| 1 | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | ļ | ļ |
| | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | <u> </u> | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | Х |
| | Sponsoring organizations maintaining donor advised funds. | | | L |
| ì | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | X |
| , | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | Х |
| | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| | Section 501(c)(12) organizations. Enter: | | | |
| а | Gross income from members or shareholders | | | ł |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | 1 | | |
| | against amounts due or received from them.) | ļ | 1 | |
| а | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | · | | |
| 3 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 1 | l | |
| | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| • | Note. See the instructions for additional information the organization must report on Schedule O | 100 | | 1 |
| _ | Enter the amount of reserves the organization is required to maintain by the states in which | | | İ |
| D | | | | |
| _ | • | 1 | | |
| | Enter the amount of reserves on hand | 140 | \vdash | x |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a 14b | \vdash | +^ |
| | | | 1 | 1 |

FIDELITY INVESTMENTS CHARITABLE GIFT FUN

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

| Sect | ion 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 | 1a9 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | Ì | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1 b 8 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business re | lationship with | 1 | | |
| | any other officer, director, trustee, or key employee? | | _2_ | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or un | nder the direct | . i | ,, | |
| | supervision of officers, directors, or trustees, or key employees to a management company or other | er person? | 3 | Х | - |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was f | | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's | assets? | 5 | | X |
| 6 | Did the organization have members or stockholders? | | 6 | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to e | | _ | | v |
| | one or more members of the governing body? | | 7a | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval | | ' | | X |
| | stockholders, or persons other than the governing body? | | 7b | | <u>^</u> - |
| 8 | Did the organization contemporaneously document the meetings held or written actions und | ertaken during | | | |
| | the year by the following: | | | Х | |
| а | The governing body? | | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | | 8b | Λ | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | be reached at | 9 | | х |
| Secti | ion B. Policies (This Section B requests information about policies not required by the In | | | a) | |
| <u> </u> | on B. Policies (This Section B requests information about policies not required by the lin | emai ixevenue | 0000 | Yes | No |
| 40 - | Did the accordant on the colored based on the colored of the color | | 10a | | X |
| | Did the organization have local chapters, branches, or affiliates? | | 10a | | _ |
| D | If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exempt p | | 10b | | |
| 11a | | | 11a | Х | |
| b | | ning the form?. | | | |
| 12a | Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 | | 12a | Х | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests | | | | |
| | rise to conflicts? | | 12b | Х | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the p | | | | |
| • | describe in Schedule O how this was done | | 12c | Х | ĺ |
| 13 | Did the organization have a written whistleblower policy? | | 13 | Х | |
| 14 | Did the organization have a written document retention and destruction policy? | | 14 | Х | |
| 15 | Did the process for determining compensation of the following persons include a review a | | | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberatio | | 1 | | 1 |
| а | The organization's CEO, Executive Director, or top management official | | 15a | | /Α_ ' |
| b | Other officers or key employees of the organization | | 15b | N | /Α ' |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar | ar arrangement | Ì | | |
| | with a taxable entity during the year? | | 16a | ļ | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization | to evaluate its | ŀ | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to | | Ì | | |
| | organization's exempt status with respect to such arrangements? | | 16b | L | L |
| Sect | tion C. Disclosure | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶ ATTACHMENT 1 | : | - | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an | d 990-T (Section | 501(| c)(3)s | only |
| | available for public inspection. Indicate how you made these available. Check all that apply. | Easter O | | | |
| | X Own website Another's website X Upon request X Other (explain in So | neaule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing document | nts, conflict of inf | erest | polic | y, and |
| | financial statements available to the public during the tax year. | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's | | ls:▶ | | |
| JSA | PAUL HURLEY 200 SEAPORT BOULEVARD, MAIL ZONE NCW4B BOSTON, MA 02210 800- | -952-4438 der which all | Econo | 900 | (2014 |
| | | | | | |

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

Check if Schedule O contains a response or note to any line in this Part VII............

 $\left[\mathbf{x} \right]$

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.

| (A) Name and Title | (B) Average hours per week (list any | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | an | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other |
|--|--|--|----------|--------------|------------------------------|----------|--|---|--|--|
| | hours for related organizations below dotted line) | Officer Institutional trustee Individual trustee or director | | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations | |
| (1)ANNA SPANGLER NELSON CHAIR OF THE BOARD OF TRUSTEES | 1.00 | Х | | | | | | C | 0 | 0 |
| (2)SCOTT BERGESON | 1.00 | | | | | | | | | |
| TRUSTEE | 0 | Х | | | | | | C | 0 | 0 |
| (3)AUDREY MCNIFF | 1.00 | | | | | | | | | |
| TRUSTEE | 0 | X | | | | | | C | 0 | 0 |
| (4)KRISTIN W. MUGFORD TRUSTEE | 1.00 | х | | | | | | | | 0 |
| (5)ALFRED E. OSBORNE, JR | 1.00 | | | | _ | | | | <u> </u> | |
| TRUSTEE | 0 | х | | | | | | C | 0 | 0 |
| (6)ANNE-MARIE SOULLIERE | 1.00 | | | | | | | | | |
| TRUSTEE (UNTIL 2/25/2015) | 0 | Х | | | | | | C | 0 | 0 |
| (7)THOMAS C. STEWART | 1.00 | | | | | | | | | |
| TRUSTEE | 0 | Х | | | | | | | 0 | _0 |
| (8)RICHARD D. TADLER | 1.00 | | | | | | | | | |
| TRUSTEE | 0 | X | | | | | | <u> </u> | 0 | 0 |
| (9)JOHN MUSE | 1.00 | | | | | | | | | |
| TRUSTEE (AS OF 11/22/2014) | 0 | X | | | | | | (| 0 | 0 |
| (10)LEE SANDWEN | 1.00 | | | | | | | | | |
| TRUSTEE (AS OF 2/25/2015) | 0 | Х | | | _ | <u> </u> | | (| 0 | 0 |
| (11)AMY DANFORTH | 40.00 | | 1 | | | | | | _ | _ |
| PRESIDENT | 0 | | ļ | Х | <u> </u> | ļ | <u> </u> | (| 0 | 0 |
| (12) PAUL HURLEY | 40.00 | - | | l | | | - | | , | ď |
| TREASURER | 0 | - | <u> </u> | X | ļ — | ├ | <u> </u> | (| 0 | C |
| (13)JILL WEINER SECRETARY CHIEF COMPLIANCE OFF | 40.00 | 1 | | x | | | | | 0 | c |
| (14)KARLA VALAS | 40.00 | | | x | | | | | 0 | d |

^{*}Fidelity Charitable engages FMR LLC pursuant to a Master Services Agreement under which all services are provided to Fidelity Charitable. See Schedule O for further explanation.

Form 990 (2014)

| FIDELITY | INVESTMENTS | CHARITABLE | GIFT | FUND |
|----------|-------------|------------|------|------|

| Part VII Section A. Officers, Directors, Tr (A) Name and title | (B) Average hours per | (do r | not c | Pos heck | C) ition more | than o | ne | (D) Reportable compensation | (E) Reportable compensation f | | Esti amo | (F) mated ount of | |
|--|--|-----------------|-------------|-------------|---------------------|------------------------------|------------|--|--|-----------------|--|--|---|
| | week (list any hours for related organizations below dotted line) | | | | | Highest compensated employee | | from the organization (W-2/1099-MISC) | related organization (W-2/1099-MI | - 1 | composition from the composition of the composition from the composition | ther ensation m the nization related nizations | |
| | | - | | | | | | | | | • | | |
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| | | ļ | | | | | | | | | | | |
| to the sub-total to the sub-total to the sub-total from continuation sheets to Part VII, at Total (add lines 1b and 1c) to the sub-total number of individuals (including but no | Section A . | · · · | : : | • • | · · | · · · | ▶ ▶ | | 0 | 0 0 | | | |
| reportable compensation from the organizati | | | 0 | | | | | eceived more man | | | | Yes | N |
| 3 Did the organization list any former off employee on line 1a? If "Yes," complete Sche | | | | | | | | | | | 3 | ₩ - 1, A , | X |
| 4 For any individual listed on line 1a, is the organization and related organizations of individual | reater thai | n \$1 | 50,0 | 000 | ? 1 | f "Ye | s, " | complete Sched | ule J for su | ch | 4 | | X |
| 5 Did any person listed on line 1a receive of for services rendered to the organization? If ' | or accrue co | mper | nsat | ion | fror | n any | / ur | nrelated organizat | ion or ındividu | ıal | 5 | | X |
| Section B. Independent Contractors | | | | | | | | | | | | | |
| Complete this table for your five highest co compensation from the organization. Report year. | mpensated compensat | ındep ion fo | end r th | ent e ca | cor alen | tracto dar ye | ors ear | that received morending with or wi | e than \$100,0 thin the organi | 00 of zation | 's tax | | |
| (A) Name and business a | ddress | | | | | | | (B) Description of s | services | Cc | (C) | | |
| ATTACHMENT 2 | | _ | | | | | + | | | | | | _ |
| | | | | | | - | + | | | | | | _ |
| | | | | | | ., | | listed above) who | | i | | - | _ |

more than \$100,000 in compensation from the organization ▶ *Fidelity Charitable engages FMR LLC pursuant to a Master Services Agreement under which all 8923JK 7377 V 14-7.16 services are provided to Fidelity Charitable. Form **990** (2014) See Schedule O for further explanation.

| Form 990 (2014 | FIDELITY INVESTMENTS CHARITA | BLE GIFT | FUND | 11-0303001 | Page 9 |
|----------------|--|----------------|------|------------|--------|
| Part VIII | Statement of Revenue | | | | |
| | Check if Schedule O contains a response or note to any line in t | his Part VIII. | | | . |

| | | Chican in Controlling Chican in Carrosponer on Incident | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|--|--------------|--|----------------------|--|---|--|
| s, Grants Amounts | 1a b c | Federated campaigns | | | | |
| Contributions, Giffs, Grants and Other Similar Amounts | d e f | Related organizations | | | | |
| | g h | and similar amounts not included above . 1f 4,607,982,076 Noncash contributions included in lines 1a-1f \$ 2,922,493,934. Total. Add lines 1a-1f | 4,607,982,076. | | | i E |
| evenue | 2a | Business Code | | | | |
| Program Service Revenue | b c d | | | | | |
| Progran | e f g | All other program service revenue | 0 | | | |
| : | 3 | Investment income (including dividends, interest, and other similar amounts) | 533,644,295. | | 4,355. | 533,639,940. |
| | 5 6a | Royalties | 0 | | | |
| | b c d | Rental income or (loss) | - 0 | | | |
| | 7a | Gross amount from sales of assets other than inventory Less cost or other basis (I) Securities (II) Other 3,762,475,083 1,384,131 | | | | |
| | c d | and sales expenses | 251,936,024 | | 42,277,038. | 209,658,986 |
| evenue | 8a | Gross income from fundraising events (not including \$ of contributions reported on line 1c) | | | | |
| Other Re | b | See Part IV, line 18 | 0 | | | |
| | | Gross income from gaming activities See Part IV, line 19 | | | | |
| | 10a | | | | | |
| | b | returns and allowances | - | | | |
| | 11a | Miscellaneous Revenue Business Code | | | | |
| | С | All other revenue | | | | |
| | 12 | Total Add lines 11a-11d | 5,393,562,395. | | 42,281,393 | 743,298,926 |

JSA 4E1051 1 000

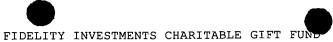
Form **990** (2014)

| Pai | rt IX Statement of Functional Expense | s | | | |
|-----|--|-----------------------|------------------------------|---------------------------------------|--------------------------------|
| Sec | tion 501(c)(3) and 501(c)(4) organizations m | | | | |
| | Check if Schedule O contains a resp | | | (0) | |
| | not include amounts reported on lines 6b, 7b, 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 domestic organizations and domestic governments. See Part IV, line 21 | 2,812,198,298. | 2,812,198,298. | | |
| 2 | Grants and other assistance to domestic | | | | |
| | ındıviduals See Part IV, line 22 | <u> </u> | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 | 31,629,251. | 31,629,251. | | |
| 4 | Benefits paid to or for members | 0 | | | |
| | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | C | | | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| _ | persons described in section 4958(c)(3)(B) | | | | |
| | Other salaries and wages | | / | | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | , l | | |
| 9 | Other employee benefits | |) | | |
| | Payroll taxes | (| | | |
| | Fees for services (non-employees) | | , | , | |
| а | Management | 47,525,919. | 47,525,919. | | |
| | Legal | 332,457. | 332,457. | | |
| | Accounting | 332,437. | 332,437. | | <u> </u> |
| | Lobbying | | 1 | | |
| | Professional fundraising services See Part IV, line 17. Investment management fees | 12,585,536. | 12,585,536. | | |
| | Other (if line 11g amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 11g expenses on Schedule O) | (| | | |
| 12 | Advertising and promotion | | | <u>-</u> | |
| 13 | Office expenses | |] | | |
| | Information technology | | \ | | |
| | Royalties | | 1 | | |
| | Occupancy | | 0 | | |
| 18 | | | | | |
| | for any federal, state, or local public officials | | o | | |
| 19 | Conferences, conventions, and meetings | | 9 | | |
| 20 | Interest | | <u></u> | | |
| 21 | Payments to affiliates | | 0 | · · · · · · · · · · · · · · · · · · · | |
| 22 | Depreciation, depletion, and amortization | <u> </u> | <u> </u> | <u> </u> | |
| 23 | Other expenses Itemize expenses not covered | | <u> </u> | | |
| 44 | above (List miscellaneous expenses in line 24e If | | | | |
| | line 24e amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 24e expenses on Schedule O) | | | | |
| а | · | | | | |
| b | · | | | | |
| C | · | | | | |
| d | | | + | | |
| | All other expenses Total functional expenses. Add lines 1 through 24e | 2,904,271,461. | 2,904,271,461. | | |
| | Joint costs. Complete this line only if the | | | | |
| | organization reported in column (B) joint costs from a combined educational campaign and | | | | |
| | fundraising solicitation Check here 🕨 🔲 if | | | | |
| | following SOP 98-2 (ASC 958-720) | | 0 | | |

JSA 4E1052 1 000 *Fidelity Charitable engages FMR LLC pursuant to a Master Services Agreement under which all Form 990 (2014) services are provided to Fidelity Charitable. See Schedule O for further explanation.

8923JK 7377

V 14-7.16



| rt X | Balance Sheet | | | |
|------|--|---|---|-----------------------------|
| | Check if Schedule O contains a response or note to any line in this Pa | <u>rt X </u> | • • • | <u> </u> |
| _ | | (A) Beginning of year | | (B) End of year |
| 1 | Cash - non-interest-bearing | 1,002,898,766. | 1 | 1,184,408,343. |
| 2 | | 90,904,653. | 2 | 85,454,290. |
| 3 | | q | 3 | 0 |
| 4 | | 42,306,340. | 4 | 46,593,222. |
| 5 | Loans and other receivables from current and former officers, directors, | | | |
| | trustees, key employees, and highest compensated employees. | | | |
| 6 | Complete Part II of Schedule L Loans and other 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 | | | 0 |
| 7 | | d | 7 | 0 |
| 8 | | d | 8 | 0 |
| 9 | | d | 9 | 0 |
| 10 a | | | | |
| | | | | |
| b | | -1- | 0c | 0 |
| 11 | | 11870956426. | <u>11</u> | 13631189437. |
| 12 | Investments - other securities See Part IV, line 11 | 202,145,285. | 12 | 311,932,700. |
| 13 | Investments - program-related See Part IV, line 11 | | | 0 |
| 14 | Intangible assets | | 14 | 0 |
| 15 | Other assets. See Part IV, line 11 | 88,898,982. | 15 | 84,409,937. |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | - | 15343987929. |
| 17 | Accounts payable and accrued expenses | | 17 | 37,857,824. |
| 18 | | | | 8,498,126. |
| 19 | | | | 0 |
| 20 | | | | 0 |
| | | ļ <u>4</u> - | 21 | |
| 22 | | | | |
| | | | | |
| | | | | |
| | | | | - (|
| | | ļY. | 24 | |
| 25 | • | | | |
| | • | 15 119 577 | 25 | 41,247,410. |
| | Total liabilities Add lines 17 through 25 | | | 87,603,360. |
| 26 | Total liabilities. Add lines 17 through 25 | 92,007,114. | 20 | 07,003,300. |
| | complete lines 27 through 29, and lines 33 and 34. | | | |
| 27 | Unrestricted net assets | | | 15209881838. |
| 28 | Temporarily restricted net assets | | | 46,502,731. |
| 29 | | q | 29 | (|
| | 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 | |
| 22 | Total net assets or fund balances | 13205223338. | 33 | 15256384569. |
| 33 | Total liabilities and net assets/fund balances | 13298110452. | | 15343987929. |
| | 2 3 4 5 6 7 8 9 10 a b 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 29 30 31 31 31 31 31 31 31 31 31 31 | Check if Schedule O contains a response or note to any line in this Pa Cash - non-interest-bearing | Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (se defined under section 4958(c)(3)B), and contributing employers and sponsoring organizations of section 6958(c)(3)B), and contributing employers and sponsoring organizations of section 6958(c)(3)B), and contributing employers and sponsoring organizations of section 6958(c)(3)B), and contributing employers and sponsoring organizations of section 6958(c)(3)B), and contributing employers and sponsoring organizations of section 6958(c)(3)B), and contributing employers and sponsoring organizations of section 6958(c)(3)B), and contributing employers and sponsoring organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Preparal expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis Complete Part IV of Schedule D 10b 1 Investments - program-related See Part IV, line 11 2 Investments - program-related See Part IV, line 11 3 Investments - program-related See Part IV, line 11 4 Intangible assets. 5 Other assets. See Part IV, line 11 8 Response or custodial account liability. Complete Part IV of Schedule D 2 Tax-exempt bond liabilities 2 Captal stock or complete Part II of Schedule L 2 Secured mortgages and notes payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 2 Captal stock or trust principal, or current funds 2 Pertained partings, or land, building, or equipment fund 3 Pad-in or capital surplus, or land, building, or equipment fund 3 Pad-in or c | Cash - non-interest-bearing |

Form **990** (2014)



| Reconciliation of Net Assets | Form 99 | 00 (2014) | | | | Paç | ge 12 |
|--|---------|---|-------|-------|-----------------|---------------|--------------|
| Check if Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part VIII, column (A), line 12) | | | | | | | |
| 1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 2 Total expenses (must equal Part IX, column (A), line 25) 2 2,904,271,461. 3 Revenue less expenses. Subtract line 2 from line 1 3 2,489,290,934. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 13,205,223,338. 5 Net unrealized gains (losses) on investments 5 -429,076,799. 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 1 Accounting method used to prepare the Form 990. Cash X Accrual 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? 2 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis or both: Separate basis | | | | | <u></u> | | |
| 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenuel elses expenses. Subtract line 2 from line 1 3 2,489,290,934. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 13,205,223,338. 5 Net unrealized gains (losses) on investments 5 Category (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990. Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed on a separate basis, consolidated basis or both: Separate basis Consolidated basis Both consolidated and separate basis consolidated basis Both consolidated and separate basis or sooth Separate basis Consolidated basis Both consolidated and separate basis or sooth Separate basis Consolidated basis Both consolidated and separate basis or sooth Separate basis Consolidated basis Both consolidated and separate basis or sooth Separate basis Consolidated basis Both consolidated and separate basis or sooth Separate basis Consolidated basis Both consolidated and separate basis or sooth Separate basis Consolidated basis Both consolidated and separate basis or sooth Separate basis Consolidated basis Both consolidated and separate basis or sooth | 1 | | | 5, | 393,56 | 52,3 | |
| 3 | 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 2, | 904,2 | 71,4 | 61. |
| 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)). Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 1 Accounting method used to prepare the Form 990. Cash X Accrual 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis Debt consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 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. 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? X | 3 | | 3 | | | | |
| Separate basis Consolidated basis Separate basis Separate basis Consolidated basis Consolidated b | 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | | | |
| 6 Donated services and use of facilities 7 Investment expenses 7. 8 Prior period adjustments 8. 9 Other changes in net assets or fund balances (explain in Schedule O) 9 -9,052,904. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 15,256,384,569. Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. | 5 | | 5 | | -429 , 0 | 76,7 | 99. |
| Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990. Cash X Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2 Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis or both: If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis. If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis. If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis. If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis. If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis. 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. 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? | 6 | | 6 | | | | 0 |
| 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 -9,052,904. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 15,256,384,569. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII | 7 | Investment expenses | 7 | | | _ | 0 |
| 9 Other changes in net assets or fund balances (explain in Schedule O). 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)). 11 Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 1 Accounting method used to prepare the Form 990. Cash X Accrual 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? 2a X Were the organization's financial statements and the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 3 Separate basis Consolidated basis, or both 3 Separate basis Consolidated basis Both consolidated and separate basis 5 Were the organization's financial statements audited by an independent accountant? 1 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both 3 Separate basis Consolidated basis Both consolidated and separate basis 5 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? 1 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3 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? | 8 | | 8 | | | _ | 0 |
| Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 9 | | 9 | | -9,0 | 52,9 | 04. |
| Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990. Cash X Accrual 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both X Separate basis Consolidated basis Both consolidated and separate basis 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. 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? X | 10 | | | | | | |
| Check if Schedule O contains a response or note to any line in this Part XII. 1 Accounting method used to prepare the Form 990. Cash X Accrual 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis 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. 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? **Yes No Yes No Yes No Yes No No Yes No Explain in Schedule O. 2a X 2b X 2b X 2c X 3a X | | | 10 | 15, | 256,38 | 8 4, 5 | 69. |
| 1 Accounting method used to prepare the Form 990. Cash X Accrual 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both X Separate basis Consolidated basis Both consolidated and separate basis 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. 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? | Part | XII Financial Statements and Reporting | | | | | _ |
| 1 Accounting method used to prepare the Form 990. | | Check if Schedule O contains a response or note to any line in this Part XII | | | | | _Ш |
| 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis 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. 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? X | | | | | | Yes | No |
| Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis 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. 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? 3a X | 1 | Accounting method used to prepare the Form 990. Cash X Accrual Other | | | | | |
| Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis 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. 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? 3a X | | If the organization changed its method of accounting from a prior year or checked "Other," e | xplai | n in | | | |
| If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? | | | | | | | |
| If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? | 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | 2a | | Х |
| reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? | | | npile | d or | | | |
| b Were the organization's financial statements audited by an independent accountant? | | | | | | | |
| b Were the organization's financial statements audited by an independent accountant? | | Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both X Separate basis 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. 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? | h | | | | 2b | Х | |
| separate basis, consolidated basis, or both X Separate basis Consolidated basis Both consolidated and separate basis 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. 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? | - | | | | | | |
| X Separate basis Consolidated basis Both consolidated and separate basis 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. 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? | | | | | | | |
| 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. 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? | | | | | | | |
| 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. 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? | _ | • | overs | siaht | | | |
| If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 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? | · | | | | 2c | X | |
| Schedule O. 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? | | | | | | | |
| 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? | | | | | | | |
| the Single Audit Act and OMB Circular A-133? | 3 = | | t for | th in | | | |
| | Ja | | | | | | X |
| s it too, and the digamental directly the required dudit of dudite. It the digamentation and not directly the | h | | | the | | | |
| required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | D | | | | | | |

Form **990** (2014)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2014

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

▶Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number Name of the organization FIDELITY INVESTMENTS CHARITABLE GIFT FUND 11-0303001 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.) 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 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). X 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) An organization that normally receives. (1) more than 331/3% 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 331/3 % 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I. Type III. Type III. functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i) Name of supported organization (ii) EIN (iii) Type of organization (IV) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 support (see other support (see isted in your governing above or IRC section instructions) instructions) (see instructions)) Yes No (A) (B) (C) (D) (E) Total

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

Schedule A (Form 990 or 990-EZ) 2014

Part II

Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I 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.)

| Sec | tion A. Public Support | | | | · | | |
|----------|--|-----------------|------------------------|-------------------|-------------------|-----------------|-----------------|
| | ndar year (or fiscal year beginning in) | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| 1 | Grits, grants, contributions, and membership fees received (Do not include any "unusual grants") | 1,735,234,386. | 3,281,460,447 <u>.</u> | 3,671,894,421 | 3,849,430,422. | 4,607,982,076. | 17,146,001,752. |
| 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 | | | | | | 0 |
| 4 | Total. Add lines 1 through 3 | 1,735,234,386. | 3,281,460,447. | 3,671,894,421. | 3,849,430,422. | 4,607,982,076 | 17,146,001,752. |
| 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) | | | | | | 1,288,627,947. |
| 6 Sec | Public support. Subtract line 5 from line 4 tion B. Total Support | | <u> </u> | | | <u></u> | 15,857,373,805 |
| | ndar year (or fiscal year beginning in) | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| 7 | Amounts from line 4 | , , | 3,281,460,447 | 3,671,894,421 | 3,849,430,422. | | 17,146,001,752 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. | 86,539,598. | 120,176,832 | 149,623,445 | 304,522,346. | 533,644,295. | 1,194,506,516. |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0 |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) | | | | | | 0 |
| 11 | Total support. Add lines 7 through 10 | | | | | ļ , | 18,340,508,268. |
| 12 | Gross receipts from related activities, etc. (| | | | | 12 | |
| 13 | First five years. If the Form 990 is organization, check this box and stop here | · | | | | | |
| | tion C. Computation of Public Sup | • | | 44 | | 44 | 86.46% |
| 14 15 | Public support percentage for 2014 (I Public support percentage from 2013 | | | | | | 83.86% |
| | 331/3% support test - 2014. If the | | | | | | |
| . va | this box and stop here. The organizati | | | | | | |
| b | 331/3% support test - 2013. If the | | | | | | • • • — |
| _ | check this box and stop here. The org | - | | | | | |
| 17a | 10%-facts-and-circumstances test - | 2014. If the or | ganization did r | not check a box | on line 13, 16 | a, or 16b, and | line 14 is |
| | 10% or more, and if the organization | n meets the "fa | cts-and-circum | stances" test, cl | heck this box a | ind stop here. | Explain in |
| | Part VI how the organization meets | the "facts-and- | circumstances" | test The organ | ization qualifies | s as a publicly | supported |
| | organization | | | | | | |
| b | 10%-facts-and-circumstances test - | | - | | | | |
| | 15 is 10% or more, and if the org | | | | | | = |
| | Explain in Part VI how the organizat supported organization | | | | | | ▶ □ |
| 18 | Private foundation. If the organization instructions | | | | | | |

Schedule A (Form 990 or 990-EZ) 2014

JSA

4E1220 2 000 8923JK 7377

FIDELITY INVESTMENTS CHARITABLE GIFT FU

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.)

| Sect | ion A. Public Support | | · · · · · · · · · · · · · · · · · · · | | | | |
|-------|---|-----------------------|---------------------------------------|--------------------|--------------------|------------------|--------------|
| Calen | dar year (or fiscal year beginning in) | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (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 | | | | | | |
| | 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 | - | | | | _ | |
| 8 | Add lines 7a and 7b Public support (Subtract line 7c from | _ | | | | | |
| ŭ | line 6) | | | ŀ | | | |
| Sec | tion B. Total Support | ··· | I. | 1 | | <u> </u> | L |
| | ndar year (or fiscal year beginning in) | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| | Amounts from line 6 | · · | | | | | |
| | 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 | | Ì | | | | |
| | acquired after June 30, 1975 | | | | | | |
| С | 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 VI) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| | and 12) | | | <u> </u> | | | |
| 14 | First five years. If the Form 990 is for | the organization | n's first, second | , third, fourth, o | r fifth tax year : | as a section 501 | (c)(3) |
| | organization, check this box and stop here | | <u></u> | | <u></u> | <u></u> | ▶ 🔼 |
| Sec | tion C. Computation of Public Sur | port Percent | age | | | | |
| 15 | Public support percentage for 2014 (line 8 | , column (f) dıvıd | ed by line 13, colu | ımn (f)) | <i>.</i> | 15 | % |
| 16 | Public support percentage from 2013 Scho | edule A, Part III, li | ne 15 <u>.</u> | | <u></u> | 16 | % |
| Sec | tion D. Computation of Investmen | nt Income Pe | rcentage | | | | |
| 17 | Investment income percentage for 2014 (li | ne 10c, column | (f) divided by line | 13, column (f)) | | 17 | % |
| 18 | Investment income percentage from 2013 | Schedule A, Part | t III, line 17 | | | 18 | |
| 19 a | 331/3% support tests - 2014. If the or | ganization did n | ot check the bo | ox on line 14, ar | nd line 15 is mo | re than 331/3%, | and line |
| | 17 is not more than 331/3%, check th | | | | | | |
| b | 331/3% support tests - 2013. If the orga | | | | | | |
| | line 18 is not more than 331/3 %, check | | | | | | |
| 20 | Private foundation. If the organization | did not check | a box on line | 14, 19a, or 19 | b, check this b | ox and see inst | ructions 🕨 💹 |

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Schedule A (Form 990 or 990-EZ) 2014



Part IV

Supporting Organizations

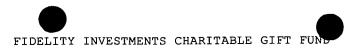
(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

| Secti | ion A. All Supporting Organizations | | | |
|-----------|--|-----|-----|----|
| | | | Yes | No |
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation. If historic and continuing relationship, explain | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below | 3a | | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination | 3b_ | | |
| C | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use | 3c_ | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations | 4b | | |
| С | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document) | 5a | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | 5b_ | | |
| С | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c_ | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990) | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990). | 8 | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI . | 9a | | |
| b | Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. | 9b | | |
| С | from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. | 9c | | |
| 10a | Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below | 10a | | |
| b | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to | | 1 | |

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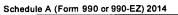
10b

determine whether the organization had excess business holdings)



| Schedu | le A (Form 990 or 990-EZ) 2014 | | Р | age 5 |
|------------------|--|-----|------------|--------------|
| Part | Supporting Organizations (continued) | - | V T | N. |
| | the state of the state of the fall and the f | - | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| а | | 11a | i | |
| | | 11b | | |
| | Trialing member of a person december in (a) and the | 11c | | |
| | on B. Type I Supporting Organizations | , | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | 2 | | |
| Secti | on C. Type II Supporting Organizations | | | |
| | ſ | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | 1 | | |
| Secti | ion D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s) | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard | 3 | | |
| Secti | ion E. Type III Functionally-Integrated Supporting Organizations | | | |
| 1 a b c | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see insection The organization satisfied the Activities Test. Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | | No |
| 2 | Activities Test Answer (a) and (b) below. | | 163 | 110 |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities | | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement | 2b | | |
| 3 a | trustees of each of the supported organizations? Provide details in Part VI. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard | 3b | | |

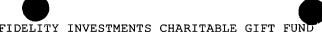
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| FIDELITY | INVESTMENTS | CHARITABLE | GIFT | FUND | |
|----------|-------------|------------|------|------|--|

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ | izations | <u> </u> | |
|---|----------------------|-------------------------|-----------------------------|
| Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must com- | | | structions. All |
| Section A - Adjusted Net Income | ipiete St | (A) Prior Year | (B) Current Year (optional) |
| 1 Net short-term capital gain | 1 | | (optional) |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3 | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or | - • - | | |
| collection of gross income or for management, conservation, or | | | |
| maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | | | |
| a Average monthly value of securities | 1a | , | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | <u> </u> | |
| e Discount claimed for blockage or other | | | |
| factors (explain in detail in Part VI) | 1 | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d | 3 | | |
| 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by .035 | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C - Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1 | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3 | 4 | | |
| 5 Income tax imposed in prior year | 5 | ·- | |
| 6 Distributable Amount Subtract line 5 from line 4, unless subject to | | | |
| emergency temporary reduction (see instructions) | 6 | | |
| 7 Check here if the current year is the organization's first as a non-functional instructions) | ly-integra | ated Type III supportin | g organization (see |

Schedule A (Form 990 or 990-EZ) 2014



FIDELITY INVESTMENTS CHARITABLE GIFT FUND Schedule A (Form 990 or 990-EZ) 2014

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) | | | | | | | |
|--|---|-----------------------------|--|---|--|--|--|
| Secti | on D - Distributions | | | Current Year | | | |
| 1 | 1 Amounts paid to supported organizations to accomplish exempt purposes | | | | | | |
| 2 | Amounts paid to perform activity that directly furthers exer | ed | | | | | |
| | organizations, in excess of income from activity | | | | | | |
| 3 | Administrative expenses paid to accomplish exempt purpo | ses of supported organiz | zations | | | | |
| 4 | Amounts paid to acquire exempt-use assets | | | | | | |
| _ 5 | Qualified set-aside amounts (prior IRS approval required) | | | | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | | | | |
| 7 | Total annual distributions. Add lines 1 through 6 | | | | | | |
| 8 | Distributions to attentive supported organizations to which | the organization is resp | onsive | | | | |
| | (provide details in Part VI). See instructions. | | | | | | |
| 9 | Distributable amount for 2014 from Section C, line 6 | | | | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | | | | |
| | Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2014 | (iii) Distributable Amount for 2014 | | | |
| 1 | Distributable amount for 2014 from Section C, line 6 | | | | | | |
| 2 | Underdistributions, if any, for years prior to 2014 | | | | | | |
| | (reasonable cause required-see instructions) | | | | | | |
| 3 | Excess distributions carryover, if any, to 2014: | | | | | | |
| а | | | | | | | |
| b | · · · · · · · · · · · · · · · · · · · | | | | | | |
| С | | | | <u> </u> | | | |
| <u>d</u> | | | | | | | |
| <u>e</u> | From 2013 | | | | | | |
| f | Total of lines 3a through e | | | | | | |
| | Applied to underdistributions of prior years | | | | | | |
| | Applied to 2014 distributable amount | | | | | | |
| <u>. i</u> | Carryover from 2009 not applied (see instructions) | | | | | | |
| 1_ | Remainder Subtract lines 3g, 3h, and 3i from 3f. | | | | | | |
| 4 | Distributions for 2014 from Section | | | | | | |
| | D, line 7: \$ | | | | | | |
| a | Applied to underdistributions of prior years | | | | | | |
| <u>b</u> | Applied to 2014 distributable amount | | | | | | |
| <u> </u> | | | | | | | |
| 5 | Remaining underdistributions for years prior to 2014, if | | | | | | |
| | any Subtract lines 3g and 4a from line 2 (if amount | | | | | | |
| | greater than zero, see instructions) | - | | | | | |
| 6 | Remaining underdistributions for 2014 Subtract lines 3h | | | | | | |
| | and 4b from line 1 (if amount greater than zero, see | | | | | | |
| | Instructions) | | ···- | | | | |
| 7 | Excess distributions carryover to 2015. Add lines 3j | | | | | | |
| 8 | and 4c. Breakdown of line 7: | | | | | | |
| | DICANDOWN OF HITE 1. | - | | | | | |
| <u>a</u> b | | | | | | | |
| <u>_</u> | | | | | | | |
| d | Excess from 2013 | | | | | | |
| u | Excess from 2014 | | | | | | |
| ~ | | i e | , | 1 | | | |

Schedule A (Form 990 or 990-EZ) 2014



Schedule A (Form 990 or 990-EZ) 2014

Part VI Supplemental Information. 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)

Supplemental Financial Statements

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

| Nam | e of the organization | | Employer Identification number |
|-----|---|--|--|
| FII | DELITY INVESTMENTS CHARITABLE GIFT FU | JND | 11-0303001 |
| Pa | ort Organizations Maintaining Donor Adv | sed Funds or Other Similar Funds o | r 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 | 75,891. | 2. |
| 2 | Aggregate value of contributions to (during year) | 4,607,949,801. | 32,275. |
| 3 | Aggregate value of grants from (during year) | 2,841,517,707. | 2,309,842. |
| 4 | Aggregate value at end of year | 15,222,033,177. | 34,351,392. |
| 5 | Did the organization inform all donors and donor | advisors in writing that the assets held | I in donor advised |
| | funds are the organization's property, subject to the | e organization's exclusive legal control? . | X Yes No |
| 6 | Did the organization inform all grantees, donors, a | and donor advisors in writing that grant | funds can be used |
| | only for charitable purposes and not for the bene | fit of the donor or donor advisor, or for | any other purpose |
| | conferring impermissible private benefit? | <u>.</u> | X Yes No |
| Pa | art II Conservation Easements. | | |
| | Complete if the organization answered | | |
| 1 | Purpose(s) of conservation easements held by the | organization (check all that apply) | |
| | Preservation of land for public use (e.g., rec | | of a historically important land area |
| | Protection of natural habitat | Preservation | n of a certified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization h | eld a qualified conservation contribution i | |
| | easement on the last day of the tax year. | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| b | Total acreage restricted by conservation easement | | 2b |
| C | Number of conservation easements on a certified | | 2c |
| d | Number of conservation easements included in (| c) acquired after 8/17/06, and not on a | a |
| | historic structure listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, train | nsferred, released, extinguished, or term | inated by the organization during the |
| | tax year ▶ | | |
| 4 | Number of states where property subject to conse | | |
| 5 | Does the organization have a written policy re | | |
| | violations, and enforcement of the conservation ea | | |
| 6 | Staff and volunteer hours devoted to monitoring, in | nspecting, and enforcing conservation ea | sements during the year |
| | > | | |
| 7 | Amount of expenses incurred in monitoring, inspec | cting, and enforcing conservation easem | ents during the year |
| | ▶ \$ | | |
| 8 | Does each conservation easement reported on lin | | |
| | and section 170(h)(4)(B)(ii)? | | |
| 9 | In Part XIII, describe how the organization reports | | |
| | balance sheet, and include, if applicable, the text | | cial statements that describes the |
| _ | organization's accounting for conservation easeme | | |
| ľ | art III Organizations Maintaining Collections Complete if the organization answered | | er Similar Assets. |
| | | | |
| 1a | If the organization elected, as permitted under S works of art, historical treasures, or other simil public service, provide, in Part XIII, the text of the f | FAS 116 (ASC 958), not to report in its ar assets held for public exhibition, ed potnote to its financial statements that de | s revenue statement and balance sheet lucation, or research in furtherance of escribes these items |
| b | If the organization elected, as permitted under | | |
| | works of art, historical treasures, or other simil | ar assets held for public exhibition, ed | lucation, or research in furtherance of |
| | public service, provide the following amounts relat | ing to these items: | |
| | (i) Revenue 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 a | | |
| | following amounts required to be reported under \$ | SFAS 116 (ASC 958) relating to these iter | ms: |
| а | Revenue included in Form 990, Part VIII, line 1 | | ▶ \$ |
| b | Assets included in Form 990, Part X | | ▶\$ |

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

Schedule D (Form 990) 2014

| Cabaa | | SHIII INVESIME | MIS CHAP | CIADLE GIFT | . FUND | | 11-050 | 3001 | Done | |
|--------|---|-----------------------|--------------------------|---------------------------------|--------------|--|----------------|------------|----------------|----|
| | tule D (Form 990) 2014 Till Organizations Maintainin | a Collections of | Art Histo | orical Treasure | es or Oth | ner Simil | ar Asset | s (conti | Page inued) | |
| rai | The Organizations internation | 9 001100110110 01 | 7114, 11104 | 7.1041 11040411 | JO, J. J. | 101 0 | <u> 7,0000</u> | <u> </u> | na o a y | _ |
| 3 | Using the organization's acquisition | | other record | ls, check any of | f the follow | ing that a | are a signi | ficant us | se of it | s |
| _ | collection items (check all that apply | /). | | l | | | | | | |
| а | Public exhibition | | ₫ | Loan or excha | | | | | | |
| b | Scholarly research | -41 | е | Other | - | | | | | - |
| C | Preservation for future gener | | | | .L | | l= - | | D- | 4 |
| 4 | Provide a description of the organ | ization's collections | and expla | in now they fun | tner the or | ganization | s exempt | purpose | ; in Pa | ıπ |
| _ | XIII | 11-14 | | | | -4b!! | I | | | |
| 5 | During the year, did the organization | | | | | | _ | ٦ ٧ | | |
| Da | assets to be sold to raise funds rathe | | | | | | | Yes | / line | _ |
| Par | t IV Escrow and Custodial Arr or reported an amount on | | | e organization | answered | Yes to i | -orm 990 | , Part IV | /, iine | 9 |
| | | | | | | | | | | |
| 1a | Is the organization an agent, truste | | | • | | | _ | _ | | |
| | included on Form 990, Part X? | | | | | | L | Yes | N | 10 |
| b | If "Yes," explain the arrangement in | Part XIII and comp | plete the foll | owing table | - | | | | | |
| | | | | | | A | mount | | | _ |
| С | Beginning balance | | | | | | | | | _ |
| d | Additions during the year | | | | | | | | | |
| е | Distributions during the year | | | | | | | | | _ |
| f | Ending balance | | | | 1f | | | | | _ |
| 2a | Did the organization include an amo | | | | | | | Yes | \vdash | lo |
| | If "Yes," explain the arrangement in | | | | | | | | | _ |
| Par | t V Endowment Funds. Comp | | T | 1 | | , | | | | _ |
| | . | (a) Current year | (b) Prior | year (c) Two | o years back | (d) Three | years back | (e) Four | ears bac | :k |
| 1a | Beginning of year balance | | | | | | | _ | | _ |
| b | Contributions | | | | | | | | | |
| С | Net investment earnings, gains, | | | | | | ľ | | | |
| | and losses | | | | | | | | | _ |
| | Grants or scholarships | | | | | | | | | _ |
| е | Other expenditures for facilities | | | | | | | | | |
| | and programs | | | | | | - | | | _ |
| | Administrative expenses | | | | | | | | | _ |
| g 2 | End of year balance [| -64b | <u> </u> | /lima dan andrews | (-)\ b-ld | <u>i</u> | | | | _ |
| _ | Provide the estimated percentage of | • | | (line 1g, column | (a)) neid as | 5. | | | | |
| a | Board designated or quas⊦endowm Permanent endowment ▶ | | _% | | | | | | | |
| | Temporarily restricted endowment | | | | | | | | | |
| · | The percentages in lines 2a, 2b, ar | · | 00% | | | | | | | |
| 32 | Are there endowment funds not in t | • | | tion that are hel | d and admi | nictored for | r the | | | |
| Ja | organization by: | ine possession or the | ile Ulyalliza | tion that are new | u anu aum | ilistered ioi | 1 1116 | Г | res N | _ |
| | (i) unrelated organizations | | | | | | | 3a(i) | - 1 | _ |
| | (ii) related organizations | | | | | | | 3a(ii) | | - |
| ь | If "Yes" to 3a(II), are the related or | nanizations listed as | required on | Schedule R2 | | | | 3b | | - |
| 4 | Describe in Part XIII the intended u | | | | | | | 00 | | _ |
| _ | t VI Land, Buildings, and Equi | | tion's endo | Willelit Idilds. | | | | | | _ |
| Га | Complete if the organiza | tion answered "Ye | es" to Form | n 990, Part IV, I | line 11a. S | ee Form | 990, Part | X, line | 10. | |
| | Description of property | (a) Cost or | r other basis stment) | (b) Cost or other ba (other) | isis (c) Ac | cumulated reciation | |) Book val | | |
| 1a | Land | | | | | | | | | _ |
| | Buildings | | | | | | | | | |
| C | Leasehold improvements | | | | | | | | | |
| d | Equipment | | | | | | | | | _ |
| е | Other | | | | | | | | | |

Schedule D (Form 990) 2014

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

| FIDELITY | INVESTMENTS | CHARITABLE | GIFT | FUND |
|----------|-------------|------------|------|------|

| Part VII | Investments - Other Securities. Complete if the organization answered " | Yes" to Form 990 | Part IV line 11b Sec | e Form 990. Part X. line 12 |
|--------------|--|-------------------|--|------------------------------|
| | (a) Description of security or category | (b) Book value | | ethod of valuation |
| | (including name of security) | (b) Book value | | nd-of-year market value |
| | al derivatives | | <u> </u> | |
| | -held equity interests | | | |
| | | | | |
| <u>(A)</u> | - | | | |
| <u>(B)</u> | | | | |
| (C) | | | | |
| <u>(D)</u> | | | | |
| <u>(E)</u> | - | | | |
| <u>(F)</u> | | | | |
| (G) | | | | |
| (H) | nn (b) must equal Form 990, Part X, col (B) line 12) | | | |
| | | | | |
| Part VIII | Investments - Program Related. Complete if the organization answered " | Yes" to Form 990, | Part IV, line 11c Se | e Form 990, Part X, line 13. |
| | (a) Description of investment | (b) Book value | (c) N | Method of valuation |
| | | | Cost or e | end-of-year market value |
| (1) | | | ······································ | |
| (2) | | | | |
| (3) | · · · · · · · · · · · · · · · · · · · | | | |
| (4) | | <u> </u> | | |
| (5) | | | | |
| _(6) | | | | |
| _(7) | | | | ······ |
| (8) | | | | |
| (9) | nn (b) must equal Form 990, Part X, col (B) line 13) | | | |
| Part IX | Other Assets. | | | |
| raitin | Complete if the organization answered " | Yes" to Form 990 | Part IV line 11d Se | e Form 990. Part X. line 15. |
| | (a) Desc | | Tarry, mio Fra. Ge | (b) Book value |
| (1) | | | <u>.</u> | |
| (2) | | | | |
| (3) | | | | |
| (4) | | - | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | , | |
| (9) | | | | |
| | lumn (b) must equal Form 990, Part X, col (B) line | e 15) | | |
| Part X | Other Liabilities. | | | |
| | Complete if the organization answered ' | 'Yes" to Form 990 | Part IV, line 11e or | 11f See Form 990, Part X, |
| | line 25. | | | |
| 1. | (a) Description of liability | (b) Book valu | е | |
| | eral income taxes | | | |
| | GATIONS TO DELIVER SECURITIES | 397, | | |
| | COUNT FOR FUTURE INTEREST IN PIF | 37,907, | | |
| | ER PAYABLES | 2,942, | 054. | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | 110 | |
| Total. (Colu | mn (b) must equal Form 990, Part X, col (B) line 25) | 41,247, | 110. | |

2. Liability for uncertain tax positions. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2014

X

FIDELITY INVESTMENTS CHARITABLE GIFT FUND

| Part . | XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. | n. | |
|----------|--|----------|---------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 4955432692. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12. | <u> </u> | |
| a | Net unrealized gains (losses) on investments 2a -429,076,799. | | |
| b | Donated services and use of facilities 2b | 1 | |
| | Recoveries of prior year grants 2c | ł | |
| C | · | 1 | |
| d | | 3. | -438,129,703. |
| θ | Add lines 2a through 2d | 2e 3 | 5393562395. |
| 3 | Subtract line 2e from line 1 | - | 3333302333. |
| 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 | - | |
| b | Other (Describe in Part XIII) 4b | 4 | |
| | Add lines 4a and 4b | 4c | 5202560205 |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | | 5393562395. |
| Part | Reconciliation of Expenses per Audited Financial Statements With Expenses per Reto Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. | ırn. | |
| 1 | Total expenses and losses per audited financial statements | 1 | 2904271461. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a | Donated services and use of facilities 2a | | |
| b | D. J | 1 | |
| C | Other leases | 1 | |
| d | | 1 | |
| e | Add lines 2s through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | 2904271461. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | <u>-</u> | |
| = | | | |
| a | | - | |
| b | Other (Describe in Part XIII.) | ٠. | |
| _ C | Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | 4c | 2904271461. |
| 5 | XIII Supplemental Information. | 5 | 2304271401. |
| 2; Par | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pret XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information of the page 5. | matioi | n. |
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JSA 4E1271 1 000 Schedule D (Form 990) 2014

Schedule D (Form 990) 2014

Part XIII Supplemental Information (continued)

SCHEDULE D, PART I, LINE 1

THE TWO (2) FUNDS REPRESENTED IN 1(B) ARE: (I) THE TRUSTEES' PHILANTHROPY FUND (TPF), THE GENERAL FUND OF FIDELITY CHARITABLE, FROM WHICH THE BOARD OF TRUSTEES ENGAGES IN DIRECT GRANT-MAKING. TPF ASSETS ARE SEPARATE FROM DONOR-ADVISED FUNDS, AND GRANTS ARE MADE FROM THE TPF TO BUILD THE CAPACITY OF STRONG NON-PROFITS SERVING EITHER CHILDREN AND FAMILIES OR THE PHILANTHROPIC SECTOR GENERALLY, TO BETTER MEET THEIR MISSIONS; AND (II) THE PATRIOTS' DAY PROJECT (PDP), A GRANT-MAKING FUND DIRECTED AT PROGRAMS THAT ADDRESSED UNMET NEEDS IN THE COMMUNITY AS IT HEALS, REBUILDS AND RECOVERS FROM THE BOSTON MARATHON TRAGEDY. PDP CLOSED EFFECTIVE 8/24/2014.

SCHEDULE D, PART X, LINE 2

FIN 48 FOOTNOTE - FIDELITY CHARITABLE DOES NOT PROVIDE FOR FEDERAL OR STATE INCOME TAXES AS IT HAS RECEIVED A TAX DETERMINATION FROM THE IRS CLASSIFYING IT AS A PUBLIC CHARITY EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE CODE. U.S. GAAP SETS FORTH A MINIMUM THRESHOLD FOR FINANCIAL STATEMENT RECOGNITION OF THE BENEFIT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. FIDELITY CHARITABLE DID NOT HAVE ANY UNRECOGNIZED TAX BENEFITS IN THE ACCOMPANYING FINANCIAL STATEMENTS, NOR IS FIDELITY CHARITABLE AWARE OF ANY TAX POSITIONS FOR WHICH IT IS REASONABLY POSSIBLE THAT THE TOTAL AMOUNTS OF UNRECOGNIZED TAX BENEFITS WILL SIGNIFICANTLY CHANGE IN THE NEXT TWELVE MONTHS.

Part XIII Supplemental Information (continued)

SCHEDULE D, PART XI, LINE 2D

(\$4,458,536) - DECREASE IN REMAINDER INTEREST OF POOLED INCOME FUND;

(\$4,594,368) - NET CHANGE IN UNREALIZED DEPRECIATION ON OTHER ASSETS

(\$9,052,904) - LINE 2(D) - OTHER

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

OMB No 1545-0047

► Attach to Form 990. ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer Identification number 11-0303001

FIDELITY INVESTMENTS CHARITABLE GIFT FUND General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

| | assistance, the grantees' eligibility grants or assistance? | ty for the grants | s or assistance | | a used to award the | X Yes No |
|---------|--|-------------------------------------|--|---|---|---|
| 2 | For grantmakers. Describe in assistance outside the United Sta | _ | ganization's pr | ocedures for monitoring | the use of its grants a | and other |
| 3 | Activities per Region. (The follow | /ing Part I, line | 3 table can be | duplicated if additional sp | ace 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) | CENTRAL AMERICA/CARIBBEAN | | | GRANTMAKING | N/A | 63,500 |
| (2) | EAST ASIA AND THE PACIFIC | | | GRANTMAKING | N/A | 146,600. |
| (3) | EUROPE | | | GRANTMAKING | N/A | 18,642,078. |
| (4) | MIDDLE EAST AND NORTH AFRICA | | | GRANTMAKING | N/A | 2,000 |
| (5) | NORTH AMERICA | | | GRANTMAKING | N/A | 2,876,860. |
| (6) | SOUTH AMERICA | | | GRANTMAKING | N/A | 9,684,519 |
| (7) | SOUTH ASIA | | | GRANTMAKING | N/A | 113,694. |
| (8) | SUB-SAHARAN AFRICA | | 10 | GRANTMAKING | N/A | 100,000. |
| (9) | CENTRAL AMERICA/CARIBBEAN | | | INVESTMENTS | N/A | 683,099,843. |
| (10) | EUROPE | | <u>-</u> | INVESTMENTS | N/A | 83,257,441. |
| (11) | | | | | | |
| (12) | | | | | | |
| (13) | · | | | | | |
| (14) | | | · | | | |
| (15) | | | | | | |
| (16) | | | | | | |
| (17) | | | | | | |
| 3a b | Sub-total | | | | | 797,986,535 |
| С | Totals (add lines 3a and 3b) | | <u></u> | | | 797,986,535. |

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

Schedule F (Form 990) 2014

JSA

FIDELITY INVESTMENTS CHARITABLE GIFT FUND

Schedule F (Form 990) 2014

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part II Can be duplicated if additional space is needed.

| V3 | (f) Manner of (a) Name of (b) IRS code (c) Region (d) Purpose of (e) Amount of cash grant cash grant disbursement (if applicable) | (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 or non-cash assistance | of non-cash assistance | (book, FMV, appraisal, other) |
|--|---|--|--------------------------|-------------------------|-----------------------------|---------------------------------------|---|---------------------------|-------------------------------------|
| 1,050,641. NI | | | EAST ASIA AND THE PACIFI | GENERAL SUPP | 50,000. | WIRE | | | |
| CHILD DISEAS CHIL | (1) | | ROPR | HEALTHCARE | 1,050,641. | WIRE | | | |
| EUROPE TRANSLATION 7,829,279. W | (2) | | FIRODE | AGRICULTURE | 1,000,000 | WIRE | | | |
| EUROPE CLIMATE PROG 340,000. M EUROPE GEN SUPPORT 1,548,000. M EUROPE JUSTICE SUPP 1) EUROPE LIBRARY/CULT 2,080,130. 4 EUROPE LIBRARY/CULT 2,080,130. 4 EUROPE LIBRARY/CULT 2,080,130. 4 EUROPE MINING PROG 550,000 EUROPE MINING PROG 550,000 EUROPE MINING PROG 550,750. 1 EUROPE RESERACH, ED 1,243,200. 1 EUROPE HINDIRY 870,000 EUROPE HINDIRY 870,000 EUROPE RINDIRS ROG 560,750. 1 EUROPE RINDIRS ROG 860,750. 100,000 | (3) | | EUROPE | RUGBY PROGRA | 300,000. | WIRE | | | |
| D | (4) | | EUROPE | TRANSLATION | 7,829,279. | WIRE | | | |
| District Support | (9) | | EURUS | CLIMATE PROG | 340,000. | WIRE | | | |
| DEUROPE JUSTICE SUPP 25,000 N EUROPE LAND CONSERV 268,750. P EUROPE LIBRARY/CULT 2,080,130. S EUROPE RESEARCH, ED 1,243,200. I EUROPE RESEARCH, ED 1,243,200. I EUROPE ROMENS EMPON 250,000 EUROPE ROMENS EMPON 250,000 EUROPE ROMENS EMPON 250,000 EUROPE ROMENS EMPON 8100,000 EUROPE ROMENS ENGRA 84,854 EUROPE AMARD PROGRA 84,854 | (9) | | EUROPE | GEN SUPPORT | 1,548,000. | WIRE | | | |
| LAND CONSERV 268,750. PEUROPE LIBRARY/CULT 2,080,130. SEUROPE LIBRARY/CULT 2,080,130. SEUROPE LIBRARY/CULT 2,080,130. SEUROPE RESEARCH, ED 1,243,200. SEUROPE MOMENS EMPOW 250,000 EUROPE MINING PROG 560,750. SEUROPE BRAIN INJURY 870,000 EUROPE BRAIN INJURY 870,000 EUROPE CHILD DISEAS 100,000 EUROPE CHILD DISEAS 84,854 | (7) | | EUROPE | JUSTICE SUPP | 25,000 | WIRE | | | |
| DEPTH DEPT | (8) | | EUROPE | LAND CONSERV | 268,750. | WIRE | | | |
| EUROPE RESEARCH, ED 1,243,200. II CONTRIBED DE 1 | (A) | | EUROPE | LIBRARY/CULT | 2,080,130. | WIRE | | | |
| EUROPE MOMENS EMPOM 250,000 EUROPE MINING PROG 560,750. EUROPE BRAIN INJURY 870,000 EUROPE CHILD DISEAS 100,000 EUROPE AWARD PROGRA 84,854 | (01) | | EUROPE | | 1,243,200. | WIRE | | | |
| EUROPE MINING PROG 560,750. BUROPE BRAIN INJURY 870,000 EUROPE CHILD DISEAS 100,000 EUROPE AWARD FROGRA 84,854 | (11) | | EUROPE | WOMENS EMPOW | 250,000 | WIRE | | | |
| EUROPE BRAIN INJURY 870,000 EUROPE CHILD DISEAS 100,000 EUROPE AWARD PROGRA 84,854 | (12) | | EUROPE | MINING PROG | 560,750. | WIRE | | | |
| EUROPE CHILD DISEAS 100,000 BUROPE AWARD PROGRA 84,854 | (13) | | EUROPE | BRAIN INJURY | | WIRE | | | |
| EUROPE AMARD PROGRA 84,854 | (14) | | EUROPE | CHILD DISEAS | | WIRE | | | |
| | (15) | | EUROPE | AWARD PROGRA | | WIRE | | | |

V 14-7.16

Schedule F (Form 990) 2014

4E1275 1 000 8923JK 7377 JSA

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter, \dots

Enter total number of other organizations or entities.

က

Schedule F (Form 990) 2014

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

| Part | t IV, line 15, tor any ret | cipient wno receiv | Part IV, line 15, for any recipient who received more than \$5,000. Part II carl be dupilicated if additional space is needed. | alt II call be o | uplicated ii addii | חומו שמפרב ופ | s Heeded. | | |
|------|----------------------------|--|--|---|--------------------------|---------------------------------|-----------------------------------|--|---|
| 1 (8 | (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) |
| (4) | | | 70C0117 | A P P P P P P P P P P P P P P P P P P P | 104.450. | WIRE | | | : |
| | | | | | | | | | |
| (2) | | | EUROPE | MUSCOSKELETA | 375, 738. | WIKE | | | |
| (3) | | | EUROPE | FINAN AID | 411,538 | WIRE | | | |
| (4) | | | NORTH AMERICA | MINING | 000,06 | WIRE | | | |
| (9) | | | NORTH AMERICA | LIGHTHOUSE P | .000,86 | WIRE | | | |
| (9) | | | NORTH AMERICA | COMMUNITY PR | 271,400 | WIRE | | | |
| (2) | | | SOITH AMERICA | LAND CONSERV | 1,050,519. | WIRE | | | |
| (8) | | | SOITH AMERICA | LAND CONSERV | 8,054,000 | WIRE | | | |
| (6) | | | SOITH AMERICA | REPROD HEALT | 280,000 | WIRE | | | |
| (10) | | | SOITH ASIA | FARMING | 39,998. | WIRE | | | |
| (11) | | | SOUTH ASIA | RURAL SOCIAL | 8,022 | WIRE | | | |
| (12) | | | SOUTH ASIA | SCHOOL ACCES | 6,380 | WIRE | | | |
| (13) | | | SOUTH ASIA | RURAL DVLPT | 17,420 | WIRE | | | |
| (14) | | | SOUTH ASIA | ORGANIC PROD | 9,228 | WIRE | | | |
| (15) | | | SOUTH ASIA | DISABILIȚY P | 11,364 | WIRE | | | |
| (16) | | | SOUTH ASIA | WELLS PROGRA | 16,283 | WIRE | | | |
| | | | | | | | | | |

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, . . . 7

3 Enter total number of other organizations or entities.........

Schedule F (Form 990) 2014

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000 Part II can be duplicated if additional space is needed. Schedule F (Form 990) 2014

Part || Grants an

| | Part IV line 15, for any recipient who received more than \$5,000. Part II can be duplicated it additional space is needed | cipient who receive | ed more than \$0,000 r | ar II can be c | | onal space is | s liceded. | | |
|-----------------|--|--|-------------------------|-------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| - | (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) |
| (5) | | | SUB-SAHARAN AFRICA | HUMAN RIGHTS | 100,000. | WIRE | | | |
| (2) | | | CENTRAL AMERICA AND THE | EDUCATIONAL | 62,000 | CHECK | | | |
| 9 | | | EUROPE | GENERAL SUPP | 150,000 | WIRE | | | |
| (4) | | | EUROPE | ANNUAL FUND | 10,000 | CHECK | | | |
| <u>3</u> | | | EUROPE | CAPITAL CAMP | 10,000. | СНЕСК | | | |
| (9) | | | EUROPE | SEMINARY PRO | 15,500 | WIRE | | | |
| | | | NORTH AMERICA | SALMON RESEA | 25,000. | СНЕСК | | | |
| (8) | | | NORTH AMERICA | HOSPITAL | 500,000. | снеск | | | |
| (6) | | | NORTH AMERICA | SCHOLARSHIP | 900,09 | снеск | | | |
| (10) | | | NORTH AMERICA | ENDOWMENT FU | 36,350. | CHECK | | | |
| (11) | | | NORTH AMERICA | SCHOLARSHIP | 50,000 | СНЕСК | | | |
| (12) | | | NORTH AMERICA | GENERAL OPER | 220,000 | CHECK | | | |
| (13) | | | NORTH AMERICA | RESEARCH FUN | 45,000. | СНЕСК | | | |
| (14) | | | NORTH AMERICA | TRANSLATION | 50,000 | СНЕСК | | | |
| (15) | | | | | | | | | |
| (16) | | | | | | | | _ | |
| 75.1 | | | | | | | | | |

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Schedule F (Form 990) 2014

3 Enter total number of other organizations or entities

JSA

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16 Part III can be duplicated if additional space is needed. Schedule F (Form 990) 2014

Part III Grants ar

| Part III can be duplicated if additional space is needed. | itional 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) |
| (2) | | | | | | | |
| | | | | | | | |
| (2) | | | | | | | |
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| (5) | | | | | | | |
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| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) | | | | | | | |
| | | | | | | Sch | Schedule F (Form 990) 2014 |

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| <u>P</u> art | V 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) | X 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, do not file with Form 990) | Yes | X 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) | X 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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) | X 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) | X 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, do not file with Form 990) | Yes | X No |

Schedule F (Form 990) 2014

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; amounts of investments vs expenditures per region), 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).

SCHEDULE F, PART I, LINE 2

THE FIDELITY INVESTMENTS CHARITABLE GIFT FUND ("FIDELITY CHARITABLE") 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, FIDELITY CHARITABLE COMPLIES WITH THE REQUIREMENTS OF THE INTERNAL REVENUE CODE (IRC) \$4966(C) AND PERFORMS EXPENDITURE RESPONSIBILITY AS DESCRIBED IN IRC \$4945(H). IN PERFORMING EXPENDITURE RESPONSIBILITY, FIDELITY CHARITABLE: 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 FIDELITY CHARITABLE REGULAR STATUS REPORTS ON THE EXPENDITURE OF FUNDS AND THE PROGRESS MADE IN FULFILLING THE CHARITABLE PURPOSE OF THE GRANT, UNTIL SUCH GRANT IS 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). CHARITABLE 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, FIDELITY CHARITABLE 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



Supplemental Information Part V

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); 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)

GRANT BY FIDELITY CHARITABLE, EACH GRANT RECOMMENDED BY A DONOR-ADVISOR IS ULTIMATELY SUBJECT TO FIDELITY CHARITABLE'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 FIDELITY CHARITABLE.

SCHEDULE F, PART I, LINE 3

THE ORGANIZATION'S FOREIGN ACTIVITIES ARE INCLUDED IN ITS RECORDS AND REVIEWED AND SEPARATELY IDENTIFIED BY THE ORGANIZATION'S PERSONNEL.

SCHEDULEI (Form 990)

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

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

2014

OMB No 1545-0047

Open to Public

Inspection Employer Identification number å

Yes $[\times]$ 1 "Yes" to Form 990,

(h) Purpose of grant or assistance

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|--|--|----------------------------------|-------------------------------------|---|---|--|
| Internal Revenue Service | Mormation about Schedule I (Form 950) and its instituctions is at www.ii.s.gov.oringood | nedule i (rorm | שבת) שוום ווים וווים וו | מכווסווט וט מו אאא | insigoration in society | |
| Name of the organization | | | | | | Employer Identification |
| FIDELITY INVESTMENTS CHARITABLE GIFT | SLE GIFT FUND | | | | | 11-0303001 |
| Series General Information on Grants and Assistance | ants and Assistance | Ð | | | | |
| bes the organization maintain | records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and | e amount of the | grants or assistar | ice, the grantees' | eligibility for the grant | s or assistance, and |
| the selection criteria used to award the grants or assistance? | the grants or assistanc | .е., | | | |] |
| 2 Describe in Part IV the organization's | s procedures for mor | nitoring the use o | of grant funds in the | United States | | |
| Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Ye Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed. | stance to Domestic Organizations and Domestic Governments. Complete if the organization ar recipient that received more than \$5,000 Part II can be duplicated if additional space is needed. | ganizations an more than \$5, | d Domestic Gov 000 Part II can b | ernments. Com e duplicated if a | plete if the organiz idditional space is r | ation answered "Ye eeded. |
| 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 |
| (1) SEE ATTACHED | | | | | | |
| | | 501(C)(3) | 2,812,198,298. | | | |
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| (12) | | | | | | |
| Enter total number of section | (c)(3) and governmen | it organizations | isted in the line 1 t | able | | |
| 2 Enter total number of other ordani | ganizations listed in the line 1 table | ne i table | | | | |

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

Schedule I (Form 990) (2014)

103,015.

Schedule I (Form 990) (2014)

Page Z

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

| | (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 |
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| Part IV | Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional | is part to prov | ide the informat | ion required in | Part I, line 2, Part III, | column (b), and any other additional |

SCHEDULE I, PART I, LINE 2

information

RECIPIENT TO CERTIFY THAT (I) THE ORGANIZATION IS FORMED UNDER THE LAWS FIDELITY CHARITABLE MAKES GRANTS TO IRS-QUALIFIED 501(C)(3) CHARITABLE ORGANIZATIONS WHERE THE FUNDS DISTRIBUTED WILL BE USED EXCLUSIVELY FOR CHARITABLE PURPOSES. FIDELITY CHARITABLE REQUIRES THE CHARITABLE GRANT APPLICABLE REGULATIONS AND IRS AUTHORITY; (II) THE GRANT WILL BE USED (3), OR IS A PRIVATE OF THE U.S. AND ITS TERRITORIES AND IS A PUBLIC CHARITY DESCRIBED IN OPERATING FOUNDATION DESCRIBED IN THE IRC SECTION 4942(J)(3), AND INTERNAL REVENUE CODE SECTION 509(A)(1), (2) OR

Schedule I (Form 990) (2014)

EXCLUSIVELY IN FURTHERANCE OF THE ORGANIZATION'S EXEMPT PURPOSES; (III)

Page

Schedule I (Form 990) (2014)

Part

| the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. | |
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| | (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 |
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| Part IV | Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional | is part to pro | vide the informat | ion required in | Part I, line 2, Part III, | column (b), and any other additional |

NEITHER THE RECOMMENDING DONOR NOR OTHER THIRD PARTY WILL RECEIVE GOODS, information.

SERVICES OR ANY MORE INCIDENTAL BENEFITS (SUCH AS TUITION, MEMBERSHIPS

THAT CONFER 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 ANY 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, FIDELITY CHARITABLE MONITORS CHARITABLE ACTIVITIES OF

Schedule I (Form 990) (2014)

Schedule I (Form 990) (2014)

Page

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

| | (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 |
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| Part IV | Part IV Supplemental Information. Complete this information. | | ide the informat | ion required in | Part I, line 2, Part III, | part to provide the information required in Part I, line 2, Part III, column (b), and any other additional |

RECIPIENT ORGANIZATIONS THROUGH VARIOUS MEDIA SEARCHES DESIGNED TO

IDENTIFY CHARITIES WHERE ANY FUNDS ARE NOT BEING USED FOR PROPER EXEMPT

PURPOSES. MOREOVER, WHEREVER NECESSARY, FIDELITY CHARITABLE REQUIRES

DOCUMENTATION AND CERTIFICATION REGARDING THE CHARITABLE ACTIVITIES AND

USE OF FIDELITY CHARITABLE GRANTS FROM CHARITABLE GRANT RECIPIENTS.

FIDELITY CHARITABLE MAY ALSO WORK WITH THE RECOMMENDING DONORS TO VERIFY

THAT FUNDS WILL BE USED EXCLUSIVELY FOR PROPER CHARITABLE PURPOSES.

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990. Inspection

Employer identification number Name of the organization 11-0303001 FIDELITY INVESTMENTS CHARITABLE GIFT FUND **Types of Property** (d) (b) (a) Noncash contribution Method of determining Check if Number of contributions or amounts reported on noncash contribution amounts applicable items contributed Form 990, Part VIII, line 1g Art - Works of art. Art - Historical treasures Art - Fractional interests Books and publications 5 Clothing and household goods. Cars and other vehicles Boats and planes. Intellectual property Х 78,015. 2,721,489,518. FMV ON DATE OF CONTR Securities - Publicly traded Х 122. 96,712,694. FMV ON DATE OF CONTR Securities - Closely held stock . . . 10 Securities - Partnership, LLC, 11 78. 102,079,985. FMV ON DATE OF CONTR Х or trust interests Securities - Miscellaneous Qualified conservation contribution - Historic structures Qualified conservation contribution - Other 5. 1,443,891. FMV ON DATE OF CONTR Real estate - Residential Х 15 Real estate - Commercial 16 Real estate - Other 17 Collectibles. 18 19 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens..... Archeological artifacts... 24 767,846. FMV ON DATE OF CONTR Other > (LIFE INSURANCE) Х 6. 25 26 Other ►(_____) 27 28 Number of Forms 8283 received by the organization during the tax year for contributions for 41. which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required Х b If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any non-standard 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х **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,

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

Schedule M (Form 990) (2014)

describe in Part II.

Schedule M (Form 990) (2014)

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both Also complete this part for any additional information.

SCHEDULE M, PART I

THE ITEMS IN COLUMN(B) REPRESENT THE NUMBER OF CONTRIBUTIONS.

SCHEDULE M, PART I, LINE 32A

FIDELITY CHARITABLE USED A THIRD PARTY TO SELL NONCASH PROPERTY DURING

FY15.

SCHEDULE O (Form 990 or 990-EZ)

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
2014
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FIDELITY INVESTMENTS CHARITABLE GIFT FUND

Employer Identification number 11-0303001

FORM 990, PAGE 1, PART I, LINE 1 AND PART III, LINE 1 AND 4(A) FIDELITY CHARITABLE 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 OF FIDELITY CHARITABLE. FIDELITY CHARITABLE'S GOAL IS TO INCREASE THE DOLLARS TO CHARITABLE ORGANIZATIONS THROUGH FUNDRAISING AND OUTREACH. OUTREACH SERVICES PROVIDED BY FIDELITY CHARITABLE INCLUDE, BUT ARE NOT LIMITED TO: PROVIDING ACCESS TO CHARITABLE RESEARCH TOOLS SUCH AS GUIDESTAR AND CHARITY NAVIGATOR TO ASSIST DONORS IN MAKING INFORMED GIVING DECISIONS; PRODUCING AND PROVIDING PUBLICLY AVAILABLE EDUCATIONAL LITERATURE TO ASSIST DONORS IN EVALUATING CHARITABLE MISSIONS, FINANCIALS AND BOARDS; AND PROVIDING PUBLICLY AVAILABLE TIMELY GUIDANCE IN THE AREAS OF HIGH IMPACT GIVING AND DISASTER RELIEF.

FORM 990, PART VI, SECTION A, LINE 3

AND VARIOUS OTHER REFERENCES MARKED WITH AN ASTERISK(*): NEITHER

FIDELITY CHARITABLE (NOR ANY RELATED ORGANIZATION) PAYS COMPENSATION TO

ANY OFFICERS OR OTHER INDIVIDUALS. FIDELITY CHARITABLE 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 FIDELITY

FIDELITY INVESTMENTS CHARITABLE GIFT FUND

Employer identification number 11-0303001

CHARITABLE, INCLUDING SERVICES OF OFFICERS AND OTHER INDIVIDUALS.

PAYMENTS BY FIDELITY CHARITABLE 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, FIDELITY CHARITABLE AND FMR SHALL REVIEW THE TERMS OF ITS AGREEMENT ON AN ANNUAL BASIS TO ENSURE THAT FIDELITY CHARITABLE IS RECEIVING FAIR VALUE FOR THE FEES THAT IT IS PAYING FMR. THE FEES PAID BY FIDELITY CHARITABLE INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING SERVICES PROVIDED BY FMR: EMPLOYMENT, RECORD-KEEPING, SYSTEMS, OCCUPANCY, ADMINISTRATION, FUNDRAISING, AND INVESTMENT ADVISORY SERVICES. FIDELITY CHARITABLE AND FMR SHALL COMPARE THE SERVICES PROVIDED UNDER THE MSA WITH PRICES PROVIDED BY OTHER VENDORS FOR COMPARABLE SERVICES TO ENSURE THAT FIDELITY CHARITABLE IS RECEIVING AT LEAST AS FAVORABLE AN ARRANGEMENT AS IT WOULD RECEIVE WITH A PARTY OTHER THAN FMR. IN ADDITION TO THE REVIEW OF COMPARABLE PRICING OF INDUSTRY SERVICES, THE REVIEW BY FIDELITY CHARITABLE ALSO INCLUDES INFORMATIONAL DISCLOSURE OF THE OVERALL EXPENSE INCURRED BY FMR TO SUPPORT FIDELITY CHARITABLE VS. THE FEES PAID BY FIDELITY CHARITABLE.

FORM 990, PART VI, SECTION B, LINE 11B

AS PART OF THE PROCESS OF PREPARING FIDELITY CHARITABLE'S IRS FORM 990

(THE FORM), THE INDEPENDENT RETURN PREPARER PREPARED AND REVIEWED THE

FORM WITH FIDELITY CHARITABLE MANAGEMENT. THE INDEPENDENT RETURN PREPARER

Employer Identification number 11-0303001

THEN MET WITH THE BOARD'S CHAIR AND THE BOARD'S AUDIT COMMITTEE

(COMPRISED OF TRUSTEES INDEPENDENT FROM FIDELITY INVESTMENTS), ALONG WITH

FIDELITY CHARITABLE MANAGEMENT, TO REVIEW THE DRAFT FORM AND TO ANSWER

BOARD QUESTIONS. THE FORM IS DISTRIBUTED TO EACH BOARD MEMBER. UPON

RECEIVING FINAL AUDIT COMMITTEE APPROVAL, THE FORM 990 IS FILED WITH THE

IRS.

FORM 990, PART VI, SECTION B, LINE 12C

TRUSTEES AND OFFICERS OF FIDELITY CHARITABLE ARE REQUIRED ON AN ANNUAL BASIS TO COMPLETE A CONFLICT OF INTEREST SURVEY, WHICH IS THEN REVIEWED BY AND FILED WITH AN OFFICER OF FIDELITY CHARITABLE, CURRENTLY THE SECRETARY AND CHIEF COMPLIANCE OFFICER. ANY KEY PERSON HAVING A FINANCIAL INTEREST SHALL NOT PARTICIPATE IN THE DELIBERATION OR DECISION REGARDING THE MATTER UNDER CONSIDERATION, AND SHALL RETIRE FROM THE ROOM DURING THE DELIBERATIONS AND VOTE.

FORM 990, PART VI, SECTION C, LINE 18

PURSUANT TO AND CONSISTENT WITH IRS REGULATIONS, FIDELITY CHARITABLE

MAKES COPIES OF ITS APPLICATION FOR RECOGNITION OF EXEMPTION AVAILABLE

FOR PUBLIC INSPECTION WITHOUT CHARGE AT ITS PRINCIPAL OFFICE DURING

REGULAR BUSINESS HOURS; MAKES ITS ANNUAL INFORMATION RETURNS AVAILABLE

FOR PUBLIC INSPECTION WITHOUT CHARGE AT ITS PRINCIPAL OFFICE DURING

REGULAR BUSINESS HOURS; MAKES EACH ANNUAL INFORMATION RETURN AVAILABLE

FOR A PERIOD OF THREE YEARS BEGINNING ON THE DATE THE RETURN IS REQUIRED

TO BE FILED (DETERMINED WITH REGARD TO ANY EXTENSIONS OF TIME FOR FILING)

Employer identification number

11-0303001

OR IS ACTUALLY FILED, WHICHEVER IS LATER; AND PROVIDES A COPY WITHOUT CHARGE (FOR FORM 990-T, THIS REQUIREMENT APPLIES ONLY TO FORMS 990-T FILED AFTER AUGUST 17, 2006), OTHER THAN A REASONABLE FEE FOR REPRODUCTION AND ACTUAL POSTAGE COSTS, OF ALL OR ANY PART OF ANY APPLICATION OR RETURN REQUIRED TO BE MADE AVAILABLE FOR PUBLIC INSPECTION TO ANY INDIVIDUAL WHO MAKES A REQUEST FOR SUCH COPY IN PERSON OR IN WRITING (EXCEPT AS OTHERWISE PROVIDED IN IRS REGULATIONS). THE COPY SHALL INCLUDE ALL INFORMATION FURNISHED BY FIDELITY CHARITABLE TO THE IRS ON FORM 990 OR 990-T, AS WELL AS ALL SCHEDULES, ATTACHMENTS AND SUPPORTING DOCUMENTS, EXCEPT FOR THE NAME AND ADDRESS OF ANY CONTRIBUTOR TO FIDELITY CHARITABLE. HOWEVER, SCHEDULES, ATTACHMENTS, AND SUPPORTING DOCUMENTS FILED WITH FORM 990T THAT DO NOT RELATE TO THE IMPOSITION OF UNRELATED BUSINESS INCOME TAX MAY NOT BE MADE AVAILABLE FOR PUBLIC INSPECTION AND COPYING. IN ADDITION, FIDELITY CHARITABLE MAKES ITS ANNUAL RETURN WIDELY AVAILABLE BY POSTING THE DOCUMENT ON ITS WEBSITE (WWW.FIDELITYCHARITABLE.ORG), AND FIDELITY CHARITABLE'S IRS FORMS 990 ARE ALSO AVAILABLE ON GUIDESTAR.ORG.

FORM 990, PART VI, SECTION C, LINE 19

FIDELITY CHARITABLE MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST PURSUANT TO ITS PUBLIC DISCLOSURE POLICY, WHICH IS PUBLISHED ON ITS WEBSITE. THE MOST RECENT 990 AND AUDITED FINANCIAL STATEMENTS ARE ALSO POSTED ON FIDELITY CHARITABLE'S WEBSITE.

Page 2

Name of the organization FIDELITY INVESTMENTS CHARITABLE GIFT FUND Employer Identification number 11-0303001

FORM 990, PART XI, LINE 9

Schedule O (Form 990 or 990-EZ) 2014

THE FOLLOWING ITEMS MAKE UP THE \$(9,052,904): \$4,458,536 - DECREASE IN

REMAINDER INTEREST OF POOLED INCOME FUND; \$4,594,368 - NET CHANGE IN

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

UNREALIZED DEPRECIATION ON OTHER ASSETS CURRENCIES

ATTACHMENT 1

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CT,

FL, GA, HI, IL, KY, ME, MD, MA, MI,

MN, MS, NH, NJ, NM, NY, NC, OH, OK, OR, PA,

RI, SC, TN, UT, VA, WA, WV, WI,

ATTACHMENT 2

| NAME AND ADDRESS | DESCRIPTION OF SERVICES | COMPENSATION |
|---|-------------------------|--------------|
| FMR LLC 245 SUMMER STREET BOSTON, MA 02210 | ADMIN & INV MGMT SVC | 38,381,626. |
| CREDIT SUISSE SECURITIES USA LLC 11 MADISON AVENUE NEW YORK, NY 10010 | INVEST. MANAGEMENT | 988,756. |
| ICONIQ CAPITAL 394 PACIFIC AVENUE SAN FRANCISCO, CA 94111 | INVEST. MANAGEMENT | 941,224. |

INVEST. MANAGEMENT

AUDIT & TAX SERVICES

593,966.

400,272.

TW ASSET MANAGEMENT LLC

SAN FRANCISCO, CA 94104

125 HIGH STREET BOSTON, MA 02110

PRICEWATERHOUSECOOPERS LLP

ONE MONTGOMERY STREET, STE 3700

FIDELITY INVESTMENTS CHARITABLE GIFT FUND

11-0303001

SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

FIDELITY INVESTMENTS CHARITABLE GIFT FUND

Related Organizations and Unrelated Partnerships

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

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public 2014

OMB No 1545-0047

Employer identification number

11-0303001

(g) Section 512(b)(13) controlled (f) Direct controlling entity ş Yes Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. × FID. CHARIT. Direct controlling (e) End-of-year assets Public chanty status (if section 501(c)(3)) 11; TYPE I (d) Total ıncome Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (c) Legal domicile (state or foreign country) (d) Exempt Code section 501(C)(3) Legal domicile (state or foreign country) (b) Primary activity ΜA FUNDRAISING Primary activity 22-3332686 (a) Name, address, and EIN (if applicable) of disregarded entity BOSTON, MA 02210 Name, address, and EIN of related organization (1) FID CHARITABLE GIFT FUND FOUNDATION 200 SEAPORT BVD MAILZONE NCW4B Part l Part II ₹ 2 (3) 3 Ξ (2) 3 9 (6)

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

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Schedule R (Form 990) 2014

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| Schedule R (Form 990) 2014 | | | | | | | | | | Page 2 |
|--|-------------------------------------|--|---|---|----------------------------------|---|---------------------------------|---|-------------------------------------|------------------------------------|
| Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. | ted Organizations more related orga | Taxable as | a Partnership | Complete if t inership during | he organization the tax year. | answered "Ye | s" on Form | 990, Part IV, I | ne 34 | |
| Name, address, and EIN of related organization | (b) Primary activity | (c) Legal Dir domicile (state or foreign | (d) Direct controlling entity | (e) Predominant Income (related, unrelated, excluded from tax under | Share of total | (g) Share of end-of- year assets | (h) Disproportomis allocatom? | (I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | General or Financial or Partner? | (k) Percentage ownership |
| (5) | | country) | | (+) C-21 C Solicions | | - | Yes No | | Ves No | |
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| (3) | | | | | : | | | | | |
| (4) | | | | | | | | | - | |
| (5) | | | | | | | | | | |
| (9) | | | | | | | | | _ | |
| (7) | | | | | | | | | | |
| Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization ans line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. | ted Organizations | Taxable as | ble as a Corporation or quantzations treated as a | n or Trust Con as a corporation | nplete if the or | Trust Complete if the organization answered "Yes" on Form 990, Part IV, corporation or trust during the tax year. | ered "Yes" | on Form 990, | Part IV, | |
| Name, address, and EIN of related organization |) N of related organization | | (b) Primary activity | (c) Ity Legal domicile (state or foreign | (d) Direct controlling entity | (e) Type of entity (C corp., S corp. or | (f) Share of total income | (9) Share of end-of-year assets | (h) Percentage sets ownership | (I) ige Section hip 512(b)(1 |
| | | ! | | country) | | trust) | | | | Yes No |
| (1) FIDELITY CHARITABLE POOLED INCOME FUND | ME FUND | 75-2568377 | | | | | | | | |
| 2 DESTINY WAY MAIL ZONE WEZF WESTLAKE, | STLAKE, TX 76262 | | INVESTMENT/DONATE | NATE TX | FID CHARITABLE | TRUST | | | | <u>*</u> |
| (2) DG PEP CAYMAN LTD | | | CNITTO CLARKE | Ċ | FID CHARITABLE | CORP | | 77,953,500 | 100.0000 | × 00 |
| (3) SAPIC SECTOR SPC(EV) SEGREGATD PORTFOLIO | PORTFOLIO | | | 3 | | | | | | |
| 1 1 | OUSE, GRAND CAYMAN CJ | 5 | INVESTING | CJ | FID CHARITABLE | CORP | 1,881,465 | 81,272,847. | 147. 100.0000 | × 00 |
| (4) | | | | | | | | | | |
| (5) | | | | | | | | | | |
| (9) | | <u>.</u> | | | | | | | | |
| (7) | | | | | | | | | | |

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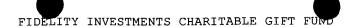
| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule | | | Į | Yes | Ŷ |
|--|----------------------------------|--|---|---------------------|----------|
| During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Receipt of (i) interest (ii) annuities (iii) rovalties or (iv) rent from a controlled entity | related organizations list | ted in Parts II-IV? | 4 | | × |
| _ | | | - : : : | ļ | : : |
| Girt, grant, or capital contribution to related organization(s) | | | 위 : : | | × |
| Gift, grant, or capital contribution from related organization(s) | | | 10 | × | |
| l oans or loan guarantees to or for related organization(s) | | | 7 | | × |
| f oans or loan gijarantees hy related organization(s) | | | : | 1 | × |
| | | | | | |
| Dividence from related organization(s) | | | 7 | | × |
| Calo of accepte to related construction(s) | | | : * | + | × |
| Jelaked Digalikaku | | • | | 1 | : > |
| Purchase of assets from related organization(s). | | | <u>뒤</u> ::: | \downarrow | ۱۲ |
| Exchange of assets with related organization(s), | | | = | | × |
| Lease of facilities, equipment, or other assets to related organization(s) | | | 11 | | × |
| | | | | | : |
| Lease of facilities, equipment, or other assets from related organization(s) | | | <u>복</u> : : | 1 | ≺ |
| Performance of services or membership or fundraising solicitations for related organization(s) | | | = | _ | × |
| Performance of services or membership or fundraising solicitations by related organization(s). | | | 1m | | × |
| Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | 12 | | × |
| Sharing of paid employees with related organization(s) | | | - | | × |
| | | | | | |
| Reimbursement baid to related organization(s) for expenses. | | | 10 | | × |
| Reimbursement paid by related organization(s) for expenses | | | 12 | | × |
| | | | | | |
| Other transfer of cash or property to related organization(s) | | | 11 | | × |
| Other transfer of cash or property from related organization(s), | | | 15 | | × |
| If the answer to any of the above is "Yes," see the instructions for information on who must complete this | this line, including covered | red relationships and transaction thresholds | action threshol | qs | ĺ |
| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved | termining volved | _ |
| SECTOR SPC(EV) SEGREGATED PORTFOLIO | U | 78,000,000. | FMV | | 1 |
| | | | | | |
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| | | | | | 1 |
| | | | | | |
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| | | Sch | Schedule R (Form 990) 2014 | 990) 20 | 74 |
| | | | | | |

Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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) (b) (c) (d) Are all partners. So not a section of entry (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant Income (related, unrallated, excluded | (e) Are all partners section 501(c)(3) organizations? | (f) Share of total income | (g) Share of end-of-year assets | (h) Diaproportionate ellocations? | | (I) Code V - UBI amount in box 20 of Schedule K-1 Form 1065) | (j) General or managing partner? | 1 1 | (k) Percentage own ership |
|--|----------------------|---|---|---|---------------------------|---------------------------------|-----------------------------------|----|--|---|-----------|---------------------------------|
| | | | sections 512-514) | Yes No | | | Yes | No | \neg | Yes | 2 | |
| (1) | | | | | | | | | | | | |
| | | | | | | | | + | | + | | |
| (2) | | | | | | | | | | | | |
| | | | | | | | \downarrow | + | | | + | |
| (3) | | | | | | | | | | | | |
| | | | | | | | | - | | | | |
| (4) | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | |
| | | | | | | | | | | | - | |
| (9) | | | | | | | | | | | - | |
| | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| (8) | | | | | | | | | - | | | |
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| (6) | | | | | | | | | | | | |
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| (10) | | | | | | | | | | | | |
| | | | | - | | | | - | | | | |
| (11) | 1 | | | | | | | | | | | |
| (12) | | | | | | | | | | | | |
| | | | | | | | 1 | | | T | + | |
| (13) | | | | | | | | | | | | |
| | | | | | | | | | | | - | |
| (14) | | | | | | | | | | | | |
| (45) | | | | | | | | | | | | |
| (2.1 | 1 | | | | | | | | | | \dashv | |
| (16) | | | | | | | | | | | | |
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Part VII

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