

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# 2024

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A** For the **2024** calendar year, or tax year beginning 07/01/2024 and ending 06/30/2025

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <u>FIDELITY INVESTMENTS CHARITABLE GIFT FUND</u>		<b>D</b> Employer identification number <u>11-0303001</u>
	Doing business as		<b>E</b> Telephone number <u>(800) 952-4438</u>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>245 SUMMER STREET MZ NM43A</u>		<b>G</b> Gross receipts \$ <u>55365801687.</u>
	City or town, state or province, country, and ZIP or foreign postal code <u>BOSTON, MA 02210</u>		
	<b>F</b> Name and address of principal officer: <u>JACOB PRUITT</u> <u>245 SUMMER STREET MZ NM43A, BOSTON, MA 02210</u>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.

<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>J</b> Website: <u>WWW.FIDELITYCHARITABLE.ORG</u>	<b>H(c)</b> Group exemption number
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<b>K</b> Form of organization: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	<b>L</b> Year of formation: <u>1990</u>	<b>M</b> State of legal domicile: <u>MA</u>
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## Part I Summary

**1** Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O

<b>Activities &amp; Governance</b>	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<u>9</u>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<u>8</u>
	<b>5</b> Total number of individuals employed in calendar year 2024 (Part V, line 2a)	<u>NONE</u>
	<b>6</b> Total number of volunteers (estimate if necessary)	<u>NONE</u>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<u>88,982,918.</u>
	<b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<u>35,100,692.</u>

		Prior Year	Current Year
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<u>15928785749.</u>	<u>26467716241.</u>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<u>NONE</u>	<u>NONE</u>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>3,056,419,112.</u>	<u>4,165,494,727.</u>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>NONE</u>	<u>NONE</u>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>18985204861.</u>	<u>30633210968.</u>
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>12693064054.</u>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<u>NONE</u>	<u>NONE</u>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<u>NONE</u>	<u>NONE</u>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<u>NONE</u>	<u>NONE</u>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)		<u>NONE</u>	<u>NONE</u>
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<u>228,882,020.</u>	<u>287,404,021.</u>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		<u>12921946074.</u>	<u>15594895656.</u>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<u>6,063,258,787.</u>	<u>15038315312.</u>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<u>66787000627.</u>	<u>86270322515.</u>
	<b>21</b> Total liabilities (Part X, line 26)	<u>243,992,997.</u>	<u>407,583,910.</u>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<u>66543007630.</u>	<u>85862738605.</u>

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	<u>Leonard Mendonca</u> Signature of officer	<u>May 14, 2026   07:09 MDT</u> Date
	<u>LEONARD MENDONCA</u> Type or print name and title	<u>BOARD CHAIR</u>

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <u>TRAVIS L PATTON</u>	Preparer's signature <u>Travis Patton</u>	Date <u>May 13, 2026   14:33 MDT</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P00369623</u>
	Firm's name <u>PWC US TAX LLP</u>	<u>D0250EF88AAE42D...</u>	Firm's EIN <u>92-0460586</u>	Phone no. <u>202-414-1000</u>	

May the IRS discuss this return with the preparer shown above? See instructions.  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2024)

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

**1** Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

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

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 15594895656. including grants of \$ 15307491635. ) (Revenue \$ NONE )

SEE SCHEDULE O

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

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

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses 15594895656.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5</b> 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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> . See instructions . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and reporting obligations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> <i>(continued)</i>		Yes	No
<b>2a</b>	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		
	<b>2a</b> NONE		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> . . . . .	X	
<b>4a</b>	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)? . . . . .		X
<b>b</b>	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .		
<b>6a</b>	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? . . . . .		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	X	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>	1,075
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		X
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> . . . . .	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . . . If "Yes," complete Form 6069.	<b>17</b>	

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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (9), 1b (8), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a, 15b, 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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 books and records.
DAVID SCOGLIO 245 SUMMER STREET, MZ: NM43A BOSTON, MA 02210

**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  X

**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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LEONARD MENDONCA CHAIR/TRUSTEE	1.00 1.00	X						NONE	NONE	NONE
(2) NANCY ALTOBELLO TRUSTEE	1.00 1.00	X						NONE	NONE	NONE
(3) CATHERINE D'AMATO TRUSTEE	1.00 1.00	X						NONE	NONE	NONE
(4) JOHN HALABY TRUSTEE	1.00 1.00	X						NONE	NONE	NONE
(5) TYRA A. MARIANI TRUSTEE	1.00 1.00	X						NONE	NONE	NONE
(6) JENNIFER MCAULIFFE TRUSTEE	1.00 1.00	X						NONE	NONE	NONE
(7) ROSIE RIOS TRUSTEE	1.00 1.00	X						NONE	NONE	NONE
(8) TODD WILLIAMS TRUSTEE	1.00 1.00	X						NONE	NONE	NONE
(9) DAMIAN WILMOT TRUSTEE	1.00 1.00	X						NONE	NONE	NONE
(10) JACOB PRUITT PRESIDENT	40.00 1.00			X				NONE	NONE	NONE
(11) DAVID SCOGLIO TREASURER	40.00 1.00			X				NONE	NONE	NONE
(12) STEFAN PODVOJSKY SR. VP, I&P (UNTIL 6/24/25)	40.00 1.00			X				NONE	NONE	NONE
(13) CINDY GOMEZ SECRETARY	40.00 1.00			X				NONE	NONE	NONE
(14) BRANDI GREENE ASST. SECRETARY (AS OF 2/25)	40.00 1.00			X				NONE	NONE	NONE

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization (W-2/1099-MISC), (E) Reportable compensation from related organizations (W-2/1099-MISC), (F) Estimated amount of other compensation from the organization and related organizations. Includes sub-totals for 1b, 1c, and 1d.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization NONE

Table with 3 columns: Question number, Question text, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Row 1 contains 'SEE SCHEDULE O'.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 73

**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b>	Membership dues . . . . .	<b>1b</b>					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>					
	<b>d</b>	Related organizations . . . . .	<b>1d</b>					
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	26,467,716,241.				
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$,930,924,273.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		26,467,716,241.				
<b>Program Service Revenue</b>	<b>2a</b>	_____	Business Code					
	<b>b</b>	_____						
	<b>c</b>	_____						
	<b>d</b>	_____						
	<b>e</b>	_____						
	<b>f</b>	All other program service revenue . . . . .						
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		NONE				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts). . . . .		2,087,654,071.		1,955,345.	2,085,698,726.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . .		NONE				
	<b>5</b>	Royalties . . . . .		NONE				
	<b>6a</b>	Gross rents . . . . .	(i) Real	(ii) Personal				
			<b>6a</b>					
			<b>6b</b>					
	<b>b</b>	Less: rental expenses	<b>6b</b>					
	<b>c</b>	Rental income or (loss)	<b>6c</b>	NONE	NONE			
	<b>d</b>	Net rental income or (loss) . . . . .		NONE				
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			<b>7a</b>	26,667,332,794.	143,098,581.			
			<b>7b</b>	24,589,108,241.	143,482,478.			
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .	<b>7b</b>					
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>	2,078,224,553.	-383,897.			
	<b>d</b>	Net gain or (loss) . . . . .		2,077,840,656.		87,027,573.	1,990,813,083.	
<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .		NONE					
		<b>8a</b>						
		<b>8b</b>						
<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>						
<b>c</b>	Net income or (loss) from fundraising events . . . . .		NONE					
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .		NONE					
		<b>9a</b>						
		<b>9b</b>						
<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>						
<b>c</b>	Net income or (loss) from gaming activities . . . . .		NONE					
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .		NONE					
		<b>10a</b>						
		<b>10b</b>						
<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>						
<b>c</b>	Net income or (loss) from sales of inventory . . . . .		NONE					
<b>Miscellaneous Revenue</b>	<b>11a</b>	_____	Business Code					
	<b>b</b>	_____						
	<b>c</b>	_____						
	<b>d</b>	All other revenue . . . . .						
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		NONE				
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .			30,633,210,968.		88,982,918.	4,076,511,809.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Salaries, and Total functional expenses.

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	3,299,259,547.	<b>1</b>	4,522,623,991.
	<b>2</b> Savings and temporary cash investments . . . . .	1,178,839.	<b>2</b>	1,043,133.
	<b>3</b> Pledges and grants receivable, net . . . . .	NONE	<b>3</b>	NONE
	<b>4</b> Accounts receivable, net . . . . .	228,547,972.	<b>4</b>	377,305,978.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	NONE	<b>5</b>	NONE
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	NONE	<b>6</b>	NONE
	<b>7</b> Notes and loans receivable, net . . . . .	NONE	<b>7</b>	NONE
	<b>8</b> Inventories for sale or use . . . . .	NONE	<b>8</b>	NONE
	<b>9</b> Prepaid expenses and deferred charges . . . . .	NONE	<b>9</b>	NONE
	<b>10 a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b>	NONE	<b>10c</b>
	<b>11</b> Investments - publicly traded securities . . . . .	55990667810.	<b>11</b>	72403207256.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	7,210,533,631.	<b>12</b>	8,909,809,793.
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	NONE	<b>13</b>	NONE
	<b>14</b> Intangible assets . . . . .	NONE	<b>14</b>	NONE
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	56,812,828.	<b>15</b>	56,332,364.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	66787000627.	<b>16</b>	86270322515.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	209,422,822.	<b>17</b>	369,261,863.
	<b>18</b> Grants payable . . . . .	NONE	<b>18</b>	NONE
	<b>19</b> Deferred revenue . . . . .	NONE	<b>19</b>	NONE
	<b>20</b> Tax-exempt bond liabilities . . . . .	NONE	<b>20</b>	NONE
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	NONE	<b>21</b>	NONE
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	NONE	<b>22</b>	NONE
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	NONE	<b>23</b>	NONE
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	NONE	<b>24</b>	NONE
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	34,570,175.	<b>25</b>	38,322,047.
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	243,992,997.	<b>26</b>	407,583,910.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.</b> <input checked="" type="checkbox"/>			
	<b>27</b> Net assets without donor restrictions . . . . .	66505610359.	<b>27</b>	85773349431.
	<b>28</b> Net assets with donor restrictions . . . . .	37,397,271.	<b>28</b>	89,389,174.
	<b>Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.</b> <input type="checkbox"/>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	66543007630.	<b>32</b>	85862738605.	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	66787000627.	<b>33</b>	86270322515.	

**Part XI Reconciliation of Net Assets**

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)	130,633,210,968.
2	Total expenses (must equal Part IX, column (A), line 25)	215,594,895,656.
3	Revenue less expenses. Subtract line 2 from line 1	315,038,315,312.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	466,543,007,630.
5	Net unrealized gains (losses) on investments	54,271,935,443.
6	Donated services and use of facilities	6
7	Investment expenses	7
8	Prior period adjustments	8
9	Other changes in net assets or fund balances (explain on Schedule O)	9,480,220.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	105,862,738,605.

**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 on 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 on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F? . . . . .
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2024**

**Open to Public Inspection**

<b>Name of the organization</b> FIDELITY INVESTMENTS CHARITABLE GIFT FUND	<b>Employer identification number</b> 11-0303001
--	---

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **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.**
  - 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.**
  - 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.**
  - d  **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.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990) 2024

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2024 (83.80%); 15 Public support percentage from 2023 Schedule A, Part II, line 14 (88.79%); 16a 33 1/3% support test - 2024 (checked); 16b 33 1/3% support test - 2023; 17a 10%-facts-and-circumstances test - 2024; 17b 10%-facts-and-circumstances test - 2023; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line number, Percentage. Rows: 15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)); 16 Public support percentage from 2023 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line number, Percentage. Rows: 17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)); 18 Investment income percentage from 2023 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

19b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
c 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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described on line 11a above?		
<b>c</b>	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b>	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? <i>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.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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)? <i>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).</i>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b>	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	By reason of the relationship described on line 2, above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b>	<input type="checkbox"/>	The organization satisfied the Activities Test. Complete line 2 below.	
<b>b</b>	<input type="checkbox"/>	The organization is the parent of each of its supported organizations. Complete line 3 below.	
<b>c</b>	<input type="checkbox"/>	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).	
<b>2</b>	Activities Test. Answer lines 2a and 2b below.		
<b>a</b>		Yes	No
	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? <i>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.</i>		
<b>b</b>		Yes	No
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
<b>3</b>	Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b>		Yes	No
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
<b>b</b>		Yes	No
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

**1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	

**7**  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	5
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019 . . . . .			
b	From 2020 . . . . .			
c	From 2021 . . . . .			
d	From 2022 . . . . .			
e	From 2023 . . . . .			
f	<b>Total</b> of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	<b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020 . . . .			
b	Excess from 2021 . . . .			
c	Excess from 2022 . . . .			
d	Excess from 2023 . . . .			
e	Excess from 2024 . . . .			

**Schedule B  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

**Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

Name of the organization

Employer identification number

FIDELITY INVESTMENTS CHARITABLE GIFT FUND

11-0303001

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization <p style="text-align: center;">FIDELITY INVESTMENTS CHARITABLE GIFT FUND</p>	Employer identification number <p style="text-align: center;">11-0303001</p>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A <hr/> <hr/> <hr/>	\$ 5,204,352,323.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A <hr/> <hr/> <hr/>	\$ 976,459,679.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A <hr/> <hr/> <hr/>	\$ 680,000,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

FIDELITY INVESTMENTS CHARITABLE GIFT FUND

Employer identification number

11-0303001

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	PUBLIC SECURITY	\$ 5,204,352,323.	VAR
3	PRIVATE SECURITY	\$ 680,000,000.	12/31/2024

Name of organization <b>FIDELITY INVESTMENTS CHARITABLE GIFT FUND</b>	Employer identification number <b>11-0303001</b>
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**Part III** **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
_____ _____ _____		_____ _____ _____	

Supplemental Financial Statements

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

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Table with 2 columns: Name of the organization (FIDELITY INVESTMENTS CHARITABLE GIFT FUND) and Employer identification number (11-0303001)

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Question number and description. Includes questions 1-9 regarding conservation easements and a sub-table for 'Held at the End of the Tax Year'.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Question number and description. Includes questions 1a, 1b, 2a, 2b regarding art and historical treasures.

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

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

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange program, e Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?

b If "Yes," explain the arrangement in Part XIII and complete the following table.

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g (Balance, Contributions, Net investment earnings, Grants, Other expenditures, Administrative expenses, End of year balance).

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

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

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i) Unrelated organizations?, (ii) Related organizations?

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b.

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other.

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

**Part VII Investments - Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely held equity interests . . . . .		
(3) Other		
(A) ALTERNATIVE INVESTMENT FUNDS	5,242,912,997.	FMV
(B) PRIVATE EQUITY SECURITIES	3,664,021,003.	FMV
(C) OTHER	2,875,793.	FMV
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, col. (B)) . . .	8,909,809,793.	

**Part VIII Investments - Program Related**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DISC - FUTURE INTEREST IN PIF	20,608,738.
(3) OTHER PAYABLES	17,713,309.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) . . . . .	38,322,047.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .



**Part XIII** Supplemental Information (continued)

SCHEDULE D, PART I, LINE 1

THE ACCOUNTS USED BY THE FUNDS REPRESENTED IN 1(B) CONSIST OF THE CATALYST FUND, INTERNAL GENERAL PROGRAM SERVICES AND ACCOUNTS ENROLLED IN THE ENDOWED GIVING PROGRAM. THE CATALYST FUND IS A BOARD DESIGNATED FUND, FROM WHICH THE BOARD OF TRUSTEES ENGAGES IN DIRECT GRANT-MAKING. CATALYST FUND ASSETS ARE SEPARATE FROM DONOR-ADVISED FUNDS, AND GRANTS ARE MADE FROM THE CATALYST FUND AT THE DIRECTION OF THE TRUSTEES. ACCOUNTS USED FOR GENERAL PROGRAM SERVICES LACK ADVISORY PRIVILEGES AND ARE USED FOR INTERNAL OPERATIONS ONLY. ACCOUNTS ENROLLED IN THE ENDOWED GIVING PROGRAM PROVIDE RECURRING GRANTS TO CHARITABLE ORGANIZATIONS AFTER THE DEATH OF THE LAST REMAINING ACCOUNT HOLDER.

SCHEDULE D, PART X, LINE 2

FIN 48 FOOTNOTE - FIDELITY CHARITABLE DOES NOT GENERALLY 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. FIDELITY CHARITABLE DOES PAY FEDERAL AND STATE INCOME TAXES ON CERTAIN UNRELATED BUSINESS INCOME. 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

**Part XIII** Supplemental Information *(continued)*

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MONTHS.

**SCHEDULE F  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

Employer identification number

FIDELITY INVESTMENTS CHARITABLE GIFT FUND

11-0303001

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

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  **Yes**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
<b>(1)</b> CENTRAL AMERICA/CARIBBEAN	NONE	NONE	GRANTMAKING		147,925.
<b>(2)</b> EAST ASIA AND THE PACIFIC	NONE	NONE	GRANTMAKING		1,085,750.
<b>(3)</b> EUROPE	NONE	NONE	GRANTMAKING		31,849,124.
<b>(4)</b> MIDDLE EAST AND NORTH AFRICA	NONE	NONE	GRANTMAKING		373,297.
<b>(5)</b> NORTH AMERICA	NONE	NONE	GRANTMAKING		14,263,901.
<b>(6)</b> SOUTH AMERICA	NONE	NONE	GRANTMAKING		2,690,000.
<b>(7)</b> SOUTH ASIA	NONE	NONE	GRANTMAKING		15,310,208.
<b>(8)</b> SUB-SAHARAN AFRICA	NONE	NONE	GRANTMAKING		7,446,064.
<b>(9)</b> CENTRAL AMERICA/CARIBBEAN	NONE	NONE	INVESTMENTS		2,724,188,834.
<b>(10)</b> EUROPE	NONE	NONE	INVESTMENTS		33,160,930.
<b>(11)</b> NORTH AMERICA	NONE	NONE	INVESTMENTS		108,529,478.
<b>(12)</b>					
<b>(13)</b>					
<b>(14)</b>					
<b>(15)</b>					
<b>(16)</b>					
<b>(17)</b>					
<b>3a</b> Subtotal . . . . .	NONE	NONE			2,939,045,511.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c</b> Totals (add lines 3a and 3b)	NONE	NONE			2,939,045,511.

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

Schedule F (Form 990) (Rev. 12-2024)

**Part II** 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.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	WHERE IT'S N	33,248.	WIRE		N/A	N/A
(2)			NORTH AMERICA	WHERE IT'S N	10,000.	CHECK		N/A	N/A
(3)			SUB-SAHARAN AFRICA	A SOCIAL COH	50,000.	WIRE		N/A	N/A
(4)			MIDDLE EAST/NORTH AFRICA	WHERE IT'S N	200,000.	WIRE		N/A	N/A
(5)			SUB-SAHARAN AFRICA	WHERE IT'S N	70,000.	WIRE		N/A	N/A
(6)			MIDDLE EAST/NORTH AFRICA	WHERE IT'S N	50,000.	WIRE		N/A	N/A
(7)			NORTH AMERICA	SUPPORT THE	100,000.	CHECK		N/A	N/A
(8)			NORTH AMERICA	CONNECTING T	25,000.	CHECK		N/A	N/A
(9)			EUROPE/ICELAND/GREENLAND	WHERE IT'S N	10,500.	CHECK		N/A	N/A
(10)			EUROPE/ICELAND/GREENLAND	WHERE IT'S N	2,824,859.	WIRE		N/A	N/A
(11)			EUROPE/ICELAND/GREENLAND	GENERAL OPER	364,463.	WIRE		N/A	N/A
(12)			EAST ASIA/PACIFIC	TREATMENT AN	250,000.	WIRE		N/A	N/A
(13)			SOUTH ASIA	THIS IS A GR	500,000.	WIRE		N/A	N/A
(14)			EUROPE/ICELAND/GREENLAND	CURRENT OPER	214,300.	WIRE		N/A	N/A
(15)			EUROPE/ICELAND/GREENLAND	ORCA VERE	500,000.	WIRE		N/A	N/A
(16)			EAST ASIA/PACIFIC	TO SUPPORT C	50,000.	WIRE		N/A	N/A

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . 121

3 Enter total number of other organizations or entities . . . . . NONE

**Part II** **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.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
(1)			NORTH AMERICA	THE AUDACIOU	2,666,600.	WIRE		N/A	N/A
(2)			SOUTH AMERICA	CURRENT OPER	25,000.	WIRE		N/A	N/A
(3)			NORTH AMERICA	FORGING STRO	325,000.	WIRE		N/A	N/A
(4)			EUROPE/ICELAND/GREENLAND	WHERE IT'S N	67,500.	WIRE		N/A	N/A
(5)			NORTH AMERICA	COLLEGE OF P	37,000.	CHECK		N/A	N/A
(6)			MIDDLE EAST/NORTH AFRICA	WHERE IT'S N	63,525.	ACH		N/A	N/A
(7)			EUROPE/ICELAND/GREENLAND	THE ENGAGE P	50,000.	WIRE		N/A	N/A
(8)			NORTH AMERICA	WHERE IT'S N	15,000.	CHECK		N/A	N/A
(9)			SOUTH ASIA	GENERAL OPER	4,356,000.	WIRE		N/A	N/A
(10)			SOUTH ASIA	GENERAL OPER	8,394,000.	WIRE		N/A	N/A
(11)			EUROPE/ICELAND/GREENLAND	WHERE IT'S N	26,000.	WIRE		N/A	N/A
(12)			MIDDLE EAST/NORTH AFRICA	WHERE IT'S N	10,000.	ACH		N/A	N/A
(13)			EUROPE/ICELAND/GREENLAND	FOR THE BURS	324,575.	WIRE		N/A	N/A
(14)			SUB-SAHARAN AFRICA	WHERE IT'S N	2,000,000.	WIRE		N/A	N/A
(15)			EUROPE/ICELAND/GREENLAND	WHERE IT'S N	40,000.	WIRE		N/A	N/A
(16)			EUROPE/ICELAND/GREENLAND	NOSTR GROWTH	10,050,000.	WIRE		N/A	N/A

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

**3** Enter total number of other organizations or entities . . . . . \_\_\_\_\_

**Part II 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.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	CURRENT OPER	100,000.	WIRE		N/A	N/A
(2)			EUROPE/ICELAND/GREENLAND	FOOD GARDEN'	299,500.	WIRE		N/A	N/A
(3)			NORTH AMERICA	STRENGTHENIN	300,000.	WIRE		N/A	N/A
(4)			SOUTH ASIA	GENERAL OPER	967,000.	WIRE		N/A	N/A
(5)			CENT. AMERICA/CARIBBEAN	VARIOUS	144,975.	CHECK		N/A	N/A
(6)			NORTH AMERICA	FOR THE PETE	7,000.	CHECK		N/A	N/A
(7)			NORTH AMERICA	WHERE IT'S N	42,795.	CHECK		N/A	N/A
(8)			SOUTH AMERICA	UNRESTRICTED	80,000.	WIRE		N/A	N/A
(9)			SOUTH AMERICA	TO SUPPORT C	2,000,000.	WIRE		N/A	N/A
(10)			SOUTH AMERICA	TO SUPPORT G	100,000.	WIRE		N/A	N/A
(11)			SOUTH AMERICA	CURRENT OPER	235,000.	WIRE		N/A	N/A
(12)			EUROPE/ICELAND/GREENLAND	TO SUPPORT G	75,000.	WIRE		N/A	N/A
(13)			EUROPE/ICELAND/GREENLAND	THE MAINTENA	11,000.	WIRE		N/A	N/A
(14)			NORTH AMERICA	CITIZEN LAB,	3,101,000.	CHECK / WIRE		N/A	N/A
(15)			EUROPE/ICELAND/GREENLAND	TO SUPPORT A	30,000.	WIRE		N/A	N/A
(16)			NORTH AMERICA	PROMOTING AC	700,000.	WIRE		N/A	N/A

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

**3** Enter total number of other organizations or entities . . . . . \_\_\_\_\_

**Part II** 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.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			NORTH AMERICA	TO SUPPORT T	30,000.	WIRE		N/A	N/A
(2)			NORTH AMERICA	HIWOT MENTOR	43,500.	CHECK		N/A	N/A
(3)			EUROPE/ICELAND/GREENLAND	WHERE IT'S N	109,075.	ACH		N/A	N/A
(4)			EUROPE/ICELAND/GREENLAND	WHERE IT'S N	201,500.	WIRE		N/A	N/A
(5)			SOUTH ASIA	\$35,150 FOR	78,208.	WIRE		N/A	N/A
(6)			EUROPE/ICELAND/GREENLAND	WHERE IT'S N	61,000.	WIRE		N/A	N/A
(7)			SUB-SAHARAN AFRICA	WHERE IT'S N	47,378.	WIRE		N/A	N/A
(8)			MIDDLE EAST/NORTH AFRICA	WHERE IT'S N	18,000.	ACH		N/A	N/A
(9)			SUB-SAHARAN AFRICA	WHERE IT'S N	40,000.	WIRE		N/A	N/A
(10)			EUROPE/ICELAND/GREENLAND	FUNDS INTEND	86,947.	WIRE		N/A	N/A
(11)			SOUTH ASIA	RISHI VALLEY	100,000.	WIRE		N/A	N/A
(12)			SUB-SAHARAN AFRICA	WHERE IT'S N	90,000.	WIRE		N/A	N/A
(13)			NORTH AMERICA	WHERE IT'S N	13,600.	CHECK		N/A	N/A
(14)			NORTH AMERICA	ANNUAL GIFT	100,000.	CHECK		N/A	N/A
(15)			EUROPE/ICELAND/GREENLAND	NUCLEAR RISK	2,500,000.	WIRE		N/A	N/A
(16)			EUROPE/ICELAND/GREENLAND	THE ACQUISIT	680,000.	WIRE		N/A	N/A

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

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

**Part II** **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.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
<b>(1)</b>			NORTH AMERICA	DEGROOTE SCH	102,500.	CHECK		N/A	N/A
<b>(2)</b>			SUB-SAHARAN AFRICA	WHERE IT'S N	100,000.	WIRE		N/A	N/A
<b>(3)</b>			SUB-SAHARAN AFRICA	CURRENT OPER	55,000.	WIRE		N/A	N/A
<b>(4)</b>			NORTH AMERICA	RESTRICTED S	500,000.	WIRE		N/A	N/A
<b>(5)</b>			EUROPE/ICELAND/GREENLAND	DOCUMENTARY	50,000.	WIRE		N/A	N/A
<b>(6)</b>			NORTH AMERICA	PAN AM CLINI	60,000.	WIRE		N/A	N/A
<b>(7)</b>			EUROPE/ICELAND/GREENLAND	WHERE IT'S N	64,000.	WIRE		N/A	N/A
<b>(8)</b>			EUROPE/ICELAND/GREENLAND	TO SUPPORT C	4,000,000.	WIRE		N/A	N/A
<b>(9)</b>			EUROPE/ICELAND/GREENLAND	TOURIST INFO	504,347.	WIRE		N/A	N/A
<b>(10)</b>			SUB-SAHARAN AFRICA	WHERE IT'S N	50,000.	WIRE		N/A	N/A
<b>(11)</b>			SOUTH AMERICA	CURRENT OPER	150,000.	WIRE		N/A	N/A
<b>(12)</b>			SUB-SAHARAN AFRICA	ADOLESCENT G	83,686.	WIRE		N/A	N/A
<b>(13)</b>			SOUTH ASIA	UNRESTRICTED	915,000.	WIRE		N/A	N/A
<b>(14)</b>			NORTH AMERICA	TO SUPPORT C	5,000,000.	WIRE		N/A	N/A
<b>(15)</b>			EUROPE/ICELAND/GREENLAND	WHERE IT'S N	125,680.	WIRE		N/A	N/A
<b>(16)</b>			NORTH AMERICA	THIS \$100,00	200,000.	WIRE		N/A	N/A

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

**3** Enter total number of other organizations or entities . . . . . \_\_\_\_\_

**Part II** **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.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
<b>(1)</b>			NORTH AMERICA	TO SUPPORT C	36,500.	WIRE		N/A	N/A
<b>(2)</b>			EUROPE/ICELAND/GREENLAND	TO SUPPORT C	15,000.	WIRE		N/A	N/A
<b>(3)</b>			SOUTH AMERICA	UNRESTRICTED	100,000.	WIRE		N/A	N/A
<b>(4)</b>			NORTH AMERICA	TOUCHING THE	9,806.	CHECK		N/A	N/A
<b>(5)</b>			NORTH AMERICA	MOMS TOGETHE	50,000.	WIRE		N/A	N/A
<b>(6)</b>			EUROPE/ICELAND/GREENLAND	CURRENT OPER	40,000.	WIRE		N/A	N/A
<b>(7)</b>			EUROPE/ICELAND/GREENLAND	WHERE IT'S N	129,250.	WIRE		N/A	N/A
<b>(8)</b>			NORTH AMERICA	MEMORIAL BUR	6,000.	CHECK		N/A	N/A
<b>(9)</b>			NORTH AMERICA	IN SUPPORT O	120,000.	WIRE		N/A	N/A
<b>(10)</b>			EUROPE/ICELAND/GREENLAND	AREA OF GREA	5,000,000.	WIRE		N/A	N/A
<b>(11)</b>			EUROPE/ICELAND/GREENLAND	WHERE IT'S N	40,000.	WIRE		N/A	N/A
<b>(12)</b>			EUROPE/ICELAND/GREENLAND	WHERE IT'S N	70,000.	WIRE		N/A	N/A
<b>(13)</b>			EUROPE/ICELAND/GREENLAND	CURRENT OPER	14,000.	WIRE		N/A	N/A
<b>(14)</b>			EUROPE/ICELAND/GREENLAND	CURRENT OPER	500,000.	WIRE		N/A	N/A
<b>(15)</b>			EAST ASIA/PACIFIC	CONSTRUCTION	150,000.	WIRE		N/A	N/A
<b>(16)</b>			SUB-SAHARAN AFRICA	FOR WORK WIT	2,500,000.	WIRE		N/A	N/A

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

**3** Enter total number of other organizations or entities . . . . . \_\_\_\_\_

**Part II** **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.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	TO PROVIDE C	2,000,000.	WIRE		N/A	N/A
(2)			EAST ASIA/PACIFIC	WHERE IT'S N	65,750.	WIRE		N/A	N/A
(3)			EUROPE/ICELAND/GREENLAND	TO SUPPORT F	50,000.	WIRE		N/A	N/A
(4)			EUROPE/ICELAND/GREENLAND	2025 MINOR S	332,085.	WIRE		N/A	N/A
(5)			EUROPE/ICELAND/GREENLAND	IPPF-WORLDWI	1,285,000.	WIRE		N/A	N/A
(6)			EUROPE/ICELAND/GREENLAND	\$157,500 WIL	175,000.	WIRE		N/A	N/A
(7)			EUROPE/ICELAND/GREENLAND	CURRENT OPER	500,000.	WIRE		N/A	N/A
(8)			EUROPE/ICELAND/GREENLAND	GENERAL OPER	50,000.	WIRE		N/A	N/A
(9)			EAST ASIA/PACIFIC	SUPPORT FOR	500,000.	WIRE		N/A	N/A
(10)			EUROPE/ICELAND/GREENLAND	WHERE IT'S N	26,000.	WIRE		N/A	N/A
(11)			MIDDLE EAST/NORTH AFRICA	WHERE IT'S N	30,772.	ACH		N/A	N/A
(12)			NORTH AMERICA	THE MICHAEL	60,000.	WIRE		N/A	N/A
(13)			NORTH AMERICA	IN SUPPORT O	50,000.	CHECK		N/A	N/A
(14)			NORTH AMERICA	FORESTRY	30,100.	CHECK		N/A	N/A
(15)			NORTH AMERICA	WHERE IT'S N	50,000.	CHECK		N/A	N/A
(16)			NORTH AMERICA	COLLEGE OF M	303,000.	CHECK		N/A	N/A

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

**3** Enter total number of other organizations or entities . . . . . \_\_\_\_\_

**Part II** **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.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
<b>(1)</b>			NORTH AMERICA	FACULTY OF E	60,000.	CHECK		N/A	N/A
<b>(2)</b>			NORTH AMERICA	IVEY SCHOOL	76,900.	CHECK		N/A	N/A
<b>(3)</b>			EAST ASIA/PACIFIC	SEA TURTLE C	20,000.	WIRE		N/A	N/A
<b>(4)</b>			EAST ASIA/PACIFIC	PROTECTING F	50,000.	WIRE		N/A	N/A
<b>(5)</b>			SUB-SAHARAN AFRICA	WHERE IT'S N	50,000.	WIRE		N/A	N/A
<b>(6)</b>			EUROPE/ICELAND/GREENLAND	THE PLAYKITS	57,845.	WIRE		N/A	N/A
<b>(7)</b>			SUB-SAHARAN AFRICA	CURRENT OPER	50,000.	WIRE		N/A	N/A
<b>(8)</b>			EUROPE/ICELAND/GREENLAND	100K DESIGNA	161,200.	WIRE		N/A	N/A
<b>(9)</b>			SUB-SAHARAN AFRICA	ENVIRONMENTA	260,000.	WIRE		N/A	N/A
<b>(10)</b>									
<b>(11)</b>									
<b>(12)</b>									
<b>(13)</b>									
<b>(14)</b>									
<b>(15)</b>									
<b>(16)</b>									

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

**3** Enter total number of other organizations or entities . . . . . \_\_\_\_\_

**Part III** **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.

(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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* . . . . .  **Yes**  **No**
  
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately 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 the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . .  **Yes**  **No**
  
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* . . . . .  **Yes**  **No**
  
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* . . . . .  **Yes**  **No**
  
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* . . . . .  **Yes**  **No**
  
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* . . . . .  **Yes**  **No**

**Part V Supplemental Information**

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 MAKES AN  
EQUIVALENCY DETERMINATION AS DESCRIBED IN TREASURY REGULATION SECTION  
53.4945-5(A)(5)(I) AND/OR 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

**Part V Supplemental Information**

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).

REGULAR STATUS REPORTS ON THE EXPENDITURE OF FUNDS AND PROGRESS MADE IN FULFILLING THE CHARITABLE PURPOSE OF THE GRANT, UNTIL SUCH GRANT IS FULLY SPENT, AND

4) REPORTS EACH 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). FIDELITY 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 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 M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2024**

**Open to Public  
Inspection**

Name of the organization

FIDELITY INVESTMENTS CHARITABLE GIFT FUND

Employer identification number

11-0303001

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	265,824	16,013,985,427.	FMV ON DATE OF CONTR
10 Securities - Closely held stock . . . . .	X	306	464,187,816.	FMV ON DATE OF CONTR
11 Securities - Partnership, LLC, or trust interests . . . . .	X	137	1,095,606,068.	FMV ON DATE OF CONTR
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ( SEE SUPP PAGE ) . . . . .		746.	357,144,962.	
26 Other ( ) . . . . .				
27 Other ( ) . . . . .				
28 Other ( ) . . . . .				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement . . . . . **29** 319

	Yes	No
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2024

JSA

4E1298 1.000

8923JK 7377

V24-7.15

**Part II** **Supplemental Information.** 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  
FY25.

**Part II** **Supplemental Information.** 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 - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
LIFE INSURANCE	X	6	816,122.	FMV
COMMERCIAL GRAI	X	6	180,927.	FMV
VIRTUAL CURENC	X	734	356,147,913.	FMV
TOTALS		746.	357,144,962.	

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

FIDELITY INVESTMENTS CHARITABLE GIFT FUND

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2024**

**Open to Public  
Inspection**

Employer identification number

11-0303001

**FORM 990, PAGE 1, PART I, LINE 1**

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 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 I, LINE 17; PART IV, LINE 23; PART VI, SECTION A**

LINE 3; PART VI, SECTION B LINES 15A, & 15B; PART VII, SECTION A, LINE 5; PART VII SECTION B; AND PART IX, LINE 11A:  
FIDELITY CHARITABLE ENGAGES FMR LLC ("FMR") PURSUANT TO A SERVICES AGREEMENT ("SA") UNDER WHICH A BROAD RANGE OF SERVICES ARE PROVIDED TO AND ON BEHALF OF FIDELITY CHARITABLE, INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING SERVICES PROVIDED BY FMR: RECORD-KEEPING, SYSTEMS, ADMINISTRATION, FUNDRAISING, INVESTMENT ADVISORY SERVICES AND SERVICES OF OFFICERS AND OTHER INDIVIDUALS. PAYMENTS BY FIDELITY CHARITABLE TO FMR

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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FIDELITY INVESTMENTS CHARITABLE GIFT FUND

11-0303001

UNDER THE SA ARE BASED ON THE TERMS OF THE SA IN AGGREGATE; SEPARATE COSTS BORNE BY FMR IN PROVIDING SERVICES UNDER THE SA, INCLUDING COMPENSATION PAID BY FMR, ARE NOT SEPARATELY STATED UNDER THE SA (PAYMENTS TO FMR UNDER THE SA ARE REPORTED ON FORM 990 PART VII, SECTION B). AS PROVIDED UNDER THE SA, FIDELITY CHARITABLE AND FMR 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. FIDELITY CHARITABLE AND FMR COMPARE THE SERVICES PROVIDED UNDER THE SA 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.

**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 THEN MET WITH THE BOARD'S CHAIR AND THE BOARD'S AUDIT COMMITTEE (COMPOSED 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. ANY KEY PERSON HAVING A FINANCIAL INTEREST SHALL NOT

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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FIDELITY INVESTMENTS CHARITABLE GIFT FUND

11-0303001

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 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)  
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 990-T 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

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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FIDELITY INVESTMENTS CHARITABLE GIFT FUND

11-0303001

(WWW.FIDELITYCHARITABLE.ORG), AND FIDELITY CHARITABLE'S IRS FORMS 990 ARE  
ALSO AVAILABLE ON CANDID.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.

**FORM 990, PART XI, LINE 9**

\$ (1,673,645)	- DECREASE IN REMAINDER INTEREST OF POOLED INCOME FUND
\$ 11,153,865	- ADJUSTMENT FOR PRIOR YEAR VOIDED GRANTS
<hr/>	
\$ 9,480,220	- TOTAL

Name of the organization

Employer identification number

FIDELITY INVESTMENTS CHARITABLE GIFT FUND

11-0303001

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION  
=====

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 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.

Name of the organization

Employer identification number

FIDELITY INVESTMENTS CHARITABLE GIFT FUND

11-0303001

FORM 990, PART III - PROGRAM SERVICE  
=====

LINE 4A, PROGRAM SERVICE  
-----

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 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.

Name of the organization

Employer identification number

**FIDELITY INVESTMENTS CHARITABLE GIFT FUND**

**11-0303001**

FORM 990, PART VI, LINE 17 - STATES

=====

AL, AK, AZ, AR, CA, CO, CT,  
DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI,  
MN, MS, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,  
RI, SC, TN, UT, VA, WA, WV, WI,

Name of the organization

Employer identification number

FIDELITY INVESTMENTS CHARITABLE GIFT FUND

11-0303001

## FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
FMR, LLC 245 SUMMER STREET BOSTON, MA 02205	ADMIN & INV MGMT SVC	159,901,679.
MCKINSEY & COMPANY, INC. 711 THIRD AVENUE, 4TH FL NEW YORK, NY 10017	PHIL. CONSULTING	11,805,000.
UBS FINANCIAL SERVICES, INC. 1200 HARBOR BOULEVARD WEEHAWKEN, NJ 07086	INVEST. MANAGEMENT	11,756,056.
ICONIQ CAPITAL 50 BEALE STREET SUITE 2300 SAN FRANCISCO, CA 94105	INVEST. MANAGEMENT	10,584,656.
WELLS FARGO ADVISORS, LLC 1 NORTH JEFFERSON AVE ST. LOUIS, MO 63103	INVEST. MANAGEMENT	3,409,679.

**SCHEDULE R  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

FIDELITY INVESTMENTS CHARITABLE GIFT FUND

Employer identification number

11-0303001

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) 02210, LLC 32-0626129 245 SUMMER STREET, MZ: NM43A BOSTON, MA 02210	FUNDRAISING	DE	NONE	NONE	FID. CHAR.
(2)					
(3)					
(4)					
(5)					
(6)					

**Part II 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) FIDELITY INVESTMENTS CHARITABLE GIFT FND 93-4792247 245 SUMMER STREET BOSTON, MA 02210	SUPPORT FCGF	DE	501 (C) (3)	12-I	FID CHARITAB	X	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) (Rev. 12-2024)

**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.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) SEE SUPPLEMENTAL PAGE									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

FIDELITY INVESTMENTS CHARITABLE GIFT FUND

11-0303001

990 SCH R, PART III-IDENTIFICATION OF REL. ORG. TAXABLE AS PARTNERSHIP

(A) NAME/ADDRESS/EIN	B) PRIMARY ACTIVITY	(C) LEGAL DOMICILE	(D) DIRECT CONTROLLING	(E) PREDOMINANT INCOME	(F) SHARE OF TOT INCOME	(G) SHARE EOY	(H) DISPROPORTIONATE		(I) CODE V-UBI	(J) PARTNER		(K) % OWNERSHIP
							YES	NO		YES	NO	
GLIDE PATH SOLUTIONS TE 2020 L 394 PACIFIC AVENUE, 2ND FLOOR	EQUITY HOLDIN	CA	FID CHARITABLE	EXCLUDED	894,529.	13,766,510.	X		2,852.	X		79.8900
ICONIQ GLIDE PATH SOLUTIONS TE 50 BEALE ST. STE 2300 SAN FRAN	INVESTING	CA	FID CHARITABLE	EXCLUDED	8,527,714.	173,921,489.	X		194,506.	X		56.1500
RIVET HEALTH SPV I, LP 85-3608 201 MISSION STREET, SUITE 2350	EQUITY HOLDIN	CA	FID CHARITABLE	EXCLUDED	64,594.	6,043,931.	X		NONE	X		45.6400
APOLLO PROJECTS SPV-B LP 87-22 950 LOMBARD STREET SAN FRANCIS	INVESTING	CA	FID CHARITABLE	EXCLUDED	3,669.	13,903.	X		NONE	X		70.2100
PRIVATE DIVERSIFIERS PORTFOLIO 394 PACIFIC AVENUE, 2ND FLOOR	INVESTING	CA	FID CHARITABLE	EXCLUDED	40,232.	5,439,552.	X		NONE	X		53.6400
REAL ASSETS PORTFOLIO TE 2021, 394 PACIFIC AVENUE, 2ND FLOOR	INVESTING	CA	FID CHARITABLE	UNRELATED	-17,792.	4,117,517.	X		-20,971.	X		54.4500
REGENT OPPORTUNITY FUND V BLOC 12100 WILSHIRE BLVD STE 1750 L	INVESTING	CA	FID CHARITABLE	EXCLUDED	NONE	5,979,383.	X		NONE	X		61.1000
ICONIQ REAL ESTATE PORTFOLIO 2 394 PACIFIC AVENUE, 2ND FLOOR	INVESTING	CA	FID CHARITABLE	EXCLUDED	655,678.	8,921,114.	X		NONE	X		52.8700
ICONIQ PRIVATE CREDIT PORTFOLI 394 PACIFIC AVENUE, 2ND FLOOR	INVESTING	CA	FID CHARITABLE	EXCLUDED	401,750.	3,653,629.	X		703.	X		58.0600
VENTURE CAPITAL PORTFOLIO TE 2 394 PACIFIC AVENUE, 2ND FLOOR	INVESING	CA	FID CHARITABLE	EXCLUDED	1,005.	213,567.	X		NONE	X		54.2400

990 SCH R, PART III-IDENTIFICATION OF REL. ORG. TAXABLE AS PARTNERSHIP

(A) NAME/ADDRESS/EIN	B) PRIMARY ACTIVITY	(C) LEGAL DOMICILE	(D) DIRECT CONTROLLING	(E) PREDOMINANT INCOME	(F) SHARE OF TOT INCOME	(G) SHARE EOY	(H) DISPROPORTIONATE		(I) CODE V-UBI	(J) PARTNER		(K) % OWNERSHIP
							YES	NO		YES	NO	
-----												
GSP ARB COINVEST FUND II-B, L. 450 PARK AVENUE 24TH FLOOR NEW	INVESTING	NY	FID CHARITABLE	EXCLUDED	NONE	6,145,820.		X	NONE		X	70.3700
PRIVATE DIVERSIFIERS PORTFOLIO 394 PACIFIC AVENUE, 2ND FLOOR	INVESTING	CA	FID CHARITABLE	EXCLUDED	7,649.	7,178,504.		X	NONE		X	52.7400

FIDELITY INVESTMENTS CHARITABLE GIFT FUND

11-0303001

990 SCH R, PART IV-IDENTIFICATION OF REL. ORG. TAXABLE AS CORP/TRUST

(A) NAME/ADDRESS/EIN	(B) PRIMARY ACTIVITY	(C) LEGAL DOMICILE	(D) DIRECT CONTROLLING	(E) ENTITY TYPE	(F) SHARE OF TOT INCOME	(G) SHARE OF EOY	(H) % OWNERSHIP	(I) SEC 512(B) (13) YES NO
FIDELITY'S CHARITABLE POOLED INCOME FUND 75-2568377								
2 DESTINY WAY MAIL ZONE WF2F WESTLAKE, TX 76262	INVESTMENT/DO	TX	FID CHARITABLE	TRUST	2,456,395.	56,989,643.	100.0000	X
DG PEP 2023, LTD								
UGLAND HOUSE PO BOX 309 GRAND CAYMAN, CJ KY1-1104	INVEST HOLDIN	CJ	FID CHARITABLE	C CORP	172,794,000.	698,686,000.	100.0000	X
DG PEP 2020, LTD								
UGLAND HOUSE PO BOX 309 GRAND CAYMAN, CJ KY1-1104	INVEST HOLDIN	CJ	FID CHARITABLE	C CORP	117,121,000.	39,953,000.	100.0000	X
DG PEP 2021, LTD								
UGLAND HOUSE PO BOX 309 GRAND CAYMAN, CJ KY1-1104	INVEST HOLDIN	CJ	FID CHARITABLE	C CORP	43,934,000.	50,683,000.	100.0000	X
DG PEP 2022, LTD								
UGLAND HOUSE PO BOX 309 GRAND CAYMAN, CJ KY1-1104	INVEST HOLDIN	CJ	FID CHARITABLE	C CORP	86,603,000.	101,466,000.	100.0000	X
KANGKAI HOLDINGS 2021, LTD								
UGLAND HOUSE PO BOX 309 GRAND CAYMAN, CJ KY1-1104	INVEST HOLDIN	CJ	FID CHARITABLE	C CORP	13,605,000.	49,928,000.	100.0000	X
ISO-MTS CAPITAL PARTNERS OFFSHORE LTD								
UGLAND HOUSE PO BOX 309 GRAND CAYMAN, CJ KY1-1104	INVEST HOLDIN	CJ	FID CHARITABLE	C CORP	888,152.	4,502,552.	87.6300	X
MANATUCK HILL NAVIGATOR OFFSHORE FUND, I								
UGLAND HOUSE PO BOX 309 GRAND CAYMAN, CJ KY1-1104	INVEST HOLDIN	CJ	FID CHARITABLE	C CORP	1,255,201.	18,268,071.	55.2600	X

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s)	X	
<b>d</b> Loans or loan guarantees to or for related organization(s)		X
<b>e</b> Loans or loan guarantees by related organization(s)		X
<b>f</b> Dividends from related organization(s)		X
<b>g</b> Sale of assets to related organization(s)		X
<b>h</b> Purchase of assets from related organization(s)		X
<b>i</b> Exchange of assets with related organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
<b>o</b> Sharing of paid employees with related organization(s)		X
<b>p</b> Reimbursement paid to related organization(s) for expenses		X
<b>q</b> Reimbursement paid by related organization(s) for expenses		X
<b>r</b> Other transfer of cash or property to related organization(s)		X
<b>s</b> Other transfer of cash or property from related organization(s)	X	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1) APOLLO PROJECTS SPV-B LP	S	7,013,726.	FMV
(2) GLIDE PATH SOLUTIONS TE 2020 LP	S	4,212,421.	FMV
(3) ICONIQ GLIDE PATH SOLUTIONS TE 2022 LP	S	40,876,346.	FMV
(4) ICONIQ GLIDE PATH SOLUTIONS TE 2022 LP	B	19,880,033.	FMV
(5) ICONIQ PRIVATE CREDIT PORTFOLIO 2021 LP	S	199,142.	FMV
(6) ICONIQ PRIVATE CREDIT PORTFOLIO 2021 LP	B	885,526.	FMV

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s)	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s)	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s)	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s)	<b>1e</b>	
<b>f</b> Dividends from related organization(s)	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s)	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s)	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s)	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s)	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses.	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s)	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s)	<b>1s</b>	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1) ICONIQ REAL ESTATE PORTFOLIO 2021 LP	B	1,378,561.	FMV
(2) PRIVATE DIVERSIFIERS PORTFOLIO TE 2021, LP	S	166,280.	FMV
(3) PRIVATE DIVERSIFIERS PORTFOLIO TE 2021, LP	B	416,694.	FMV
(4) PRIVATE DIVERSIFIERS PORTFOLIO TE 2023, LP	S	196,813.	FMV
(5) PRIVATE DIVERSIFIERS PORTFOLIO TE 2023, LP	B	398,352.	FMV
(6) REAL ASSETS PORTFOLIO TE 2021, LP	S	897,681.	FMV

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s)	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s)	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s)	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s)	<b>1e</b>	
<b>f</b> Dividends from related organization(s)	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s)	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s)	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s)	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s)	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses.	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s)	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s)	<b>1s</b>	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1) REAL ASSETS PORTFOLIO TE 2021, LP	B	895,063.	FMV
(2) GSP ARB COINVEST FUND II-B, L.P.	B	1,225,889.	FMV
(3) VENTURE CAPITAL PORTFOLIO TE 2024, LP	B	230,119.	FMV
(4)			
(5)			
(6)			

**Part VI** **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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

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E.I.N. # 11-0303001  
Attachment to 2024 Form 990  
Return of a Public Charity

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

INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILITY GRANT

**(1) Grantee:**

ABERDEEN FC COMMUNITY TRUST  
Pittodrie Stadium  
Aberdeen AB24 5QH  
United Kingdom

**(2) Date and Amount Paid:**

August 25, 2021                      \$55,072.00

**(3) Grant Purpose:**

General Use

**(4) Amount Spent by Grantee:**

\$55,072.00

**(5) Diversion**

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

**(6) Date of Report(s) Received:**

May 28, 2024, and August 11, 2025.

**(7) Verification**

Fidelity Investments® Charitable Gift Fund reviewed the grant reports but did not undertake any further verification of the grantee's reports, as there has not been any reason to doubt their accuracy or reliability (§53.4945-5(c)).

E.I.N. # 11-0303001  
Attachment to 2024 Form 990  
Return of a Public Charity

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

INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILITY GRANT

**(1) Grantee:**

ABERDEEN FC HERITAGE TRUST  
Pittodrie Stadium  
Aberdeen AB24 5QH  
United Kingdom

**(2) Date and Amount Paid:**

July 22, 2022                      \$11,962.00

**(3) Grant Purpose:**

General Use

**(4) Amount Spent by Grantee:**

\$11,962.00

**(5) Diversion**

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

**(6) Date of Report(s) Received:**

December 27, 2024 and April 10, 2025.

**(7) Verification**

Fidelity Investments® Charitable Gift Fund reviewed the grant reports but did not undertake any further verification of the grantee's reports, as there has not been any reason to doubt their accuracy or reliability (§53.4945-5(c)).

E.I.N. # 11-0303001  
Attachment to 2024 Form 990  
Return of a Public Charity

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

INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILITY GRANT

**(1) Grantee:**

ASOCIACION CIVIL PRO AMNISTIA  
Santos Dumont 3429 PISO 2, CP 1427,  
Ciudad Autonoma de Beunos Aires

**(2) Date and Amount Paid:**

June 28, 2023                      \$150,000.00

**(3) Grant Purpose:**

Women's health

**(4) Amount Spent by Grantee:**

\$150,000.00

**(5) Diversion**

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

**(6) Date of Report(s) Received:**

May 31, 2024 and February 28, 2025.

**(7) Verification**

Fidelity Investments® Charitable Gift Fund reviewed the grant reports but did not undertake any further verification of the grantee's reports, as there has not been any reason to doubt their accuracy or reliability (§53.4945-5(c)).

E.I.N. # 11-0303001  
Attachment to 2024 Form 990  
Return of a Public Charity

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

INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILITY GRANT

**(1) Grantee:**

ASOCIACION CIVIL PRO AMNISTIA  
Santos Dumont 3429 PISO 2, CP 1427,  
Ciudad Autonoma de Beunos Aires

**(2) Date and Amount Paid:**

June 19, 2024                      \$300,000.00

**(3) Grant Purpose:**

To support Defending and Implementing Legal Abortion in Argentina

**(4) Amount Spent by Grantee:**

\$194,502.00

**(5) Diversion**

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

**(6) Date of Report(s) Received:**

February 28, 2025. The next report is due February 28, 2026.

**(7) Verification**

Fidelity Investments® Charitable Gift Fund reviewed the grant reports but did not undertake any further verification of the grantee's reports, as there has not been any reason to doubt their accuracy or reliability (§53.4945-5(c)).

E.I.N. # 11-0303001  
Attachment to 2024 Form 990  
Return of a Public Charity

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

INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILITY GRANT

**(1) Grantee:**

BRIGHT FUTURE FUND  
1717 N Street NW  
Suite 1  
Washington, District of Columbia 20036

**(2) Date and Amount Paid:**

May 20, 2024                      \$37,500,000.00

**(3) Grant Purpose:**

Non-Partisan Voter Engagement, mobilization, and education

**(4) Amount Spent by Grantee:**

\$37,500,000.00

**(5) Diversion**

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

**(6) Date of Report(s) Received:**

February 28, 2025.

**(7) Verification**

Fidelity Investments® Charitable Gift Fund reviewed the grant reports but did not undertake any further verification of the grantee's reports, as there has not been any reason to doubt their accuracy or reliability (§53.4945-5(c)).

E.I.N. # 11-0303001  
Attachment to 2024 Form 990  
Return of a Public Charity

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

INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILITY GRANT

**(1) Grantee:**

CENTRO SOLIDARIEDADE E CULTURA DE PENICHE  
Rua D. Luis de Ataide  
n54, 2520-248  
Peniche Portugal

**(2) Date and Amount Paid:**

December 20, 2016                      \$25,000.00

**(3) Grant Purpose:**

To support the construction of a children's home.

**(4) Amount Spent by Grantee:**

\$25,000.00

**(5) Diversion**

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

**(6) Date of Report(s) Received:**

February 27, 2018, January 22, 2019, March 6, 2020, March 16, 2021, June 29, 2023, June 21, 2024 and May 15, 2025.

**(7) Verification**

Fidelity Investments® Charitable Gift Fund reviewed the grant reports but did not undertake any further verification of the grantee's reports, as there has not been any reason to doubt their accuracy or reliability (§53.4945-5(c)).

E.I.N. # 11-0303001  
Attachment to 2024 Form 990  
Return of a Public Charity

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

INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILITY GRANT

**(1) Grantee:**

CIVIL SOCIETY INFORMATION SERVICES OF INDIA  
Y-57, First Floor, Hauz Khas  
New Delhi 110016

**(2) Date and Amount Paid:**

November 16, 2017                      \$90,000.00

**(3) Grant Purpose:**

Guidestar India initiative

**(4) Amount Spent by Grantee:**

\$90,000.00

**(5) Diversion**

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

**(6) Date of Report(s) Received:**

March 4, 2019, January 7, 2020, March 8, 2021, February 14, 2022, and May 2, 2025.

**(7) Verification**

Fidelity Investments® Charitable Gift Fund reviewed the grant reports but did not undertake any further verification of the grantee's reports, as there has not been any reason to doubt their accuracy or reliability (§53.4945-5(c)).

E.I.N. # 11-0303001  
Attachment to 2024 Form 990  
Return of a Public Charity

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

INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILITY GRANT

**(1) Grantee:**

CROOKED ORG  
7162 Beverly Blvd No 212  
Los Angeles, CA 90036

**(2) Date and Amount Paid:**

January 11, 2025                      \$250,000.00

**(3) Grant Purpose:**

To support its efforts in producing climate-focused content, events, and citizen engagement campaigns

**(4) Amount Spent by Grantee:**

N/A

**(5) Diversion**

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

**(6) Date of Report(s) Received:**

The next report is due February 28, 2026.

**(7) Verification**

N/A - First report is due February 28, 2026.

E.I.N. # 11-0303001  
Attachment to 2024 Form 990  
Return of a Public Charity

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

INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILITY GRANT

**(1) Grantee:**

FUNDACION EDUCACION PARA LA SALUD REPRODUCTIVA  
Carrera 18 NO 33  
A 27 Bogota Colombia

**(2) Date and Amount Paid:**

September 27, 2024                      \$2,000,000.00

**(3) Grant Purpose:**

Current operating expenses

**(4) Amount Spent by Grantee:**

\$532,357.00

**(5) Diversion**

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

**(6) Date of Report(s) Received:**

April 21, 2025. The next report is due February 28, 2026.

**(7) Verification**

Fidelity Investments® Charitable Gift Fund reviewed the grant reports but did not undertake any further verification of the grantee's reports, as there has not been any reason to doubt their accuracy or reliability (§53.4945-5(c)).

E.I.N. # 11-0303001  
Attachment to 2024 Form 990  
Return of a Public Charity

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

INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILITY GRANT

**(1) Grantee:**

FUNDACION MEXICANA PARA LA PLANEACION FAMILIAR AC  
Juarez 208 Tlalpan Centro  
Alcaldia Tlalpan  
Mexico City 14000 Mexico

**(2) Date and Amount Paid:**

December 21, 2022                      \$350,000.00

**(3) Grant Purpose:**

Promoting and Facilitating Access to Safe Abortion in Mexico

**(4) Amount Spent by Grantee:**

\$350,000.00

**(5) Diversion**

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

**(6) Date of Report(s) Received:**

February 11, 2025.

**(7) Verification**

Fidelity Investments® Charitable Gift Fund reviewed the grant reports but did not undertake any further verification of the grantee's reports, as there has not been any reason to doubt their accuracy or reliability (§53.4945-5(c)).

E.I.N. # 11-0303001  
Attachment to 2024 Form 990  
Return of a Public Charity

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

INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILITY GRANT

**(1) Grantee:**

FUNDACION REWILDING ARGENTINA  
General Manuel Belgrano 1077  
San Isidro B1642DKE Buenos Aires Aregentina

**(2) Date and Amount Paid:**

July 23, 2021                      \$225,000.00

**(3) Grant Purpose:**

To support 2021 Patagonia National Park Operations.

**(4) Amount Spent by Grantee:**

\$189,770.00

**(5) Diversion**

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

**(6) Date of Report(s) Received:**

May 31, 2023, May 23, 2024 and April 21, 2025. The next report is due June 1, 2026.

**(7) Verification**

Fidelity Investments® Charitable Gift Fund reviewed the grant reports but did not undertake any further verification of the grantee's reports, as there has not been any reason to doubt their accuracy or reliability (§53.4945-5(c)).

E.I.N. # 11-0303001  
Attachment to 2024 Form 990  
Return of a Public Charity

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

INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILITY GRANT

**(1) Grantee:**

GLOBAL CARBON MARKET UTILITY GOVERNING COUNCIL INC.  
712 Fifth Ave 47th Floor  
New York, NY 10019

**(2) Date and Amount Paid:**

April 24, 2025            \$4,100,000.00

**(3) Grant Purpose:**

General support

**(4) Amount Spent by Grantee:**

N/A

**(5) Diversion**

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

**(6) Date of Report(s) Received:**

The next report is due February 28, 2026.

**(7) Verification**

N/A - First report is due February 28, 2026.

E.I.N. # 11-0303001  
Attachment to 2024 Form 990  
Return of a Public Charity

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

INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILITY GRANT

**(1) Grantee:**

GLOBAL CARBON MARKET UTILITY GOVERNING COUNCIL INC.  
712 Fifth Ave 47th Floor  
New York, NY 10019

**(2) Date and Amount Paid:**

May 9, 2025                      \$4,100,000.00

**(3) Grant Purpose:**

General support

**(4) Amount Spent by Grantee:**

N/A

**(5) Diversion**

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

**(6) Date of Report(s) Received:**

The next report is due February 28, 2026.

**(7) Verification**

N/A - First report is due February 28, 2026.

E.I.N. # 11-0303001  
Attachment to 2024 Form 990  
Return of a Public Charity

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

INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILITY GRANT

**(1) Grantee:**

INTERNATIONAL PLANNED PARENTHOOD FEDERATION  
4 Newhams Row  
London, SE1 3UZ

**(2) Date and Amount Paid:**

June 1, 2023                      \$900,000.00

**(3) Grant Purpose:**

Defending Women's Health in Latin America

**(4) Amount Spent by Grantee:**

\$900,000.00

**(5) Diversion**

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

**(6) Date of Report(s) Received:**

February 28, 2024 and February 14, 2025.

**(7) Verification**

Fidelity Investments® Charitable Gift Fund reviewed the grant reports but did not undertake any further verification of the grantee's reports, as there has not been any reason to doubt their accuracy or reliability (§53.4945-5(c)).

E.I.N. # 11-0303001  
Attachment to 2024 Form 990  
Return of a Public Charity

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

INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILITY GRANT

**(1) Grantee:**

MERCY MISSION UK  
203 Westgate  
Bradford  
BD1 3AD United Kingdom

**(2) Date and Amount Paid:**

August 8, 2023                \$2,590,800.00

**(3) Grant Purpose:**

Current operating expenses

**(4) Amount Spent by Grantee:**

\$2,590,800.00

**(5) Diversion**

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

**(6) Date of Report(s) Received:**

January 9, 2025.

**(7) Verification**

Fidelity Investments® Charitable Gift Fund reviewed the grant reports but did not undertake any further verification of the grantee's reports, as there has not been any reason to doubt their accuracy or reliability (§53.4945-5(c)).

E.I.N. # 11-0303001  
Attachment to 2024 Form 990  
Return of a Public Charity

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

INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILITY GRANT

**(1) Grantee:**

PARACELSUS MEDICAL UNIVERSITY  
Strubergasse 21  
5020 Salzburg Austria

**(2) Date and Amount Paid:**

December 11, 2014                      \$1,243,200.00

**(3) Grant Purpose:**

Research and education programs

**(4) Amount Spent by Grantee:**

\$270,112.50

**(5) Diversion**

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

**(6) Date of Report(s) Received:**

December 15, 2016, January 19, 2018, January 16, 2019, January 1, 2020 and April 12, 2021. The next report was due on October 31, 2021.

**(7) Verification**

Fidelity Investments® Charitable Gift Fund reviewed the grant reports but did not undertake any further verification of the grantee's reports, as there has not been any reason to doubt their accuracy or reliability (§53.4945-5(c)).

E.I.N. # 11-0303001  
Attachment to 2024 Form 990  
Return of a Public Charity

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

INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILITY GRANT

**(1) Grantee:**

PARACELSUS MEDICAL UNIVERSITY  
Strubergasse 21  
5020 Salzburg Austria

**(2) Date and Amount Paid:**

March 4, 2016                \$1,102,800.00

**(3) Grant Purpose:**

Research and education programs

**(4) Amount Spent by Grantee:**

\$386,744.42

**(5) Diversion**

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

**(6) Date of Report(s) Received:**

December 15, 2016, January 19, 2018, January 16, 2019, January 1, 2020 and April 12, 2021. The next report was due on October 31, 2021.

**(7) Verification**

Fidelity Investments® Charitable Gift Fund reviewed the grant reports but did not undertake any further verification of the grantee's reports, as there has not been any reason to doubt their accuracy or reliability (§53.4945-5(c)).

E.I.N. # 11-0303001  
Attachment to 2024 Form 990  
Return of a Public Charity

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

INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILITY GRANT

**(1) Grantee:**

PARACELSUS MEDICAL UNIVERSITY  
Strubergasse 21  
5020 Salzburg Austria

**(2) Date and Amount Paid:**

January 12, 2017                      \$1,059,000.00

**(3) Grant Purpose:**

Research and education programs

**(4) Amount Spent by Grantee:**

\$559,701.64

**(5) Diversion**

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

**(6) Date of Report(s) Received:**

December 15, 2016, January 19, 2018, January 16, 2019, January 1, 2020 and April 12, 2021. The next report was due on October 31, 2021.

**(7) Verification**

Fidelity Investments® Charitable Gift Fund reviewed the grant reports but did not undertake any further verification of the grantee's reports, as there has not been any reason to doubt their accuracy or reliability (§53.4945-5(c)).

E.I.N. # 11-0303001  
Attachment to 2024 Form 990  
Return of a Public Charity

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

INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILITY GRANT

**(1) Grantee:**

PARACELSUS MEDICAL UNIVERSITY  
Strubergasse 21  
5020 Salzburg Austria

**(2) Date and Amount Paid:**

February 27, 2018                      \$1,232,500.00

**(3) Grant Purpose:**

Research and education programs

**(4) Amount Spent by Grantee:**

\$236,390.11

**(5) Diversion**

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

**(6) Date of Report(s) Received:**

December 15, 2016, January 19, 2018, January 16, 2019, January 1, 2020 and April 12, 2021. The next report was due on October 31, 2021.

**(7) Verification**

Fidelity Investments® Charitable Gift Fund reviewed the grant reports but did not undertake any further verification of the grantee's reports, as there has not been any reason to doubt their accuracy or reliability (§53.4945-5(c)).

E.I.N. # 11-0303001  
Attachment to 2024 Form 990  
Return of a Public Charity

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

INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILITY GRANT

**(1) Grantee:**

PARACELSUS MEDICAL UNIVERSITY  
Strubergasse 21  
5020 Salzburg Austria

**(2) Date and Amount Paid:**

April 12, 2019                \$1,128,300.00

**(3) Grant Purpose:**

Research and education programs

**(4) Amount Spent by Grantee:**

\$507,153.50

**(5) Diversion**

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

**(6) Date of Report(s) Received:**

December 15, 2016, January 19, 2018, January 16, 2019, January 1, 2020 and April 12, 2021. The next report was due on October 31, 2021.

**(7) Verification**

Fidelity Investments® Charitable Gift Fund reviewed the grant reports but did not undertake any further verification of the grantee's reports, as there has not been any reason to doubt their accuracy or reliability (§53.4945-5(c)).

E.I.N. # 11-0303001  
Attachment to 2024 Form 990  
Return of a Public Charity

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

INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILITY GRANT

**(1) Grantee:**

PEACENEXUS FOUNDATION  
Rte de Lausanne 107  
1197 Prangins Switzerland

**(2) Date and Amount Paid:**

September 6, 2024                      \$4,000,000.00

**(3) Grant Purpose:**

Current operating expenses

**(4) Amount Spent by Grantee:**

\$4,000,000.00

**(5) Diversion**

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

**(6) Date of Report(s) Received:**

June 5, 2025.

**(7) Verification**

Fidelity Investments® Charitable Gift Fund reviewed the grant reports but did not undertake any further verification of the grantee's reports, as there has not been any reason to doubt their accuracy or reliability (§53.4945-5(c)).

E.I.N. # 11-0303001  
Attachment to 2024 Form 990  
Return of a Public Charity

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

INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILITY GRANT

**(1) Grantee:**

REVJEN GROUP LLC  
1111 Smethwick Cove  
Keller, TX 76248

**(2) Date and Amount Paid:**

February 22, 2024                      \$50,000.00

**(3) Grant Purpose:**

Fuel financial sustainability trainings for 501c3 nonprofit organizations

**(4) Amount Spent by Grantee:**

\$50,000.00

**(5) Diversion**

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

**(6) Date of Report(s) Received:**

March 5, 2025.

**(7) Verification**

Fidelity Investments® Charitable Gift Fund reviewed the grant reports but did not undertake any further verification of the grantee's reports, as there has not been any reason to doubt their accuracy or reliability (§53.4945-5(c)).

E.I.N. # 11-0303001  
Attachment to 2024 Form 990  
Return of a Public Charity

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

INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILITY GRANT

**(1) Grantee:**

THE DREAM LIFE TWO SIXTY  
Plot 101 Mungule, 10 Miles  
Lusaka 10101 Zambia

**(2) Date and Amount Paid:**

August 30, 2023                      \$950,000.00

**(3) Grant Purpose:**

To support community healthcare services via the Anthu Omwe Health Centre health initiative in Mungule Chiefdom

**(4) Amount Spent by Grantee:**

\$916,798.88

**(5) Diversion**

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

**(6) Date of Report(s) Received:**

December 17, 2024. The next report is due October 20, 2025.

**(7) Verification**

Fidelity Investments® Charitable Gift Fund reviewed the grant reports but did not undertake any further verification of the grantee's reports, as there has not been any reason to doubt their accuracy or reliability (§53.4945-5(c)).

E.I.N. # 11-0303001  
Attachment to 2024 Form 990  
Return of a Public Charity

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

INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILITY GRANT

**(1) Grantee:**

THE DREAM LIFE TWO SIXTY  
Plot 101 Mungule, 10 Miles  
Lusaka 10101 Zambia

**(2) Date and Amount Paid:**

March 19, 2024           \$500,000.00

**(3) Grant Purpose:**

To support current operating expenses

**(4) Amount Spent by Grantee:**

\$500,000.00

**(5) Diversion**

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

**(6) Date of Report(s) Received:**

January 22, 2025.

**(7) Verification**

Fidelity Investments® Charitable Gift Fund reviewed the grant reports but did not undertake any further verification of the grantee's reports, as there has not been any reason to doubt their accuracy or reliability (§53.4945-5(c)).

E.I.N. # 11-0303001  
Attachment to 2024 Form 990  
Return of a Public Charity

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

INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILITY GRANT

**(1) Grantee:**

THE DREAM LIFE TWO SIXTY  
Plot 101 Mungule, 10 Miles  
Lusaka 10101 Zambia

**(2) Date and Amount Paid:**

May 1, 2025                      \$2,000,000.00

**(3) Grant Purpose:**

To provide community healthcare services via the Anthu Omwe Health Centre health initiative in Mungule Chiefdom and any affiliated Health Care Centres

**(4) Amount Spent by Grantee:**

N/A

**(5) Diversion**

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

**(6) Date of Report(s) Received:**

The next report is due August 31, 2026.

**(7) Verification**

N/A - the first report is due August 31, 2026.

E.I.N. # 11-0303001  
Attachment to 2024 Form 990  
Return of a Public Charity

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

INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILITY GRANT

**(1) Grantee:**

UNIVERSITY OF ZURICH  
Scheuchzerstrasse  
21 CH-8006 Switzerland

**(2) Date and Amount Paid:**

November 6, 2014                      \$104,449.55

**(3) Grant Purpose:**

To support academic research on Turtle Fibropapillomatosis

**(4) Amount Spent by Grantee:**

\$77,149.00

**(5) Diversion**

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

**(6) Date of Report(s) Received:**

February 4, 2016, January 20, 2017, February 7, 2018, February 4, 2019, March 3, 2020, April 8, 2021, March 4, 2022, March 1, 2023, and January 27, 2025. The next report is due March 31, 2026.

**(7) Verification**

Fidelity Investments® Charitable Gift Fund reviewed the grant reports but did not undertake any further verification of the grantee's reports, as there has not been any reason to doubt their accuracy or reliability (§53.4945-5(c)).

E.I.N. # 11-0303001  
Attachment to 2024 Form 990  
Return of a Public Charity

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

INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILITY GRANT

**(1) Grantee:**

UNTERLAGEN STIFTUNG HOPP-LA  
c/o Independent Capital Group AG  
Gottfried-Keller-Strasse 5  
8001 Zurich Switzerland

**(2) Date and Amount Paid:**

August 3, 2016            \$1,250,000.00

**(3) Grant Purpose:**

Community improvement projects.

**(4) Amount Spent by Grantee:**

\$1,250,000.00

**(5) Diversion**

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

**(6) Date of Report(s) Received:**

March 18, 2017, April 16, 2018, March 27, 2019, February 29, 2020, March 9, 2021, February 28, 2022 and February 28, 2023, January 10, 2025 and April 28, 2025.

**(7) Verification**

Fidelity Investments® Charitable Gift Fund reviewed the grant reports but did not undertake any further verification of the grantee's reports, as there has not been any reason to doubt their accuracy or reliability (§53.4945-5(c)).

E.I.N. # 11-0303001  
Attachment to 2024 Form 990  
Return of a Public Charity

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

INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILITY GRANT

**(1) Grantee:**

VICTORIAN NATIONAL PARKS ASSOCIATION  
Level 3 60 Leicester St  
Carlton Vic 3053 Australia

**(2) Date and Amount Paid:**

November 23, 2021                      \$75,000.00

**(3) Grant Purpose:**

Land conservation

**(4) Amount Spent by Grantee:**

\$75,000.00

**(5) Diversion**

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

**(6) Date of Report(s) Received:**

December 22, 2022 and January 14, 2025.

**(7) Verification**

Fidelity Investments® Charitable Gift Fund reviewed the grant reports but did not undertake any further verification of the grantee's reports, as there has not been any reason to doubt their accuracy or reliability (§53.4945-5(c)).

E.I.N. # 11-0303001  
Attachment to 2024 Form 990  
Return of a Public Charity

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

INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILITY GRANT

**(1) Grantee:**

VICTORIAN NATIONAL PARKS ASSOCIATION  
Level 3 60 Leicester St  
Carlton Vic 3053 Australia

**(2) Date and Amount Paid:**

April 5, 2023                      \$50,000.00

**(3) Grant Purpose:**

To support the protection of forests in Central West Victoria (Phase 4).

**(4) Amount Spent by Grantee:**

\$50,000.00

**(5) Diversion**

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

**(6) Date of Report(s) Received:**

January 14, 2025.

**(7) Verification**

Fidelity Investments® Charitable Gift Fund reviewed the grant reports but did not undertake any further verification of the grantee's reports, as there has not been any reason to doubt their accuracy or reliability (§53.4945-5(c)).

E.I.N. # 11-0303001  
Attachment to 2024 Form 990  
Return of a Public Charity

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

INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILITY GRANT

**(1) Grantee:**

VICTORIAN NATIONAL PARKS ASSOCIATION  
Level 3 60 Leicester St  
Carlton Vic 3053 Australia

**(2) Date and Amount Paid:**

March 14, 2025           \$50,000.00

**(3) Grant Purpose:**

To support Protecting Forests in Central West Victoria (Phase 5)

**(4) Amount Spent by Grantee:**

N/A

**(5) Diversion**

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

**(6) Date of Report(s) Received:**

The first report is due August 31, 2025.

**(7) Verification**

N/A - the first report is due August 31, 2025.

E.I.N. # 11-0303001  
Attachment to 2024 Form 990  
Return of a Public Charity

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

INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILITY GRANT

**(1) Grantee:**

WE ARE URBAN MILANO ODV  
c/o AlterComm  
Via Melchiorre Gioia, 82  
20125 Milano - MI Italy

**(2) Date and Amount Paid:**

June 14, 2025                \$57,845.00

**(3) Grant Purpose:**

To support the Playkits project in Milan.

**(4) Amount Spent by Grantee:**

N/A

**(5) Diversion**

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

**(6) Date of Report(s) Received:**

The next report is due February 28, 2026.

**(7) Verification**

N/A - the first report is due February 28, 2026.

E.I.N. # 11-0303001  
Attachment to 2024 Form 990  
Return of a Public Charity

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

INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILITY GRANT

**(1) Grantee:**

WELLINGTON COLLEGE  
Dukes Ride  
Crowthorne  
Berkshire RG45 7P United Kingdom

**(2) Date and Amount Paid:**

April 22, 2015                \$411,537.50

**(3) Grant Purpose:**

Student support by way of the Prince Albert Foundation.

**(4) Amount Spent by Grantee:**

\$289,166.00

**(5) Diversion**

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

**(6) Date of Report(s) Received:**

October 30, 2015, January 25, 2017, February 7, 2018, March 6, 2019, January 22, 2020, March 29, 2021, October 28, 2021, January 17, 2023, May 9, 2024 and January 22, 2025. The next report is due October 31, 2025.

**(7) Verification**

Fidelity Investments® Charitable Gift Fund reviewed the grant reports but did not undertake any further verification of the grantee's reports, as there has not been any reason to doubt their accuracy or reliability (§53.4945-5(c)).

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# 2024

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A** For the **2024** calendar year, or tax year beginning 07/01/2024 and ending 06/30/2025

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <u>FIDELITY INVESTMENTS CHARITABLE GIFT FUND INC</u>		<b>D</b> Employer identification number <u>93-4792247</u>
	Doing business as		<b>E</b> Telephone number <u>(800) 262-6039</u>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>245 SUMMER STREET</u>		<b>G</b> Gross receipts \$ <u>1,235,662.</u>
	City or town, state or province, country, and ZIP or foreign postal code <u>BOSTON, MA 02210</u>		
	<b>F</b> Name and address of principal officer: <u>JACOB PRUITT</u> <u>245 SUMMER STREET, BOSTON, MA 02210</u>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "No," attach a list. See instructions.	
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<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>J</b> Website: <u>N/A</u>	<b>H(c)</b> Group exemption number
--	------------------------------	------------------------------------

<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	<b>L</b> Year of formation: <u>2023</u>	<b>M</b> State of legal domicile: <u>DE</u>
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## Part I Summary

**1** Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<u>3</u>	<u>9</u>
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	<u>8</u>
<b>5</b> Total number of individuals employed in calendar year 2024 (Part V, line 2a)	<u>5</u>	<u>NONE</u>
<b>6</b> Total number of volunteers (estimate if necessary)	<u>6</u>	<u>NONE</u>
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	<u>NONE</u>
<b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<u>7b</u>	<u>NONE</u>

		Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)		<u>NONE</u>	<u>1,235,662.</u>
<b>9</b> Program service revenue (Part VIII, line 2g)		<u>NONE</u>	<u>NONE</u>
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<u>NONE</u>	<u>NONE</u>
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<u>NONE</u>	<u>NONE</u>
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<u>NONE</u>	<u>1,235,662.</u>

<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<u>NONE</u>	<u>NONE</u>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<u>NONE</u>	<u>NONE</u>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<u>NONE</u>	<u>NONE</u>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<u>NONE</u>	<u>NONE</u>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<u>NONE</u>		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<u>NONE</u>	<u>NONE</u>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		<u>NONE</u>	<u>NONE</u>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12		<u>NONE</u>	<u>1,235,662.</u>

		Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)		<u>NONE</u>	<u>1,235,662.</u>
<b>21</b> Total liabilities (Part X, line 26)		<u>NONE</u>	<u>NONE</u>
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20		<u>NONE</u>	<u>1,235,662.</u>

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. My declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	<u>Leonard Mendonca</u> Signature of officer	<u>May 14, 2026   07:09 MDT</u> Date
	<u>LEONARD MENDONCA</u> Type or print name and title	<u>BOARD CHAIR</u>

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <u>TRAVIS L PATTON</u>	Preparer's signature <u>Travis Patton</u>	Date <u>May 13, 2026   14:33 MDT</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P00369623</u>
	Firm's name <u>PWC US TAX LLP</u>	Firm's EIN <u>92-0460586</u>	Phone no. <u>202-414-1000</u>		
	Firm's address <u>655 NEW YORK AVE NW, SUITE 1100 WASHINGTON, CA 20001</u>				

May the IRS discuss this return with the preparer shown above? See instructions.  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2024)

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ NONE including grants of \$ NONE ) (Revenue \$ NONE )

NONE

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

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

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

4e Total program service expenses NONE

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .	X	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. . . . .	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .		X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> . . . . .		X
<b>5</b> 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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> . . . . .		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> . . . . .		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> . . . . .		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> . . . . .		X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> . . . . .		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> . . . . .		X
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> . . . . .		X
<b>b</b> Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> . . . . .		X
<b>c</b> Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> . . . . .		X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> . . . . .		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> . . . . .		X
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> . . . . .		X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> . . . . .		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> . . . . .	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> . . . . .		X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> . . . . .		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> . . . . .		X
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> . See instructions . . . . .		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .		X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .		X

**Part IV Checklist of Required Schedules (continued)**

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . . . . .		NONE
<b>1b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable. . . . .		NONE
<b>1c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	X	

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)</b>		Yes	No
<b>2a</b>	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	NONE	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>	X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> . . . . .	<b>3b</b>	
<b>4a</b>	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)? . . . . .	<b>4a</b>	X
<b>b</b>	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>	X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>	
<b>6a</b>	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? . . . . .	<b>6a</b>	X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b>	X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>	X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>	X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> . . . . .	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . . . If "Yes," complete Form 6069.	<b>17</b>	

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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with columns for line numbers (1a, 1b, 2-9), descriptions of questions, and Yes/No columns. Includes questions about voting members, independent directors, family relationships, management delegation, significant changes, asset diversions, members/stockholders, and meeting documentation.

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

Table with columns for line numbers (10a-16b), descriptions of policies, and Yes/No columns. Includes questions about local chapters, written policies, Form 990 distribution, conflict of interest, whistleblower, document retention, compensation review, joint ventures, and investment policies.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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 books and records.

JSA 800-952-4438

**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  X

**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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LEONARD MENDONCA CHAIR/DIRECTOR	1.00 1.00	X						NONE	NONE	NONE
(2) NANCY ALTOBELLO DIRECTOR	1.00 1.00	X						NONE	NONE	NONE
(3) CATHERINE D'AMATO DIRECTOR	1.00 1.00	X						NONE	NONE	NONE
(4) JOHN HALABY DIRECTOR	1.00 1.00	X						NONE	NONE	NONE
(5) TYRA A. MARIANI DIRECTOR	1.00 1.00	X						NONE	NONE	NONE
(6) JENNIFER MCAULIFFE DIRECTOR	1.00 1.00	X						NONE	NONE	NONE
(7) ROSIE RIOS DIRECTOR	1.00 1.00	X						NONE	NONE	NONE
(8) TODD WILLIAMS DIRECTOR	1.00 1.00	X						NONE	NONE	NONE
(9) DAMIAN WILMOT DIRECTOR	1.00 1.00	X						NONE	NONE	NONE
(10) JACOB PRUITT PRESIDENT	1.00 40.00			X				NONE	NONE	NONE
(11) DAVID SCOGLIO TREASURER	1.00 40.00			X				NONE	NONE	NONE
(12) CINDY GOMEZ SECRETARY	1.00 40.00			X				NONE	NONE	NONE
(13) BRANDI GREENE ASST. SECRETARY (AS OF 2/25)	1.00 40.00			X				NONE	NONE	NONE
(14) STEFAN PODVOJSKY SR. VP, I&P (UNTIL 6/24/25)	1.00 40.00			X				NONE	NONE	NONE



Part VIII Statement of Revenue

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

Table with columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512-514. Rows include Contributions, Grants, and Other Similar Amounts; Program Service Revenue; Other Revenue; and Miscellaneous Revenue.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Compensation, Payroll taxes, Advertising, etc.

**Part X Balance Sheet**

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

		(A) Beginning of year	(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	NONE	86,977.
	<b>2</b> Savings and temporary cash investments . . . . .	NONE	NONE
	<b>3</b> Pledges and grants receivable, net . . . . .	NONE	NONE
	<b>4</b> Accounts receivable, net . . . . .	NONE	NONE
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	NONE	NONE
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	NONE	NONE
	<b>7</b> Notes and loans receivable, net . . . . .	NONE	NONE
	<b>8</b> Inventories for sale or use . . . . .	NONE	NONE
	<b>9</b> Prepaid expenses and deferred charges . . . . .	NONE	NONE
	<b>10 a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b>	
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b>	
	<b>11</b> Investments - publicly traded securities . . . . .	NONE	1,148,685.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	NONE	NONE
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	NONE	NONE
	<b>14</b> Intangible assets . . . . .	NONE	NONE
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	NONE	NONE
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	NONE	1,235,662.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	NONE	NONE
	<b>18</b> Grants payable . . . . .	NONE	NONE
	<b>19</b> Deferred revenue . . . . .	NONE	NONE
	<b>20</b> Tax-exempt bond liabilities . . . . .	NONE	NONE
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	NONE	NONE
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	NONE	NONE
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	NONE	NONE
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	NONE	NONE
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	NONE	NONE
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	NONE	NONE
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.</b> <input checked="" type="checkbox"/>		
	<b>27</b> Net assets without donor restrictions . . . . .	NONE	1,235,662.
	<b>28</b> Net assets with donor restrictions . . . . .	NONE	NONE
	<b>Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.</b> <input type="checkbox"/>		
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		
	<b>32</b> Total net assets or fund balances . . . . .	NONE	1,235,662.
<b>33</b> Total liabilities and net assets/fund balances . . . . .	NONE	1,235,662.	

**Part XI Reconciliation of Net Assets**

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	1,235,662.
2	Total expenses (must equal Part IX, column (A), line 25)	2	NONE
3	Revenue less expenses. Subtract line 2 from line 1	3	1,235,662.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	NONE
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,235,662.

**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 on 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 on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F? . . . . .
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . . . .

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2024**

**Open to Public  
Inspection**

<b>Name of the organization</b> FIDELITY INVESTMENTS CHARITABLE GIFT FUND INC	<b>Employer identification number</b> 93-4792247
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **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.**
  - 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.**
  - 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.**
  - d  **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.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . . 1
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
SEE SUPPLEMENTAL PAGE						
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>					NONE	NONE

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990) 2024

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 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); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2023 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; b 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.  
 If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2024</b> (line 10c, column (f), divided by line 13, column (f)), . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2023</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . .

**b 33 1/3% support tests - 2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . .

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . .

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> 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)? <i>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.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	<input type="checkbox"/>	<input type="checkbox"/>

**Part IV Supporting Organizations (continued)**

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		X
<b>b</b>	A family member of a person described on line 11a above?		X
<b>c</b>	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		X

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	X	
<b>2</b>	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? <i>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.</i>		X

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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)? <i>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).</i>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b>	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	By reason of the relationship described on line 2, above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b>	<input type="checkbox"/>	The organization satisfied the Activities Test. Complete line 2 below.	
<b>b</b>	<input type="checkbox"/>	The organization is the parent of each of its supported organizations. Complete line 3 below.	
<b>c</b>	<input type="checkbox"/>	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).	
<b>2</b>	Activities Test. Answer lines 2a and 2b below.		
<b>a</b>		Yes	No
	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? <i>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.</i>		
<b>2a</b>			
<b>b</b>	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
<b>2b</b>			
<b>3</b>	Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
<b>3a</b>			
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>3b</b>			

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<b>Distributable Amount.</b> 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-functionally integrated Type III supporting organization (see instructions).

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	5
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019 . . . . .		
b	From 2020 . . . . .		
c	From 2021 . . . . .		
d	From 2022 . . . . .		
e	From 2023 . . . . .		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	<b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020 . . . .		
b	Excess from 2021 . . . .		
c	Excess from 2022 . . . .		
d	Excess from 2023 . . . .		
e	Excess from 2024 . . . .		

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV) YES NO		(V) AMOUNT OF SUPPORT	(VI) AMOUNT OF OTHER SUPPORT
			YES	NO		
FIDELITY INVESTMENTS CHARITABLE GIFT FUND	11-0303001	7		X	NONE	NONE
TOTAL AMOUNT OF SUPPORT					NONE	NONE

**Schedule B  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

**Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

Name of the organization

Employer identification number

FIDELITY INVESTMENTS CHARITABLE GIFT FUND INC

93-4792247

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization <p style="text-align: center;">FIDELITY INVESTMENTS CHARITABLE GIFT FUND INC</p>	Employer identification number <p style="text-align: center;">93-4792247</p>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
1	N/A   	\$ 1,235,662.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Person</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input checked="" type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input checked="" type="checkbox"/>								
_____	_____   	\$ _____	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Person</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
_____	_____   	\$ _____	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Person</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
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Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
_____	_____   	\$ _____	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Person</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
_____	_____   	\$ _____	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Person</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
_____	_____   	\$ _____	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Person</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								

Name of organization

FIDELITY INVESTMENTS CHARITABLE GIFT FUND INC

Employer identification number

93-4792247

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	PUBLIC SECURITIES	\$ 1,148,685.	VAR

Name of organization <p style="text-align: center;">FIDELITY INVESTMENTS CHARITABLE GIFT FUND INC</p>	Employer identification number <p style="text-align: center;">93-4792247</p>
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**Part III** **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2024**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

Employer identification number

FIDELITY INVESTMENTS CHARITABLE GIFT FUND INC

93-4792247

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	4	1,148,685.	FMV ON DATE OF CONTR
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ( _____ )				
26 Other ( _____ )				
27 Other ( _____ )				
28 Other ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement . . . . . **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2024

JSA

4E1298 1.000

2047XM 7377

V24-7.15

**Part II** **Supplemental Information.** 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 O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

FIDELITY INVESTMENTS CHARITABLE GIFT FUND INC

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2024**

**Open to Public  
Inspection**

Employer identification number

93-4792247

**FORM 990, PAGE 1, PART I, LINE 1 AND PART III, LINE 1**

FIDELITY INVESTMENTS CHARITABLE GIFT FUND INC ("THE CORPORATION") PROVIDES SUPPORT TO THE FIDELITY INVESTMENTS CHARITABLE GIFT FUND ("THE GIFT FUND") BY MAKING GRANTS OR OTHER PAYMENTS TO OR FOR THE USE OF THE GIFT FUND; PROVIDING GRANTS TO INDIVIDUALS FOR TRAVEL, STUDY, OR OTHER PURPOSES, PROVIDED THAT SUCH SUPPORT IS PROVIDED TO INDIVIDUAL MEMBERS OF THE CHARITABLE CLASS BENEFITED BY THE GIFT FUND; COOPERATING WITH OTHER CHARITABLE ORGANIZATIONS WHETHER LOCAL, NATIONAL, OR INTERNATIONAL, FOR ANY OF THE FOREGOING PURPOSES; AND CONDUCTING ANY OTHER ACTIVITIES THAT MAY BE NECESSARY, USEFUL, OR DESIRABLE FOR THE FURTHERANCE OR ACCOMPLISHMENT OF THE FOREGOING PURPOSES, PROVIDED THAT THOSE ACTIVITIES WOULD NOT ENDANGER THE CORPORATION'S NOT-FOR-PROFIT OR TAX-EXEMPT STATUS.

**FORM 990, PART IV, LINE 23; PART VI, SECTION A, LINE 3; PART VI,**

**SECTION B LINES 15A, & 15B; PART VII, SECTION A, LINE 5; PART VII SECTION B:**

THE CORPORATION ENGAGES FMR LLC ("FMR") PURSUANT TO A SERVICES AGREEMENT ("SA") UNDER WHICH A BROAD RANGE OF SERVICES ARE PROVIDED TO AND ON BEHALF OF THE CORPORATION, INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING SERVICES PROVIDED BY FMR: RECORD-KEEPING, SYSTEMS, ADMINISTRATION, FUNDRAISING, INVESTMENT ADVISORY SERVICES AND SERVICES OF OFFICERS AND OTHER INDIVIDUALS. PAYMENTS BY THE CORPORATION TO FMR UNDER THE SA ARE BASED ON THE TERMS OF THE SA IN AGGREGATE; SEPARATE COSTS BORNE BY FMR IN PROVIDING SERVICES UNDER THE SA, INCLUDING COMPENSATION PAID BY FMR, ARE NOT SEPARATELY STATED UNDER THE SA (PAYMENTS TO FMR UNDER THE SA ARE

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2024**

**Open to Public  
Inspection**

Employer identification number

FIDELITY INVESTMENTS CHARITABLE GIFT FUND INC

93-4792247

REPORTED ON FORM 990 PART VII, SECTION B). AS PROVIDED UNDER THE SA, THE CORPORATION AND FMR REVIEW THE TERMS OF ITS AGREEMENT ON AN ANNUAL BASIS TO ENSURE THAT THE CORPORATION IS RECEIVING FAIR VALUE FOR THE FEES THAT IT IS PAYING FMR. THE CORPORATION AND FMR COMPARE THE SERVICES PROVIDED UNDER THE SA WITH PRICES PROVIDED BY OTHER VENDORS FOR COMPARABLE SERVICES TO ENSURE THAT THE CORPORATION IS RECEIVING AT LEAST AS FAVORABLE AN ARRANGEMENT AS IT WOULD RECEIVE WITH A PARTY OTHER THAN FMR.

**FORM 990, PART VI, SECTION A, LINE 6 & LINE 7A**

THE CORPORATION HAS ONE CLASS OF MEMBERS AND ONE MEMBER, WHICH IS FIDELITY CHARITABLE GIFT FUND ("THE MEMBER"). THE MEMBER WILL ELECT THE CORPORATION'S DIRECTORS.

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

AS PART OF THE PROCESS OF PREPARING THE CORPORATION'S IRS FORM 990 (THE FORM), THE INDEPENDENT RETURN PREPARER PREPARED AND REVIEWED THE FORM WITH THE CORPORATION'S MANAGEMENT. THE INDEPENDENT RETURN PREPARER THEN MET WITH THE BOARD'S CHAIR AND THE BOARD'S AUDIT COMMITTEE (COMPOSED OF TRUSTEES INDEPENDENT FROM FIDELITY INVESTMENTS), ALONG WITH THE CORPORATION 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**

DIRECTORS AND OFFICERS OF THE CORPORATION ARE REQUIRED ON AN ANNUAL BASIS TO COMPLETE A CONFLICT OF INTEREST SURVEY, WHICH IS THEN REVIEWED BY AND FILED WITH AN OFFICER OF THE CORPORATION, CURRENTLY THE SECRETARY. ANY KEY PERSON HAVING A FINANCIAL INTEREST SHALL NOT PARTICIPATE IN THE

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2024**

**Open to Public  
Inspection**

Employer identification number

FIDELITY INVESTMENTS CHARITABLE GIFT FUND INC

93-4792247

DELIBERATION OR DECISION REGARDING THE MATTER UNDER CONSIDERATION, AND  
SHALL RETIRE FROM THE ROOM DURING THE DELIBERATIONS.

**FORM 990, PART VI, SECTION C, LINE 18**

PURSUANT TO AND CONSISTENT WITH IRS REGULATIONS, THE CORPORATION MAKES  
COPIES OF ITS APPLICATION FOR RECOGNITION OF EXEMPTION 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) OR IS  
ACTUALLY FILED, WHICHEVER IS LATER; AND PROVIDES A COPY WITHOUT CHARGE,  
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 THE  
CORPORATION TO THE IRS ON FORM 990, AS WELL AS ALL SCHEDULES, ATTACHMENTS  
AND SUPPORTING DOCUMENTS, EXCEPT FOR THE NAME AND ADDRESS OF ANY  
CONTRIBUTOR TO THE CORPORATION. IN ADDITION, THE CORPORATION MAKES ITS  
ANNUAL RETURN WIDELY AVAILABLE BY POSTING THE DOCUMENT ON ITS  
WEBSITE ([WWW.FIDELITYCHARITABLE.ORG](http://WWW.FIDELITYCHARITABLE.ORG)), AND THE CORPORATION'S IRS FORMS 990  
ARE ALSO AVAILABLE ON [CANDID.ORG](http://CANDID.ORG).

**FORM 990, PART VI, SECTION C, LINE 19**

THE CORPORATION 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

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

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.

**2024**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

FIDELITY INVESTMENTS CHARITABLE GIFT FUND INC

93-4792247

WEBSITE. THE MOST RECENT 990 AND AUDITED FINANCIAL STATEMENTS ARE ALSO  
POSTED ON FIDELITY CHARITABLE'S WEBSITE.

Name of the organization

Employer identification number

FIDELITY INVESTMENTS CHARITABLE GIFT FUND INC

93-4792247

FORM 990, PART VI, LINE 17 - STATES

=====

AL, AK, AZ, AR, CA, CO, CT,  
DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI,  
MN, MS, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,  
RI, SC, TN, UT, VA, WA, WV, WI,

**SCHEDULE R  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

FIDELITY INVESTMENTS CHARITABLE GIFT FUND INC

Employer identification number

93-4792247

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) 02210, LLC 32-0626129 245 SUMMER STREET, MZ: NM43A BOSTON, MA 02210	FUNDRAISING	DE	NONE	NONE	FID. CHAR.
(2)					
(3)					
(4)					
(5)					
(6)					

**Part II 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) FIDELITY INVESTMENTS CHARITABLE GIFT FND 11-0303001 245 SUMMER STREET BOSTON, MA 02210	DAF	MA	501 (C) (3)	7	N/A		x
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) (Rev. 12-2024)

**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.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) SEE SUPPLEMENTAL PAGE									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

FIDELITY INVESTMENTS CHARITABLE GIFT FUND INC

93-4792247

990 SCH R, PART III-IDENTIFICATION OF REL. ORG. TAXABLE AS PARTNERSHIP

(A) NAME/ADDRESS/EIN	B) PRIMARY ACTIVITY	(C) LEGAL DOMICILE	(D) DIRECT CONTROLLING	(E) PREDOMINANT INCOME	(F) SHARE OF TOT INCOME	(G) SHARE EOY	(H) DISPROPORTIONATE		(I) CODE V-UBI	(J) PARTNER		(K) % OWNERSHIP
							YES	NO		YES	NO	
GLIDE PATH SOLUTIONS TE 2020 L 394 PACIFIC AVENUE, 2ND FLOOR	EQUITY HOLDIN	CA	FID CHARITABLE	EXCLUDED	894,529.	13,766,510.	X		2,852.	X		79.8900
ICONIQ GLIDE PATH SOLUTIONS TE 50 BEALE ST. STE 2300 SAN FRAN	INVESTING	CA	FID CHARITABLE	EXCLUDED	8,527,714.	173,921,489.	X		194,506.	X		56.1500
RIVET HEALTH SPV I, LP 85-3608 201 MISSION STREET, SUITE 2350	EQUITY HOLDIN	CA	FID CHARITABLE	EXCLUDED	64,594.	6,043,931.	X		NONE	X		45.6400
APOLLO PROJECTS SPV-B LP 87-22 950 LOMBARD STREET SAN FRANCIS	INVESTING	CA	FID CHARITABLE	EXCLUDED	3,669.	13,903.	X		NONE	X		70.2100
PRIVATE DIVERSIFIERS PORTFOLIO 394 PACIFIC AVENUE, 2ND FLOOR	INVESTING	CA	FID CHARITABLE	EXCLUDED	40,232.	5,439,552.	X		NONE	X		53.6400
REAL ASSETS PORTFOLIO TE 2021, 394 PACIFIC AVENUE, 2ND FLOOR	INVESTING	CA	FID CHARITABLE	UNRELATED	-17,792.	4,117,517.	X		-20,971.	X		54.4500
REGENT OPPORTUNITY FUND V BLOC 12100 WILSHIRE BLVD STE 1750 L	INVESTING	CA	FID CHARITABLE	EXCLUDED	NONE	5,979,383.	X		NONE	X		61.1000
ICONIQ REAL ESTATE PORTFOLIO 2 394 PACIFIC AVENUE, 2ND FLOOR	INVESTING	CA	FID CHARITABLE	EXCLUDED	655,678.	8,921,114.	X		NONE	X		52.8700
ICONIQ PRIVATE CREDIT PORTFOLI 394 PACIFIC AVENUE, 2ND FLOOR	INVESTING	CA	FID CHARITABLE	EXCLUDED	401,750.	3,653,629.	X		703.	X		58.0600
VENTURE CAPITAL PORTFOLIO TE 2 394 PACIFIC AVENUE, 2ND FLOOR	INVESING	CA	FID CHARITABLE	EXCLUDED	1,005.	213,567.	X		NONE	X		54.2400

990 SCH R, PART III-IDENTIFICATION OF REL. ORG. TAXABLE AS PARTNERSHIP

(A) NAME/ADDRESS/EIN	B) PRIMARY ACTIVITY	(C) LEGAL DOMICILE	(D) DIRECT CONTROLLING	(E) PREDOMINANT INCOME	(F) SHARE OF TOT INCOME	(G) SHARE EOY	(H) DISPROPORTIONATE		(I) CODE V-UBI	(J) PARTNER		(K) % OWNERSHIP
							YES	NO		YES	NO	
-----												
GSP ARB COINVEST FUND II-B, L. 450 PARK AVENUE 24TH FLOOR NEW	INVESTING	NY	FID CHARITABLE	EXCLUDED	NONE	6,145,820.		X	NONE		X	70.3700
PRIVATE DIVERSIFIERS PORTFOLIO 394 PACIFIC AVENUE, 2ND FLOOR	INVESTING	CA	FID CHARITABLE	EXCLUDED	7,649.	7,178,504.		X	NONE		X	52.7400

FIDELITY INVESTMENTS CHARITABLE GIFT FUND INC

93-4792247

990 SCH R, PART IV-IDENTIFICATION OF REL. ORG. TAXABLE AS CORP/TRUST

(A) NAME/ADDRESS/EIN	(B) PRIMARY ACTIVITY	(C) LEGAL DOMICILE	(D) DIRECT CONTROLLING	(E) ENTITY TYPE	(F) SHARE OF TOT INCOME	(G) SHARE OF EOY	(H) % OWNERSHIP	(I) SEC 512(B) (13) YES NO
FIDELITY'S CHARITABLE POOLED INCOME FUND 75-2568377								
2 DESTINY WAY MAIL ZONE WF2F WESTLAKE, TX 76262	INVESTMENT/DO	TX	FID CHARITABLE	TRUST	2,456,395.	56,989,643.	100.0000	X
DG PEP 2023, LTD								
UGLAND HOUSE PO BOX 309 GRAND CAYMAN, CJ KY1-1104	INVEST HOLDIN	CJ	FID CHARITABLE	C CORP	172,794,000.	698,686,000.	100.0000	X
DG PEP 2020, LTD								
UGLAND HOUSE PO BOX 309 GRAND CAYMAN, CJ KY1-1104	INVEST HOLDIN	CJ	FID CHARITABLE	C CORP	117,121,000.	39,953,000.	100.0000	X
DG PEP 2021, LTD								
UGLAND HOUSE PO BOX 309 GRAND CAYMAN, CJ KY1-1104	INVEST HOLDIN	CJ	FID CHARITABLE	C CORP	43,934,000.	50,683,000.	100.0000	X
DG PEP 2022, LTD								
UGLAND HOUSE PO BOX 309 GRAND CAYMAN, CJ KY1-1104	INVEST HOLDIN	CJ	FID CHARITABLE	C CORP	86,603,000.	101,466,000.	100.0000	X
KANGKAI HOLDINGS 2021, LTD								
UGLAND HOUSE PO BOX 309 GRAND CAYMAN, CJ KY1-1104	INVEST HOLDIN	CJ	FID CHARITABLE	C CORP	13,605,000.	49,928,000.	100.0000	X
ISO-MTS CAPITAL PARTNERS OFFSHORE LTD								
UGLAND HOUSE PO BOX 309 GRAND CAYMAN, CJ KY1-1104	INVEST HOLDIN	CJ	FID CHARITABLE	C CORP	888,152.	4,502,552.	87.6300	X
MANATUCK HILL NAVIGATOR OFFSHORE FUND, I								
UGLAND HOUSE PO BOX 309 GRAND CAYMAN, CJ KY1-1104	INVEST HOLDIN	CJ	FID CHARITABLE	C CORP	1,255,201.	18,268,071.	55.2600	X

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s)	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s)	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s)	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s)	<b>1e</b>	
<b>f</b> Dividends from related organization(s)	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s)	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s)	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s)	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s)	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses.	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s)	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s)	<b>1s</b>	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**Part VI** **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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

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