2015 LYONDELLBASELL MATCHING GIFT PROGRAM GUIDELINES

ELIGIBLE CONTRIBUTIONS

The LyondellBasell group of companies ("LyondellBasell") will match \$1 for every \$1 (USD) contributed by Directors or employees.

Qualifying contributions include personal gifts from Directors or employees. **Personal gifts cannot include resources from other people or institutions.** Contributions must be paid by cash, check or credit card.

ELIGIBLE ORGANIZATIONS

Organizations in the United States must be designated by the Internal Revenue Service as a nonprofit, tax-exempt public charity under Section 501(c)(3) of the Internal Revenue Code or as a publicly supported charity under Section 509(a) of the Internal Revenue Code. **Institutions affiliated with religious**, **political or fraternal organizations are not eligible for matching gifts**. **Other eligibility restrictions may apply as determined by the company**. As a matter of general policy, the organizations should be listed in the nonprofit database on the IRS website. Organizations located outside the United States must first transmit to LyondellBasell certification of its charitable intent, a copy of its bylaws, and its most recent audited financial statements including the amount and percentage of private contributions, governmental support, and any other sources of monetary support.

INELIGIBLE CONTRIBUTIONS

- Memberships
- Fees for any service
- Ticket purchases, raffle purchases or auctions
- Bequests of life income trust arrangements
- Subscription fees for publications
- Gifts of real or personal property
- Payments eligible for reimbursement

INELIGIBLE ORGANIZATIONS

- Private operating foundations
- Donor Advised Funds
- Alumni associations, PTAs, scholarships, building funds, athletic funds, booster clubs
- Sports programs or team activities
- Religious, political or fraternal organizations
- Organizations which discriminate against individuals or groups based on age, race, citizenship, religion, color, sex, disability, national origin, ancestry, marital status, or veteran status
- Gifts to the United Way (the United Way receives support from LyondellBasell through its annual fundraising drive)

MATCHING GIFT INSTRUCTIONS

Director/Employee: Complete **Part A** only and send entire form to the recipient organization

Recipient Organization: Complete **Part B** and include the Required Documents

REQUIRED DOCUMENTS

- Matching Gift application completed
- Tax determination or similar government certification, such as a 501(c)(3) IRS determination letter for U.S. organizations
- Receipt for donation (Must be \$100 or more)

ADMINISTRATIVE CONDITIONS

ADMINISTRATION:

- Matching Gifts are paid on the 30th of each month
- Applications must be forwarded by the recipient organization to LyondellBasell by November 13, 2015 to be eligible for matching funds for 2015

At its discretion, LyondellBasell may choose to seek additional information about the purpose of the organization, or the intended use of matching funds, before the matching gift is released. LyondellBasell reserves the right to determine whether any gift will be matched and may change, revoke, suspend, or terminate this program at any time. All interpretations of the requirements of this program are solely within the discretion of LyondellBasell.

The minimum gift that will be matched is \$100, and the maximum from one individual to all organizations in any calendar year that LyondellBasell will match is \$10,000.



2015 LYONDELLBASELL MATCHING GIFT APPLICATION

PART A: DIRECTOR/EMPLOYEE CHECKLIST	PART A: To be completed by LyondellBasell Direct	tor or employee	
 Complete all fields in Part A Complete a separate form for each matching gift contribution 	Name: Work Location: Organization Receiving Gift:	Work Phone:	
 Contribution meets \$100 minimum gift requirement Send form and contribution to the organization 	Date of Gift (M,D,Y): Purpose of Gift:	-	□ Cash/Check □ Credit Card
	Tax Deductible Amount: Amount of Gift: Certification: I certify that I am a LyondellBasell Director or an employee and my gift is a voluntary contribution made from my own resources and not from gifts or loans or any other person or organization. My gift does not represent in any way tuition, nor payment in exchange for, or in expectation of, some monetary or other direct tangible benefit to be given to me, or to any person or organization named by me. In addition my gift will not be used for religious, fraternal or political purposes, nor to fulfill a religious or political commitment. I certify that my gift is not an ineligible contribution and that the recipient is not an ineligible organization, each as described on this form. Director or Employee Signature:		

PART B: RECIPIENT ORGANIZATION CHECKLIST

Executive	Officer	of		
recipient c	organizat	ion		
must complete all fields				
in part B				

- Send donation receipt
- Send copies of tax exempt determination letter and Form W-9
- Complete Part B and return to: LyondellBasell Matching Gift Program, Communications, Media & Marketing Department

P.O. Box 3646 Houston, Texas 77253-3646 Or scan and email to: communityrelations@lyb.com

PART B: To be completed by recipie	nt organization		
Organization Name:			
Executive Director/CEO:			
Title:	Mailing Address:		
City:	State:	Zip:	Country:
Email Address:			
Phone:			
Name of Donor:		Date	Received Gift (M, D, Y):
Tax Deductible Amount:	Amount	of Gift:	

Certification: I certify receipt of the gift described above on behalf of the above-named donor and certify that this institution/organization is a nonprofit public charity, and that contributions to it are tax deductible under Section 501(c)(3) of the Internal Revenue Code of the United States. Furthermore, I certify that this gift does not represent in any way tuition or payment in exchange for, or in expectation of, monetary or other direct tangible benefits to be given to the donor or any person or organization named by the donor. In addition, this gift will not be used for religious, fraternal or political purposes, nor to fulfill a religious or political commitment. I certify that this gift is not an ineligible contribution and that this institution/organization is not an ineligible organization, each as described on this form.

Signature of duly authorized	
representative of recipient organization:	Date:



