## **MATCHING GIFT PLAN for Higher Education**

Halliburton Foundation, Inc. 10200 Bellaire Blvd. Houston, Texas 77072-5206

### What does the matching gift plan offer?

The Halliburton Foundation Matching Gift Plan matches your contribution on a 2.25:1 basis, provided all eligibility requirements are met.

### Am l eligible?

You are eligible if you are a regular full-time employee or a retired employee (retired for five years or less) of Halliburton or any of its U.S. subsidiaries or divisions that contribute to the Foundation. At the time of your contribution, you must have completed at least one full year of employment. (There is no continuous service requirement.) Outside directors and retired directors of Halliburton also are eligible.

### What kinds of donations qualify for matching funds?

Halliburton Foundation will consider matching donations to accredited U.S. colleges, universities or junior colleges. Institution-affiliated funds, foundations or associations may also be eligible

if they directly support the Foundation's primary educational objectives. (An institution may be asked to certify its Internal Revenue Service 501(c)(3) tax status and use of funds.)

### What types of donations may be eligible?

Donations must be personal gifts of cash or securities made directly to an eligible institution. The value of securities will be determined based on the closing price per share on the date the gift is made (date listed on line 8, part A).

Contributions made by eligible employees to all qualifying universities, colleges and junior colleges are limited to a total of \$20,000 (including cash and securities) per calendar year. Eligible retirees may contribute up to a total of \$10,000.

The Foundation does not match any unpaid portion of a pledged gift. If you pay a pledge in installments of \$50 or more, you must submit a matching gift request with each payment. Your gift may be designated; however, to be considered for matching by the Foundation, a designation must not be in any of the categories listed below as ineligible. Additionally, any designation must:

- Be affiliated with an otherwise eligible institution
- Be under the direct control of that institution
- · Be aligned with that institution's primary educational objectives and,
- Be covered by that institution's 501(c)(3) tax-exempt status or have its own.

### What kinds of donations are not eligible?

Ineligible contributions (or designations) include but are not limited to the following:

- · Gifts which result in a benefit to the donor
- · Gifts to organizations not related to education
- · Gifts to organizations for capital improvements
- Gifts fulfilling a church-related financial commitment
- Gifts for religious groups or events
- Gifts for athletics (exception is gifts to athletic scholarships)
- · Gifts to social fraternities or social sororities
- · Gifts for extracurricular or social groups or events
- Dues or social activity fees for alumni associations
- Gifts to support groups such as alumni associations (Exceptions may be made when such

group has the only legal authority to accept contributions on behalf of an eligible institution.)

- In-kind gifts (e.g., value of personal property or services donated)
- Gifts made by a spouse or the surviving spouse of an eligible donor
- Subscription fees for publications
- Payments in lieu of tuition, books or other student fees.

#### How do I request matching funds?

Eligible donors should complete Part A of the Matching Gift application form and then send the form and this guidelines page to the institution with their contribution. The institution's Matching Gift Officer should complete Part B and mail the completed form to: Halliburton Foundation, Inc., 10200 Bellaire Blvd. Houston, Texas 77072-5206.

The Foundation will verify the information provided and confirm eligibility. The Foundation will then authorize a matching gift. Matching gift checks are processed year-round.

Additional application forms are available from the Halliburton Foundation office or can be downloaded from *HalWorld* at the following link:

http://halworld.corp.halliburton.com/youand/ youand\_hfi/youand\_hfi\_matching.asp

The Halliburton Foundation Matching Gift Plan is administered by the Trustees of the Halliburton Foundation, Inc. and may be amended or discontinued at any time by the Trustees. No individual or qualified institution shall have any right against the Foundation by reason of the Foundation's failure to match a gift or the suspension, change, revocation or termination of this Plan. The interpretation, application and administration of this Plan shall be determined by the Trustees of the Foundation, and their decisions with respect to such matters are final. The Foundation reserves the right to decline any Matching Gift application.

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Carefully read the plan guidelines before completing the information requested below. Type or print legibly.

Part A - To be completed by an eligible employee, retiree or outside director. Answer all questions. Not answering a question may delay processing your request. Mail this form with your donation to the eligible institution. Read page two for donations that are not eligible.

1) Nam	ə:					
		Last	First	Middle		
2) Statu	IS:	[ ] Employee	[ ] Retiree (Date:	)		
		[ ] Outside Direct	or			
3) Emp	loyee SAP	ID Number:				
4) Date	of Hire:	5	) Home Address:			
City, S	State, Zip					
	ORMATIC					
	act Date of Gift (MO/DAY/YR):					
8) Form	of Gift:	(A) [] Cash or Che	eck \$	_ (\$250)		
		(B) [ ]Share	s of			
		- Closing Price	Per Share on Date of G	Gift: \$		
		- Source of Clos	sing Price:			
9) The (	Gift is:	[ ] Undesignated				
		[ ] Designated for	:			
	Contributio	ons and Ineligible Contril	e requirements listed und outions in the plan guidel complies, check with the	ines. If you are		
this plan. I a		hat in no way does this gift	at my gift fully complies with benefit me, members of my			

Eligible Donor's Signature:

**Part B - To be completed by the institution's Matching Gift Officer.** Be sure to answer questions 1-11 below. **Not answering a question may delay processing of this request.** 

	1)	Mat	tching Gift (	)fficer								
	2)	Matching Gift Officer:										
	3)	Title: Institution:										
	4)	Mailing Address:										
	,											
	5)											
	6)		E-mail address: Phone number:									
	7)											
	<u>C0</u>		RMATION:									
	8)	Dat	e Gift Was I	Received (N	10/DAY/YR):							
	9)	For	m of Gift:	(A)[] Ca	sh or Check \$	i		_ (\$250 minimum)				
				(B) [ ]	Shares of							
	10)	Did	the donor	designate tl	nis gift? Yes [	]	No [	]				
	11)	lf th	e donor de	signated th	is gift, the que	stions be	low <u>mus</u>	t be answered				
		eve	n if the desi	gnation is a	an unrestricted	account						
		(A) Does the designation comply with all the requirements in the <i>Eligible</i>										
				ons section	of the plan							
guidelines? [ ] Yes [ ] No - With which requirement(s) does it not comply?								ply?				
		(B)	Does the designation fall under any of the catagories in the <i>Ineligible Contributions</i> section of the plan guidelines?									
					gory(ies):							
			[ ] No		<u> </u>							
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I certify that I have read the plan guidelines provided in this brochure and that the gift fully complies with all the provisions of this plan. I also certify that the information submitted is correct and that I am the individual offically authorized to sign matching gift forms for this institution.

Matching Gift Officer's Signature: