



Special Health Matching Gift Program

Helping Your Community

Honda's Community Support Philosophy

It is the philosophy of Honda to encourage a sense of social responsibility in each associate and to honor our obligations to the communities in which we do business.

To complement Honda's existing Matching Gift Program, the company has established a pilot **Special Health Matching Gift Program** to support health-related nonprofit, charitable organizations within their communities. This Health Matching Gift Program, which will operate on a trial basis, will help improve the quality of each community in which we live and work.

Special Health Matching Gift Program

Honda will match personal donations to eligible health-related organizations 50 cents on the dollar up to an annual maximum of \$1,000 per fiscal year. The minimum personal donation that will be matched is \$50. The maximum personal donation that will be matched is \$1,000. (For example, if you donate \$100 to an eligible organization, Honda will donate \$50.)

You may donate to as many eligible, nonprofit organizations in health-related fields as you desire per year, but the maximum personal donation per year is \$1,000.

All gifts must be personal contributions from the eligible associate and must be paid by personal check or credit card, (NO CASH). **You must supply your donation or proof of your donation to the recipient organization with this application. Your proof of donation may be in the form of an official receipt from the organization, a copy of your cancelled check or copy of your credit card receipt.** The Company will not match the value of securities, personal services, personal property, real property or testamentary gifts.

Note: the Special Health Matching Gift Program is separate from the American Honda Matching Gift Program, which supports arts, cultural and educational nonprofit organizations and institutions and requires a different application. For more information on the Matching Gift Program, please contact Corporate Community Relations at 310-781-4250.

Associate Eligibility Requirements

To be eligible for the Special Health Matching Gift Program, participants must be regular, full-time associates of American Honda Motor Co., Inc. or a covered, non-manufacturing affiliate or subsidiary and must have worked with the company for a minimum of six months.

Organizations Eligible for Special Health Matching Gift Support

Eligible organizations include not-for-profit institutions and organizations that focus on health-related causes and are located in the United States and are recognized as having tax-exempt status under Internal Revenue Code Section 501(c)(3).

For the purpose of this program, the following definitions apply:

- **IRS Final Determination Letter 501(c)(3)**
Organizations which qualify as nonprofit and charitable receive from the Internal Revenue Service a letter which determines their non-profit, tax-exempt status. The numerical code of this letter is 501(c)(3).
- If you do not know the status of an organization to which you would like to donate money, simply ask them for their 501(c)(3) status. Additionally, each organization will be required to submit their IRS Determination Letter to Honda for review prior to receiving any Matching Gifts.

A nonprofit organization which is in the IRS Advance Ruling Period and has not yet received a Final Determination Letter from the IRS is not eligible for the Special Health Matching Gift Program.

• Community

Only those organizations incorporated and operating within the United States will be eligible for Special Health Matching Gift Program. Organizations operating outside the United States or those whose funds are used outside the United States are not eligible.

• Eligibility

The eligibility of nonprofit, tax-exempt, charitable organizations to receive Matching Gift Program will be at the sole discretion of Corporate Community Relations which will review all applications for Matching Gifts.

Organizations Recognized under the Special Health Matching Gift Program are:

- Organizations with a health-related focus that contribute to the community.
- Hospitals that support the healthcare needs of the community.

Organizations Not Eligible for Special Health Matching Gift Support

The Special Health Matching Gift Program does not cover organizations ineligible for contributions under any state or federal law, religious organizations or affiliates, political organizations or think tanks and/or organizations that represent a conflict of interest with American Honda Motor Co., Inc. or an affiliated company.

An organization whose goals, objectives or purpose represent a conflict of interest to the goals, objectives, purpose or philosophy of any Honda non-manufacturing company, affiliate or subsidiary will not be eligible for Matching Gifts. Additionally, any organization whose goals, objectives or purpose could be politically damaging or controversial for any Honda non-manufacturing company, affiliate or subsidiary will not be eligible for Health Matching Gifts.

The Special Health Matching Gift Program will not match gifts to United Way campaigns and other federal fund drives or to institutions outside the United States.

To Apply for the Health Matching Gift Program

To apply, complete the Associate Donor Section on the attached application and submit the application together with your donation to the recipient organization. The recipient organization must complete the application, attach a copy of their 501(c)(3) Final Determination Letter from the IRS, proof of your donation and return the package to American Honda.

Upon receipt, Corporate Community Relations will review the application to determine the eligibility of the gift to be matched.

Administrative Conditions

A separate form must be completed for each Health Matching Gift. For gifts of \$500 or more, an officer of the recipient organization with fiduciary responsibility must provide a brief description of the organization's charitable purpose. **American Honda must receive the completed Special Health Matching Gift application from the recipient institution no later than 90 days after the date of the associate donor's gift.** A gift will not be matched unless the organization has received a Final Determination Letter from the IRS approving their not-for-profit, 501(c)(3) tax-exempt status.

Special Health Matching Gifts will be paid on October 2011 and March 2012.

The associate donor will be advised in writing coinciding with the Special Health Matching Gifts Program payment schedule, if the request has been approved or declined and why.

The aggregate amount of company funds available for the Matching Gift Program, Health Matching Gift Program and Volunteer Program is \$125,000 per fiscal year. Once that total is reached, ALL Programs will be closed for the remainder of that fiscal year.

Additional Information

The company encourages associates to make personal donations to eligible, charitable organizations, but participation in the Health Matching Gift Program is truly voluntary and is not required as a condition of employment.

The Company reserves the right to determine whether or not a gift will be matched, only gifts made in the current fiscal year are eligible for matching. Further, the Company reserves the right to suspend, change, revoke or terminate the Health Matching Gift Program at any time.

Honda's Special Health Matching Gift Program Application

Associate Donor Section - to be completed by the Associate.

When completed, submit this application together with your donation to the recipient organization.

Please print or type all requested information.

Associate Name: _____

Associate Number: _____ Mailstop: _____

Division: _____

Department: _____

Complete Work Location Address: _____

Hire Date (Month/Day/Year): _____

Organization's Name: _____

Organization's Telephone Number: _____

Contribution Date: _____

Contribution Amount: _____

Read the following paragraph carefully and sign and date the application where indicated.

I will receive no tangible benefit for my gift contribution and the organization, noted above, does not discriminate on the basis of race, sex, creed or color. My gift is voluntary and made from my own resources.

Associate's Donor Signature Date

Mail this entire brochure to the recipient organization. They will complete the remainder of the application.

Honda's Special Health Matching Gift Program Application

Recipient Organization section – to be completed by the organization.

Please complete all requested information. **Attach to this application, a copy of your IRS Final Determination Letter or nonprofit status 501(c)(3) and a proof of Associates' contribution.** If the Special Health Matching Gift amount is in excess of \$500, please also attach a brief written description of your organization's charitable purpose.

Send the completed application with all requested documentation within 90 days of the date of the associate donor's gift to:

American Honda Motor Co., Inc.
Corporate Community Relations Department
1919 Torrance Blvd., M/S 100-3C-7B
Torrance, CA 90501

On behalf of your organization, please certify that:

You have read and understand the description of Honda's Special Health Matching Gift Program.

You did receive the financial gift in the amount noted by our associate. If the associate has not attached proof of donation, please provide a receipt when submitting completed application to American Honda Motor Co., Inc.

The gift complies with all our guidelines applicable to your organization.

Your organization is designated tax-exempt by the Internal Revenue Service under Section 501(c)(3) of the Internal Revenue Code.

You received funds \$ _____ from the associate on _____
(Date)

Organization: _____

Address: _____

Organization's Telephone Number: () - _____

Organization's Objectives: _____

Organization's Executive Director (or Comparable Official): _____

(print or type Name & Title)

Signature Date

Honda's Special Health Matching Gift Program Application

Recipient Organization section – to be completed by the organization.

The Corporate Community Relations Department is interested in learning more about the demographics of the recipients of our philanthropy in an effort to improve and learn from our applicants about the needs facing the socially and economically disenfranchised. We ask that you help us with this task by completing the target population evaluation section that follows.

Please provide a breakdown of the ethnic demographics of the population your organization serves. If you do not collect the information, please estimate it to the best of your ability.

- | | |
|---|---|
| <input type="checkbox"/> African American/Black | % |
| <input type="checkbox"/> Asian/Pacific Islander | % |
| <input type="checkbox"/> Caucasian | % |
| <input type="checkbox"/> Hispanic/Latino | % |
| <input type="checkbox"/> Native American | % |
| <input type="checkbox"/> Other | % |

Total 100%

| | |
|-------------------------------|------|
| For CCR use only: | |
| | |
| Corporate Community Relations | Date |