



## Employee Matching Gift Program

*The Employee Matching Gift Program has been established as an incentive to encourage employees to make charitable contributions by enabling them to direct matching contributions to the charitable organizations of their choice.*

### Qualifying Organizations

- Matching gift contributions must benefit secondary educational organizations or 501(c)(3) non-profit organizations
- The Organization must be recognized by the Internal Revenue Service as tax-exempt under section 501(c)(3) of the Internal Revenue Code.
- Payments for books, or other student fees for individuals are ineligible (donations to general scholarship funds are eligible)
- Contributions to religious organizations are ineligible.

### Qualifying Gifts

- A gift must be made personally by an employee. Donations made by cash or by check must be accompanied by the matching gift form. Pledges will not be matched.
- For online donations, please send the Matching Gift Form to Beth Meyers, complete the top section and provide contact information of the charity so that your donation can be verified.
- No payment whereby an employee or another person receives a resulting benefit will be matched.
- Payments for tuition, tickets to dinners and other fundraising events, raffle tickets, dues paid to alumni associations and contributions to athletic support groups, and gifts designated for athletic scholarships, departments or programs are not eligible.
- The program will run on a calendar year. The Employee Matching Gifts Program matches personal gifts from a minimum of \$50 up to \$1,000 maximum per year, and will be matched dollar for dollar up to the maximum.
- Morningstar Corp. may suspend, terminate, or modify the Program at any time at its sole discretion. The interpretation, application, and administration of the Program, including eligibility of charities, shall be determined by Morningstar Corp., and its decision shall be final.
- THE PROGRAM WILL BEGIN FOR ALL DONATIONS AS OF AUGUST 1, 2011. THE DONATIONS LIMIT WILL BE PRO-RATED FOR AUGUST THROUGH DECEMBER 2011 AT \$417.

## Employee Matching Gift Form

### Procedures

### Employee Completes this Section

Employee Name (please print) _____		
Home Address _____		
City _____	State _____	Zip _____
(_____) _____ Daytime Phone Number		
Date of Gift: _____ Amount of Gift (minimum \$50): _____		
<p><b>I certify that this gift is solely for the use of the organization named and neither I, nor any member of my family, nor any third party, will benefit in any way from this gift. I further certify that that the amount given is entirely my own and meets the qualifications of the Employee Matching Gift Program.</b></p>		
Signature of Employee _____		Date _____

**Employee**

Please complete the following:

- Fill out the top section of the form.
- Sign where indicated.
- Attach the form to the check or other gift.
- Send the form to the recipient organization along with the gift.

**Recipient Organization**

Please complete the following:

- Verify the accuracy of the information provided.
- Fill out the bottom section of the form.
- Sign the form. Your signature acknowledges the receipt of the gift and declares there will be no personal benefit to the donor as a result of the gift.

**Return the form to:**

Morningstar Corporation  
8 Pheasant Run  
Newtown, PA 18940

The following must be enclosed:

- Copy of 501(c)(3) letter from the IRS
- Information about recipient organization

*Please Note:*

The form must be returned by the recipient organization within 60 days of the date of the gift.

**Morningstar Corp. requests that no publication be made of its matching contribution. Only the employee shall be credited by the recipient organization as a donor.**

Morningstar Corp will review the completed form received from the recipient organization. If all requirements have been met, Morningstar Corp will match the gift in the amount specified according to the terms of the program.

Morningstar Corp will send its matching check directly to the recipient organization.

Morningstar Corp may suspend, terminate, or modify the program at any time at its sole discretion. The interpretation, application and administration of the program, including eligibility of charities, shall be determined by Morningstar Corp, and its decisions shall be final.

### Recipient Organization Completes this Section

Name of Organization Receiving Gift _____		
Contact Name _____		
Organization Address _____		
City _____	State _____	Zip _____
(_____) _____ Telephone Number	Organization taxpayer identification number _____	
Describe the organization's primary purpose or mission and attach a copy of the 501(c) (3) letter from the IRS: _____		
Form of Gift (cash/check/credit card): _____		
Amount of Gift: \$ _____		
Tax Deductible Amount: \$ _____		
<p>I certify the above gift was received. This organization is tax-exempt under the U.S. Internal Revenue Code, and is not a private foundation. I further confirm that no direct, tangible benefit will accrue to the donor, to any member of his or her family, or to any related third party as a result of this gift.</p>		
Name of officer authorized to sign on behalf of the recipient organization _____		Title _____
Signature of authorized officer (stamp signature will not be accepted) _____		Date _____