

# SELECT EQUITY GROUP FOUNDATION

Matching Gifts Program  
Effective February 17<sup>th</sup>, 2011

## Matching Gift Guidelines

### WHO CAN PARTICIPATE

You are eligible if, on the date of your gift, you have been a full-time employee of Select Equity Group, Inc. for a three-month period.

### ELIGIBLE ORGANIZATIONS

To be eligible the receiving organization must be a United States entity and recognized by the Internal Revenue Service as tax-exempt and designated a public charity under Section 501(c)(3) of the IRS Code or as an instrumentality of a federal, state or local government as provided by Section 170(c)(1) of the Code.

Areas of giving might include, but are not limited to:

- **Education:** Only donations to scholarship funds will be matched for degree-granting institutions of higher education, including two-year community and junior colleges, and secondary and elementary schools that provide a course of instruction leading ultimately to a high school diploma. Preschools and nursery programs for underserved populations and communities will also be supported.
- **Culture:** Museums, libraries and other organizations engaged in cultural activities like dance, music, theater, film and photography.
- **Environment:** Organizations engaged in protecting and supporting parks, wildlife and other aspects of the environment and conservation.

### WHAT CONTRIBUTIONS ARE ELIGIBLE?

- Contributions must be from the donor's personal funds and must be paid. *The Foundation will not match gifts in order to fulfill pledged obligations of any kind.* For gifts of installments, each installment must be submitted on a separate form.
- The maximum amount matched per employee per calendar year is \$25,000, with a maximum of \$5,000 per organization. If the donor makes several contributions, gifts will be matched in the order received, up to the maximum limit for the calendar year.
- The Select Equity Group Foundation matches \$3.00 for \$1.00 for the first \$250, \$2.00 for \$1.00 from \$251 to \$500, and \$1 for \$1 thereafter up to \$5,000 per eligible organization.
- The donor's limit is based on the date of the gift.
- Gifts must be in the form of check, credit card, or marketable securities with a quoted market value. Gifts of securities are valued based on the average of the high and low on the date of the gift. No other form of personal or real property will be matched.

### WHAT IS NOT ELIGIBLE FOR MATCHING?

- Gifts made in lieu of tuition payment for services
- Fees for service or tuition payments
- Membership fees for which benefits are received
- Dues to alumni(ae) or similar groups
- Gifts to employees', or employees' spouses', Alma Mater will not be matched, unless they are allocated to a specified scholarship fund
- Gifts or payments for primarily political or religious purposes, unless specified for a religious school or religious college
- Gifts to fulfill pledged obligations of any kind
- Subscription fees for publications
- Insurance premiums
- Bequests or life income trust arrangements
- Gifts of real or personal property

### HOW THE PROGRAM WORKS

Matching gifts requests should be submitted by paper form.

#### By Mail:

##### The employee should

- Complete Part 1 of the application form
- Mail the original application form, with the donation and any other necessary documentation, to the organization that meets the criteria listed in the guidelines. Faxed copies will not be accepted. The matching grant from the Select Equity Group Foundation will be designated for unrestricted support.

##### The recipient organization should

- Complete Part 2 of the *original* application form.
- The authorized officer of the charity must verify the donation, sign the application form and return the *original* application form to Select Equity Group, Inc., 380 Lafayette Street, 6<sup>th</sup> Floor, NY 10003, Attn: Robert Wilson

#### Electronic Gifts

If your gift was made electronically, please complete Part 1 of the Matching Gifts Form, and attach, sign and date your electronic receipt. Either you or the recipient organization will be contacted, if further information is required.

Match requests must be received by the Select Equity Group Foundation within one year of the date of payment by check, credit card, or traded securities. Gifts received after that time will not be honored. All gifts must be verified by the recipient organizations in order to be matched.

For more information, please contact Robert Wilson at 212-475-8335, #2750, or [rwilson@selectequity.com](mailto:rwilson@selectequity.com).

### ADMINISTRATIVE CONDITIONS

The Select Equity Group Foundation reserves the right to interpret, apply, amend or revoke these guidelines at any time without prior notice. The policies and procedures described above are not conditions of employment, nor are they intended to create or constitute a contract between the Select Equity Group, Inc. and any one or all of its employees.

# SELECT EQUITY GROUP FOUNDATION

## Matching Gifts Program

### Matching Gift Form

#### Donor Instructions:

Complete Part 1 of this form for each gift. *Please print or type.* Send the original guidelines and form with your contribution to the recipient organization for completion.

#### Recipient Organization Instructions:

Please review the Matching Gifts Program Request guidelines, verify receipt of gift and complete Part 2 of this form. *Please print or type.* If this is your first matching gift request to the Select Equity Group Foundation, please enclose a copy of your Internal Revenue Service 501(c)(3) determination letter and a brief description of your organization's primary mission statement or purpose. Forward form to the address printed below.

#### PART 1 - DONOR SECTION

DONOR NAME	
HOME ADDRESS	
CITY/STATE/ZIP	
BUSINESS TELEPHONE, INCLUDING AREA CODE	
E-MAIL ADDRESS	EXACT DATE OF GIFT
AMOUNT OF GIFT \$	TAX DEDUCTIBLE GIFT AMOUNT \$

#### Type of gift: Please check one:

- Check  
 Credit card  
 Securities \_\_\_\_\_  
IF SECURITIES, NUMBER OF SHARES AND NAME OF SECURITY
- Electronic (please attach, sign and date your official receipt)  
 I confirm that this gift to my Alma Mater is intended for scholarships only

NAME OF ORGANIZATION RECEIVING MY GIFT
STREET ADDRESS
CITY, STATE & ZIP

I certify that neither my family nor I will derive any direct or indirect financial or material benefit from this contribution. I authorize the above-named recipient organization to report this gift to Select Equity Group, Inc. for the purpose of applying for a matching gift. I certify that my gift is a voluntary contribution, that it fully complies with the provisions of the program described herein, and does not represent in any way a fee for a service or benefit. Any misrepresentation by me of the statements made herein will forfeit my rights to any matching contributions and, in addition, may result in violations of law. In addition, I certify that I have not been nor will be reimbursed by anyone for this contribution. I have read and understood the Matching Gifts Program Request guidelines of the Select Equity Group Foundation.

SIGNATURE OF EMPLOYEE	DATE
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#### For Office Use Only

Match Amount: \$ _____
501C3 Verification Date: _____
Method: Charity Check      Other _____
Initial: _____

#### PART 2 - RECIPIENT ORGANIZATION SECTION

EMPLOYER IDENTIFICATION NUMBER (EIN)	
ORGANIZATION NAME	
ADDRESS	
CITY/STATE/ZIP	
TELEPHONE, INCLUDING AREA CODE	FAX, INCLUDING AREA CODE
E-MAIL	WEBSITE ADDRESSES (IF ANY)
DATE GIFT RECEIVED	
AMOUNT OF GIFT \$	TAX DEDUCTIBLE GIFT AMOUNT \$

I have reviewed the matching gifts guidelines and hereby certify that this organization/program meets the eligibility requirements of the Select Equity Group Foundation and that neither the donor, nor Select Equity Group Foundation will derive any personal material benefit from the tax-deductible amount of this gift or match.

#### MAIL COMPLETED FORM AND REQUIRED ENCLOSURES TO:

Select Equity Group, Inc.  
380 Lafayette Street,  
6<sup>th</sup> Floor  
New York, NY 10003  
Attn: Robert Wilson

Phone: 1-212-475-8335  
E-mail: [rwilson@selectequity.com](mailto:rwilson@selectequity.com)

AUTHORIZED OFFICER'S NAME (PLEASE PRINT)	
TITLE (PLEASE PRINT)	
SIGNATURE OF AUTHORIZED OFFICER	DATE