



ARTISAN PARTNERS

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Matching Gift Policy - United States

Artisan Partners Limited Partnership encourages all of its employees to actively contribute to qualified organizations through the Matching Gift Program. Under this program, Artisan Partners will monetarily match up to four contributions (any combination of cash or marketable securities) per fiscal year by an eligible donor. The combined maximum total is \$1,000.00 per employee per fiscal year (minimum match: \$50).

Eligibility

Donors:

- All Artisan Partners full- or part-time (greater than 30 hours per week) regular employees are eligible to participate in the Matching Gift Program.

Gifts:

- Contributions must be made in the form of cash or readily marketable securities. Matching contributions cannot be made for gifts of services, real estate, unmarketable assets or tangible personal property (books, furniture, jewelry or other such items).
- All matching gift funds will be restricted to the same purpose as the employee's own gift.
- Gifts must be paid, not merely pledged.
- Matching Gift Forms must be received by Artisan Partners within three months of the date the donor made the gift in order to be considered for matching.
- Financial contributions must be charitable contributions that can be deducted by the individual for federal income tax purposes.

Organizations:

- The organization must be classified by the IRS as a public charity; private foundations are not eligible for matching gifts.
- Organizations approved by the IRS will be considered eligible institutions. The IRS link provides access to qualifying exempt organizations and is available on the IRS web site at <http://www.irs.gov/Charities-&Non-Profits/Exempt-Organizations-Select-Check>.
- The organization/project being funded must have a non-political primary purpose.
- The organization must provide audited financial statements (if available) or copies of its most recent IRS Form 990 upon request.

Ineligibility

Donors:

- Gifts from spouses, other family members or joining contributions made by several individuals.
- Payments for which donors, their families, or other individuals designated by the donor receive a direct benefit; this includes payment for services, tuition, books and student fees, but does not include token benefits such as coffee mugs, calendars, etc., bearing the organization's name or logo.

Gifts:

- Fundraising sponsorships, fundraising event tickets and dinners, pledges for fundraising (walks, runs, etc.)
- Gifts to individuals

Organizations:

- Organizations/projects that are political in nature
- Organizations that are membership-based (booster clubs, fraternities, sororities)
- Athletic teams

Programs:

- Athletic programs, athletic scholarships, tournaments
- Recreational activities

Process Steps

- Artisan Partners Limited Partnership employee completes the Employee Section of the Matching Gift Form. Employee then sends either a check or the completed Securities Section along with the Matching Gift Form to the eligible recipient organization.
- The recipient organization completes the Recipient Organization Section verifying that the financial gift was received, and returns the form to Artisan Partners Limited Partnership Matching Gift Program
- Human Capital determines eligibility and, if approved, forwards the form for check processing. Checks are sent directly to the qualifying organization and an acknowledgement e-mail is sent to the employee.
- Matching gift requests must be submitted to Artisan Partners by the recipient organization within three months of the date of contribution. Matching gifts are awarded generally within three weeks after the properly completed form is received.



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Employee Section *(Please print clearly)*

Employee Name _____

E-Mail Address _____

Address _____

City _____ State _____ Zip _____

Work Phone Number _____

Recipient Organization Name _____

Type of Organization *(education, food, health, shelter, vocational, etc.)* _____

Please complete this section for gifts of securities:

Security name and symbol: _____

Security ticker symbol: _____

Quantity (number of shares): _____

Type of security: _____

Gift date: _____

My total cash and/or securities gift: \$ _____

Amount of gift I would like to be matched: \$ _____

Restriction/purpose of gift: _____

I hereby certify that this gift is made entirely from my own personal assets and that it is not in whole or in part the gift of others made through me. To the best of my knowledge, this organization and gift falls within the guidelines of the Artisan Partners Matching Gift Program as stated in the *Eligibility* section of this form.

Employee Signature _____ Date _____

Recipient Organization Section

To be completed by recipient organization and returned within three (3) months of the gift date to:

Artisan Partners Limited Partnership
Matching Gift Program
875 E. Wisconsin Avenue, Suite 800
Milwaukee, WI 53202-5402
1-414-390-6100

Legal Name of Organization _____

Federal Tax ID Number _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____

E-Mail Address _____

Web Site Address (URL) _____

Purpose of Organization _____

This is to certify that a gift of cash and/or securities in the amount of \$_____, as stated in the *Employee Section* of this form, was received by our organization as a contribution. To the best of our knowledge, this gift meets the criteria for the Artisan Partners Limited Partnership Matching Gift Program as described in the *Eligibility* section of this form. I further confirm that we are a nonprofit, tax-exempt organization per Section 501(c)(3) of the Internal Revenue Code and that we are a public charity (i.e., not a private foundation under Section 509(a) of the Internal Revenue Code). Any matching funds received from Artisan Partners will be designated for the same purpose as the employee's original contribution. No goods or services, other than de minimis benefits, have been or will be given to either the Artisan Partners employee or Artisan Partners Limited Partnership in exchange for this contribution.

Employee Donor Name _____ Date of Gift _____

Authorized Signature _____

Name of Signer *(please print)* _____

Title of Signer _____ Date Signed _____

The interpretation, application and administration of the Artisan Partners Matching Gift Program will be determined by the Benefits Committee and all decisions will be final. Artisan Partners may at any time amend, suspend or discontinue the Matching Gift Program.