



EDUCATIONAL MATCHING GRANT PROGRAM *for Harley-Davidson Employees*

Harley-Davidson's *Educational Matching Grant Program* will match gifts to eligible educational institutions in Arizona, Florida, Kansas, Michigan, Missouri, Ohio, Pennsylvania, and Wisconsin, and to the alma maters (regardless of U.S. location) of our full- and part-time active employees of Harley-Davidson, at 100% for every dollar pursuant to these program guidelines.

NATURE OF GIFT

Your contribution must be a personal gift actually paid (not merely pledged) to an eligible recipient. It can be in the form of cash, check or money order. Your contribution must be made directly to the eligible institution and may only be designated for that institution's educational objectives. Dues, tuition, fundraising events like auctions, dinners, etc., subscription fees for publications or any other payment which you receive something of value will **not** be matched. Matching funds may **not** be used to discharge donor obligations (i.e., loans from an educational institution).

ELIGIBLE EDUCATIONAL INSTITUTIONS

To be eligible, organizations must be nonprofit and in the U.S. Organizations must be located in the states of Arizona, Florida, Kansas, Michigan, Missouri, Ohio, Pennsylvania, and Wisconsin unless it's an alma mater of an employee. Contributions to these organizations must be deductible under Section 170(c) of the Internal Revenue Code and be included in the following categories of educational institutions:

- K-12 (Kindergarten through 12th Grade; public and private schools)
- graduate and professional schools
- universities
- four-year colleges
- two-year junior and community colleges
- vocational and technical institutes which are accredited by a regional or professional accrediting agency recognized by the Department of Education of the federal government.

AMOUNT OF MATCHING

To be eligible for the 100% match, you must contribute at least \$25. Contributions can be made to one or more eligible institutions as often as desired during the year. The annual contribution eligible for the 100% match is \$5,000; however, to provide employees additional flexibility, The Harley-Davidson Foundation will also match employee contributions in excess of the \$5,000 annual cap up to an additional \$15,000 during the life of their employment. These additional donations (above the \$5,000 per year cap) must be made in at least \$1,000 increments to be eligible for the 100% match.

For example: In 2011, Bill made a gift to an eligible University of \$6,000, and a gift to his son's elementary school of \$7,000. Both his contributions that year would be matched at 100% using his \$5,000 annual match and \$8,000 of his \$15,000 life of employment match.

HOW TO HAVE YOUR GIFT MATCHED

As a donor, complete Part I of the Matching Grant Program Application on the reverse side, and send it along with your gift to the recipient organization. The recipient organization will complete Part II and return it to The Harley-Davidson Foundation. The Harley-Davidson Foundation will determine if the organization is eligible to receive matching funds and will send a matching check to the institution.

ADMINISTRATION

The Harley-Davidson Foundation directs this program and is responsible for interpreting program guidelines. Payments will be made on a quarterly basis. This program is intended to be a continuing program, but is subject to modification, suspension, or termination by The Harley-Davidson Foundation.

If you have any questions about your eligibility or the eligibility of a recipient, call the Foundation Department, (414) 343-8724 at Juneau Avenue.



APPLICATION

EDUCATIONAL MATCHING GRANT PROGRAM
for Harley-Davidson Employees

Part I

To be completed by donor (Please type or print)

Name of Recipient Organization _____

Employee Name _____ Daytime Telephone # _____

Work Location and Dept. # _____ Employee I.D. # _____

Employee Address _____

(City, State, Zip code)

The following personal gift, which I believe is eligible for gift matching from The Harley-Davidson Foundation, is enclosed.

Dollar Amount \$ _____ Amount to be applied to lifetime match \$ _____

I declare that neither I nor any nominee of mine will receive anything of value in return for this gift and the matching funds received by your organization will not be used to discharge any obligation I have.

(Employee Signature)

(Date)

Part II

To be completed by recipient organization (Please type or print)

Name of Recipient Organization _____

Organization Address _____ Federal I.D. # _____

(City, State, Zip code)

Nothing of value was given in return for this gift and matching funds from The Harley-Davidson Foundation will not be used to discharge any obligation of the donor.

This is a nonprofit, non-proprietary organization, contributions to which are deductible under Section 170(c) of the Internal Revenue Code.

Please Check All that Apply

- The above donor has attended this educational institution.
- This institution is located in AZ, FL, KS, MI, MO, OH, PA, WI.

(Full Name and Title)

(Phone Number)

(Signature)

(Date)

Recipient Organization: Please return this completed form to:
HARLEY-DAVIDSON MOTOR COMPANY • Attn: Foundation Dept. • P.O. Box 653 • Milwaukee WI 53201-0653



VOLUNTEER HOURS PROGRAM *for Harley-Davidson Employees*

Harley-Davidson's *Volunteer Hours Program* is for full- and part-time permanent active employees of Harley-Davidson. The Harley-Davidson Foundation will match employees' volunteer hours with grants under the following schedule:

**AT LEAST 20 hours of service = \$100; AND
\$5 for each additional hour, with a maximum of \$1,000 per employee; or
a \$2,000 cap per organization per year.**

Employees may volunteer with as many organizations as they wish so long as the 20-hour annual minimum per organization is met. For example, Mary Sue volunteered 25 hours at Children's Hospital, 30 hours at the Boys and Girls Club and 15 hours at the Make-A-Wish Foundation. Children's Hospital would receive a check in the amount of \$125, the Boys and Girls Club would receive a check in the amount of \$150 and the Make-A-Wish Foundation would receive no funding because the 20 hour minimum was not met.

WHAT ORGANIZATIONS ARE ELIGIBLE?

To be eligible, organizations must be nonprofit under Section 501(c)(3) of the Internal Revenue Code and certified to receive tax-deductible contributions. These organizations are classified as charitable, social welfare, health, medical, literary, or cultural.

WHAT ORGANIZATIONS ARE NOT ELIGIBLE?

- Political or religious organizations.
- Organizations such as athletic teams, Scout troops, theater and art groups that are supported for the benefit of employees' immediate family members (parents, children, brothers and sisters). Employees will be asked at the time they submit hours to certify that these volunteer hours were not directed towards programs in which their immediate families participate.
- Schools and school classroom activities (including public and private schools, colleges and universities) are not eligible. Please note: The Volunteer Hours Program is designed to encourage involvement in the broader community through donation of personal time. For that reason, while we support and encourage employees' participation in their children's school activities, we cannot include these in the Volunteer Matching Hours program. However, you can participate in the Educational Matching Grant program. The H-D Foundation will match gifts to eligible institutions at 100%.
- Organizations holding events that the Company sponsors, such as the Next Door Foundation, the Susan B. Komen Foundation and MDA. However, if employees wish to volunteer for such organizations on an ongoing basis and the hours are not connected to specific company-sponsored events, these hours may be eligible. Contact the Foundation Department to determine eligibility.
- Professional organizations, i.e. bar associations, trade associations.
- Volunteer fire departments, ambulance services, etc.

HOW TO RECEIVE YOUR GRANT

- Complete the Volunteer Matching Grant Program application. Volunteer hours should be accumulated from January through December and submitted to the **Foundation Department at Juneau Avenue no later than January 15** of the following year. The Foundation will determine if the organization is eligible to receive a Volunteer Matching Grant. If so, payment will be made in March.
- Provide a detailed description of your volunteer projects/tasks with specific activities that constitute your volunteer time, including dates and hours (see sample on other side).
- **Please Note:** A copy of the organization's IRS Federal Tax exemption determination letter, which proves their 501(c)(3) status, **must** be submitted with the application in order for the grant to be approved.

ADMINISTRATION

The Foundation directs this program and is responsible for interpreting program guidelines. This program is intended to be a continuing program, but is subject to modification, suspension, or termination by the Foundation.

Volunteer Hours Program Application

– Please print or type –

Employee Name _____ Daytime Telephone # _____

Work Location and Dept. # _____ Employee I.D. # _____

Employee Full Address _____

Your total number of volunteer hours this program year (Jan. 1– Dec. 31) _____

Please Note: Your volunteer hours may also qualify you for the Employee Volunteer Service Award program, the EAGLE Award (Employee Award for Generosity Leadership Excellence). To learn more, check out the EAGLE Award program page on RIDE (About HD/Community Involvement/Employee Programs).

Agency Name _____ Federal I.D. # _____

Contact Person _____ Title _____ Telephone # _____

Address _____ City _____ State _____ Zip _____

Example of Logging Volunteer Time *(be as specific as possible)*

Please Note: Travel times to & from events are not considered part of volunteer time

Date	Description of volunteer project	Hours
January 8	Monthly Board meeting	3 hours
March 6	Tutoring children w/school work	3 hours
March 8	Tutoring children w/school work	3 hours
April 6	Tutoring children w/school work	3 hours
April 23	Participated in Clean up Day	6 hours
May 14	Food Pantry assistance/sorting food	4 hours
Total Hours		22 hours

Please attach a summary of your volunteer time and a description of your volunteer tasks.

May we include your name, in future H-D publications, as a program participant? Yes ___ No ___

I certify that the above information is correct and complies with this program's provisions and that I have received no goods or anything of value in return for my volunteer hours. In addition, none of my immediate family members (parents, children, brothers & sisters) are participants in the program for which I am submitting volunteer hours.

(Employee Signature)

(Date)