



Matching Gifts Policy

Symmetry recognizes the importance of charitable nonprofit organizations. To support the work of these organizations, Symmetry will match regular, full-time employees' cash contributions to qualified organizations up to the limits and subject to the terms and conditions described below.

Recipient Eligibility Criteria

All recipients of Symmetry matching contributions must meet the following criteria

- The receiving organization must be a charitable organization that is recognized by the US Internal Revenue Service (IRS) as a not-for-profit 501(c)(3) entity. Examples are the American Red Cross, the American Cancer Society, the Nature Conservancy, and the United Way.
- The organization's primary mission is non-sectarian, non-religious*, non-denominational, non-discriminatory, non-political; and
- The organization's policies and practices are consistent with Symmetry's non-discrimination policies and practices and Symmetry's Code of Ethics and Business Conduct.

Symmetry will match employee cash contributions of \$100 or more to a maximum of \$200 per employee per calendar year. To generate the employer match, the employee must submit the completed Matching Gift Contribution form (available from Human Resources) including all supporting documentation. Pledges of contribution are not eligible—the employee's contribution must have been made to qualify for the employer match. Human Resources may also request that the employee provide additional information on any organization which is not easily identifiable as a qualified organization for the employer match.

Symmetry will not make matching gift donations to organizations that discriminate on the basis of race, color, ethnicity, creed, religion, gender, gender identity and expression, national origin, sexual orientation, age, pregnancy, disability, veteran status, protected genetic information, or political affiliation.

* Requests from religious organizations for sectarian purposes will not be considered; however, a community program sponsored by a religious organization will be considered (e.g., a food pantry).

	PROGRAM	Policy/Document #:	
	<i>Internal/Confidential</i>	Revision Number:	001
	Matching Gifts Policy	Approved By:	SLT
		Approval Date:	October 21, 2022
	Program Status: Completed	Effective Date:	January 1, 2023



Matching Gift Contribution Form

Symmetry Energy Solutions, LLC will match cash donations of \$100.00 or more up to \$200.00 that are made by employees to charitable organizations that are recognized by the US Internal Revenue Service (IRS) as not-for-profit entities that can accept tax-deductible contributions and that otherwise meet the policy’s eligibility requirements. Employees are responsible for the completion of all sections of the Matching Gift Contribution Form, as well as the collection of all supporting documentation, prior to submitting the request for a matching gift contribution to HR.

Employee: Complete the employee section of this form and send it together with your cash donation to the charitable organization. Following the proper completion of this form, including a copy of the receipt of the paid charitable contribution, by you and the organization, and its submittal to and approval by Symmetry, the matching gift amount will be sent to the charitable organization. Symmetry reserves the right to request additional documentation from the employee and/or the organization.

Charitable Organization: If your organization is a not-for-profit entity that is recognized by the IRS as being eligible to accept tax-deductible cash contributions, complete the charitable organization portion of this form and provide a copy of the charitable organization’s completed W-9 (signed and dated within the past 12 months) to the employee for submission to Symmetry as part of the employee’s request for a matching gift contribution from Symmetry.

*****Misuse of this form by an employee and/or receiving organization may result in legal and/or disciplinary action*****

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(This section is to be completed by the Symmetry employee)

I certify that I made a cash donation in the amount indicated below to the charitable organization listed below. I further certify that no goods or services were provided by the organization in return for my contribution.

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Employee Name: _____

Employee Signature: _____ Date Signed: _____

Donation Made To: _____ Date of Donation: _____

Amount of Cash Donation: _____

(This section is to be completed by the receiving charitable organization)

The person signing below certifies on behalf of the organization identified below that their not-for-profit organization is eligible to accept tax-deductible cash contributions, and did receive the cash donation in the amount, and from, the contributor listed above. The person signing below further certifies that they are authorized to sign this form on behalf of the listed organization and that no goods or services were provided in connection with this contribution.

Charitable Organization Name: _____

Address: _____

City, State, Zip Code: _____

E-mail Address: _____

Charitable Organization Phone Number: _____

FEIN/TIN (completed W-9 also required): _____

Authorized Signature: _____ Date Signed: _____

Print Name (of person signing): _____

Print Title (of person signing): _____


(This section is for Symmetry internal use only)

Accounting Code: _____ GL Code: _____

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Human Resource Approval: _____ Date: _____

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