

PART B

To be completed by Recipient Organization

Recipient Organization _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Organization Federal Tax ID (EIN Number) _____

Purpose or mission of organization: _____

I certify that at least 10 hours of volunteer services have been received during the time period indicated on Part A, and that this grant is not in payment of any fees or memberships, in lieu of tuition or for personal benefit to the volunteer or any other individual.

I certify that I represent this recipient organization and it is a public charity under IRS 501(c)(3), or a governmental unit or political subdivision of the state or a non-profit educational institution that is accredited by a recognized regional accrediting agency. The volunteer service and dates are accurate and are in compliance with the KCF Kellogg's Cares Program as described on the reverse side of this form.

Representative name _____

Representative signature _____

_____ Date _____

Please mail completed form within 6 months of service completion.

PROGRAM PROCESS

- Volunteer completes Part A and submits to the recipient organization.
- Recipient organization's representative completes Part B, being sure to indicate if the volunteer received any goods or services for the volunteer work.

Note: The recipient organization's related records will be made available for audit at the request and expense of KCF.

- Volunteer or recipient organization submits both Part A & B to:

Kellogg's Cares
Kellogg Company Fund
One Kellogg Square, PO Box 3599
Battle Creek, MI 49016
corporate.contributions@kellogg.com

- KCF will verify the volunteer's status and the recipient organization's status.
- KCF will disburse funds no less than quarterly each calendar year.
- Each volunteer will receive confirmation once the disbursements have been made.



KELLOGG'S CARES VOLUNTEER PROGRAM

Employees
Retirees
Board Member

KELLOGG'S CARES

VOLUNTEER PROGRAM SUMMARY

The Kellogg Company Fund (KCF) Kellogg's Cares Program serves to extend the company's commitment to the communities where we live and work. This program provides a \$100 contribution to an eligible organization for every 10 hours of volunteer time recorded by an employee, retiree or board member within a calendar year, up to a maximum of \$500 per volunteer.

VOLUNTEER ELIGIBILITY

- Active, full-time, salaried and hourly employees of all Kellogg Company U.S. divisions.
- Kellogg retirees.
- Current Kellogg board members.

RECIPIENT ORGANIZATION NON-PROFIT ELIGIBILITY

Must be one of the following:

- Be described under IRS Code Section 501(c)(3).
- A governmental unit.
- Political subdivision of the state.
- A non-profit educational institution that is accredited by a recognized regional accrediting agency.

All recipient organizations will be confirmed eligible prior to payment distribution.

Eligible recipient organizations may include:

- Accredited Schools
- Hospitals
- Nursing Homes
- Food Banks
- Humane Society
- Youth Sports

GUIDELINES

- Minimum gift is \$100, maximum is \$500 per individual in a calendar year.
- Payments are made based on volunteer time in increments of 10 hours.
- Completed form must be submitted within 6 months of volunteer completion.

RESTRICTIONS

- Cannot provide any goods or services to the donor, donor's family or a specific individual.
 - event tickets
 - athletic tickets
 - subscriptions
 - memberships
 - dues
 - admission fees
 - tuition
 - student loans
- Cannot be in lieu of another requirement for volunteer service.
- Exclude travel time to and from the volunteer activity.
- Volunteer hours cannot be carried over into subsequent calendar years.

Ineligible recipient organizations may include:

- Fraternal and social
- Personal memberships
- Professionals associations
- Veteran
- Labor
- Political
- Religious

All donations made by the Kellogg Company Fund will be made in compliance with all applicable asset control laws, statutes and executive orders.

For more information or additional forms:

Kellogg's Cares

Kellogg Company Fund

One Kellogg Square, PO Box 3599

Battle Creek, MI 49016

Phone: 269-961-3888

corporate.contributions@kellogg.com

PART A

To be completed by Employee, Retiree or Board Member

Recipient Organization _____

Description of volunteer activities: _____

Dates of volunteer service: _____ to _____

Total hours volunteered: _____

Volunteer Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

I certify that my volunteerism complies with the Kellogg Company Fund (KCF) Kellogg's Cares Program described on this form. I hereby authorize the recipient organization to report this contribution to KCF as part of the Kellogg's Cares Program.

Volunteer's signature _____

Date _____

Employee # _____

Employee

Retiree

Board Member

Once completed, email or mail form to the recipient organization