

Kellogg's Care\$ Volunteer Program Summary

The Kellogg's Corporate Citizenship Fund (KCCF) Kellogg's Care\$ 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 consecutive 12-month period. (For volunteer hours beginning Jan. 1, 2011.)

Participant Eligibility

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

Recipient Organization Non-Profit Eligibility

To qualify for Kellogg's Care\$, a recipient organization must be located in the United States and be described under IRS Code Section 501(c) (3), or as a governmental unit or political subdivision of the state or a non-profit educational institution that is accredited by a recognized regional accrediting agency. All donations made by Kellogg's Corporate Citizenship Fund will be made in compliance with all applicable asset control laws, statutes and executive orders.

All organizations will be confirmed eligible prior to payment distribution.

Organizations where people volunteer that may be eligible are: accredited schools, youth sports, hospitals, nursing homes, food banks, homeless shelters and child care. To determine if an organization is eligible for the Kellogg's Care\$ Program, please call 269-961-3888 or write to corporate.contributions@kellogg.com

Restrictions

The Kellogg's Care\$ Program does not contribute for volunteer hours that provide any goods or services to the donor, donor's family or a specific individual. Examples include: event tickets, athletic tickets, publications or subscriptions, memberships, dues, service or admission fees, tuition, student loans, insurance premiums.

Ineligible organizations include: fraternal and social, religious, political, veteran, labor, personal memberships or professional associations.

Volunteer activities cannot be in lieu of another requirement for volunteer service. Travel time to and from the volunteer activity should be excluded from total volunteer hours. Volunteer hours cannot be carried over into subsequent 12-month periods. The minimum gift is \$100 per individual in a 12-month period. The maximum awarded per individual in a 12-month period is \$500.

Kellogg's Corporate Citizenship Fund reserves the right to suspend, amend, revoke or terminate the Kellogg's Care\$ Program at any time without notice. The interpretation, application and administration of the program, including organization eligibility and payment of grants shall be determined by KCCF.

For more information please contact:

Kellogg's Care\$
Kellogg's Corporate Citizenship Fund
One Kellogg Square, PO Box 3599
Battle Creek, MI 49016-3599
Phone: 269-961-3888
corporate.contributions@kellogg.com

Part A - To be completed by Employee, Retiree or Board Member

Organization name _____

Description of volunteer activities: _____

*Dates of service ____/____/____ to ____/____/____
(See program summary for eligible hours)

Total hours: _____

Volunteer name _____

Address _____

City _____ State _____ Zip _____

Phone: _____

I certify that my volunteerism complies with the Kellogg's Corporate Citizenship Fund (KCCF) Kellogg's Care\$ Program described on this form. I hereby authorize the recipient organization to report this contribution to KCCF as part of the Kellogg's Care\$ Program.

Volunteer's signature _____

_____/_____/____ Employee # _____
Date


Employee _____ Retiree _____ Board Member _____

* Anonymous gift _____

* Initial here if you do not wish to be recognized for this gift.

**** Please mail this form to the recipient organization. ****

Check here for additional forms.

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Part B - To be completed by Recipient Organization

Organization name

Address

City State Zip

Phone

Organization Federal Tax ID#

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 as noted above and are in compliance with the KCCF Kellogg's Care\$ Program as described on the reverse side of this form. I have also made note of the participant's wish to remain anonymous from Part A of this form.

Representative signature

Title Date

Please mail this form within 12 months of service completion:

Kellogg's Care\$
Kellogg's Corporate Citizenship Fund
One Kellogg Square, PO Box 3599
Battle Creek, MI 49016-3599



Program Operation

1. Volunteer completes Part A and submits to the recipient organization.
2. The recipient organization's representative should complete Part B, being sure to indicate if the volunteer received any goods or services for the volunteer work. The charity's related records will be made available for audit at the request and expense of KCCF.
Please return the completed form to:
Kellogg's Care\$
Kellogg's Corporate Citizenship Fund
One Kellogg Square, PO Box 3599
Battle Creek, MI 49016-3599
3. KCCF will determine eligibility of the volunteer, and verify that the organization is in accordance with asset control laws, statutes and executive orders.
4. KCCF will disburse funds quarterly each calendar year.



Employee and Retiree Volunteer Program