



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-PF**Department of the Treasury  
Internal Revenue Service**Return of Private Foundation**  
or Section 4947(a)(1) Nonexempt Charitable Trust  
Treated as a Private Foundation

OMB No 1545-0052

**2008**

Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements

For calendar year 2008, or tax year beginning , 2008, and ending , 20  
G Check all that apply Initial return Final return Amended return Address change Name changeUse the IRS  
label.  
Otherwise,  
print  
or type.  
See Specific  
Instructions.

Name of foundation

**THE KRAFT FOUNDATION**

Number and street (or P O box number if mail is not delivered to street address)

Room/suite

**THREE LAKES DRIVE, NF-132**

City or town, state, and ZIP code

**NORTHFIELD, IL 60093**

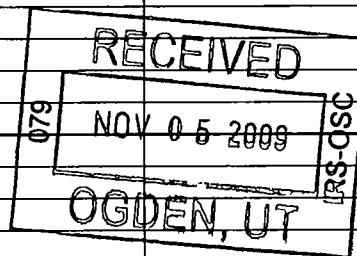
A Employer identification number

**20-3881590**

B Telephone number (see page 10 of the instructions)

**(847) 646-3947**C If exemption application is pending, check here . . . . . ☐D 1. Foreign organizations, check here . . . . . ☐2. Foreign organizations meeting the 85% test, check here and attach computation . . . . . ☐E If private foundation status was terminated under section 507(b)(1)(A), check here . . . . . ☐F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here . . . . . ☐H Check type of organization ☒ Section 501(c)(3) exempt private foundation  
☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundationI Fair market value of all assets at end of year (from Part II, col (c), line 16) **\$ 18,524,970.**  
J Accounting method ☐ Cash ☒ Accrual  
☐ Other (specify) \_\_\_\_\_  
(Part I, column (d) must be on cash basis)**Part I Analysis of Revenue and Expenses** (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions))

(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received (attach schedule) . . . . .	<b>19,431,001.</b>	<b>STMT 1</b>	
2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B. . . . .			
3 Interest on savings and temporary cash investments . . . . .			
4 Dividends and interest from securities . . . . .			
5a Gross rents . . . . .			
b Net rental income or (loss) . . . . .			
6a Net gain or (loss) from sale of assets not on line 10 . . . . .			
b Gross sales price for all assets on line 6a . . . . .			
7 Capital gain net income (from Part IV, line 2) . . . . .			
8 Net short-term capital gain . . . . .			
9 Income modifications . . . . .			
10a Gross sales less returns and allowances . . . . .			
b Less Cost of goods sold . . . . .			
c Gross profit or (loss) (attach schedule) . . . . .			
11 Other income (attach schedule) . . . . .			
12 Total. Add lines 1 through 11 . . . . .	<b>19,431,001.</b>		
13 Compensation of officers, directors, trustees, etc. . . . .	<b>NONE</b>		
14 Other employee salaries and wages . . . . .			
15 Pension plans, employee benefits . . . . .			
16a Legal fees (attach schedule) . . . . .			
b Accounting fees (attach schedule) . . . . .			
c Other professional fees (attach schedule) . . . . .			
17 Interest . . . . .			
18 Taxes (attach schedule) (see page 14 of the instructions) . . . . .			
19 Depreciation (attach schedule) and depletion . . . . .			
20 Occupancy . . . . .			
21 Travel, conferences, and meetings . . . . .			
22 Printing and publications . . . . .			
23 Other expenses (attach schedule) . . . . .			
24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .	<b>NONE</b>		
25 Contributions, gifts, grants paid . . . . .	<b>906,031.</b>		<b>906,031.</b>
26 Total expenses and disbursements. Add lines 24 and 25 . . . . .	<b>906,031.</b>		<b>906,031.</b>
27 Subtract line 26 from line 12 . . . . .	<b>18,524,970.</b>		
a Excess of revenue over expenses and disbursements . . . . .			
b Net investment income (if negative, enter -0-) . . . . .		<b>-0-</b>	
c Adjusted net income (if negative, enter -0-) . . . . .			<b>-0-</b>



Revenue

Operating and Administrative Expenses

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions.

Form **990-PF** (2008)JSA  
8E1410 1 000

509790 F253

4

SCANNED NOV 19 2009

**Part II Balance Sheets**

Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	1 Cash - non-interest-bearing . . . . .	NONE	NONE	
	2 Savings and temporary cash investments . . . . .	NONE	NONE	
	3 Accounts receivable ▶ . . . . .	NONE		
	Less allowance for doubtful accounts ▶ . . . . .	NONE	NONE	
	4 Pledges receivable ▶ . . . . .	18,524,970		
	Less allowance for doubtful accounts ▶ . . . . .	NONE	18,524,970	18,524,970
	5 Grants receivable . . . . .	NONE	NONE	
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions)	NONE	NONE	
	7 Other notes and loans receivable (attach schedule) ▶ *	*	NONE	
	Less allowance for doubtful accounts ▶ . . . . .	NONE	NONE	
	8 Inventories for sale or use . . . . .	NONE	NONE	
	9 Prepaid expenses and deferred charges . . . . .	NONE	NONE	
	10 a Investments - U S and state government obligations (attach schedule)	NONE	NONE	
	b Investments - corporate stock (attach schedule) . . . . .	NONE	NONE	
	c Investments - corporate bonds (attach schedule) . . . . .	NONE	NONE	
	11 Investments - land, buildings, and equipment basis ▶ . . . . .	NONE		
Less accumulated depreciation (attach schedule) ▶ . . . . .	NONE	NONE		
12 Investments - mortgage loans . . . . .	NONE	NONE		
13 Investments - other (attach schedule) . . . . .	NONE	NONE		
14 Land, buildings, and equipment basis ▶ . . . . .	NONE			
Less accumulated depreciation (attach schedule) ▶ . . . . .	NONE	NONE		
15 Other assets (describe ▶ . . . . .)	NONE	NONE		
16 <b>Total assets</b> (to be completed by all filers - see the instructions Also, see page 1, item I) . . . . .	NONE	18,524,970	18,524,970	
<b>Liabilities</b>	17 Accounts payable and accrued expenses . . . . .	NONE	NONE	
	18 Grants payable . . . . .	NONE	NONE	
	19 Deferred revenue . . . . .	NONE	NONE	
	20 Loans from officers, directors, trustees, and other disqualified persons	NONE	NONE	
	21 Mortgages and other notes payable (attach schedule) . . . . .	NONE	NONE	
	22 Other liabilities (describe ▶ . . . . .)	NONE	NONE	
	23 <b>Total liabilities</b> (add lines 17 through 22) . . . . .	NONE	NONE	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/></b> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	24 Unrestricted . . . . .	NONE	18,524,970	
	25 Temporarily restricted . . . . .	NONE	NONE	
	26 Permanently restricted . . . . .	NONE	NONE	
	<b>Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ▶ <input type="checkbox"/></b>			
	27 Capital stock, trust principal, or current funds . . . . .			
	28 Paid-in or capital surplus, or land, bldg, and equipment fund . . . . .			
	29 Retained earnings, accumulated income, endowment, or other funds . . . . .			
30 <b>Total net assets or fund balances</b> (see page 17 of the instructions) . . . . .	NONE	18,524,970		
31 <b>Total liabilities and net assets/fund balances</b> (see page 17 of the instructions) . . . . .	NONE	18,524,970		

**Part III Analysis of Changes in Net Assets or Fund Balances**

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .	1	NONE
2 Enter amount from Part I, line 27a . . . . .	2	18,524,970
3 Other increases not included in line 2 (itemize) ▶ . . . . .	3	
4 Add lines 1, 2, and 3 . . . . .	4	18,524,970
5 Decreases not included in line 2 (itemize) ▶ . . . . .	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 . . . . .	6	18,524,970

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs. MLC Co.)		(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a</b> N/A				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss) . . . . .		{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7		<b>2</b>	N/A
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)		{ If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter -0- in Part I, line 8. . . . .		<b>3</b>	N/A

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? . . . . ☐ Yes ☒ No  
 If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

**1** Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2007	1,069,055.	NONE	NONE
2006	1,099,000.	NONE	NONE
2005	NONE	NONE	NONE
2004	N/A	N/A	N/A
2003	N/A	N/A	N/A

<b>2</b> Total of line 1, column (d) . . . . .	<b>2</b>	NONE
<b>3</b> Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years . . . . .	<b>3</b>	NONE
<b>4</b> Enter the net value of noncharitable-use assets for 2008 from Part X, line 5 . . . . .	<b>4</b>	NONE
<b>5</b> Multiply line 4 by line 3 . . . . .	<b>5</b>	NONE
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b) . . . . .	<b>6</b>	
<b>7</b> Add lines 5 and 6 . . . . .	<b>7</b>	NONE
<b>8</b> Enter qualifying distributions from Part XII, line 4 . . . . .	<b>8</b>	906,031.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions on page 18.

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the instructions)**

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 . . . . .		
	Date of ruling letter . . . . . (attach copy of ruling letter if necessary - see instructions) . . . . .		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . . . .	1	NONE
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b) . . . . .		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) . . . . .	2	
3	Add lines 1 and 2 . . . . .	3	NONE
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) . . . . .	4	NONE
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	5	NONE
6	Credits/Payments		
a	2008 estimated tax payments and 2007 overpayment credited to 2008 . . . . .	6a	
b	Exempt foreign organizations-tax withheld at source . . . . .	6b	NONE
c	Tax paid with application for extension of time to file (Form 8868) . . . . .	6c	NONE
d	Backup withholding erroneously withheld . . . . .	6d	
7	Total credits and payments. Add lines 6a through 6d . . . . .	7	NONE
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached . . . . .	8	
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . .	9	NONE
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . .	10	
11	Enter the amount of line 10 to be <b>Credited to 2009 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/> . . . . .	11	

**Part VII-A Statements Regarding Activities**

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)? . . . . .		X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities . . . . .		
c Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation <input type="checkbox"/> \$ . . . . . (2) On foundation managers <input type="checkbox"/> \$ . . . . .		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ . . . . .		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . .		X
If "Yes," attach a detailed description of the activities . . . . .		
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes . . . . .		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .		X
b If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		X
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . .		X
If "Yes," attach the statement required by General Instruction T . . . . .		
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV . . . . .	X	
8a Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) <input checked="" type="checkbox"/> IL, . . . . .		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation . . . . .	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2008 or the taxable year beginning in 2008 (see instructions for Part XIV on page 27)? If "Yes," complete Part XIV . . . . .		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses . . . . .	X	

Form 990-PF (2008)

**Part VII-A Statements Regarding Activities (continued)**

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(3)? If "Yes," attach schedule (see page 20 of the instructions) . . . . .	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008? . . . . .	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? . . . . .	13	X	
Website address ▶ <u>WWW.KRAFT.COM</u>				
14	The books are in care of ▶ <u>THE KRAFT FOUNDATION</u> Telephone no ▶ <u>847 646-3947</u>			
	Located at ▶ <u>THREE LAKES DRIVE NORTHFIELD, IL</u> ZIP + 4 ▶ <u>60093-2753</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here . . . . . N/A ▶ <input type="checkbox"/>			
	and enter the amount of tax-exempt interest received or accrued during the year . . . . .	15		

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
<b>1a</b> During the year did the foundation (either directly or indirectly)		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b> If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? . . . . . <input type="checkbox"/>	1b	X
Organizations relying on a current notice regarding disaster assistance check here . . . . . ▶ <input type="checkbox"/>		
<b>c</b> Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2008? . . . . .	1c	X
<b>2</b> Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
<b>a</b> At the end of tax year 2008, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2008? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If "Yes," list the years ▶ _____		
<b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see page 20 of the instructions) . . . . .	2b	N/A
<b>c</b> If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ _____		
<b>3a</b> Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b> If "Yes," did it have excess business holdings in 2008 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2008) . . . . .	3b	X
<b>4a</b> Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? . . . . .	4a	X
<b>b</b> Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2008? . . . . .	4b	X

Form 990-PF (2008)

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**

**5a** During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions) ☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No

**b** If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)? ☐ Yes ☒ No  
Organizations relying on a current notice regarding disaster assistance check here. ☐ **5b** **N/A**

**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ Yes ☒ No  
If "Yes," attach the statement required by Regulations section 53.4945-5(d)

**6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No  
If you answered "Yes" to 6b, also file Form 8870 **6b** **X**

**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No

**b** If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? ☐ Yes ☒ No **7b** **X**

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 3		NONE	NONE	NONE

**2 Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE		NONE	NONE	NONE

Total number of other employees paid over \$50,000 ☐ **NONE**

Form 990-PF (2008)

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** (continued)**3 Five highest-paid independent contractors for professional services** (see page 23 of the instructions). If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services . . . . . **NONE****Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 <u>HUNGER - THREE (3) ORGANIZATIONS WERE AWARDED GRANTS</u> <u>TOTALING \$ 225,000.</u> <u>SEE STATEMENT 5</u>	225,000.
2 <u>HEALTHY LIFESTYLES - ELEVEN (11) ORGANIZATIONS WERE AWARDED</u> <u>GRANTS TOTALING \$ 679,941.</u> <u>SEE STATEMENT 5</u>	679,941.
3 <u>CIVIC ENGAGEMENT - ONE (1) ORGANIZATION WAS AWARDED A GRANT</u> <u>TOTALING \$ 500.</u>	500.
4 <u>MATCHING GIFT - ONE (1) ORGANIZATION WAS AWARDED A GRANT</u> <u>TOTALING \$ 590.</u>	590.

**Part IX-B Summary of Program-Related Investments** (see page 23 of the instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 <u>NONE</u>	
2	
All other program-related investments See page 24 of the instructions	
3 <u>NONE</u>	
Total. Add lines 1 through 3 . . . . .	

Form 990-PF (2008)



**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see page 24 of the instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1a	NONE
b	Average of monthly cash balances	1b	NONE
c	Fair market value of all other assets (see page 24 of the instructions)	1c	NONE
d	<b>Total</b> (add lines 1a, b, and c)	1d	NONE
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	NONE
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25 of the instructions)	4	NONE
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	5	NONE
6	<b>Minimum investment return.</b> Enter 5% of line 5	6	NONE

**Part XI Distributable Amount** (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	NONE
2a	Tax on investment income for 2008 from Part VI, line 5	2a	NONE
b	Income tax for 2008 (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	NONE
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	NONE
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	NONE
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	<b>Distributable amount as adjusted.</b> Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	NONE

**Part XII Qualifying Distributions** (see page 25 of the instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	906,031.
b	Program-related investments - total from Part IX-B	1b	NONE
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	906,031.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	6	906,031.

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**Part XIII Undistributed Income** (see page 26 of the instructions)

	(a) Corpus	(b) Years prior to 2007	(c) 2007	(d) 2008
<b>1</b> Distributable amount for 2008 from Part XI, line 7 . . . . .				NONE
<b>2</b> Undistributed income, if any, as of the end of 2007				
<b>a</b> Enter amount for 2007 only . . . . .			NONE	
<b>b</b> Total for prior years 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2008				
<b>a</b> From 2003 . . . . .				
<b>b</b> From 2004 . . . . .				
<b>c</b> From 2005 . . . . .				NONE
<b>d</b> From 2006 . . . . .				1,099,000.
<b>e</b> From 2007 . . . . .				1,069,055.
<b>f</b> Total of lines 3a through e . . . . .	2,168,055.			
<b>4</b> Qualifying distributions for 2008 from Part XII, line 4 ► \$ 906,031.				
<b>a</b> Applied to 2007, but not more than line 2a . . . . .			NONE	
<b>b</b> Applied to undistributed income of prior years (Election required - see page 26 of the instructions) . . . . .				
<b>c</b> Treated as distributions out of corpus (Election required - see page 26 of the instructions) . . . . .				
<b>d</b> Applied to 2008 distributable amount . . . . .				NONE
<b>e</b> Remaining amount distributed out of corpus . . . . .	906,031.			
<b>5</b> Excess distributions carryover applied to 2008 . (If an amount appears in column (d), the same amount must be shown in column (a) )	NONE			NONE
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	3,074,086.			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .				
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed . . . . .				
<b>d</b> Subtract line 6c from line 6b Taxable amount - see page 27 of the instructions . . . . .				
<b>e</b> Undistributed income for 2007 Subtract line 4a from line 2a Taxable amount - see page 27 of the instructions . . . . .			NONE	
<b>f</b> Undistributed income for 2008 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2009 . . . . .				NONE
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions) . . . . .				
<b>8</b> Excess distributions carryover from 2003 not applied on line 5 or line 7 (see page 27 of the instructions) . . . . .				
<b>9</b> Excess distributions carryover to 2009. Subtract lines 7 and 8 from line 6a . . . . .	3,074,086.			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2004 . . . . .				
<b>b</b> Excess from 2005 . . . . .				NONE
<b>c</b> Excess from 2006 . . . . .				1,099,000.
<b>d</b> Excess from 2007 . . . . .				1,069,055.
<b>e</b> Excess from 2008 . . . . .				906,031.

**Part XIV Private Operating Foundations** (see page 27 of the instructions and Part VII-A, question 9) **NOT APPLICABLE**

**1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2008, enter the date of the ruling . . . . .

**b** Check box to indicate whether the foundation is a private operating foundation described in section

4942(j)(3) or 4942(j)(5)

**2 a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

Tax year	Prior 3 years				(e) Total
	(a) 2008	(b) 2007	(c) 2006	(d) 2005	
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test - enter					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .					
<b>b</b> "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed . . . . .					
<b>c</b> "Support" alternative test - enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) . . . . .					
<b>(3)</b> Largest amount of support from an exempt organization . . . . .					
<b>(4)</b> Gross investment income . . . . .					

**Part XV Supplementary Information** (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see page 27 of the instructions.)**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )

NONE

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

NONE

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

**a** The name, address, and telephone number of the person to whom applications should be addressed

N/A

**b** The form in which applications should be submitted and information and materials they should include

N/A

**c** Any submission deadlines

N/A

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

N/A

**Part XV** Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

<div>Recipient</div> <div>Name and address (home or business)</div>	<div>If recipient is an individual, show any relationship to any foundation manager or substantial contributor</div>	<div>Foundation status of recipient</div>	<div>Purpose of grant or contribution</div>	<div>Amount</div>
<b>a</b> <i>Paid during the year</i> <b>SEE STATEMENT 6</b>				<b>906,031.</b>
<b>Total . . . . .</b>				<b>906,031.</b>
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b>				<b>3b</b>

**Part XVI-A Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See page 28 of the instructions )
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
<b>1</b> Program service revenue						
<b>a</b> _____						
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> _____						
<b>e</b> _____						
<b>f</b> _____						
<b>g</b> Fees and contracts from government agencies						
<b>2</b> Membership dues and assessments . . . . .						
<b>3</b> Interest on savings and temporary cash investments						
<b>4</b> Dividends and interest from securities . . . . .						
<b>5</b> Net rental income or (loss) from real estate						
<b>a</b> Debt-financed property . . . . .						
<b>b</b> Not debt-financed property . . . . .						
<b>6</b> Net rental income or (loss) from personal property .						
<b>7</b> Other investment income . . . . .						
<b>8</b> Gain or (loss) from sales of assets other than inventory						
<b>9</b> Net income or (loss) from special events . . . . .						
<b>10</b> Gross profit or (loss) from sales of inventory . .						
<b>11</b> Other revenue <b>a</b> _____						
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> _____						
<b>e</b> _____						
<b>12</b> Subtotal. Add columns (b), (d), and (e) . . . . .						
<b>13</b> Total. Add line 12, columns (b), (d), and (e) . . . . .						

## Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

## Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

- |          |  |              |            |           |
|----------|--|--------------|------------|-----------|
| <b>1</b> | Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?  |              | <b>Yes</b> | <b>No</b> |
| <b>a</b> | Transfers from the reporting foundation to a noncharitable exempt organization of  |              |            |           |
|          | (1) Cash . . . . .   | <b>1a(1)</b> |            | <b>X</b>  |
|          | (2) Other assets . . . . .   | <b>1a(2)</b> |            | <b>X</b>  |
| <b>b</b> | Other transactions   |              |            |           |
|          | (1) Sales of assets to a noncharitable exempt organization . . . . .   | <b>1b(1)</b> |            | <b>X</b>  |
|          | (2) Purchases of assets from a noncharitable exempt organization . . . . .   | <b>1b(2)</b> |            | <b>X</b>  |
|          | (3) Rental of facilities, equipment, or other assets . . . . .   | <b>1b(3)</b> |            | <b>X</b>  |
|          | (4) Reimbursement arrangements . . . . .   | <b>1b(4)</b> |            | <b>X</b>  |
|          | (5) Loans or loan guarantees . . . . .   | <b>1b(5)</b> |            | <b>X</b>  |
|          | (6) Performance of services or membership or fundraising solicitations . . . . .   | <b>1b(6)</b> |            | <b>X</b>  |
| <b>c</b> | Sharing of facilities, equipment, mailing lists, other assets, or paid employees . . . . .   | <b>1c</b>    |            | <b>X</b>  |
| <b>d</b> | If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. |              |            |           |

[illegible]


- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

- b If "Yes," complete the following schedule**

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge.

Signature of officer or trustee Kathleen J. McKenna Date 10/29/09 Title Asst. Treasurer

Preparer's signature	Date	Check if self-employed	Preparer's identifying number (See <b>Signature</b> on page 30 of the instructions)
	10/21/09	<input type="checkbox"/>	

Part Preparer Use only	Firm's name (or yours if self-employed), address, and ZIP code	<b>MITCHELL &amp; TITUS, LLP</b> <b>ONE BATTERY PARK PLAZA</b> <b>NEW YORK, NY 10004</b>	EIN ▶ <b>13-2781641</b>  Phone no <b>212-709-4500</b>

Form **990-PF** (2008)

**Schedule of Contributors**

OMB No 1545-0047

► Attach to Form 990, 990-EZ, and 990-PF.

**2008**

Name of the organization

THE KRAFT FOUNDATION

Employer identification number

20-3881590

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

☐ 501(c)(3 ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☒ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

**General Rule**

☒ For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

☐ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3 % support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year) . . . . . ► \$ \_\_\_\_\_

**Caution.** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization **THE KRAFT FOUNDATION**

Employer identification number

**20-3881590****Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	KRAFT FOODS GLOBAL, INC.  THREE LAKES DRIVE  NORTHFIELD, IL 60039	\$ 19,431,001.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )



FORM 990PF, PART I - CONTRIBUTIONS, GIFTS AND GRANTS RECEIVED

NAME AND ADDRESS	DATE	DIRECT PUBLIC SUPPORT
KRAFT FOODS GLOBAL, INC. THREE LAKES DRIVE NORTHFIELD, IL 60039	VARIOUS	19,431,001.
TOTAL CONTRIBUTION AMOUNTS		19,431,001.

FORM 990PF, PART VII-A, LINE 10 - NEW SUBSTANTIAL CONTRIBUTORS

NAME AND ADDRESS	DATE	DIRECT PUBLIC SUPPORT
KRAFT FOODS GLOBAL, INC. THREE LAKES DRIVE NORTHFIELD, IL 60039	VARIOUS	19,431,001.
TOTAL CONTRIBUTION AMOUNTS		19,431,001.

## FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
MARC S. FIRESTONE THREE LAKES DRIVE, NF-132 NORTHFIELD, IL 60093	PRESIDENT & DIRECTOR 0.10	NONE	NONE	NONE
AMINA J. DICKERSON THREE LAKES DRIVE, NF-132 NORTHFIELD, IL 60093	VICE PRESIDENT & DIRECTOR 1.	NONE	NONE	NONE
KATHLEEN KELLY SPEAR THREE LAKES DRIVE, NF-132 NORTHFIELD, IL 60093	VP & ASSISTANT SECRETARY 0.10	NONE	NONE	NONE
PAMELA E. KING THREE LAKES DRIVE, NF-132 NORTHFIELD, IL 60093	VP, TREASURER & CONTROLLER 0.10	NONE	NONE	NONE
KATHLEEN J. MCKENNA THREE LAKES DRIVE, NF-132 NORTHFIELD, IL 60093	ASSISTANT TREASURER 0.10	NONE	NONE	NONE
BONITA B. PAYNTER THREE LAKES DRIVE, NF-132 NORTHFIELD, IL 60093	ASSISTANT TREASURER 0.10	NONE	NONE	NONE

## FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
JOSEPH KLAUKE THREE LAKES DRIVE, NF-132 NORTHFIELD, IL 60093	VP & ASSISTANT SECRETARY 0.20	NONE	NONE	NONE
JAMES PORTNOY THREE LAKES DRIVE, NF-132 NORTHFIELD, IL 60093	VP & ASSISTANT SECRETARY 0.20	NONE	NONE	NONE
NANCY DAIGLER THREE LAKES DRIVE, NF-132 NORTHFIELD, IL 60093	VICE PRESIDENT & SECRETARY 0.10	NONE	NONE	NONE
CYNTHIA P. YEATMAN THREE LAKES DRIVE, NF-132 NORTHFIELD, IL 60093	DIRECTOR 0.10	NONE	NONE	NONE
GRAND TOTALS		NONE	NONE	NONE

1. HUNGER

ORGANIZATIONS WITH THE FOLLOWING FOCUSES:

- A) FEEDING HUNGRY COMMUNITIES WHO FACE FOOD INSECURITY, CHRONIC UNDERNOURISHMENT AND MALNUTRITION;
- B) PROVIDING DIRECT FOOD SERVICES TO THE HUNGRY, SUCH AS PROGRAMS OPERATED BY SOUP KITCHENS, HOMELESS SHELTERS, FOOD PANTRIES, FOODBANKS, SCHOOL FEEDING PROGRAMS AND COMMUNITY FEEDING;
- C) HELPING COMMUNITIES, WHICH HAVE SOCIAL AND ECONOMIC BARRIERS, ACCESS NUTRITIOUS FOOD.

2. HEALTHY LIFESTYLES

ORGANIZATIONS WITH THE FOLLOWING FOCUSES:

- A) ENCOURAGING THE CONSUMPTION OF A NUTRITIONALLY BALANCED DIET COMBINED WITH PHYSICAL ACTIVITY;
- B) HELPING YOUNG CHILDREN (UNDER 12) DEVELOP HEALTHY HABITS EARLY IN LIFE;
- D) ENGAGING PARENTS/CARETAKERS AS AGENTS IN ASSURING ACTIVE LIFESTYLES AND SENSIBLE FOOD CHOICES FOR THE CHILDREN.

EIN: 20-3881590

Name	Address	Country	Amount	Program	Month	Paid	Currency
Associação Hospitalar de Proteção à Infância Dr. Raul Carneiro	Rua Desembargador Moto 1070	Brazil	500.00	Civic Engagement	December	X	Real (R\$)
			500.00	Civic Engagement			
Golden Bough Foundation	Mesa UTCA 12, 1038	Hungary	25,000.00	Healthy Lifestyles	December	X	HUF
Business in the Community	137 Shepherdess Walk	United Kingdom	100,000.00	Healthy Lifestyles	December	X	Sterling
Salta Associação para a Saúde	Rua das Anúas	Brazil	67,000.00	Healthy Lifestyles	December	X	Real (R\$)
Gozitsbond	Trooststraat 125	Belgium	15,000.00	Healthy Lifestyles	December	X	Euros
A.C. Servido de Apoyo Local (SOCSAL)	Urb La Castañera	Venezuela	75,000.00	Healthy Lifestyles	December	X	USD
Fédération Française des Banques Alimentaires	15 rue du Val de Marie	France	80,000.00	Healthy Lifestyles	December	X	Euros
Countertop Creative Center	30 Bazhara Prospect, Of. 8	Ukraine	90,000.00	Healthy Lifestyles	February	X	UAH
Fédération Française des Banques Alimentaires	15 rue du Val de Marie	Belgium	85,000.00	Healthy Lifestyles	February	X	Euros
Gozitsbond	Trooststraat 125	Indonesia	50,000.00	Healthy Lifestyles	March	X	USD
Yayasan Koalisi Fortifikasi Indonesia	Komp. Bupenas	Indonesia	125,000.00	Healthy Lifestyles	October	X	USD
Fundación Médica de Apoyo Infantil, A.C.	A1 JI Siago Raya Pejaten Barat 42 Col Gundalape Inn C P. 01020	Mexico	679,941.00	Healthy Lifestyles			
Fédération Européenne des Banques Alimentaires	53 av. Du Général-Lederc	France	125,000.00	Hunger	December	X	Euros
Banco Santander Río S.A.	Suljacha 1404 CP 1011	Argentina	75,000.00	Hunger	December	X	Argentine Peso (ARS)
Second Harvest	1450 Lodestar Road Unit 18 Toronto	Canada	25,000.00	Hunger	December	X	CAD
			225,000.00	Hunger			
Associação Hospitalar de Proteção à Infância Dr. Raul Carneiro	Rua Desembargador Moto 1070	Brazil	589.52	Matching Gift	June	X	Real (R\$)
			589.52	Matching Gtt			
			906,030.52	TOTAL PAYMENTS			

H:\Vocals\Serv\KUF\Grants - 2008.xls\Payments

STATEMENT 6

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.**

T or P File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>THE KRAFT FOUNDATION</b>	Employer identification number <b>20-3881590</b>
	Number, street, and room or suite no. If a P O box, see instructions. <b>THREE LAKES DRIVE, NF-132</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NORTHFIELD, IL 60093</b>	

Check type of return to be filed (File a separate application for each return)

<input type="checkbox"/> Form 990	<input checked="" type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **THE KRAFT FOUNDATION**  
Telephone No. **847 646-3947** FAX No. **847 646-7184**
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until **11/15/2009**
- 5 For calendar year **2008**, or other tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_
- 6 If this tax year is for less than 12 months, check reason. ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension

**ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$	NONE
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$	NONE
8c <b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$	NONE

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature **M. Baugh** Title **CPA** Date **1/10/09**

**MITCHELL & TITUS, LLP**  
**ONE BATTERY PARK PLAZA**  
**NEW YORK, NY 10004**

Form 8868 (Rev 4-2008)