

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



Schedule B (Form 990, 990-₽Z,

Schedule of Contributors

OMB No 1545-0047

2012

or 990-PF) Department of the Treasury Internal Revenue Service

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

| Name of the organization | Employer identification number | | | | |
|---|--|--|--|--|--|
| KRAFT FOUNDATION | | | | | |
| C/O HICKORY POINT BANK & | 37-1307161 | | | | |
| 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 fou | ındatıon | | | |
| | 527 political organization | | | | |
| Form 990-PF 2 | 501(c)(3) exempt private foundation | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundar | tion | | | |
| | 501(c)(3) taxable private foundation | | | | |
| | d by the General Rule or a Special Rule. or (10) organization can check boxes for both the General Rule and a S | Special Rule See | | | |
| General Rule | | | | | |
| | Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 ontributor. Complete Parts I and II | or more (in money or | | | |
| Special Rules | | | | | |
| under sections 509(a)(1) | ganization filing Form 990 or 990-EZ that met the 33 1/3 % support to and 170(b)(1)(A)(vi) and received from any one contributor, during the or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form | e year, a contribution of | | | |
| during the year, total conf | For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions 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 | | | | |
| during the year, contribution not total to more than \$1, year for an exclusively relication applies to this organization. | B), or (10) organization filing Form 990 or 990-EZ that received from ons for use exclusively for religious, charitable, etc., purposes, but the 000. If this box is checked, enter here the total contributions that wer gious, charitable, etc., purpose. Do not complete any of the parts unler in because it received nonexclusively religious, charitable, etc., contributions. | ese contributions did re received during the ss the General Rule butions of \$5,000 or | | | |
| Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF) | | | | | |

JSA

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization KRAFT FOUNDATION

. C/O HICKORY POINT BANK & TRUST, CO-TRUSTEE

Employer identification number 37-1307161

| Part I | Contributors (see instructions). Use duplicate copies | of Part I if additional space is need | led. |
|------------|---|---------------------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1_ | BURNELL KRAFT 12 ALLEN BEND PLACE DECATUR, IL 62526 | \$320,193. | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) No | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |

Name of organization KRAFT FOUNDATION

Employer identification number

C/O HICKORY POINT BANK & TRUST, CO-TRUSTEE

37-1307161

| Part II | Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. | | |
|---------------------------|---|--|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| 1_ | 12,331 SHARES OF ARCHER DANIELS MIDLAND CO STOCK | \$320,193. | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |

| Haille OI OI | C/O HICKORY POINT BANK | ረ ድ ሐይበሪው - COውচጠሪውድድ | 37-1307161 | | | |
|-----------------|--|---|---|--|--|--|
| Part III | | | section 501(c)(7), (8), or (10) organizations | | | |
| t are iii | that total more than \$1,000 for the year | ear. Complete columns (a) the | rough (e) and the following line entry. | | | |
| | For organizations completing Part III, e | | - · · | | | |
| (| contributions of \$1,000 or less for the | e year. (Enter this information | once. See instructions.) ▶\$ | | | |
| (a) Na | Use duplicate copies of Part III if addition | onal space is needed. | | | | |
| (a) No. from | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | |
| Part I | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | (e) Transfer of gift | | | | | |
| | | | | | | |
| | Transferee's name, address, as | Transferee's name, address, and ZIP + 4 Relatio | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| (a) No. from | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | |
| Part I | | | | | | |
| | | | - | | | |
| | | | | | | |
| | | | | | | |
| | | (e) Transfer of gift | | | | |
| | Transferee's name, address, a | nd 7IP + 4 | Relationship of transferor to transferee | | | |
| | , | ilu Zir + 4 | Relationship of transferor to transferee | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| (a) No. from | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | |
| Part I | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | (e) Transfer of gift | | | | |
| | Transferee's name, address, a | nd 7IP + 4 | Relationship of transferor to transferee | | | |
| | Transferee 3 name, address, an | 100 211 1 4 | Relationship of transferor to transferee | | | |
| | | | | | | |
| | | | | | | |
| (a) No. | | | | | | |
| from | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | |
| Part I | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | (e) Transfer of gift | | | | | |
| | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee | | | |
| | Translated o Hamiley additions, and | | | | | |
| | | | | | | |
| | | | | | | |
| | | i | | | | |

ATTACHMENT 1

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

NAME AND ADDRESS

DATE

VARIOUS

PUBLIC

DIRECT

SUPPORT

320,193.

BURNELL KRAFT 12 ALLEN BEND PLACE DECATUR, IL 62526

TOTAL CONTRIBUTION AMOUNTS

320,193.