TAX RETURN FILING INSTRUCTIONS

FORM 990-PF

FOR THE YEAR ENDING

JUNE 30, 2015

Prepared for	THE P & G ALUMNI FOUNDATION, INC. 1708 MARTHA AVENUE CINCINNATI, OH 45223
Prepared by	BURKE & SCHINDLER, PLL 901 ADAMS CROSSING CINCINNATI, OH 45202
Amount due or refund	BALANCE DUE OF \$1
Make check payable to	PAYMENTS SHOULD BE MADE USING THE ELECTRONIC FEDERAL TAX PAYMENT SYSTEM (EFTPS).
Mail tax return and check (if applicable) to	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
Return must be mailed on or before	FEBRUARY 16, 2016
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED. PLEASE NOTE THAT THE FORM 990-PF RETURN CONTAINS EXCESS DISTRIBUTION CARRYOVER OF \$217,458. THIS MAY BE APPLIED TO TAX YEAR 2015 AND SUBSEQUENT YEARS.

Form **990-PF**

EXTENDED TO FEBRUARY 16, 20 Return of Private Foundation 2016

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No. 1545-0052

Department of the Treasury Internal Revenue Service

> Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

For	caler	ndar year 2014 or tax year beginning	<u>, 1, 2014 </u>	, and ending	<u>JUN 30, 201</u>	.5		
Na	me o	f foundation			A Employer identificati	on number		
Т	ΉE	P & G ALUMNI FOUNDATIO	N, INC.		45-376531	.8		
Nui	nber a	and street (or P.O. box number if mail is not delivered to street	Room/suite	B Telephone number				
_1	70	8 MARTHA AVENUE		513-289-7	566			
		own, state or province, country, and ZiP or foreign p CINNATI, OH 45223	ostal code		C If exemption application i	s pending, check here		
		all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organization	one check here		
• .	,,,,,,,,,,	Final return	Amended return	artion public Griding	1. Foreign organization	7113, GIIGGIX 11010 ,		
		Address change	Name change		Foreign organizations check here and attach	meeting the 85% test,		
H (Check	type of organization: X Section 501(c)(3) ex			E If private foundation s			
] Se		Other taxable private founda	tion		(1)(A), check here		
I Fa	air ma	arket value of all assets at end of year J Accounti	ing method: Cash	X Accrual	F If the foundation is in			
(fi	om i	Part II, col. (c), line 16)	ther (specify)			(1)(B), check here		
	- \$	30 , 995 . (Part I, colu	mn (d) must be on cash b	pasis.)				
Pa	art 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).)	(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	24,116.		N/A			
	2	Check if the foundation is not required to attach Sch. B						
	3	Interest on savings and temporary cash investments	41.	41.		STATEMENT 1		
	4	Dividends and interest from securities						
		Gross rents						
	b	Net rental income or (loss)						
<u>e</u>	6a	Net gain or (loss) from sale of assets not on line 10	36.					
Revenue	b	Gross sales price for all assets on line 6a 10,227.		2.0				
Pe.	7	Capital gain net income (from Part IV, line 2)		36.				
	8	Net short-term capital gain						
	100	Income modifications Gross sales less returns						
	10a							
		Less: Cost of goods sold Gross profit or (loss)			***************************************			
	11	Other income		***************************************				
	12	Total. Add lines 1 through 11	24,193.	77.				
-	13	Compensation of officers, directors, trustees, etc.	0.	0.		0.		
	14	Other employee salaries and wages						
	15	Pension plans, employee benefits						
ses	16a	Legal fees						
Expense	Ь	Accounting fees STMT 2	2,217.	0.		0.		
Ĕ	c	Other professional fees						
tive	l .	Interest				-		
stra	18	Taxes						
ij	19	Depreciation and depletion			, , .			
dr	20	Occupancy Travel, conferences, and meetings						
þ.	21							
Operating and Administrative	23	Printing and publications Other expenses STMT 3	3,151.	0.		0.		
ıt;		Total operating and administrative	5,151					
ers		expenses. Add lines 13 through 23	5,368.	0.		0.		
Ö	25	Contributions, gifts, grants paid	69,000.			69,000.		
		Total expenses and disbursements.						
		Add lines 24 and 25	74,368.	0.		69,000.		
	27	Subtract line 26 from line 12:						
	l .	Excess of revenue over expenses and disbursements	<50,175.					
	l .	Net investment income (if negative, enter -0-)		77.	37 / 3			
	C	Adjusted net income (if negative, enter -0-)			N/A			

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only.	Beginning of year	End of y	ear
column should be for end-of-year amounts only,	(a) Book Value	(b) Book Value	(c) Fair Market Value
1 Cash - non-interest-bearing	10,971.	3,766.	3,766.
2 Savings and temporary cash investments		27,229.	27,229.
3 Accounts receivable ▶			
Less: allowance for doubtful accounts 🕨			
4 Pledges receivable ▶			
Less: allowance for doubtful accounts			
5 Grants receivable			
6 Receivables due from officers, directors, trustees, and other			
disqualified persons			
7 Other notes and loans receivable			
Less: allowance for doubtful accounts			
9 Prepaid expenses and deferred charges			
10a Investments - U.S. and state government obligations			
b Investments - corporate stock			
c Investments - corporate bonds			
11 Investments - land, buildings, and equipment: basis			
Less: accumulated depreciation			
12 Investments - mortgage loans			
13 Investments - other			·····
14 Land, buildings, and equipment; basis			
Less: accumulated depreciation			
15 Other assets (describe ►	_)		
16 Total assets (to be completed by all filers - see the	0.4.4.7.0	22 225	
instructions. Also, see page 1, item I)		30,995.	30,995.
17 Accounts payable and accrued expenses			
18 Grants payable			
9 19 Deferred revenue			
20 Loans from officers, directors, trustees, and other disqualified persons		,-,,-	
Deterred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable			
22 Other liabilities (describe ▶	_)		
23 Total liabilities (add lines 17 through 22)	0 .	0.	
Foundations that follow SFAS 117, check here		0.	
and complete lines 24 through 26 and lines 30 and 31.	-1		
ω			
E 25 Temporarily restricted			
26 Permanently restricted		 	
24 Unrestricted 25 Temporarily restricted 26 Permanently restricted 27 Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 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 Total net assets or fund balances			
and complete lines 27 through 31.			
27 Capital stock, trust principal, or current funds	0.	0.	
28 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
29 Retained earnings, accumulated income, endowment, or other fund	s 81,170.	30,995.	
30 Total net assets or fund balances	81,170.	30,995.	
31 Total liabilities and net assets/fund balances	81,170.	30,995.	
Part III Analysis of Changes in Net Assets or Fur	nd Balances		
	line 20		
1 Total net assets or fund balances at beginning of year - Part II, column (a)			Q1 17A
(must agree with end-of-year figure reported on prior year's return)			81,170. <50,175.>
2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶			<u> </u>
			30,995.
4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶		5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Par	t II. column (b). line 30		30,995.
5 TOWN TO A COUNTY OF THE STATE			Form 990-PF (2014)

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(a) List and descri	and Losses for Tax on Ir be the kind(s) of property sold (e.g ehouse; or common stock, 200 she	., real estate,		(b) How P - Pt D - D	acquired urchase onation	(c) Date a (mo., da		(d) Date sold (mo., day, yr.)
18 WALT DISNEY CO. STOCK					D	12/24	1/14	12/29/14
d d								
e								
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				in or (loss (f) minus	(g)
a 10,227.			10,19	1.				36.
C								
d	·							
e	and the anti-section of the section		40/04/00					
Complete only for assets showing	gain in column (h) and owned by (j) Adjusted basis	T	cess of col. (i)) Gains (Co . (k), but no	ot less tha	n -0-) or
(i) F.M.V. as of 12/31/69	as of 12/31/69		col. (j), if any			Losses (1	from col. (h))
a								36.
<u>b</u>								
c d					·			
е								
- 0 6 1 1 1	ital loss) { If gain, also enter If (loss), enter -0-	in Part I, line	7)				2
2 Capital gain net income or (net cap	•		7	. / 2				36.
3 Net short-term capital gain or (loss If gain, also enter in Part I, line 8, co		ıd (6):		٦				
If (loss), enter -0- in Part I, line 8				<u> </u>			N/A	
<u> </u>	ider Section 4940(e) for				tment Inc	ome		
(For optional use by domestic private f	foundations subject to the section 4	1940(a) tax on	net investment in	come.)				
If section 4940(d)(2) applies, leave this	s part blank.							
Was the foundation liable for the section				iod?				Yes X No
If "Yes," the foundation does not qualify 1 Enter the appropriate amount in ea				ntries				
(3)	(b)	1011 00110110 001	ioro making any or	(c)			Diatrib	(d)
Base periód years Calendar year (or tax year beginning			Net value of nor	ncháritab				ution ratio ided by col. (c))
2013	7	6,999.			75,596			1.018559
2012 2011	7	9,999.			40,062 9,019			1.996880 .000000
2010		0.			<i></i>	•		.000000
2009			***************************************					
								2 04 5 4 2 0
2 Total of line 1, column (d)3 Average distribution ratio for the 5-	wear hase period - divide the total of	on line 2 by 5	or by the number	of veare	• • • • • • • • • • • • • • • • • • • •	2		3.015439
the foundation has been in existence	•		· ·	-		3		1.005146
4 Enter the net value of noncharitable	-use assets for 2014 from Part X, I	line 5				. 4		55,241.
5 Multiply line 4 by line 3						5		55,525.
3 Mantibly file 4 by file 3		.,				. 3		33,323.
6 Enter 1% of net investment income	(1% of Part I, line 27b)		********		,,	. 6		<u>1.</u>
7 Add lines Ford C						7		55,526.
7 Add lines 5 and 6						.		JJ,J40•
8 Enter qualifying distributions from I	Part XII, line 4					. 8		69,000.
If line 8 is equal to or greater than li	ine 7, check the box in Part VI, line	1b, and comp	lete that part using	g a 1% ta	x rate.			
See the Part VI instructions.								

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Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	1948 -	see insti	ructio	วทร)
	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔛 and enter "N/A" on line 1.				
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)				
	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 🗶 and enter 1%	1			<u>1.</u>
	of Part I, line 27b				
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			0.
3	Add lines 1 and 2	3			<u> </u>
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4		T	0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			1.
6	Credits/Payments:				
a	2014 estimated tax payments and 2013 overpayment credited to 2014]			
b	Exempt foreign organizations - tax withheld at source 6b				
C	Tax paid with application for extension of time to file (Form 8868) 6c				
	Backup withholding erroneously withheld 6d				
	Total credits and payments. Add lines 6a through 6d	7			0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			1.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			
	Enter the amount of line 10 to be: Credited to 2015 estimated tax	11			
	rt VII-A Statements Regarding Activities	-i			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interven-	e in		Yes	s No
	any political campaign?		1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition	 11?	1b	+	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish			-	
	distributed by the foundation in connection with the activities.	00 0			
	Did the foundation file Form 1120-POL for this year?		10		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		<u>1c</u>		
	(1) On the foundation. ► \$ O. (2) On foundation managers. ► \$ O.		İ		ĺ
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	-	·		
	managers. > \$0				
	Has the foundation engaged in any activities that have not previously been reported to the IRS?	,,,,,,,,,,,	2		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		3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?				X
	If "Yes," has it filed a tax return on Form 990-T for this year?	3.7			
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.	e law	İ		
	remain in the governing instrument?		6	X	
	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 XI			X	
		******			1
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			}	
	ОН				
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		8b		X
	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale			i	_ <u></u>
	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV		9		X
	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			X	
-	y		Form 99		(2014)

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X

Χ

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 2014.) N/A

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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 2014?

-orm 990-PF (2014) THE P & G ALUMNI FOUNDA'I		D11	45-37653	<u> 18 Page 6</u>
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be	Required (contin	rued)	
5a During the year did the foundation pay or incur any amount to:	10.57		(TT)	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es LX_ No	
(2) Influence the outcome of any specific public election (see section 4955);				
any voter registration drive?		Y	es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes		Y	es LXI No	
(4) Provide a grant to an organization other than a charitable, etc., organization				
4945(d)(4)(A)? (see instructions)		Y	es LX. No	
(5) Provide for any purpose other than religious, charitable, scientific, literary				
the prevention of cruelty to children or animals?			es LX. No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	*	_		
section 53.4945 or in a current notice regarding disaster assistance (see instru	uctions)?		M/A	ib
Organizations relying on a current notice regarding disaster assistance check I			🏲 📖	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption t				
expenditure responsibility for the grant?		<u>I/A</u>	es L No	
If "Yes," attach the statement required by Regulations section 53.494	5 - 5(d).			1
6a Did the foundation, during the year, receive any funds, directly or indirectly, to				
a personal benefit contract?		Yı	es 💹 No	ļ
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		<u>f</u>	Sb X
!f "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	Y	es X No	
b If "Yes," did the foundation receive any proceeds or have any net income attrib				'b
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	anagers, Highl	У	
List all officers, directors, trustees, foundation managers and their			····	
List all officers, directors, trustees, foundation managers and their		(c) Compensation	(d) Contributions to	(-) [vpapag
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid.	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
	to position	`enter'-0-)	compensation	allowances
				•
SEE STATEMENT 6		0.	0.	0.
Compensation of five highest-paid employees (other than those inc	luded on line 1) If none	anter "NONE "		
Compensation of the highest-paid employees (other than those mo	(b) Title and average	enter NONE.	(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	account, other
NONE	devoted to position		compensation	allowances
NONE				
	<u> </u>			
				
			[
	-			
otal number of other employees paid over \$50,000			>	0
Otal number of other employees paid over \$00,000				990-PF (2014)
				(/

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1 N/A

All other program-related investments. See instructions.

Total. Add lines 1 through 3

Pa	Minimum Investment Return (All domestic foundations	must complete this part	. Foreign foundations, s	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charita	ble, etc., purposes:		
a	Average monthly fair market value of securities		1a	0.
	Average of monthly cash balances			56,082.
С	Fair market value of all other assets		1c	0.
d	Total (add lines 1a, b, and c)		1d	56,082.
	Reduction claimed for blockage or other factors reported on lines 1a and			
	1c (attach detailed explanation)	1e	0.	
2	Acquisition indebtedness applicable to line 1 assets		2	0.
	Subtract line 2 from line 1d			56,082.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amour	nt, see instructions)	4	841.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and	on Part V, line 4	5	55,241.
6	Minimum investment return. Enter 5% of line 5		6	2,762.
Pa	art XI Distributable Amount (see instructions) (Section 4942(j)(3) foreign organizations check here ▶ ☐ and do not complete this par	and (j)(5) private operating : t.)	foundations and certain	
1	Minimum investment return from Part X, line 6		1	2,762.
	Tax on investment income for 2014 from Part VI, line 5		1.	
	Income tax for 2014. (This does not include the tax from Part VI.)			
	Add lines 2a and 2b		2c	1.
3	Distributable amount before adjustments. Subtract line 2c from line 1		3	2,761.
	Recoveries of amounts treated as qualifying distributions			0.
5	Add lines 3 and 4		5	2,761.
6	Deduction from distributable amount (see instructions)		6	0.
	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Par			2,761.
Pa	Qualifying Distributions (see instructions)			, , , , , , , , , , , , , , , , , , , ,
	Amounts paid (including administrative expenses) to accomplish charitable, etc., pu			
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26			69,000.
Ь	Program-related investments - total from Part IX-B		1b	0.
	Amounts paid to acquire assets used (or held for use) directly in carrying out charita	able, etc., purposes	2	
	Amounts set aside for specific charitable projects that satisfy the:			
а	Suitability test (prior IRS approval required)	·····	3a	
b	Cash distribution test (attach the required schedule)		3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, a	and Part XIII, line 4	4	69,000.
	Foundations that qualify under section 4940(e) for the reduced rate of tax on net inv		and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t	
	income. Enter 1% of Part I, line 27b	*****************************	5	1.
	Adjusted qualifying distributions. Subtract line 5 from line 4			68,999.
	Note. The amount on line 6 will be used in Part V. column (b), in subsequent years	when calculating whether th	e foundation qualifies for t	he section

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4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2013	2013	2014
1 Distributable amount for 2014 from Part XI,				2 761
line 7 2 Undistributed income, if any, as of the end of 2014:				2,761.
a Enter amount for 2013 only			0.	
b Total for prior years:			V •	
		0.1		
3 Excess distributions carryover, if any, to 2014:		· · ·		
_				
a From 2009b From 2010				
c From 2011				
d From 2012 77,998.				
e From 2013 73, 221.				
f Total of lines 3a through e	151,219.			
4 Qualifying distributions for 2014 from				
Part XII, line 4: ► \$ 69,000.				
a Applied to 2013, but not more than line 2a			0.	
b Applied to undistributed income of prior			<u></u>	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus		<u> </u>		
(Election required - see instructions)	0.			
d Applied to 2014 distributable amount	<u>V•</u>			2,761.
e Remaining amount distributed out of corpus	66,239.			2,701.
·	0.			0.
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a).)				<u> </u>
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	217,458.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c 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		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2013. Subtract line				
4a from line 2a. Taxable amount - see instr			0.	
f Undistributed income for 2014. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2015				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2009				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2015.	217 450			
Subtract lines 7 and 8 from line 6a	217,458.			
10 Analysis of line 9:				
a Excess from 2010				
b Excess from 2011 c Excess from 2012 77,998.				

d Excess from 2013 73,221. e Excess from 2014 66,239.		į		
E EXCESS HOTH 2014 00, 259 • 1 11-24-14			11 11 AUGUSTAN	Form 990-PF (2014)

THE P & G ALUMNI FOUNDATION,

45-3765318

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Form 990-PF (2014)

Form 990-PF (2014) Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the		Payment		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	OI SUDSTAINTAI CONTINUIOI	recipient	~ ~	
FABRETTO CHILDREN'S FOUNDATION		DIDITO CUADEMY	TO FUND ADDITIONAL	
325 COMMERCE STREET		POBLIC CHARITI		
			TRAINING FOR 10	
ALEXANDRIA, VA 22314			SISTEMA APRENDIZAJE	
			TUTORIAL (SAT) TEACHERS IN NICARAGUA.	14,000
			IDAGIBRO IN NICARGON.	14,000
THE ADELANTE FOUNDATION, INC.		PUBLIC CHARITY	TO FUND ADDITIONAL	
P.O. BOX 200280			STAFF TRAINING FOCUSED	
DENVER, CO 80220			ON EDUCATING AND	
			COACHING GROUPS OF	
			WOMEN IN POOR RURAL	5,000
EQUALITY & OPPORTUNITY FOUNDATION		PUBLIC CHARITY	TO FUND THE	
2261 MARKET STREET - #495			INCREMENTAL BUILDING	
SAN FRANCISCO, CA 94114			OF MIX-USE HOMES FOR	
211. 1101.01200, 01. 31111			POOR AND LOW INCOME	
			FAMILIES IN BANGLADESH	10,000
THE LODEN FOUNDATION		PUBLIC CHARITY	TO FUND TWO MAIN	
P.O. BOX 131			EFFORTS WITHIN THE	
DEWA KHANGZANG, BLDG NO. 4, TOP			ENTREPRENEURSHIP	
FLOOR, THIMPHU, BHUTAN			PROGRAM IN BHUTAN, 1)	
			WORKSHOPS AND TRAINING	10,000
MAKE A DIFFERENCE, INC.		PITRITC CHARTTY	TO FUND THE EXPANSION	
P.O. BOX 172			OF THE	
HAILEY, ID 83333			LIBRARY/TECHNOLOGY	
			CENTER NEAR THE	
			VILLAGE OF HIMO IN	10,000
Total SEE CO	NTINUATION SHE	ET(S)	> 3a	69.000
b Approved for future payment				
NONE				
Total			▶ 3b	n 990-PF (2014

Part XVI-A	Analysis of Income-Producing	Activities
I GILVELY!	Analysis of income-1 roddenig i	

	Unrelated	business income	Evelue	ded by section 512, 513, or 514	
Enter gross amounts unless otherwise indicated.	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	(e) Related or exempt function income
1 Program service revenue:	code		code	Minggit	Tariotion intonto
ab	-				
			 		
			1		
f			1		
g Fees and contracts from government agencies					
Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	41.	
Dividends and interest from securities				ユ エ◆	
5 Net rental income or (loss) from real estate:			1		
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income		**************************************			
8 Gain or (loss) from sales of assets other					
than inventory			18	36.	
9 Net income or (loss) from special events					
0 Gross profit or (loss) from sales of inventory					
1 Other revenue:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
a					
b					
C					
d					
e					
2 Subtotal. Add columns (b), (d), and (e)		0.		77.	0.
3 Total. Add line 12, columns (b), (d), and (e)				13	77,
See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities t	to the Accor	nplishment of Ex	cempt	Purposes	
				-	
Line No. Explain below how each activity for which inco			contribu	uted importantly to the accom	plishment of
the foundation's exempt purposes (other than	by providing fund	is for such purposes).			
			·····		
			*****		***************************************
				man care a constant a constant a constant a constant a constant a constant a constant a constant a constant a	mer entruce clusters at the contract of
			···		

Form **990-PF** (2014)

Part XVII	Information Regarding Tra Exempt Organizations	ansfers To	and Transactions	and Relatior	nships With No	ncharitable	9	
1 Did the or	rganization directly or indirectly engage in a	ny of the followi	ing with any other organizat	inn described in so	ection 501/c) of		Yes	No
	(other than section 501(c)(3) organizations				5011011 00 1(0) 01			
	from the reporting foundation to a nonchal			meanono.				
			-			1a(1)		X
	r assets							X
b Other tran			******************************		***************************************	10/2/		- 21
	s of assets to a noncharitable exempt organ	ization				1b(1)		Х
(2) Purc	hases of assets from a noncharitable exemp	nt organization	******************************	*************************		1b(1)	<u> </u>	X
(3) Rent	al of facilities, equipment, or other assets	organization .	******************************		***************************************	1b(2)		X
(4) Reim	bursement arrangements		***************************************			1b(4)		X
(5) loan	s or loan guarantees					1b(4)	1	X
(6) Perfe	ormance of services or membership or fund	raisino solicitati	nne			1b(6)		X
c Sharing o	of facilities, equipment, mailing lists, other as	ssets or paid en	nninvees		*****************************	1c		X
d If the ans	wer to any of the above is "Yes," complete the	se following sch	edule Column (h) should a	lwave show the fai	r market value of the o	inade ather ses	ate	
or service	s given by the reporting foundation. If the f	oundation receiv	ved less than fair market val				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(a) Line no.	(b) Amount involved (c) Name	of noncharitabl	le exempt organization	(d) Descript	ion of transfers, transaction	ns, and sharing ar	rangeme	nts
		N/A			· · · · · · · · · · · · · · · · · · ·			

						·		
2a Is the four	ndation directly or indirectly affiliated with, o	or related to, one	or more tax-exempt organ	izations described				
	501(c) of the Code (other than section 501					Yes	X	l No
	omplete the following schedule.	(0)(0)) 0: 000				100		, ,,,
	(a) Name of organization		(b) Type of organization	(c) Description of relationship				
	N/A	-	() 3.					
					, , , , , , , , , , , , , , , , , , , ,			
							···	
								*
								
Under	penalties of perjury, I declare that I have examined	this return, includir	: ng accompanying schedules and	i statements, and to t	ne best of my knowledge	Liferration IDC -		
Sign and be	elief, it is true, correct, and complete. Declaration of	preparer (other tha	an taxpayer) is based on all inform	mation of which prepa	rer has any knowledge.	May the IRS of return with the	prepare	er I
Here				TREAS	HIRER	shown below X Yes	(see insi	No
Sign	nature of officer or trustee		Date	Title	, 011211	- [- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
	Print/Type preparer's name	Preparer's s		Date	Check if	PTIN		
					self- employed			
Paid	DAVID J. HAMPTON) don't	1 della ta	1-27-16		P00101	198	
Preparer	Firm's name ► BURKE & SCH	INDI ER	PLL	<u>,</u>	Firm's EIN ➤ 3 2			
Use Only			= 					
,	Firm's address ▶ 901 ADAMS	CROSSIN	IG			***************************************		
	CINCINNATI				Phone no. (51	13) 455	-820	0.0
	, were constructed from the second state of the second			Form 990				

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient ASIAN COMMUNITY ALLIANCE PUBLIC CHARITY TO FUND THE EXPANSION 7566 CENTRAL PARKE BLVD. OF THE DIGITAL MASON, OH 45040 LITERACY PROJECT IN GREATER CINCINNATI FOR ASIAN POPULATIONS. 10,000. ZIMKIDS ORPHAN FOUNDATION PUBLIC CHARITY TO PURCHASE MATERIALS 18 ROXBURY MOUNTAIN ROAD TO CONSTRUCT A HOBART, NY 13788 DEDICATED PRE-SCHOOL BUILDING THAT WILL MEET MINISTRY OF 10,000. Total from continuation sheets 20,000.

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - FABRETTO CHILDREN'S FOUNDATION

TO FUND ADDITIONAL TRAINING FOR 10 SISTEMA APRENDIZAJE TUTORIAL (SAT)
TEACHERS IN NICARAGUA. THE SAT CURRICULUM INTEGRATES TRADITIONAL

COURSE STUDY WITH HANDS-ON PROJECTS INCLUDING WORK IN SUSTAINABLE

AGRICULTURE, ENVIRONMENTAL STEWARDSHIP, HEALTH OUTREACH, AND SMALL

BUSINESS MANAGEMENT. IN ADDITION, LEARNING AND PROJECT MATERIALS WILL

BE PURCHASED FOR 184 STUDENTS, AGES 15-22, FROM IMPOVERISHED,

SUBSISTENCE FARMING FAMILIES.

NAME OF RECIPIENT - THE ADELANTE FOUNDATION, INC.

TO FUND ADDITIONAL STAFF TRAINING FOCUSED ON EDUCATING AND COACHING
GROUPS OF WOMEN IN POOR RURAL AREAS OF HONDURAS. THESE WOMEN ARE ABLE
TO EARN A LIVING LOCALLY, OFFERING BETTER CARE FOR THEIR CHILDREN AND
ULTIMATELY BECOMING MEANINGFUL CONTRIBUTORS TO THEIR RURAL COMMUNITIES.

NAME OF RECIPIENT - EQUALITY & OPPORTUNITY FOUNDATION

TO FUND THE INCREMENTAL BUILDING OF MIX-USE HOMES FOR POOR AND LOW

INCOME FAMILIES IN BANGLADESH AND INDIA. THE HOMES ARE DESIGNED TO

ACCOMODATE HOME-BASED WORK THAT CAN SELF-FINANCE THE HOUSE. BY

PROVIDING YOUNG MOTHERS WITH A SAFE, SUSTAINABLE PLACE TO WORK AND

LIVE, THEY CAN INCREASE THESE FAMILIES' DISPOSABLE INCOME, BUILD

LIFE-LONG ASSETS, IMPROVE THEIR HEALTH, AND AFFECT GENERATIONS.

NAME OF RECIPIENT - THE LODEN FOUNDATION

TO FUND TWO MAIN EFFORTS WITHIN THE ENTREPRENEURSHIP PROGRAM IN BHUTAN.

- 1) WORKSHOPS AND TRAINING TO OVER 150 PEOPLE IN EACH OF TWO CITIES, AND
- 2) AN ENTREPRENEURIAL VENTURE FUND TO PROVIDE LOANS LOCATED OUTSIDE

URBAN AREAS. THE ENTREPRENUERSHIP PROGRAM AIMS TO CURB UNEMPLOYMENT

423655 05-01-14

TO PURCHASE MATERIALS TO CONSTRUCT A DEDICATED PRE-SCHOOL BUILDING

THAT WILL MEET MINISTRY OF EDUCATION STANDARDS. WE WILL PROVIDE HIGH

QUALITY PRE-SCHOOL EDUCATION, FREE TO ORPHANS, AND LOW COST TO

NON-ORPHANS.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Employer identification number

TH	E P & G ALUMNI FOUNDATION, INC.	45-3765318
Organization type (check or	ne):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Note. Only a section 501(c)(7	covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.
General Rule X For an organization	filling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling	\$5.000 or more (in money or
property) from any o	one contributor. Complete Parts I and II. See instructions for determining a contributor's	s total contributions.
Special Rules		
sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, r, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amoun line 1. Complete Parts I and II.	or 16b, and that received from
year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a cions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educately to children or animals. Complete Parts I, II, and III.	
year, contributions of is checked, enter he purpose. Do not co	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a exclusively for religious, charitable, etc., purposes, but no such contributions totaled more the total contributions that were received during the year for an exclusively religious, mplete any of the parts unless the General Rule applies to this organization because it, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box charitable, etc., received nonexclusively
out it must answer "No" on F	at is not covered by the General Rule and/or the Special Rules does not file Schedule B Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fo the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

LHA 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) (2014)

Name of organization

Employer identification number

THE P & G ALUMNI FOUNDATION, INC.

45-3765318

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	tional space is needed.	3 7 0 3 3 1 0
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PREMIERE SPEAKERS BUREAU 109 INTERNATIONAL DRIVE, SUITE 300 FRANKLIN, TN 37067	s4,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DEBORAH M. KIELTY 224 E. MONTGOMERY STREET BALTIMORE, MD 21230	\$\$10,103.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		Schodula P /Form	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

THE P & G ALUMNI FOUNDATION, INC.

45-3765318

ırt II	Noncash Property (see instructions). Use duplicate copies of F	art II if additional space is needed.	
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2 1	L07 SHS WALT DISNEY CO. STOCK	\$\$.	_12/24/14
(a) No. rom	(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. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom 'art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

wanie of orga	anization		Employer identification number
THE P	& G ALUMNI FOUNDATION,	INC.	45-3765318 ection 501(c)(7), (8), or (10) that total more than \$1,000 for
raitiii	the year from any one contributor. Complete	columns (a) through (e) and the following:	ÎNE ENTRY For organizations
	completing Part III, enter the total of exclusively religion. Use duplicate copies of Part III if addition	us, charitable, etc., contributions of \$1,000 or less to all space is needed.	for the year. (Enter this info. once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
,		(e) Transfer of gift	
	Transferee's name, address, a		Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(5) 7 (1) 0000 01 (31)	(0) 000 01 911	(a) Description of now gire is need
		(e) Transfer of gift	
	Transferee's name, address, ai		Relationship of transferor to transferee

FORM 990-PF INTEREST ON SAVI	INGS AND TEM	PORARY	CASH I	NVESTMENTS	STATEMENT 1
SOURCE	(A REVE PER B	NUE		(B) NVESTMENT NCOME	(C) ADJUSTED NET INCOME
PNC BANK		41.		41.	
TOTAL TO PART I, LINE 3	***************************************	41.		41.	
FORM 990-PF	ACCOUNTI	NG FEES			STATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS		VEST-	(C) ADJUSTED NET INCOM	
ACCOUNTING FEES LEGAL FEES	1,992. 225.		0.		0.
TO FORM 990-PF, PG 1, LN 16B	2,217.		0.		0.
FORM 990-PF	OTHER E	XPENSES			STATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B NET IN MENT I	VEST-	(C) ADJUSTED NET INCOM	
BANK CHARGES INSURANCE REGISTRATION & OTHER FEES	219. 2,882. 50.		0.		0. 0. 0.
TO FORM 990-PF, PG 1, LN 23	3,151.		0.		0.
	FOOTN	OTES			STATEMENT 4

PART VII-A LINE 8B:
PURSUANT TO RECENT CHANGES TO THE ADMINISTRATIVE RULES AND
REGULATIONS OF OHIO'S CHARITABLE TRUST ACT, NO COPY OF FORM
990-PF HAS BEEN FILED WITH OHIO. ADMINISTRATIVE RULES NOW
ALLOW ORGANIZATIONS HEADQUARTERED IN OHIO TO SUBMIT A
"VERIFICATION OF FILING WITH THE INTERNAL REVENUE SERVICE"
FORM IN LIEU OF THE FEDERAL TAX RETURN, ALONG WITH ANY
APPLICABLE FILING FEE.

	F SUBSTANTIAL CONTRIB PART VII-A, LINE 10	STANTIAL CONTRIBUTORS VII-A, LINE 10			
NAME OF CONTRIBUTOR	ADDRESS				
DEBORAH M. KIELTY	224 E. MONTGO BALTIMORE, MD				
	- LIST OF OFFICERS, D S AND FOUNDATION MANA		STAT	EMENT 6	
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE	
HARI NAIR 1708 MARTHA AVENUE CINCINNATI, OH 45223	CHAIRMAN 3.00	0.	0.	0.	
SUE WILKE 1708 MARTHA AVENUE CINCINNATI, OH 45223	VICE CHAIRMAN 5.00	0.	0.	0.	
GUYER MCCRACKEN 1708 MARTHA AVENUE CINCINNATI, OH 45223	TREASURER 3.00	0.	0.	0.	
ED TAZZIA 1708 MARTHA AVENUE CINCINNATI, OH 45223	SECRETARY 3.00	0.	0.	0.	
MOHAN MOHAN 1708 MARTHA AVENUE CINCINNATI, OH 45223	TRUSTEE 3.00	0.	0.	0.	
DEBORAH M. KIELTY 1708 MARTHA AVENUE CINCINNATI, OH 45223	TRUSTEE 5.00	0.	0.	0.	
TANYA LEE 1708 MARTHA AVENUE CINCINNATI, OH 45223	TRUSTEE 2.00	0.	0.	0.	
SAMIR HAWWA 1708 MARTHA AVENUE	TRUSTEE 2.00	0.	0.	0.	

CINCINNATI, OH 45223

THE P & G ALUMNI FOUNDATION, IN	IC.		45-3	765318
ROBERT VINEY 1708 MARTHA AVENUE CINCINNATI, OH 45223	TRUSTEE 2.00	0.	0.	0.
HELENA WONG 1708 MARTHA AVENUE CINCINNATI, OH 45223	TRUSTEE 2.00	0.	0.	0.
PATRICIA MCKAY 1708 MARTHA AVENUE CINCINNATI, OH 45223	TRUSTEE 5.00	0.	0.	0.
MARIA TARICCO 1708 MARTHA AVENUE CINCINNATI, OH 45223	TRUSTEE 2.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6	, PART VIII	0.	0.	0.

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT 7 PART XV, LINES 2A THROUGH 2D

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

SEE ATTACHED PG ALUM 2014 LETTER OF INQUIRY DOCUMENT

EMAIL ADDRESS

PHILANTHROPY@PGALUMS.COM

FORM AND CONTENT OF APPLICATIONS

SEE ATTACHED PG ALUM 2014 GRANT APPLICATION DOCUMENT

ANY SUBMISSION DEADLINES

SEE ATTACHED PG ALUM 2014 LETTER OF INQUIRY DOCUMENT

RESTRICTIONS AND LIMITATIONS ON AWARDS

THE P&G ALUMNI FOUNDATION DOES NOT RESTRICT GRANTS TO ANY PARTICULAR GEOGRAPHY OR TYPE OF ORGANIZATION. WE DO REQUIRE THAT GRANTS FIT OUR MISSION OF ECONOMIC EMPOWERMENT, AND LOOK FOR OPPORTUNITIES TO GIVE TO ORGANIZATIONS AROUND THE WORLD THAT FURTHER OUR MISSION.



Letter of Inquiry

The letter of Inquiry form is used to collect information about your project or program so that we can provide guidance as to whether you should submit a formal grant application. It does not constitute a formal grant application to the P&G Alumni Foundation. A member of our committee will contact you after we have reviewed your Letter of Inquiry to let you know whether you should complete a formal application. Prior applicants are encouraged to apply again.

Please keep in mind the following in completing your LOI:

- 1. Grants are usually in the \$5,000-\$15,000 range. Only programs/projects will be considered for funding. Funding should not be used primarily for salaries administrative costs or for any fundraising events.
- **2**. Your organization must be a tax exempt 501C3 in the US or a recognized charitable organization outside the US.
- **3.** Be sure to include the name of your P&G alumni sponsor(s) and their email address. Limit responses to three pages including the Organization Information page and use letter size 12.

Grant Application Process Timeline

LOIs Due: June 27, 2014

Applications should be emailed ONLY to philanthropy@pgalums.com

Notification of Invitation to Submit: August 2014

Formal Applications Due: October 2014 Grant Award Notifications: December 2014

If you have any questions, please contact Grants Committee Member Sue Wilke at suewilke@cinci.rr.com

Procter & Gamble and P&G are trade names of The Procter & Gamble Company and are used pursuant to an agreement with The Procter & Gamble Company.
P&G Alumni Foundation is an independent organization apart from The Procter & Gamble Company

P&G ALUMNI FOUNDATION Letter of Inquiry

A. Organization Information			
Applicant Organization (Full Legal Name)			
Street Address			
City			
State/ Zip code			
County or Country			
E-mail			
Web site			
Phone (including area code)			
Fax (including area code)			
Tax Exempt ID # (EIN) if applicable			
Executive Director/CEO			
Direct Phone			
Annual Operating Budget	\$		
Endowment Size (if applicable)	\$		
P&G Sponsor/Email			
State the organization's mission and list primary pr	ograms		
	•		
B. Summary	of Request		
Program/Project Title			
Total Budget for this Program/Project	\$		
Amount of this request	\$		
Proposal contact name			
E-mail			
Timetable for implementation: From	To		
Type of Support (please check one): Capital Pro			
☐ Capacity Building ☐ Program Project ☐ Organ			
If you checked Program/Project above, indicate on	e of the following:		
☐ New Program ☐ Support of Existing Program ☐			
Total Project/Program Budget: \$	Amount of this Request: \$		
List other funding sources from which you are seek	ring support and requested amounts.		
Describe the geographic area and torget namulation	the program/project will impact (i.e. number of		
Describe the geographic area and target population			
people to be served, number of people served last y	car, ago group, socio-economic status, disability,		
cic.			
etc.			

P&G ALUMNI FOUNDATION Letter of Inquiry

C. Project/Program Summary

- 1. Tell us what you expect will change as a result of receiving an Alumni Foundation grant. Include a brief description of the overall program/project for which funds are sought including activities, desired objectives and number of individuals served or impacted.
- 2. Provide a brief description of the proposed use of the funds (be specific).
- 3. Describe how the program/project specifically aligns with the mission of the Foundation "To improve quality of life by building economic empowerment through economic development, business education, economic inclusion, entrepreneurship, and the encouragement of free enterprise in the communities where Alumni members live and work."
- 4. Tell us how your organization is qualified to accomplish the program/project described.
- 5. How have P&G Alumni been involved in your organization including the P&G alumni supporting this request.
- 6. If you have received a prior grant from the Foundation, please indicate the year, project name and amount.



2014 Application-Instructions for Submitting a Request

The P&G Alumni Foundation provides monetary grants to non-profit organizations around the world in which P&G alumni meaningfully participate. Please read the information below carefully, and follow the instructions.

The **MISSION** of the Foundation is:

"To improve quality of life by building economic empowerment through economic development, business education, economic inclusion, entrepreneurship, and the encouragement of free enterprise in the communities where there is significant Alumni involvement."

This year, the P&G Alumni Foundation is embarking on two exciting new endeavors - (i) a feasibility and planning study to assess the opportunity to develop a community foundation designed to help sustain our philanthropic activities at a higher level making more funds available for our grant process; and (ii) to expand our data base of multi-year grant recipients in order to better assess impact and outcomes from our various grant awards.

Please keep in mind the following key points when making your request:

- 1. Applications will be judged based on: (i) fit with the P&G Alumni Foundation economic empowerment mission stated above; (ii) measureable impact of your project; (iii) your ability to pursue additional funding (i.e. matching grants, publicity/PR and/or in-kind support) as a result of the Foundation grant; (iv) your project's potential for further expansion; and (v) the involvement of your P&G Alumnus/i.
- 2. Active and meaningful P&G Alumnus/i involvement is an important consideration in approving grant requests. Please include the name(s) and contact information (phone or email) of the P&G Alumnus/i involved in your organization/project. Please be specific about how this/these individual(s) has/have been involved directly in your organization's work. Your application must also include an endorsement letter / letter of support from a meaningfully involved P&G alumnus/i who will also be expected to sign off on your final assessment report should you receive a grant.
- 3. The funding commitment is for <u>one year</u> and funds available may go to one project or to several projects, which can be completed in the funding year. Re-



- application in succeeding years to expand or build on projects previously funded by the Alumni Foundation is permissible.
- 4. Only programs/projects will be considered for funding. Funding should not be used primarily for salaries, administrative costs or for any fundraising events.
- 5. You must indicate if your organization is tax exempt or describe how it qualifies as a charitable organization. In the US, providing proof of 501(c)3 status is sufficient (i.e., IRS Determination Letter).
- 6. Be sure to include contact information for the person completing the application and for the organization, if different.
- 7. Complete budget information must be submitted with this request.

Application Submission Instructions:

To facilitate review and acceptance of your application, it is important that you:

Submit the entire application as **a single PDF document**. Our system cannot accept numerous attachments. Please review your document to ensure you have completed all areas. We are unable to process or follow up incomplete applications.

Applications are due by September 18, 2014 and should be emailed to philanthropy@pgalums.com. Do not send your applications to Deb Kielty.

If you have questions about the application process, please contact Deb Kielty, Chair of the P&G Alumni Foundation Grants Committee, at kielty@wtci.org.

Hari Nair, Chair P&G Alumni Foundation

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GRANT APPLICATION Section One

A. Organization Information				
Applicant Organization (Full Legal Name)				
Doing Business As				
Previous Name, if changed				
Street Address				
City				
State				
Zip code				
County or Country				
Mailing Address (if different than street address)				
City				
State				
Zip code				
E-mail				
Web site				
Phone (including area code & country code)				
Fax (including area code)				
IRS Name, as listed on 501(c)(3) letter				
IRS letter date				
Tax Exempt ID # (EIN) if applicable				
Executive Director/CEO				
Direct Phone				
Organization's Budgeted Expenses for	\$			
Current Year				
Endowment Size (if applicable)	\$			
Organization's Major Funding Sources				
P&G Alumnus/i Name/Email Address				
· · · · · · · · · · · · · · · · · · ·	mary of Request			
Program/Project Title				
Total Budget for this Program/Project	\$			
Amount of this request	\$			
Proposal contact name				
E-mail				
Timetable for implementation: From	То			
~ CC				
Type of Support (please check one): Capital Project Capital Campaign Technical				
Assistance Capacity Building Program Project Organization Start-up				
If you checked Program/Project above, indi				
New Program Support of Existing Program Expansion of Existing Program				



Community/Counties/geographic regions	
served by this Program/Project	
Brief demographic description of	
population served by this Program/Project	
Signatures (both are requir	ed unless otherwise specified by funder)
Signature of Executive Director	
Signature of P&G Alumni supporting	
grant request	

The narratives for Sections Two through Six should <u>not exceed five pages</u>. Responses must be typed, single-spaced, single-sided and use a minimum of 12-point type.

Section Two - Profile of Organization

Please provide:

- 1) Brief summary of organization's history and statement of organization's mission.
- 2) Brief description of current programs/projects and activities.
- 3) Evidence of organization's overall effectiveness, including major accomplishments.
- 4) Description of population and geographic region served by this organization (if different than the project's as described in Section One)

Section Three -- Statement of Need and Mission Relevance

- 1) Statement of need/opportunity project is attempting to meet and evidence of that need/opportunity
- 2) Describe how your project/funding request specifically aligns with the economic empowerment mission of the P&G Alumni Foundation.

Section Four -- Program/Project Description & Methodology

IMPORTANT: Review the Alumni Foundation program guidelines on pages 1-2 of the Application Instructions before responding to this section. A reminder that funds are generally for one year and should not be used primarily for salaries, administration, or any fundraiser events.

- 1) Description of program/project, including:
 - O Summary description of overall program/project to be funded under this grant
 - Does this project represent a new approach to addressing the need/opportunity described above or is it an expansion of an existing program? If a new approach, describe why you believe this program will have the hoped for impact, and provide evidence of your use of best practices.
 - If the project is an expansion or continuation of an existing project, please provide evidence of its effectiveness.



- How does this project fit with your organization's long term strategic plan?
- How will the impact of this grant build scale and/or contribute to the sustainability of your project or organization?
 - O Scale is defined as expanding or growing a proven program or charitable / business model to make an even greater impact. Examples can include: developing a new program within an existing organization aligned with its mission; offering a proven concept or program to a broader constituency; replicating a proven concept or program to a broader geography.
 - Sustainability is when an organization can successfully maintain a program or project for the longer-term. Examples can include: operating a program more effectively or efficiently; expanding revenues sources (including social enterprise) to ensure greater financial stability.
- O Brief description of how you propose to use the grant funds. Include if and how you believe a grant from the P&G Alumni Foundation will have a "multiplier effect" on your ability to secure additional funding (monetary, in-kind and/or matching grants) and/or to generate positive publicity / public relations by leveraging the P&G Alumni Foundation's name to expand the impact of this project.
- o General implementation plan and overall timetable
- Duration of program/project
- 2) Will the organization collaborate with other organizations on this particular program/project? If so, with whom and how?
- 3) Do you believe your project can be replicated in other communities or countries? If so, how?
- 4) Why is your organization qualified and appropriate to address this need or benefit? How does this project advance the mission of your organization?
- 5) How are P&G Alumnus(i) involved in this project? Please detail the level of involvement (e.g. active member of your Board of Directors, a financial contributor, program participation, other) and for how long? Your application must include the name and contact information for at least one Alumnus(i) directly involved in your organization and a letter of support for the project indicating their past and present involvement. The alumnus(i) must also sign off on your final assessment report should you receive a Foundation grant.

Section Five -- Evaluation

- 1) Program/project goals and objectives.
- 2) Explain how you will measure the effectiveness of your activities.
- 3) Describe your criteria for success including anticipated outcomes and impacts.
- 4) Describe the results you expect to have achieved by the end of the funding period. Also, how many people do you <u>estimate</u> will improve their economic standing or potential for economic advancement as a result of the Alumni grant? Please complete the following charts estimating the # of individuals who will be directly and indirectly served.

	# of It	NDIVIDUALS <u>Dir</u>	ECTLY IMPACTE	E D	
	Children (< 14)	Youth (14-18)	Adult Women (18+)	Adult Men (18+)	Total
# of Individuals Directly Served					



#of In	DIVIDUALS <u>Indirecti</u>	<u>Y</u> IMPACTED	
Family	Area Residents	Residents of	
Members	s Community	Other	Total
	Members	Geographies*	
# of Individuals			
Indirectly Served			

^{*}Provide if project impacts other geographies in addition to the local community due to the expansion or replication of an existing program.

Section Six -- Program/Project Funding Plans

- 1) List of other funders to which **this current** proposal has been and will be submitted. For each funder, indicate amount requested and status of request, i.e., request will be submitted, is pending, was funded or was declined. If funded, specify amount of grant.
- 2) Other anticipated funding for this current proposal including:
 - a) Earned revenue
 - b) In-kind support
 - c) Special events
 - d) Fundraisers, etc

Section Seven - Required Financial Attachments

- 1) List of grants/sponsorships (including amounts) received during your organization's <u>two</u> most recently completed fiscal years. If you are less than two years old, provide what you do have.
- 2) Statement of Revenue/Support and Expenses for your organization's <u>most recently completed fiscal/calendar year</u> (see attached example form).*
- 3) Balance Sheet for most recently completed fiscal year.
- 4) Project Budget for your entire project (see attached sample form).*
 - * If your existing financials are in a similar form as the attached example forms, they may be submitted.

 Please note that these are example forms and line items may be changed, if needed.

Section Eight -- Required Non-Financial Attachments

- 1) IRS letter of determination 501(c)(3) if in the US. If outside of the US, proof of your charitable status
- 2) List of key staff members and qualifications, or an organizational chart



STATEMENT OF REVENUE/SUPPORT & EXPENSE FOR MOST RECENTLY COMPLETED FISCAL YEAR

Name of Agency: Time Period:

REVENUE/SUPPORT	
REVENUE/SUPPORT	
Composite quant	
Corporate grants	
Foundation grants	
Govt. grants/contracts/per diem (identify) Contributions	
United Way/Other federated	
campaigns(identify)	
Membership dues	
Special events, fundraisers	
Sponsorships	
Admissions	
Sales, rent	
Revenue, tuition	
Investment income	
Interest, dividends	
Other	
Total Revenue/Support	
EXPENSES	
Salaries	
Employee benefits, taxes	
Professional fees	
Equipment, supplies, materials	
Telephone, utilities	
Postage, mailing	
Occupancy	
Insurance	
Training, staff development	
Travel	
Conferences	
Evaluations	
Other	
Total Expenses	
Revenue less Expenses	
L	

If expenses exceeded revenues/support, please explain.
Accompanying narrative welcome if additional explanation is warranted.



PROGRAM REQUEST BUDGET

Name of Project: Time Period:

(Items typical for operating a program)	BUDGET		
REVENUE/SUPPORT	TOTAL BUDGET		
Corporate grants			
Foundation grants			
Govt. grants/contracts/per diem (identify)			
Contributions			
United Way/Other federated campaigns(identify)			
Membership dues			
Special events, fundraisers			
Sponsorships			
Admissions			
Sales, rent			
Revenue, tuition			
Investment income			
Interest, dividends			
Other			
Total Revenue/Support			
EXPENSES			
Salaries			
Employee benefits, taxes			
Professional fees			
Equipment, supplies, materials			
Telephone, utilities			
Postage, mailing			
Occupancy			
Insurance			
Training, staff development			
Travel			
Conferences			
Evaluations			
Other			
Total Expenses			
Revenue less Expenses			

If expenses exceed revenues/support, please explain how the difference will be offset. Accompanying narrative welcome if additional explanation is warranted, for example an explanation of inkind gifts.

Form **8868** (Rev. January 2014)

Department of the Treasury Internal Revenue Service Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

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Part I	Personal Benefit Contracts, which must be sent to the IRS in page	per format	(see instructions). For more details	on the ele	ctronic filing of this	form,	
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Form 4720 (individual) Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 GUYER MCCRACKEN The books are in the care of ▶ 52 BERKSHIRE COURT − RED BANK, NJ 07701 Telephone No. ▶ 513 −289 −7566 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 a group and the group, check this box ▶ and attach a list with the names and EINs of all members the extension is for. 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2016, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ▶ calendar year or ▶ X tax year beginning JUL 1, 2014, and ending JUN 30, 2015 2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a \$ 0. b If this application is for Forms 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. b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-E0 and Form 8879-E0 for payment instructions.	Form 990 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990-PF O4 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 111 Form 990-T (trust other than above) 06 Form 8870 12 GUYER MCCRACKEN The books are in the care of ▶ 52 BERKSHIRE COURT − RED BANK, NJ 07701 Telephone No. ▶ 513-289-7566 Fax No. ▶ If the organization does not have an office or place of business in the United States, check this box If it 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 In request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2016, to file the exempt organization return for the organization named above. The extension is for the organization's return for: □ calendar year or □ If the tax year entered in line 1 is for less than 12 months, check reason: □ Initial return □ Final return □ Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a \$ 0. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a \$ 0. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ 0. Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-E0 and Form 8879-E0 for payment Instructions.	Form 990-BL	02	Form 1041-A			08	
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