## TAX RETURN FILING INSTRUCTIONS

FORM 990-PF

## FOR THE YEAR ENDING

JUNE 30, 2017

JUNE 30, ZUL/					
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	NOVEMBER 15, 2017				
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED.  PLEASE NOTE THAT THE FORM 990-PF RETURN CONTAINS EXCESS DISTRIBUTION CARRYOVER OF \$330,967. THIS MAY BE APPLIED TO TAX YEAR 2017 AND SUBSEQUENT YEARS.				

## Form **990-PF**

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

OMB No. 1545-0052

Dep	artme		social security numbers or m 990-PF and its separate			_ <u> </u>
			1, 2016	, and ending	JUN 30, 2017	Open to Public Inspection
		f foundation	1 1, 2010	, and chang	A Employer identification n	ıımher
					or employer reconstitution in	unidei
רַ _	HE	P & G ALUMNI FOUNDATIO	N, INC.		45-3765318	
		and street (or P.O. box number if mail is not delivered to street		Room/suite	B Telephone number	
_1	.70	8 MARTHA AVENUE			513-289-756	6
Cit	y or t	town, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is pen-	
_(	IN	CINNATI, OH 45223				
G	Chec	k all that apply: Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organizations, o	check here
		Final return	Amended return		0	
		Address change	Name change		Foreign organizations meetil check here and attach comp	ng the 85% test, outation
H (		k type of organization: $X$ Section 501(c)(3) ex			E If private foundation status	s was terminated
			Other taxable private founds		under section 507(b)(1)(A	), check here
		arket value of all assets at end of year J Accounti	-	X Accrual	F If the foundation is in a 60	-month termination
			ther (specify)		under section 507(b)(1)(B	), check here
	-\$	100,195. (Part I, colu		basis.)		
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	22,776.		N/A	(Oddi: Madis Offiy)
	2	Check III if the foundation is not required to attach Sch. B			-1/	
	3	Interest on savings and temporary cash investments	62.	62.	S	TATEMENT 1
	4	Dividends and interest from securities				
	5a	Gross rents				
		Net rental income or (loss)				
Revenue		Net gain or (loss) from sale of assets not on line 10				
e ve	7	Capital gain net income (from Part IV, line 2)		0.		
ď	8	Net short-term capital gain				
	9	Income modifications	***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	10a	Gross sales less returns and allowances				
		Less: Cost of goods sold				
	C	Gross profit or (loss)				
	11	Other income	213.	0.	S	TATEMENT 2
	12	Total. Add lines 1 through 11	23,051.	62.		
	13	Compensation of officers, directors, trustees, etc.	0.	0.		0.
	14	Other employee salaries and wages				
တ္		Pension plans, employee benefits				
nse	16a	Legal fees				
Expenses	b	Accounting fees				
E C		Other professional fees				
Ę		Interest				
and Administrative	18	Taxes				
į	19	Depreciation and depletion				
ρ	20 21	Occupancy Travel, conferences, and meetings				
<b>Д</b>	22					
	23	Printing and publications Other expenses STMT 3	191.	0.		0.
Operating		Total operating and administrative	1.71.	V •		U •
)ers		expenses. Add lines 13 through 23	191.	0.		0.
Ö	25	Contributions, gifts, grants paid	84,660.			84,660.
		Total expenses and disbursements.				
		Add lines 24 and 25	84,851.	0.		84,660.
	27	Subtract line 26 from line 12:				
	١.		∠61 <u>800</u> l	_		

623501 11-23-16 LHA For Paperwork Reduction Act Notice, see instructions.

b Net investment income (if negative, enter -0-)\_\_\_\_\_

c Adjusted net income (if negative, enter -0-)...

Form **990-PF** (2016)

N/A

62.

	ehouse; or common stock, 200 st	g., real estate, hs. MLC Co.)		(b) How acquir P - Purchase D - Donation	ea (e	c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a							
b NOI	VE						
C							
e e							
	(f) Depreciation allowed	(a) Co	et or other besie			/h) Coin or (loon)	}
(e) Gross sales price	(or allowable)		st or other basis expense of sale			(h) Gain or (loss) (e) plus (f) minus (	
a							
b							
C							
d e .							
	gain in column (h) and owned by	the foundation	on 12/31/69		/D C	Paige (Cal. (b) gain	minus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis	(k) Ex	cess of col. (i)		col. (k	lains (Col. (h) gain (), but not less thar osses (from col. (l	¬ -0-) <b>or</b>
	as of 12/31/69	over	col. (j), if any				
b							
C				-			
d							
e							
Part V Qualification Un For optional use by domestic private f	ider Section 4940(e) for		Tax on Net	Investment	t Incoi	me	
f section 4940(d)(2) applies, leave this  Vas the foundation liable for the section  f "Yes," the foundation does not qualify	s part blank. on 4942 tax on the distributable an y under section 4940(e). Do not co	nount of any ye	ar in the base per	od?			Yes X No
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	m 990-PF (2016) THE P & G ALUMNI FOUNDATION, INC.		<u>45-3</u>	<u>76531</u>	8	Page 4
P	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), o	or 49	}48 - s	ee inst	ructio	ons)
1	a 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)					
1	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here  and enter 1%	L	1			1.
	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-)	L	2			0.
3	Add lines 1 and 2		3			1.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	[	4			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	[	5			1.
6	Credits/Payments:	Γ				
	a 2016 estimated tax payments and 2015 overpayment credited to 2016		İ			
į	b Exempt foreign organizations - tax withheld at source 6b					
(	c Tax paid with application for extension of time to file (Form 8868) 6c					
(	d Backup withholding erroneously withheld 6d					
7	Total credits and payments. Add lines 6a through 6d		7			0.
8	Enter any <b>penalty</b> 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.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	▶ [	10		****	
11	Enter the amount of line 10 to be: Credited to 2017 estimated tax		11			
Pa	art VII-A Statements Regarding Activities					
la	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interv	/ene ir	л		Yes	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 definit	ition)?	?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials pub	olishe	ed or			
	distributed by the foundation in connection with the activities.					
C	Did the foundation file Form 1120-POL for this year?			1c		X
d	f Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$ (	0.				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			İ		İ
	managers. > \$					
2	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 incorporatio					
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes					X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?					<u> X</u>
	olf "Yes," has it filed a tax return on Form 990-T for this year?					
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		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:				İ	
	By language in the governing instrument, or					
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the s</li> </ul>					
	remain in the governing instrument?			6	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		7	X	↓
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	OH			_		
b	o 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			<u>8b</u>		<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for or	calend	dar			
	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV			9	₩	X
- 11	LUIG ANY DEFENDE DECOME CUNCTANTIAL CONTRINUTORS GUIDAG THE TOWNS AND ANY AND ANY AND ANY AND ANY AND AND AND AND AND AND AND AND AND AND	C 11	سلایاتین،	. 1 40		1

Form **990-PF** (2016)

P	art vii-A Statements Regarding Activities (continued)		·	·····
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	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.PGALUMS.COM</u>			
14	The books are in care of   JENNIFER J. TING  Telephone no. ▶ 513-2			
45	Located at ► 1708 MARTHA AVENUE, CINCINNATI, OH ZIP+4 ►4	<u>5223</u>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		<b>&gt;</b>	
10	and enter the amount of tax-exempt interest received or accrued during the year  At one time during calcades year 0016, did the foundation because interest in an alignment of the properties of	N	/A	B. I
10	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	4.5	Yes	
		16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country			
Pa	art 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.	Т.	Yes	No
1a	During the year did the foundation (either directly or indirectly):		100	140
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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)?			
	(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.)		İ	
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 instructions)? $N/A$	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
C	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 2016?	1c		<u>X</u>
2	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)):		ĺ	
а	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2016? Yes X No			
h	If "Yes," list the years,,,,			
ņ	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 instructions.)  N/A	2b		
r	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	20	_	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
b	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disgualified persons after		1	
	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		1	
	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 2016.)  N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
þ	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that		1	_
	had not been removed from jeopardy before the first day of the tax year beginning in 2016?			<u> </u>
	F.	orm <b>990</b>	PF(	2016)

623551 11-23-16

Form **990-PF** (2016)

F	Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign for	undatio	ons, see 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	0.
b	Average of monthly cash balances	1b	131,095.
C	Fair market value of all other assets	1c	131,055.
d	Total (add lines 1a, b, and c)	1d	131,095.
е	Reduction claimed for blockage or other factors reported on lines 1a and		131,025
	1c (attach detailed explanation) 1e 0		
2	Acquisition indebtedness applicable to line 1 assets		0.
3	Subtract line 2 from line 1d	3	131,095.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,966.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4		129,129.
6	Minimum investment return. Enter 5% of line 5	6	6,456.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations	and cert	
	foreign organizations check here 🕨 🔛 and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	6,456.
2a			
b			
C	Add lines 2a and 2b	2c	1.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	6,455.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	6,455.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	6,455.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	84,660.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	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, and Part XIII, line 4	4	84,660.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	84,660.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation		s for the section

Form **990-PF** (2016)

4940(e) reduction of tax in those years.

## Part XIII Undistributed Income (see instructions)

	(a)	(b)	(a)	/ 1/
	Corpus	Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI,			2010	2010
line 7				6,455.
2 Undistributed income, if any, as of the end of 2016:			- The state of the	0,433.
a Enter amount for 2015 only			0.	
b Total for prior years:				
2 roak ist prist jours!		0.		
3 Excess distributions carryover, if any, to 2016:				
a From 2011				
b From 2012 77,998.				
c From 2013 73, 221.				
(C. 220				
e From 2015 35,304.				
f Total of lines 3a through e	252,762.			
4 Qualifying distributions for 2016 from	202,102.			
Part XII, line 4: <b>S 84</b> , 660.				
a Applied to 2015, but not more than line 2a			0.	
b Applied to undistributed income of prior			U.	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus		<u> </u>		
/F1 1/ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0.			
d Applied to 2016 distributable amount				<i>C</i> 155
e Remaining amount distributed out of corpus	78,205.			6,455.
' '	78,203.			
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	330,967.			•
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		0		
assessed		0.		
d Subtract line 6c from line 6b. Taxable		0		
amount - see instructions		0.		
e Undistributed income for 2015. Subtract line			0	
4a from line 2a. Taxable amount - see instr			0.	
f Undistributed income for 2016. Subtract lines 4d and 5 from line 1. This amount must				
be distributed in 2017				ń
7 Amounts treated as distributions out of				0.
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 2011				<del>.</del>
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2017.				
Subtract lines 7 and 8 from line 6a	330,967.			
10 Analysis of line 9:	330,307.			
a Excess from 2012 77,998.				
b Excess from 2013	į			
c Excess from 2014 66,239.				
d Excess from 2015 35,304.				
e Excess from 2016 78, 205.				
0 2.00000 0 0 m 20 to   10 7 20 0 3 4				

623581 11-23-16

#### NONE

🔟 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 instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

#### SEE STATEMENT 7

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

c Any submission deadlines:

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

Form **990-PF** (2016)

3 Grants and Contributions Paid During the		Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
THE LODEN FOUNDATION		PUBLIC CHARITY	TO FUND AN	
P.O. BOX 131			ENTREPRENEURIAL	
DEWA KHANGZANG, BLDG NO. 4, TOP			VENTURE, CARRIED OUT	
FLOOR, THIMPHU, BHUTAN			BY A MARGINALIZED	
			ENTREPRENEUR IN A	14,660
THE GREATER CINCINNATI FOUNDATION		PUBLIC CHARTTY	TO FUND AN INITIAL	
200 WEST FOURTH STREET			GRANT WHICH	
CINCINNATI, OH 45202			ESTABLISHES A DONOR	
,			ADVISED FUND TO	
			DISBURSE GRANTS TO	70,000
		•		
Total			▶ 3a	84,660
<b>b</b> Approved for future payment				
NONE				
Total			D 01	
Total			▶ 3b	0

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

Enter grace amounts unless otherwise indicated	Unrelated b	usiness income	Evoluted	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
1 Program service revenue:	code	Autount	code	Amount	function income
a			<del>                                     </del>		
b			-		
c	-				
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	62.	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:		***************************************			
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					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory			<u> </u>		
11 Other revenue:					
a INSURANCE REFUND					213.
b					
G					
d					
6					
12 Subtotal. Add columns (b), (d), and (e)		0.		62.	213.
13 Total. Add line 12, columns (b), (d), and (e)				13	275.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities t	o the Accom	plishment of E	xempt P	urposes	
Line No.		[	b 15 . b	1	
Line No. Explain below how each activity for which inco	me is reported in co	for such purposes)	A contributed	d importantly to the accomp	lishment of
			\36 COTTT	DDIOD BIGGS	T 7773370
11A INSURANCE REFUND RELATION FOR A POLICY THAT WAS	CAMPETTED	ATMENT FRO	NA THE	FRIOR FISCA	L YEAR
FOR A POLICE THAT WAS	<u> AMCETTED</u>	PRIOR TO	RXPIR	LING.	
				-	
		,,			
				The state of the s	
				nt no	

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

1					ng with any other organizat		ection 501(c) of		Yes	No
_					27, relating to political orga	nizations?				
а		s from the reporting found								
	(1) Casi	N		• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •		1a(1)		X
L					······································		***************************************	1a(2)		X
D		nsactions:		.4:						
	(1) Sale	s of assets to a noncharita	ibie exempt organiza	ation			***************************************	1b(1)		X
	(2) Purt	chases of assets from a no	nonantable exempt	organization .		***************************************		1b(2)		X
	(3) Rem	tai or racilities, equipment,	or other assets					1b(3)		X
	(4) Rem	noursement arrangements	·				******************************	1b(4)		X
	(5) Loar	is or loan guarantees						1b(5)		X
_	(b) Peri	ormance of services or me	embership or tundra	ising solicitati	ons	• • • • • • • • • • • • • • • • • • • •		1b(6)		X
C	Snaring t	or racilities, equipment, ma	alling lists, other assi	ets, or paid en	nployees			[ 1c ]		X
a	or populo	swer to any of the above is	"Yes," complete the	tollowing sch	edule. Column (b) should al	lways show the fail	r market value of the god	ods, other ass	ets,	
	column (	<b>d)</b> the value of the goods,	oundation. If the low	rication received	ved less than fair market val	ue in any transacti	on or snaring arrangeme	ent, show in		
(a) i :	ine no.	(b) Amount involved			e exempt organization	(4)			·····	
(4)-	110,	(b) Amount involved	(c) Name o		e exempt digamzation	(u) Descripti	on of transfers, transactions	, and sharing arr	angeme	nts
				N/A						
							·			
-										
							····			
								-		<del></del>
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	<u> </u>									
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0.0	la tha fou	adation dispeths or indicast	the officets desith and			7 - 17 - 1 - 27 - 1	·			
					or more tax-exempt organi				37	٦
		omplete the following sche		)(3)) UI III Sec	tion 527?	*******************	•••••••	Yes	LA.	No
<u> </u>	11 163, 6	(a) Name of orga			(b) Type of organization	T	(c) Description of relat	innehin		
		N/A	anacon.		(b) Typo or organization		(6) Description of relat	ionomb		
		N/A			1					
									-	
	Under	penalties of perjury, I declare t	that I have examined thi	s return, includir	l ng accompanying schedules and	statements, and to the	e best of my knowledge			
Sig					n taxpayer) is based on all inforn			May the IRS of return with the	prepare	er
He	re					TREAS	סים סדו	shown below (	see inst	T .
	Sign	nature of officer or trustee			Date	Title	OKEK	L∆∟ res	L	No
	1 0.9	Print/Type preparer's na		Preparer's s		Date	Check if P	ſIN		
			=		·g · · · · · · · ·		self- employed			
Pa	id	DAVID J. H	AMPTON	1	1 He +	11-14-17	i -	200101:	192	
	eparer	Firm's name ► BUR		NDLER	PT.T.	11-16-11	Firm's EIN > 31-			····
	e Only			, articles y			THE SERVE OF	1 <del>1 2 2 4</del> 0 .		
	•	Firm's address ▶ 90	1 ADAMS C	ROSSIN	IG					
			NCINNATI,				Phone no. (513	3) 455	-821	0.0
					<del></del>			Form <b>990</b>		

## 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 .

QMB No. 1545-0047

Employer identification number THE P & G ALUMNI FOUNDATION, INC. 45-3765318 Organization type (check one): 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 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 an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_\_ 🕨 \$ \_\_\_ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 its Form 990-PF, Part I, line 2, to certify that it doesn't meet 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) (2016)

623451 10-18-16

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	ional space is needed.	
(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	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	UTE HAGAN  LEHMBERG 20  AMELINGHAUSEN, GERMANY 21385	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	P&G ALUMNI NETWORK, INC.  16 WAGNER POINT ROAD  ALBURGH, VT 05440	- _ \$6,113. -	Person X 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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

## THE P & G ALUMNI FOUNDATION, INC.

45-3765318

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
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		Ψ	
(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	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions)	Date received

Name of org	ganization		Employer identification number
THE P	& G ALUMNI FOUNDATION	, INC.	45-3765318
Part III	Exclusively religious, charitable, etc., con the year from any one contributor. Complete completing Part III, enter the total of exclusively religion Use duplicate copies of Part III if addition	occiumns (a) through (e) and the folk ous, charitable, etc., contributions of \$1,000 c	d in section 501(c)(7), (8), or (10) that total more than \$1,000 for
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	ft
	Transferee's name, address, a	and 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
	Transferee's name, address, a	(e) Transfer of gif	t  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 gif	t
-	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 gif	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

FORM 990-PF INTEREST ON SAV	INGS AND TE	EMPORARY	CASH	INVESTMENTS	STATEMENT	
SOURCE	REV	(A) VENUE BOOKS	NET	(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOM	
PNC BANK		62.		62.		
TOTAL TO PART I, LINE 3		62.		62.		
FORM 990-PF	OTHER	INCOME			STATEMENT	2
DESCRIPTION		(A) REVENT PER BOO	JE	(B) NET INVEST- MENT INCOME	ADJUSTE	
INSURANCE REFUND	_	213. 0		•		
TOTAL TO FORM 990-PF, PART I	, LINE 11 =		213.	0	•	
FORM 990-PF	OTHER	EXPENSES	5		STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	NET IN		(C) ADJUSTED NET INCOM	CHARITAI	
BANK CHARGES REGISTRATION FEES	91 100		0			0.
TO FORM 990-PF, PG 1, LN 23	191	•	0	•		0.
	FOOT	NOTES			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.

	STANTIAL CONTRIBUTORS STATEMENT VII-A, LINE 10	5
NAME OF CONTRIBUTOR	ADDRESS	
UTE HAGAN	LEHMBERG 20 AMELINGHAUSEN, GERMANY 21385	
THE P&G ALUMNI NETWORK, INC.	16 WAGNER POINT ROAD ALBURGH, VT 05440	
PREMIERE SPEAKERS BUREAU	109 INTERNATIONAL DRIVE, SUITE 300 FRANKLIN, TN 37067	

	- LIST OF OFFICERS, D ES 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 5.00	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	TRUSTEE 2.00	0.	0.	0.
ED TAZZIA 1708 MARTHA AVENUE CINCINNATI, OH 45223	TRUSTEE 5.00	0.	0.	0.
MOHAN MOHAN 1708 MARTHA AVENUE CINCINNATI, OH 45223	TRUSTEE 5.00	0.	0.	0.
DEBORAH M. KIELTY 1708 MARTHA AVENUE CINCINNATI, OH 45223	TRUSTEE 5.00	0.	0.	0.

नामन	D	2	$\alpha$	A T.TTMNTT	FOUNDATION.	TNIC
THE	r	œ	(J	ALUMNI	LOUNDATION.	$\pm NC$

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•				, 00010
JENNIFER TING 1708 MARTHA AVENUE CINCINNATI, OH 45223	TREASURER 5.00	0.	0.	0.
NISHANT SAXENA 1708 MARTHA AVENUE CINCINNATI, OH 45223	TRUSTEE 4.00	0.	0.	0.
PATRICIA MCKAY 1708 MARTHA AVENUE CINCINNATI, OH 45223	SECRETARY 5.00	0.	0.	0.
CHRIS HESSLER 1708 MARTHA AVENUE CINCINNATI, OH 45223	TRUSTEE 5.00	0.	0.	0.
ALEJANDRA CORONA 1708 MARTHA AVENUE CINCINNATI, OH 45223	TRUSTEE 3.00	0.	0.	0.
JESSICA HALL 1708 MARTHA AVENUE CINCINNATI, OH 45223	TRUSTEE 5.00	0.	0.	0.
JOHN MENNELL 1708 MARTHA AVENUE CINCINNATI, OH 45223	TRUSTEE 1.00	0.	0.	0.
VINCE SPIZIRI 1708 MARTHA AVENUE CINCINNATI, OH 45223	TRUSTEE 5.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6	, PART VIII	0.	0.	0.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

7

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

SEE ATTACHED P&G ALUMNI FOUNDATION 2016 GRANT APPLICATION DOCUMENT

EMAIL ADDRESS

PHILANTHROPY@PGALUMS.COM

FORM AND CONTENT OF APPLICATIONS

SEE ATTACHED P&G ALUMNI FOUNDATION 2016 GRANT APPLICATION DOCUMENT

#### ANY SUBMISSION DEADLINES

SEE ATTACHED P&G ALUMNI FOUNDATION 2016 GRANT APPLICATION 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.



## INVITATION TO APPLY FOR A 2016 P&G ALUMNI FOUNDATION GRANT

You are invited to apply for a 2016 P&G Alumni Foundation Grant award by submitting a full proposal. Our Grants Committee will review all completed applications and notify you as to our final 2016 grant decisions.

Process	Timing
Grant Applications Due	Sept 15, 2016 (Thursday)
Vetting Process	
<ul> <li>International Applicants Complete GlobalGiving's (GG) Due Diligence Application</li> </ul>	Oct 2016
<ul> <li>U.S. Registered 501(c)(3) organizations. undergo GuideStar Charity Check review by Grants Committee</li> </ul>	During Application Review & Prior to Awarding Grants
Award Winners Notified By	Jan 2017

#### Guidelines

Please complete the Grant Application after reviewing these Guidelines and the Selection Criteria provided next.

- Individual grant awards are expected to be in the \$10,000- \$15,000 range. The amount available for grant-making in 2016 is \$100,000. Grants are annual awards and limited to one-year commitments. Applications to expand or build on projects previously funded is permissible.
- Grant Applications are due by Thursday, September 15, 2016 and must be emailed to: philanthropy@pgalums.com.
  - Limit your response to the questions asked. Please do not send in any information that is not explicitly asked for in the application.
  - Using 12-point font size, application must be typed, single-spaced, single sided. The narrative for Sections 2 (Organization Profile) through 7 (Collaboration, Replication & Multiplier Effect) should not exceed five pages.
  - Funding cannot be used primarily for salaries, administrative costs or any fundraising events.
  - Submit the entire application as a single PDF document. Our system cannot accept numerous attachments. Incomplete or inaccurate applications will NOT be reviewed.
- If selected to receive a grant, applicants must first successfully complete a vetting process as outlines in Section 11. If a grant is awarded, the recipient organization must submit interim and final progress reports.
- Questions regarding the application process, can be directed to <u>Deb Kielty</u>, Chair of the P&G Alumni Foundation Grants Committee. <u>Do not send completed applications to Deb.</u>

#### Selection Criteria

The P&G Alumni Foundation accepts grant requests from tax-exempt 501(c)(3) organizations in the U.S.

Version 2016 Page 1



and from charitable equivalents outside the U.S. Grant applications will be evaluated primarily against the following selection criteria. Please keep these in mind as you are making your request.

✓ Alignment and fit of organization's mission and of the project or program seeking funding with the Foundation's mission of economically empowering those in need.

#### Mission

The P&G Alumni Foundation improves quality of life by economically empowering individuals in need to achieve greater financial independence and economic well-being for themselves, their families and their communities around the world.

Through strategic grant-making to established charitable organizations with significant P&G Alumni involvement, the P&G Alumni Foundation invests in programming that contributes toward sustainable employment opportunities including:

- Job skills development & vocational training
- · Business-related skills education & training
- Entrepreneurial or business ventures viable in local communities
- Proposal's contribution toward sustainable employment opportunities (examples provided above in the Mission) and how results will be measured.
- Active and meaningful involvement of one or more P&G Alumni with the charitable organization and/or the project or program requesting funding. This is a very important consideration in approving grant requests so please be specific as to how this / these individual(s) are involved and the impact they are making (i.e., specific accomplishments & related results).
  - o The Alum(s) must be involved with the organization for a minimum of one year.
  - o If more than one Alumnus is involved, a designated Alumnus must sign the grant application and provide an endorsement letter.
  - o If a grant is awarded, the designated Alumnus must also sign off on the final grant award review.
- √ Financial stability and organizational sustainability. Completeness and accuracy of Grant Application.
- ✓ Successful completion of this year's new vetting process to ensure our grant partners are performing their charitable work in a transparent and accountable manner while meeting registration requirements with local governments. The Charity Check is an internal review performed by the Grants Committee. The Due Diligence for international applicants will be initiated after all applications have been received.
  - o International charitable organizations not registered in the U.S. must complete a <u>Due Diligence</u> application with Global Giving and be approved by them to receive a grant award if selected.
  - U.S. registered nonprofits must be compliant with IRS regulations governing 501(c)(3) organizations including a review of the GuideStar Charity Check.
- 1. Organization Information, Summary of Request & Signatures: Please complete the following chart noting much but not all information was requested on the Letter of Inquiry.

Version 2016 Page 2



A. Organiza	tion Information
Applicant Organization (Full Legal Name)	
Street Name & Address:	
Street & City	
<ul> <li>State &amp; Zip</li> </ul>	
Country	
Continent	
"Doing Business As" Name (if applicable)	
Previous Name, if changed	
Mailing Address (if different than Street Name above)	
If registered in U.S., IRS Name as listed on	
501(c)(3) Determination Letter	
IRS 501(c)(3) Determination Letter Date	
Website URL	
Phone (including area code & country code)	
Fax (including area code & country code)	77.5
Tax Exempt ID # (EIN) if applicable	
Executive Director/CEO	
<ul><li>Direct Phone</li></ul>	
Email Address	
Annual Operating Budget	\$
Organization's Major Funding Sources	
Endowment Size (if applicable)	\$
P&G Alumnus/i Sponsor(s) including Name(s) &	Email(s)
State the organization's mission and list primary pr	ograms
Indicate geographic area(s) where your organizatio	n's program activities are provided
	ry of Request
Program/Project Title	
Proposal contact name	
E-mail	
Timetable for implementation: From	То
Type of Support ( <u>please check one</u> ):	
☐ Capacity building	Program / Project (if checked, answer next)
Capital project or equipment	question)
General & operating support (exc. Salaries)	☐ Technical Assistance
	f Request (cont.)
If you checked Program/Project above, indicate or	
☐ New Program ☐ Support of Existing	Program   Expansion of Existing Program
Total Project/Program Budget: \$	Amount of this Request: \$

Version 2016



Describe the geographic area and target population the program/project will impact (i.e. # of people to be served, number of people served last year, age group, socio-economic status, disability, etc.).

C. Signatures (both are required	unless otherwise specified by funder)
Signature of Executive Director	
Signature of P&G Alumnus supporting grant	
tequest	

### 2. Organization Background: Please provide:

- a. Brief summary of organization's history.
- b. Organization's mission statement.
- c. Brief description of organization's current programs, projects and activities.
- d. Evidence of organization's overall effectiveness. Can include: track record, growth, major accomplishments, recognition / awards received, etc.

## 3. Statement of Need & Mission Relevance:

- a. What specific need does your program or project meet?
- b. What evidence, research and/or statistics is there that this need / opportunity exists?
- c. How will this program / project address or meet this need?
- d. Describe how organization's mission and the project or program seeking funding are aligned with the mission of the P&G Alumni Foundation's mission of economically empowering those in need.

#### 4. Project Description:

- a. Provide a brief description of the program or project for which funds are being sought.
- b. Explain how this project advances the mission of your organization and how it fits with organization's long-term strategic plan.
- c. Describe the proposed use of the grant funds including a general implementation plan, timeline and the duration of the program / project.
- d. Explain how your organization is qualified to accomplish and sustain the proposed program or project.

#### 5. Goals, Impact & Evaluation

- a. State the program or project's measurable goals and objectives.
- b. Indicate which of the following (i.e., programming that contributes toward sustainable employment opportunities) is most representative of this grant request (select only one).
  - i. Business-related skills education & training
  - ii. Entrepreneurial or business ventures
  - iii. Job skills development
  - iv. Vocational training



- c. Please specify up to three (3) impacts and related targets that you will be measuring and tracking. The chart below (Exhibit 1) provides some examples that you may choose from or you can identify others if not listed below. Targets should be realistic and measurable.
- d. Describe the process and tools that will be used to measure, track and evaluate the impact and results of this project / program.
- e. Indicate the # of people you estimate will improve their economic standing or potential for economic advancement as a direct result of the Alumni grant. Please specify target population (e.g., youth, adult men & women, women only, etc.).

PROVID	IMPACT & RELATED KPIS ED FOR REFERENCE / EXAMPLES IN ANSW	EXHIBI ERING SECTION 5.C
Job skills development & vocational training	Business-related skills education & training	Entrepreneurial or business ventures viable in local communities
# of individuals who complete training program # of individuals who obtain and maintain gainful employment for 1+ year(s) # of individuals who advance in job position and/or increase earnings	<ul> <li># of individuals who complete skills education / training</li> <li># of individuals furthering their education</li> <li># of individuals who obtain and maintain gainful employment for 1+ year(s)</li> <li># of individuals who advance in job position and/or increase earnings</li> </ul>	<ul> <li># of new jobs (full-time &amp; part-time) created and sustained for 1+ year(s) including those earning a living wage</li> <li># of individuals who advance in job position and/or increase earnings</li> <li># of entrepreneurial and business ventures created and sustained for 1+ year(s)</li> <li>Micro-Lending: <ol> <li>repayment rates (high rates preferably of 95%+)</li> <li>Bad Debt Expense (low \$'s &amp; %'s of loans that can't be repaid)</li> </ol> </li> </ul>

#### 6. P&G Alumni Involvement

- a. Describe how P&G Alumni have been actively and meaningfully involved with your organization including:
  - i. type of involvement (e.g., Board or committee membership, program development or participation in program, financial supporter, etc.)
  - ii. duration of service and in what capacity (specify # of years or date Alum began volunteering)
  - iii. impact and results of the Alum's involvement
  - iv. how and why they are involved
- b. Provide a letter of support and endorsement for the project by the designated P&G Alumnus including their past and present involvement.



## 7. Collaboration, Replication & Multiplier Effect

- a. Describe how the organization will collaborate with other organizations on this particular project / program, if applicable, including with whom and how.
- b. Explain how your project is being (or could be) replicated in other communities and/or countries, if applicable.
- c. Indicate if this project represents a new approach to addressing the need or opportunity or if it is an expansion or continuation of an existing program.
  - i. If new approach, explain why you believe this approach will have the "hoped for" impact. Provide evidence of use of best practices and applicable research.
  - ii. If continuation or expansion, provide evidence of project's impact and effectiveness.
- d. Describe how you will leverage a grant from the P&G Alumni Foundation to secure additional funding (monetary, in-kind and/or matching grants) or generate positive publicity for your organization or project.

#### 8. Funding Plans

a. List other funders to which this current proposal has been and will be submitted by completing the following chart. You may add additional rows as needed.

Name of Funder	Amount Requested	Status of Request Choose From: 1. To Be Submitted 2. Pending 3. Funded 4. Declined	If Funded: list amount & date received

b. Provide other anticipated funding for this current proposal (e.g., earned income, in-kind support, special events, fundraisers, etc.).

## 9. Required Financial Attachments:

- a. For the most recently completed fiscal year (need not be audited), please provide your organization's:
  - i. Statement of Revenue / Support and Expenses
  - ii. Balance Sheet
- b. Please provide the Project Budget for your entire project.

NOTE: See attached example forms for State of Revenue and Expense and the Project Budget. If your existing financials are in a similar format as the attached, they may be submitted instead.

Version 2016



## 10. Required Non-Financial Attachments

- a. IRS Letter of Determination 501(c)(3) if in the U.S. If registered outside the U.S., please provide proof of your charitable status.
- b. List of key staff members' names, titles, and qualifications. Short bios are helpful but not required.
- c. List of current board members including name, employer, occupation and if they hold an officer position on your Board.
- d. If you have received prior grant(s) from the Foundation, please provide year(s), amount(s) granted and program(s) or project(s) supported.
- 11. Vetting: By signing below, I acknowledge that I have read and understand the following vetting requirements (sign only one).

International: I understand that as an international charitable organization not registered in the U.S. our organization must complete GG's Due Diligence and be approved by them to receive a grant award if selected. I have reviewed the information required by GG and agree to perform the Due Diligence at a time indicated by the Grants Committee.

We may begin assembling this information at any time.

Signature (electronic or typed in)

• However, our organization we will be instructed when to submit this information to GG by the Grants Committee and then have 7-10 days to do so in early October 2016.

Signature (electronic or typed in)	Date

U.S. Registered Charity.: I understand that as a nonprofit registered in the U.S., our organization must comply with
IRS regulations governing 501(c)(3) organizations including a review of the Guidestar Charity Check, which is
initiated and conducted by the P&G Alumni Foundation's Grants Committee. We are available to answer
questions.

	-8 (ordered or typed m)	Date
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STATEMENT OF REVENUE/SUPPORT & EXPENSE FOR MOST RECENTLY COMPLETED FISCAL YEAR Name of Agency:

Version 2016



### Time Period:

REVENUE/SUPPORT	
TCE V BI TO EM SOLITORY	
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 exceeded revenues/support, please explain. Accompanying narrative welcome if additional explanation is warranted.



## 2016 Grant Application

## 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	4	
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 in-kind gifts.