Form **990-PF**Department of the Treasury Internal Revenue Service

Return of Private Foundation

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

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

For calendar year 2019 or tax year beginning JUL 1, 2019 , and ending JUN 30, 2020 Name of foundation A Employer identification number THE P & G ALUMNI FOUNDATION, 45-3765318 Number and street (or P.O. box number if mail is not delivered to street address) Room/suite B Telephone number 1708 MARTHA AVENUE 443-540-7639 City or town, state or province, country, and ZIP or foreign postal code C if exemption application is pending, check here CINCINNATI, OH 45223 G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust ____ Other taxable private foundation I Fair market value of all assets at end of year | J Accounting method: X Accrual If the foundation is in a 60-month termination (from Part II, col. (c), line 16) Other (specify) under section 507(b)(1)(B), check here ... 59, 906. (Part I, column (d), must be on cash basis.) **\$** Part | Analysis of Revenue and Expenses (a) Revenue and (b) Net investment (d) Disbursements (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).) (c) Adjusted net for charitable purposes (cash basis only) expenses per books income income Contributions, gifts, grants, etc., received 5,047. N/A 2 Check if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 53. 53. STATEMENT 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 62 Net gain or (loss) from sale of assets not on line 10 Revenue Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2) 0. 8 Net short-term capital gain 9 Income modifications... 10a Gross sales less returns and allowances b Less: Cost of goods sold ... c Gross profit or (loss) 11 Other income 5,100. 12 Total, Add lines 1 through 11 53. Compensation of officers, directors, trustees, etc. σ. 0. 14 Other employee salaries and wages 15 Pension plans, employee benefits Expenses 16a Legal fees **b** Accounting fees c Other professional fees STMT 2 350. Ō. 350. and Administrative 17 Interest 18 Taxes 19 Depreciation and depletion 20 Оссиралсу Travel, conferences, and meetings 22 Printing and publications Operating Other expenses STMT 3 85. Ō. 85. 24 Total operating and administrative expenses. Add lines 13 through 23 435 0 435. 25 Contributions, gifts, grants paid 0. 26 Total expenses and disbursements. Add lines 24 and 25 435 0 435. Subtract line 26 from line 12: 4,665 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 53. C Adjusted net income (if negative, enter -0-)... N/A

923501 12-17-19 LHA For Paperwork Reduction Act Notice, see instructions.

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| | art | Balance Sheets Attached schedules and amounts in the description | Beginning of year | End o | of year |
|-------------|-------|--|---|--|--|
| 24-0 | | column snowle de for end-of-year amounts only. | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash - non-interest-bearing | 15,517. | | |
| | 2 | Savings and temporary cash investments | 39,724. | 54,777. | 54,777. |
| | 3 | Accounts receivable > | | | |
| | | Less; allowance for doubtful accounts | | A THE PROPERTY AND A SERVICE COURSE ASSESSMENT ASSESSMENT OF SERVICE ASSESSMENT ASSESSMENT OF SERVICE ASSESSMENT ASSESSME | and the same of |
| | 4 | Pledges receivable > | | | |
| | | Less; allowance for doubtful accounts | | Property and a second control of the second | |
| | 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 | | | The state of the s |
| ets | 8 | Inventories for sale or use | | | |
| Assets | 9 | Prepaid expenses and deferred charges | | | |
| _ | 10a | Investments - U.S. and state government obligations | | | |
| | 1 | Investments - corporate stock | | | |
| | 0 | Investments - corporate bonds | | | |
| | 11 | Investments - land, buildings, and equipment basis | | | |
| | | Less: accumulated depreciation | | | 100 miles and the second secon |
| | 12 | Investments - mortgage loans | | | |
| | 13 | investments - other | | | |
| | 14 | Land, buildings, and equipment: basis | | | |
| | | Less: accumulated depreciation | | | |
| | ł . | Other assets (describe | | | |
| | 16 | Total assets (to be completed by all filers - see the | | | |
| _ | 47 | instructions. Also, see page 1, item () | 55,241. | 59,906. | 59,906. |
| | 17 | payant and doc dod onpulloo | | | |
| | 18 | Grants payable | | | |
| Liabilities | 19 | Deferred revenue | | | |
| HIG | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| <u>E</u> | 21 | Mortgages and other notes payable | | | AND THE CONTRACTOR OF THE PROPERTY OF THE |
| | 22 | Other liabilities (describe | | | |
| | 23 | Total Kahilidaa (add fface 47 abound 00) | | | |
| _ | 23 | Total liabilities (add lines 17 through 22) Foundations that follow FASB ASC 958, check here | 0. | 0. | |
| (0 | | and complete lines 24, 25, 29, and 30. | | | |
| seo | 24 | Not constantithed demanded the second | | | |
| lan | | Alack appared with damage weeks the | | | |
| Fund Balan | 2.0 | Foundations that do not follow FASB ASC 958, check here | | | e se desilibrologia que vigin de la casa de la casa. |
| Ĕ | | and complete lines 26 through 30. | | | |
| οř | 26 | Capital stock, trust principal, or current funds | 0. | ^ | |
| | 27 | | 0. | 0. 0. | |
| Net Assets | 28 | Retained earnings, accumulated income, endowment, or other funds | 55,241. | 59,906. | |
| Ę, | 29 | Total net assets or fund balances | 55,241. | 59,906. | TERRINGER GERBERGER BERKER BERKER BERKERT FOR |
| ž | | The second of th | 33,441. | 33,300. | |
| | 30 | Total liabilities and net assets/fund balances | 55,241. | 59,906. | |
| | | | | 39,300. | |
| P | art | Analysis of Changes in Net Assets or Fund E | Balances | | |
| 1 | Total | net assets or fund balances at beginning of year - Part II, column (a), line | 29 | <u> </u> | **** |
| | (mus | t agree with end-of-year figure reported on prior year's return) | | ₁ | 55,241. |
| 2 | Enter | amount from Part I, line 27a | *************************************** | 2 | 4,665. |
| | | ingronged not included in the 5 /itemins). | | | 4,003. |
| | | ines 1, 2, and 3 | | | 59,906. |
| 5 | Decr | eases not included in line 2 (itemize) | | 5 | 0. |
| | | net assets or fund balances at end of year (line 4 minus line 5) - Part II, c | olumn (b), line 29 | 6 | 59,906. |
| | | 5 | ··· \-/, ··· ········ | ······································ | Form 990-PF (2019) |

| (a) List and describe the kir | LOSSES FOR Tax on Investmer d(s) of property sold (for example, real est se; or common stock, 200 shs. MLC Co.) | | b) How acquired P - Purchase D - Donation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
|---|---|--|---|---------------------------------------|---|
| 1a | | | D - DOMANON | | (,5, 3) |
| b NONE | | | <u> </u> | * | |
| С | | | ** | | |
| d | | | | | *** |
| e | | | | | |
| (e) Gross sales price | | est or other basis expense of sale | | (h) Gain or (lo ((e) plus (f) mint | |
| a | | | | | |
| <u>b</u> | | | | | |
| d l | | ······································ | _ | | |
| e | | | | | |
| | in column (h) and owned by the foundatio | n on 12/31/69 | |) Coine (Col. (b) as | |
| (i) Adjusted basis (k) Excess of col. (i) Col. (| |) Gains (Col. (h) ga . (k), but not less t Losses (from co | han -0-) or | | |
| a | | (1/) | | | |
| b | | | | | |
| С | | | | | |
| d | | | | | |
| е | | | | | |
| 2 Capital gain net income or (net capital lo | ss) { If gain, also enter in Part I, line | 7 | 2 | | |
| 3 Net short-term capital gain or (loss) as of figain, also enter in Part I, line 8, column if (loss) enter to in Part I line 8 | efined in sections 1222(5) and (6): | ~ | | | |
| Part V Qualification Under | Section 4940(e) for Reduced | Tay on Net I | yestment Inc | ome | |
| If section 4940(d)(2) applies, leave this part Was the foundation liable for the section 49 If "Yes," the foundation doesn't qualify unde 1 Enter the appropriate amount in each co | 42 tax on the distributable amount of any y r section 4940(e). Do not complete this par | t. | | | Yes 🗶 No |
| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | | (c) haritable-use assets | Dist | (d) ribution ratio divided by col. (c)) |
| 2018 | 40,000. | | 73,427 | | • 544759 |
| 2017 | 15,000. | | 99,907 | | .150140 |
| 2016 | 84,660. | | 129,129 | | .655623 |
| 2015 | 40,000. | | 95,048 | | .420840 |
| 2014 | 68,999. | | 55,241 | • | 1.249054 |
| 2 Total of line 1, column (d) | | | | 2 | 3.020416 |
| 3 Average distribution ratio for the 5-year l the foundation has been in existence if le | ss than 5 years | 0, or by the number (| of years | 3 | .604083 |
| 4 Enter the net value of noncharitable-use | assets for 2019 from Part X, line 5 | | ****************************** | 4 | 66,218. |
| 5 Multiply line 4 by line 3 | | | | | 40,001. |
| 6 Enter 1% of net investment income (1% of Part I, line 27b) | | | | | 1. |
| | | | | | 40,002. |
| 8 Enter qualifying distributions from Part X | | | | | 435. |
| If line 8 is equal to or greater than line 7, See the Part VI instructions. | check the box in Part VI, line 1b, and comp | plete that part using a | 1% tax rate. | <u> </u> | *533. |

| Part VI Excise Tax Based on Investment Income (Section 4 | 1940(a), 4940(b), 4940 | (e), or 4 | 948 - | see instru | uctions) |
|--|---|---------------------------------------|---|---------------|-------------------------|
| 1a Exempt operating foundations described in section 4940(d)(2), check here | nd enter "N/A" on line 1. | 1 | | | January (Sayara Saya |
| Date of ruling or determination letter: (attach copy of letter i | f necessary-see instructions) | | palan b | | |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check here | and enter 1% | \ | Haddisten dy Friedrich deur | | |
| of Part I, line 27b | | | offerough L | | |
| c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter | er 4% of Part I, line 12, col. (b) | · | | | |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations on | ly; others, enter -0-) | | 2 | | 0 |
| 3 Add lines 1 and 2 | | Ī | 3 | | 1. |
| 4 Subtile A (income) tax (domestic section 494/(a)(1) trusts and taxable foundations on | ıly; others, enter -0-) | l | 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: | | 100 | 19647419 | | |
| a 2019 estimated tax payments and 2018 overpayment credited to 2019 | 6a | 0. | | | |
| b Exempt foreign organizations - tax withheld at source | 6b | 0. | | | |
| c Tax paid with application for extension of time to file (Form 8868) | 6c | 0. | | | |
| d Backup withholding erroneously withheld | 6d | 0. | | | |
| 7 Total credits and payments. Add lines 6a through 6d | *************************************** | | 7 | | 0. |
| • Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is | attached | | 8 | | 0. |
| 9 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 overpa | id | ▶ [| 10 | | |
| 11 Enter the amount of line 10 to be: Credited to 2020 estimated tax | Ref | unded 📂 | 11 | ····· | |
| Part VII-A Statements Regarding Activities | | | | | |
| 1a During the tax year, did the foundation attempt to influence any national, state, or local | legislation or did it participate (| or intervene i | n | | Yes No |
| any political campaign? | | | | 1a | X |
| b Did it spend more than \$ 100 during the year (either directly or indirectly) for political pu | irposes? See the instructions f | or the definit | ion | 1b | X |
| If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and cop | ies of any materials published | or | | | |
| distributed by the foundation in connection with the activities. | | | | | |
| c Did the foundation file Form 1120-POL for this year? | | · · · · · · · · · · · · · · · · · · · | • | 1c | X |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during | | • | | la la | |
| (1) On the foundation. > \$ 0. (2) On foundation mana | gers. > \$ | 0. | | | |
| e Enter the reimbursement (if any) paid by the foundation during the year for political exp managers. ► \$ 0 . | enditure tax imposed on found | lation | | | |
| 2 Has the foundation engaged in any activities that have not previously been reported to the | L- ID00 | | | _ | |
| If "Yes," attach a detailed description of the activities. | ne 145? | | • | 2 | X |
| 3 Has the foundation made any changes, not previously reported to the IRS, in its governing | ina inatrument articles efices | | | | - 60 (G) (G) |
| bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | my msu ument, arucies or mco | rporation, or | | | v |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the | ? | | | 3 4a | X |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | your: | ***************** | N / | A 4b | |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year. | ear? | ************ | †3./. | 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 | ed either | | | | 10.0 |
| By language in the governing instrument, or | 70 514101, | | | | |
| By state legislation that effectively amends the governing instrument so that no mand | atory directions that conflict w | ith the state I | aw | | F 60.00 10 40 |
| 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," or | omplete Part II, col. (c), and Pa | art XV | | 7 | X |
| | , , (-), | ****** | | 1150461000511 | D I STORY OF THE SECOND |
| 8a Enter the states to which the foundation reports or with which it is registered. See instru | ections. | | | | |
| OH | | | | | |
| b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the | ne Attorney General (or design | ate) | | - | |
| of each state as required by General Instruction G? If "No," attach explanation | | , | | 8b | X |
| 9 Is the foundation claiming status as a private operating foundation within the meaning o | of section 4942(j)(3) or 4942(j) | (5) for calen | dar | | |
| year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," | complete Part XIV | | | 9 | X |
| 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a so | hedule listing their names and addre | 98898 | | 10 | X |

| | 1990-PF (2019) THE P & G ALUMNI FOUNDATION, INC. 45-376 | <u>5318</u> | } | Page ! |
|-------------|--|-------------|----------------|---|
| | 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 | | Х |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | Х | |
| | Website address ► PGALUMNIFOUNDATION.ORG | | | |
| 14 | The books are in care of ► RICHARD BEAGLE Telephone no. ►410-2 | 43-4 | 821 | |
| | Located at ▶ 1708 MARTHA AVENUE, CINCINNATI, OH ZIP+4 ▶4 | 5223 | | *************************************** |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here | | _ | - |
| | and enter the amount of tax-exempt interest received or accrued during the year | N | //A | |
| 16 | At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, | | Yes | No |
| | securities, or other financial account in a foreign country? | 16 | 103 | X |
| | See the instructions for exceptions and filling requirements for FinCEN Form 114. If "Yes," enter the name of the | rds jugos | is interviel | E Comprodess |
| | foreign country | 61066 | | |
| Pε | art VII-B Statements Regarding Activities for Which Form 4720 May Be Required | 150×1600 | | a saya salah i |
| P.711839-04 | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | syzzaklany | V | NI. |
| 12 | During the year, did the foundation (either directly or indirectly); | 65,086 | Yes | NO |
| | (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) | | | |
| | | | 0.00 | dinuntro. |
| | a disqualified person? Yes X No | | 100000 | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No | | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No | | | ite is in |
| | (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)? Yes X No | | | |
| | (6) Agree to pay money or property to a government official? (Exception. Check "No" | | | |
| | if the foundation agreed to make a grant to or to employ the official for a period after | 34 (18) | | 100 (100) |
| | termination of government service, if terminating within 90 days.) | G di | | |
| Ì | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | | | / Committee |
| | section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions | 1b | | |
| | Organizations relying on a current notice regarding disaster assistance, check here | | | |
| 0 | 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 2019? | 16 | E-MI ENDOLINE, | X |
| 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)): | | | 6 6 |
| a | ı At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines | | | |
| | 6d and 6e) for tax year(s) beginning before 2019? Yes X No | | | 100.000 |
| | If "Yes," list the years ▶ , , | | 1000 | |
| b | If "Yes," list the years | | | |
| | 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 | amendat | |
| C | of the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | | | |
| | | | | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time | | | |
| | during the year? Yes X No | | | |
| ħ | of "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after | | | |
| - | May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose | | | |
| | of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, | 160,000 | 100000 | |
| | | | | |
| 4- | Schedule C, to determine if the foundation had excess business holdings in 2019.) N/A | 3b | ļ | 77 |
| 40 | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | l l | X |

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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 2019?

| The state of the s | ruiiii 4/20 May be | nequirea (contir | nued) | |
|--|--|---------------------|--|---|
| 5a During the year, did the foundation pay or incur any amount to: | | | Amtar | Yes No |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section | 1 4945(e))? | 🔲 Ү | es X No | |
| Influence the outcome of any specific public election (see section 4955); o | r to carry on, directly or indir | ectly, | | |
| any voter registration drive? | | Y | es X No | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes | ? | Y | es X No | |
| (4) Provide a grant to an organization other than a charitable, etc., organizatio | n described in section | | | |
| 4945(d)(4)(A)? See instructions | | Y | es X No | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, | or educational purposes, or | for | | |
| the prevention of cruelty to children or animals? | *************************************** | Y | es 🗶 No | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und | fer the exceptions described | in Regulations | | |
| section 53.4945 or in a current notice regarding disaster assistance? See instru | ıctions | ************ | N/A | 5b |
| Organizations relying on a current notice regarding disaster assistance, check t | nere | | ▶□ ` ` | |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr | | | S. W. Salar | |
| expenditure responsibility for the grant? | <u>N</u> | I/A □ Y | es 🔲 No 📗 | |
| If "Yes," attach the statement required by Regulations section 53.4945-5(d). | | | | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to | | | | |
| a personal benefit contract? | *************************************** | 🗀 Y | es X No | |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a p | ersonal benefit contract? | | *** | 6b X |
| If "Yes" to 6b, file Form 8870. | | | | 1000 |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s | helter transaction? | Y | es X No | |
| b If "Yes," did the foundation receive any proceeds or have any net income attribu | table to the transaction? | | N/A | 7b |
| 8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$ | 1,000,000 in remuneration o | ٢ | žį. | |
| excess parachute payment(s) during the year? | | Y | es 🗶 No | |
| Part VIII Information About Officers, Directors, Trusto Paid Employees, and Contractors | ees, Foundation Ma | nagers, Highl | У | |
| List all officers, directors, trustees, and foundation managers and the | reir componentian | | | |
| and the second s | (b) Title, and average | (c) Compensation | (d) Contributions to | (-) Evpanos |
| (a) Name and address | hours per week devoted | (If not paid | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other |
| | to position | enter -0-) | compensation | allowances |
| | | | | |
| SEE STATEMENT 4 | | 0. | _ | |
| | | 0. | 0. | 0. |
| | | | | |
| | | | | |
| | | | | <u> </u> |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Compensation of five highest-paid employees (other than those inc | luded on line 1). If none, | enter "NONE." | <u> </u> | |
| | (b) Title, and average hours per week | | (d) Contributions to | (e) Expense |
| (a) Name and address of each employee paid more than \$50,000 | hours per week devoted to position | (c) Compensation | employee benefit plans and deferred | (e) Expense account, other allowances |
| NONE | | | compensation | unowanices |
| | | | | |
| | | | | |
| | | | | |
| | ***** | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| otal number of other employees paid over \$50,000 | | | | 0 |
| | | ******************* | | 000 DE (0010) |

| | ighest-paid independent contractors for professional services. If none, enter | "NONE." | ***** |
|------------|--|--|--|
| | (a) Name and address of each person paid more than \$50,000 | (b) Type of service | L (-) Componentia |
| | NONE | (b) Type of Service | (c) Compensatio |
| | | 4 | |
| | | | |
| | | 4 | |
| | | | |
| | | 4 | |
| | | | |
| | | - | |
| | | | |
| | | _ | |
| al num | her of others receiving over \$50,000 for professional assistant | | |
| art IY | ber of others receiving over \$50,000 for professional services -A Summary of Direct Charitable Activities | | > |
| | | | |
| umber of | undation's four largest direct charitable activities during the tax year. Include relevant statisti f organizations and other beneficiaries served, conferences convened, research papers produ | cal information such as the uced, etc. | Expenses |
| | N/A | <u>~</u> | |
| | | | |
| | | | |
| | | PANA | |
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| | | | |
| art IX | -B Summary of Program-Related Investments | | **** |
| scribe t | he two largest program-related investments made by the foundation during the tax year on li | nes 1 and 2. | Amount |
| | N/A | | |
| | | | |
| | | | |
| | | | ······································ |
| | | | |
| | | | |
| l other pr | rogram-related investments. See instructions. | | |
| | | | |
| | | | |
| | | | |
| | | | |
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| | | | |
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| virinitian investment Return (All domestic fo | oundations must complete this part. | Foreign foundations, see | instructions.) |
|--|--|--------------------------------|----------------|
| 1 Fair market value of assets not used (or held for use) directly in carryin | g out charitable, etc., purposes: | 8400 Kinge | |
| Average monthly fair market value of securities | ESNAMENTA 1a | 0. | |
| b Average of monthly cash balances | | 1b | 67,226. |
| c Fair market value of all other assets | | 16 | 0.72201 |
| d Total (add lines 1a, b, and c) | | 1d | 67,226. |
| e Reduction claimed for blockage or other factors reported on lines 1a ar | nd | | 07,220 |
| 1c (attach detailed explanation) | | 0. | |
| 2 Acquisition indebtedness applicable to line 1 assets | | 2 | 0. |
| 3 Subtract line 2 from line 1d | | 3 | 67,226. |
| 4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for gi | reater amount, see instructions) | 4 | 1,008. |
| 5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Ent | ter here and on Part V line 4 | 5 | 66,218. |
| 6 Minimum investment return. Enter 5% of line 5 | to the same of the | 6 | 3,311. |
| Part XI Distributable Amount (see instructions) (Section | 1 4942(i)(3) and (i)(5) private operating f | nundations and certain | <u> </u> |
| foreign organizations, check here and do not com | plete this part.) | oundations and college | |
| 1 Minimum investment return from Part X, line 6 | | 1 | 3,311. |
| 2a Tax on investment income for 2019 from Part VI, line 5 | 2a | 1. | |
| b Income tax for 2019. (This does not include the tax from Part VI.) | | | |
| c Add lines 2a and 2b | | 26 | 1. |
| 3 Distributable amount before adjustments. Subtract line 2c from line 1 | | 3 | 3,310. |
| 4 Recoveries of amounts treated as qualifying distributions | 4 | 0. | |
| 5 Add lines 3 and 4 | | 5 | 3,310. |
| 6 Deduction from distributable amount (see instructions) | | 6 | 0. |
| 7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter her | e and on Part XIII, line 1 | 7 | 3,310. |
| Part XII Qualifying Distributions (see instructions) | | , , , | 3,320 |
| | | | |
| 1 Amounts paid (including administrative expenses) to accomplish charit | able, etc., purposes: | | |
| a Expenses, contributions, gifts, etc total from Part I, column (d), line 2 | 6 | 1a | 435. |
| 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 | ng out charitable, etc., purposes | 2 | |
| 3 Amounts set aside for specific charitable projects that satisfy the: | | | |
| a Suitability test (prior IRS approval required) | | 3a | |
| b Cash distribution test (attach the required schedule) | ••••• | 36 | |
| 4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Pa | 4 | 435. | |
| 5 Foundations that qualify under section 4940(e) for the reduced rate of t | ax on net investment | | |
| income. Enter 1% of Part I, line 27b | | 5 | 0. |
| 6 Adjusted qualifying distributions. Subtract line 5 from line 4 | *************************************** | 6 | 435. |
| Note: The amount on line 6 will be used in Part V, column (b), in subse | quent years when calculating whether the | foundation qualifies for the s | section |
| 4940(e) reduction of tax in those years. | - | , | |

Form **990-PF** (2019)

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2018 | (c) 2018 | (d) 2019 |
|--|--|--|---------------------------|--|
| 1 Distributable amount for 2019 from Part XI, line 7 | | | | 3,310. |
| 2 Undistributed income, if any, as of the end of 2019: | | | | |
| a Enter amount for 2018 only | | | 0. | |
| b Total for prior years: | | | Engridice point of the en | |
| 3 Excess distributions carryover, if any, to 2019: | | | | |
| aFrom 2014 66,239. | | | | |
| b From 2015 35,304. | | riginal in the level beautiful in | | |
| c From 2016 78, 205. | | | | |
| dFrom 2017 10,008. | | | | |
| eFrom 2018 36,331. | | | | |
| f Total of lines 3a through e | 226,087. | | | |
| 4 Qualifying distributions for 2019 from | | | | |
| Part XII, line 4: ►\$ 435. | | | | |
| a Applied to 2018, but not more than line 2a | | | 0. | |
| b Applied to undistributed income of prior | | | | |
| years (Election required - see instructions) | Line via usin ratti bita dino Espulare (Se pas | 0. | | |
| c Treated as distributions out of corpus | • | | | |
| (Election required - see instructions) | 0. | | | |
| d Applied to 2019 distributable amount e Remaining amount distributed out of corpus | 0. | | | 435. |
| 5 Excess distributions carryover applied to 2019 | V • | | | |
| (If an amount appears in column (d), the same amount must be shown in column (a).) | 2,875. | er all her die det product en en en deutsche Er kommen lande dem zoer de production en en | | 2,875. |
| 6 Enter the net total of each column as indicated below: | 000 010 | | | |
| a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | 223,212. | HALBAT STEPPARE HER COMPLETE STEPPARE COMPLETE | | |
| 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 2018. Subtract line | | | | |
| 4a from line 2a. Taxable amount - see instr | de al apret di chap a dulio | | 0. | |
| f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2020 | | | | ^ |
| 7 Amounts treated as distributions out of | | | | O. |
| corpus to satisfy requirements imposed by | | | | engele and alberties of |
| section 170(b)(1)(F) or 4942(g)(3) (Election | | | | |
| may be required - see instructions) | 0. | | | |
| 8 Excess distributions carryover from 2014 | · · · · · · · · · · · · · · · · · · · | | | |
| not applied on line 5 or line 7 | 63,364. | | | |
| 9 Excess distributions carryover to 2020. | | | | |
| Subtract lines 7 and 8 from line 6a | 159,848. | | | |
| 0 Analysis of line 9: | | | | |
| a Excess from 2015 35,304. | | | | |
| b Excess from 2016 78, 205. | | | | |
| c Excess from 2017 10,008. | | | | |
| dExcess from 2018 36,331. eExcess from 2019 | | | | Market Control Scholar Control Control Control |
| 6 LAGGOS HUHI 40 13 | | Carlatti Kiri (1866) i populati i da para kiri | | |

923581 12-17-19

| 1 a If the foundation has received a ruling or d | etermination letter that | it is a private operating | | N/A | |
|--|---|--|-------------------------------------|------------------------------|-------------------|
| foundation, and the ruling is effective for 2 | 019, enter the date of t | he ruling | | | |
| b Check box to indicate whether the foundati | on is a private operatin | g foundation described | in section | 4942(j)(3) or 494 | 42(j)(5) |
| 2 a Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | |
| income from Part I or the minimum | (a) 2019 | (b) 2018 | (c) 2017 | (d) 2016 | (e) Total |
| investment return from Part X for | | | | | |
| each year listed | | | | | |
| b 85% of line 2a | | | | | |
| c Qualifying distributions from Part XII, | | | V-1/ | | |
| line 4, for each year listed | | | | | |
| d Amounts included in line 2c not | | | | | |
| used directly for active conduct of | | | | | |
| exempt activities | | | | | |
| | | | | | |
| e Qualifying distributions made directly | | | | | |
| for active conduct of exempt activities. | | | | | |
| Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets | | | | | - |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | ····· | | | |
| b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6, for each year | | | | | |
| c "Support" afternative test - enter: | | | | | |
| • | | | | | |
| (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) | | | | | |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) | | | | | |
| (3) Largest amount of support from | | | | | |
| an exempt organization | | | | | |
| (4) Gross investment income | | | | | |
| Part XV Supplementary Inform | nation (Comple | to this part only | if the foundation | had \$5 000 as ma | |
| at any time during the | vear-see instr | uctions.) | ii ule loulidation | nau \$5,000 or mo | re in assets |
| 1 Information Regarding Foundation I | _ | | | | |
| a List any managers of the foundation who have | | hon 90/ of the total court | atherita and a second to the second | formulation to form 11 and | _ |
| year (but only if they have contributed more | ave contributed more to than \$5,000), (See se | nan 2% or me total com ection 507(d)(2) \ | ributions received by the | Toundation before the close | of any tax |
| NONE | | (-/(-/-/-/ | | | |
| | 400/ 511 | | | | |
| b List any managers of the foundation who or other entity) of which the foundation has a | Mil 10% Of More of Inc 10% or greater interes | stock of a corporation (| or an equally large portion | on of the ownership of a par | tnership or |
| NONE | 1070 of greater interes | - | | | |
| | | | | | |
| 2 Information Regarding Contribution Check here ► X if the foundation only the foundation makes gifts, grants, etc., to it | makes contributions to | preselected charitable | organizations and does n | ot accept unsolicited reque | sts for funds. If |
| ************************************** | | | | | |
| a The name, address, and telephone number | or email address of the | e person to wnom applic | ations should be address | sed: | |
| b The form in which applications should be s | ubmitted and informati | on and materials they sh | ould include: | | |
| c Any submission deadlines: | | | | | 4 |
| | | | | | |
| d Any restrictions or limitations on awards, si | ıch as by geographical | areas, charitable fields, | kinds of institutions, or o | other factors: | |
| | | | | | |

Form **990-PF** (2019)

▶ 3b

0.

Total

| nter gross amounts unless otherwise indicated. | Unrelated business income | | | by section 512, 513, or 514 | (e) |
|--|---------------------------|---------------------------------------|---------------|-----------------------------|-------------------|
| | (a) Business | (b) | (C) Exclu- | (d) | Related or exempt |
| 1 Program service revenue: | code | Amount | sion code | Amount | function income |
| a | | **** | | | |
| 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 | 53. | |
| 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 | | | | <u> </u> | |
| 7 Other investment income | | **** | | | |
| 8 Gain or (loss) from sales of assets other | | | | | |
| than inventory | | | | | |
| 9 Net income or (loss) from special events | | | | | |
| O Gross profit or (loss) from sales of inventory | | | | | |
| 1 Other revenue: | | ···· | | | |
| a | | | * | | |
| b | | · · · · · · · · · · · · · · · · · · · | | | |
| С | | | | | |
| d | | | | | |
| e | | · · · · · · · · · · · · · · · · · · · | | | |
| 2 Subtotal. Add columns (b), (d), and (e) | 190401455 185030000000 | | 0. | 53. | 0. |
| 3 Total. Add line 12, columns (b), (d), and (e) | | | | 13 | 53. |
| See worksheet in line 13 instructions to verify calculations.) | | | | | |
| Part XVI-B Relationship of Activities to | the Accom | nlichmont o | f Evennt D | HEROCOO | |
| relationship of Activities to | THE ACCOM | hazmueut o | ı exempt P | urposes | |

| Line No. ▼ | Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). | | | | | |
|---------------|---|--|--|--|--|--|
| | | | | | | |
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923621 12-17-19

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

| 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) | | | | | | | | | | |
|--|---|---|---|--|---------------------------------------|---|--------------------------------|-----------------|--|--|
| (othe | r than section 501(c)(3) orga | nizations) or in section | ? | | | es No | | | | |
| a Trans | | | | | | | | | | |
| (1) (| Cash | ************************* | | | | | 1a(1) | X | | |
| (2) | Other assets | ************************* | | | | | 1a(2) | X | | |
| D Other | transactions: | | | | | | issumeries dones | AND DESCRIPTION | | |
| (1) 3 | Sales of assets to a noncharita | able exempt organiza | tion | | | | 1b(1) | X | | |
| (2) | michases of assers in the a lice | oncharitable exempt (| organization | | | | 11/21 | X | | |
| (3) (| tental of facilities, equipment, | , or other assets | | | | | 15/3) | X | | |
| (4) | remisoni sement amandements | S | | | | | 1b(4) | X | | |
| (4) | vans vi mai guarantees | | | | | | 116(5) | X | | |
| (0) | eriormance or services of me | embersnip or tundrai | sing solicitatii | олѕ | | | 16(6) | X | | |
| c Suari | ng of facilities, equipment, ma | ailing lists, other asse | ets, or paid en | nployees | | | 1 10 | X | | |
| a If the | answer to any of the above is | i "Yes," complete the | following sch | edule. Column (b) should al | ways show the fair r | market value of the goods. | other assets | | | |
| or se | vices given by the reporting t | foundation. If the fou | ndation receiv | ed less than fair market vali | ue in any transactior | or sharing arrangement, | show in | | | |
| colun | in (d) the value of the goods, | other assets, or serv | rices received. | - | | | | | | |
| (a)Line no. | (b) Amount involved | (c) Name or | f noncharitabl | e exempt organization | (d) Description | of transfers, transactions, and | sharing arrange | ments | | |
| | | | N/A | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| 2a Is the | foundation directly or indirec | the offiliated with the | alatad ta | | | | | | | |
| in con | foundation directly or indirec | uy annialeu wini, or i | elated to, one | or more tax-exempt organi | zations described | _ | ===== F | | | |
| h H*Vo | tion 501(c) (other than section;," complete the following sch | in 50 i(0)(3)) or in se | Ction 52/? | *************************************** | | L | X Yes | No | | |
| וו עם ווידע | , complete the following sch (a) Name of org | | · | (b) Tuna ada a a a a a a a a a a a a a a a a a | T | | | | | |
| ם שטיד | | | | (b) Type of organization | (c) Description of relationship | | | | | |
| IRE P | &G ALUMNI NET | WORK, INC | • | 501(C)(4) | SEE STAT | TEMENT 5 | | | | |
| | | | | | | | | | | |
| · | | | | | | | | | | |
| | | | | | | | | | | |
| 1 | ndor annihin5 | | | | | | | | | |
| | nder penalties of perjury, I declare nd belief, it is true, correct, and cor | that I have examined this molete. Declaration of pri | s return, includir soarer (other the | ng accompanying schedules and | statements, and to the | best of my knowledge | y the IHS discus | ss this | | |
| Sign ** Here | \ | - Pro- | 3pa 6 (3212) 112 | | nation of which preparer | | um with the prepown below? See | parer | | |
| Ι, | 7 | | | | TREASU | | X Yes | No | | |
| | Signature of officer or trustee | | | Date | Title | *************************************** | | | | |
| | Print/Type preparer's na | ame | Preparer's s | ign ature | Date | Check if PTIN | | | | |
| _ | | | | 1/1/2 | 11././ | self- employed | | | | |
| Paid | JAKE BURKE | l I | | (17/(| 10/78/2 | P0 | 204034 | 9 | | |
| Prepar | | KE & SCHI | NDJÆR, | PLL | · · · · · · · · · · · · · · · · · · · | Firm's EIN ► 31-1 | | | | |
| Use Or | ly | | | | | | | | | |
| | Firm's address ▶ 90 | 1 ADAMS C | ROSSIN | [G | | | | | | |
| | | NCINNATI, | | | | Phone no. (513) | 455-8 | 200 | | |
| | | | | | | ····· | orm 990-P | | | |
| | | | | | | ' | | | | |

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

THE P & G ALUMNI FOUNDATION, INC.

OMB No. 1545-0047

Employer identification number

45-3765318

2019

Name of the organization

| 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 for | undation | | | |
| | 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 | | | | |
| | s 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 an | nd a Special Rule. See instructions. | | | |
| General Rule | | | | | |
| For an organization property) from any | n filing Form 990, 990-EZ, or 990-PF that received, during the year, contrib one contributor. Complete Parts I and II. See instructions for determining | outions totaling \$5,000 or more (in money or g a contributor's total contributions. | | | |
| Special Rules | | | | | |
| sections 509(a)(1) any one contributo | n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part or, during the year, total contributions of the greater of (1) \$5,000; or (2) 29, line 1. Complete Parts I and II. | II, line 13, 16a, or 16b, and that received from | | | |
| year, total contribu | n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that itions of more than \$1,000 exclusively for religious, charitable, scientific, lity to children or animals. Complete Parts I, II, and III. | received from any one contributor, during the terary, or educational purposes, or for the | | | |
| 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 th | at 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 he filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). | I-EZ or on its Form 990-PF, Part I, line 2, to | | | |
| LHA For Paperwork Reducti | on Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. | Schedule B (Form 990, 990-EZ, or 990-PF) (2019) | | | |

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 additional space is needed. | | | | | |
|---------------|--|----------------------------|--|--|--|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| 1 | | ss | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZfP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| | | s | 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 | | | |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| 923452 11-08- | | \$ | Person Payroll Oncash Complete Part II for noncash contributions.) | | | |

15

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 | | |
| | | \$ | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | |
| | | \$ | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | |
| | | \$ | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | |
| | | \$ | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | |
| 002452 11.06 | | \$ | | | |

Name of organization

| Name of or | ganization | | Employer identification number |
|---------------------------|--|---|---|
| THE P | & G ALUMNI FOUNDATION, | INC. | 45-3765318 |
| Part III | Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional | ions to organizations described in se through (e) and the following line entry charitable, etc., contributions of \$1,000 or le | ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year |
| (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 gift | 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 |
| - | Transferration | (e) Transfer of gift | |
| | Transferee's name, address, ar | | 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, ar | nd ZIP + 4 | Relationship of transferor to transferee |
| (a) No. | (b) Purpose of gift | (c) Use of gift | (d) Description of how sift is held |

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

| FORM 990-PF INTEREST ON SAVI | NGS AND TEM | PORARY | CASH I | NVESTMENTS | STATEMENT 1 | |
|---|------------------------------|---------|----------|------------------------------|-------------------------------|--|
| SOURCE | REVE | | | (B) NVESTMENT NCOME | (C) ADJUSTED NET INCOME | |
| PNC BANK | | | | 53. | | |
| TOTAL TO PART I, LINE 3 | | 53. | | 53. | | |
| FORM 990-PF O | THER PROFES | SIONAL | FEES | | STATEMENT 2 | |
| DESCRIPTION | (A) EXPENSES PER BOOKS | NET IN | WEST- | (C) ADJUSTED NET INCOM | CHARITABLE | |
| PROFESSIONAL FEES | 350. | | 0. | | 350. | |
| TO FORM 990-PF, PG 1, LN 16C | 350. | | 0. | | 350. | |
| FORM 990-PF | OTHER E | XPENSES | } | | STATEMENT 3 | |
| DESCRIPTION | (A) EXPENSES PER BOOKS | NET IN | | ADJUSTED | CHARITABLE | |
| OTHER COST POSTAGE & MAILING SERVICE | 52. 33. | | 0. 0. | | 52. 33. | |
| TO FORM 990-PF, PG 1, LN 23 | 85. | | 0. | | 85. | |

| FORM 990-PF PART VIII TRUSTE | - LIST OF OFFICERS, DIRECTORS STATEMEN ES AND FOUNDATION MANAGERS | | | |
|--|--|--------------|---------------------------------|---------|
| NAME AND ADDRESS | TITLE AND AVRG HRS/WK | | EMPLOYEE BEN PLAN CONTRIB | EXPENSE |
| HARI NAIR 1708 MARTHA AVENUE CINCINNATI, OH 45223 | TRUSTEE 1.00 | 0. | 0. | 0. |
| SUE WILKE 1708 MARTHA AVENUE CINCINNATI, OH 45223 | TRUSTEE 6.00 | 0. | 0. | 0. |
| THOMAS DRUM 1708 MARTHA AVENUE CINCINNATI, OH 45223 | TRUSTEE 3.00 | 0. | 0. | 0. |
| ED TAZZIA 1708 MARTHA AVENUE CINCINNATI, OH 45223 | TRUSTEE 1.00 | 0. | 0. | 0. |
| MOHAN MOHAN 1708 MARTHA AVENUE CINCINNATI, OH 45223 | TRUSTEE 2.00 | 0. | 0. | 0. |
| DEBORAH M. KIELTY 1708 MARTHA AVENUE CINCINNATI, OH 45223 | CHAIRMAN 18.00 | 0. | 0. | . 0. |
| NISHANT SAXENA 1708 MARTHA AVENUE CINCINNATI, OH 45223 | TRUSTEE 1.00 | 0. | 0. | 0. |
| PATRICIA MCKAY 1708 MARTHA AVENUE CINCINNATI, OH 45223 | SECRETARY/DEVE | LOPMENT CHAI | | 0. |
| CHRIS HESSLER 1708 MARTHA AVENUE CINCINNATI, OH 45223 | TRUSTEE 2.00 | 0. | 0. | 0. |
| MARGARET SZEMPRUCH 1708 MARTHA AVENUE CINCINNATI, OH 45223 | TRUSTEE 12.00 | 0. | 0. | 0. |
| VINCE SPIZIRI 1708 MARTHA AVENUE CINCINNATI, OH 45223 | VICE CHAIRMAN 6.00 | 0. | 0. | 0. |

| THE P & G ALUMNI FOUNDATION, | INC. | | 45-37 | 765318 |
|--|--------------------------|----|-------|--------|
| MARIANNE IYER 1708 MARTHA AVENUE CINCINNATI, OH 45223 | EXECUTIVE DIRECTOR 20.00 | 0. | 0. | 0. |
| IDA ABDALKHANI 1708 MARTHA AVENUE CINCINNATI, OH 45223 | TRUSTEE 1.00 | 0. | 0. | 0. |
| RICK BEAGLE 1708 MARTHA AVENUE CINCINNATI, OH 45223 | TREASURER 4.00 | 0. | 0. | 0. |
| ALIYU MOHAMMED ALI 1708 MARTHA AVENUE CINCINNATI, OH 45223 | TRUSTEE 8.00 | 0. | 0. | 0. |
| MATTHEW BARNHILL 1708 MARTHA AVENUE CINCINNATI, OH 45223 | TRUSTEE 2.50 | 0. | 0. | 0. |
| GIOACCHINO COSTA 1708 MARTHA AVENUE CINCINNATI, OH 45223 | TRUSTEE 4.00 | 0. | 0. | 0. |
| MARYANN O'CONOR 1708 MARTHA AVENUE CINCINNATI, OH 45223 | TRUSTEE 2.00 | 0. | 0. | 0. |
| ANNABEL TONGE 1708 MARTHA AVENUE | TRUSTEE 4.00 | 0. | 0. | 0. |

0.

0.

0.

CINCINNATI, OH 45223

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII

990-PF AFFILIATION WITH TAX-EXEMPT ORGANIZATIONS PART XVII, LINE 2, COLUMN (C)

STATEMENT

NAME OF AFFILIATED OR RELATED ORGANIZATION

THE P&G ALUMNI NETWORK, INC.

DESCRIPTION OF RELATIONSHIP WITH AFFILIATED OR RELATED ORGANIZATION

TO PROVIDE ASSISTANCE TO LOW/MODERATE INCOME COMMUNITIES IN AND AROUND THE REGIONS WHERE ACTIVE MEMBERS OF THE P&G ALUMNI NETWORK LIVE AND WORK, THROUGH PROGRAMS AND ACTIVITIES THAT WILL IMPROVE THE QUALITY OF LIFE IN THESE COMMUNITIES, EASE COMMUNITY TENSIONS, ELIMINATE PREJUDICE AND DISCRIMINATION WITHIN THESE COMMUNITIES, AND/OR IMPROVE ACCESS TO EDUCATIONAL RESOURCES IN THESE COMMUNITIES.