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DLN: 93493292007041

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2010

OMB No 1545-0047

Open to Public

► The organization may have to use a copy of this return to satisfy state reporting requirements

City or town, state or country, and ZIP + 4 NEWTOWN SQUARE, PA 190733299 F Name and address of principal officer MARK LANGLEY 14 CAMPUS BOULEVARD NEWTOWN SQUARE, PA 190733299 F 501(c)(3)	Room/suite (6: G Gro H(a) Is this a group return the suit of the	-2630 ephone L0)35 urn for affi included the alis ption r	e number 6-4600 pts \$ 1,182,520 illiates? Yes No d? Yes No st (see instructions)
Doing Business As SAME AS ABOVE Number and street (or P O box if mail is not delivered to street address) 14 CAMPUS BOULEVARD City or town, state or country, and ZIP + 4 NEWTOWN SQUARE, PA 190733299 F Name and address of principal officer MARK LANGLEY 14 CAMPUS BOULEVARD NEWTOWN SQUARE, PA 190733299 F S01(c)(3)	Room/suite (6: G Gro H(a) Is this a group retuing the state of the s	ephone LO) 35 oss receivern for affi include: ch a lis ption r	e number 6-4600 pts \$ 1,182,520 illiates? Yes No d? Yes No st (see instructions)
Number and street (or P O box if mail is not delivered to street address) 14 CAMPUS BOULEVARD City or town, state or country, and ZIP + 4 NEWTOWN SQUARE, PA 190733299 F Name and address of principal officer MARK LANGLEY 14 CAMPUS BOULEVARD NEWTOWN SQUARE, PA 190733299 ▼ 501(c)(3)	Room/suite (6: G Gro H(a) Is this a group return the service of	oss receium for affi	6-4600 pts \$ 1,182,520 illiates? Yes No d? Yes No st (see instructions)
City or town, state or country, and ZIP + 4 NEWTOWN SQUARE, PA 190733299 F Name and address of principal officer MARK LANGLEY 14 CAMPUS BOULEVARD NEWTOWN SQUARE, PA 190733299 F 501(c)(3)	G Gro H(a) Is this a group retu H(b) Are all affiliates If "No," attac H(c) Group exem	urn for affi included the alise	illiates? Yes No Tyes No St (see instructions)
F Name and address of principal officer MARK LANGLEY 14 CAMPUS BOULEVARD NEWTOWN SQUARE, PA 190733299 ▼ 501(c)(3)	H(a) Is this a group return H(b) Are all affiliates If "No," attached Group exem	ınclude chalıs ption r	iliates? Yes No d? Yes No st (see instructions)
MARK LANGLEY 14 CAMPUS BOULEVARD NEWTOWN SQUARE, PA 190733299 F 501(c)(3)	H(b) Are all affiliates If "No," attac H(c) Group exem	include chalis ption r	d? Yes No st (see instructions)
14 CAMPUS BOULEVARD NEWTOWN SQUARE, PA 190733299 ▼ 501(c)(3)	If "No," attac	ch a lis	st (see instructions)
P //WWW PMI ORG/PMIEF Corporation Trust Association Other ► mary scribe the organization's mission or most significant activities HE CHAMPION OF PROJECT MANAGEMENT KNOWLEDGE AND SKILL	If "No," attac	ch a lis	st (see instructions)
P //WWW PMI ORG/PMIEF Corporation Trust Association Other mary scribe the organization's mission or most significant activities HE CHAMPION OF PROJECT MANAGEMENT KNOWLEDGE AND SKILL	T		idiliber P
Trust Association Other mary scribe the organization's mission or most significant activities HE CHAMPION OF PROJECT MANAGEMENT KNOWLEDGE AND SKILL	L Year of formation	1990	
mary scribe the organization's mission or most significant activities HE CHAMPION OF PROJECT MANAGEMENT KNOWLEDGE AND SKILL	L Year of formation	1990	
scribe the organization's mission or most significant activities HE CHAMPION OF PROJECT MANAGEMENT KNOWLEDGE AND SKILI		1,,,,	M State of legal domicile DC
IE CHAMPION OF PROJECT MANAGEMENT KNOWLEDGE AND SKILI			
E PROJECT MANAGEMENT PRINCIPLES GLOBALLY TO COMMUNIT ZATIONS AND SOCIETY AT LARGE			
·	more than 25% of i	1	assets
		3	9
		_	9
			0
•			100
		-	
ated business taxable income noin Form 550 T, line 54 T	Prior Year	70	Current Year
utions and grants (Part VIII, line 1h)		1.547	674,456
· · · · · · · · · · · · · · · · · · ·		0	0
	40	0,376	48,109
evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	0
	63	1 022	722 565
	<u> </u>		722,565
	20		435,176
s, serior compensation, employed benefits (Care 12), column (17), illios s		0	0
ional fundraising fees (Part IX, column (A), line 11e)		0	0
draising expenses (Part IX, column (D), line 25) ▶248,514			
	514	4,986	646,360
			1,081,536
e less expenses Subtract line 18 from line 12		•	-358,971
	Beginning of Cur Year	rent	End of Year
ssets (Part X, line 16)	3,02	6,794	2,806,913
abilities (Part X, line 26)		3,513	26,255
		3,281	2,780,658
oomine or residence of the second of the sec	of voting members of the governing body (Part VI, line 1a) of independent voting members of the governing body (Part VI, line 1b)	of voting members of the governing body (Part VI, line 1a)	### An

Form	990	(2010)	

Page **2**

Par		am Service Accomplishments tains a response to any question in this	Part III	
1	Briefly describe the organization	n's mission		
PRO		T MANAGEMENT KNOWLEDGE AND S ES GLOBALLY TO COMMUNITIES INC		
2	-	any significant program services during	•	┌ Yes ┌ No
	If "Yes," describe these new se	vices on Schedule O		
3	=	lucting, or make significant changes in h	now it conducts, any program	┌ Yes ┌ No
	If "Yes," describe these change	s on Schedule O		
4	Section 501(c)(3) and 501(c)(4	chievements for each of the organization 4) organizations and section 4947(a)(1) expenses, and revenue, if any, for each p	trusts are required to report the am	
4a	(Code) (Exp	enses \$ 186,136 including grants	s of \$ 116,366) (Revenue \$)
	EXPANDING EDUCATIONAL OPPORTU	NITIES FOR FUTURE PROJECT MANAGERS THROU	JGH ACADEMIC AND WORK-BASED LEARNING	G OPPORTUNITIES
4b	(Code) (Exp	enses \$ 192,136 including grants	s of \$ 116,810) (Revenue \$)
40	, , , ,	RY STUDENTS FOR SUCCESS IN LIFE BY USING P		•
4c	, , , ,	enses \$ 322,231 including grants	, , , , , , , , , , , , , , , , , , , ,)
	HELPING RELIEF AND DEVELOPMENT MANAGEMENT CAPACITY	ORGANIZATIONS USE THEIR LIMITED RESOURCE	S MORE EFFICIENTLY AND EFFECTIVELY BY :	INCREASING THEIR PROJECT
4d	Other program services (Des	 cribe in Schedule O)		
	(Expenses \$	including grants of \$) (Revenue \$)
4e	Total program service expense	s ≽ \$ 700,503		

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 💋 🔒 .	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a		Νο
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Yes	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Νο
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Νο
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b	Yes	•
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16	Yes	
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	Yes	_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Part V	Statements	Regarding	Other I	RS Filings	and Tax	Compliance

	990 (2010) rt V Statements Regarding Other IRS Filings and Tax Compliance			Page !
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .			1
	1a 0	<u> </u>		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
٠_	gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return	I		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	Ī		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
la	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a		Νo
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
1 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Νο
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
ia	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	- 55		
		5c		
5a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
_	file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
_	contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7f		No
g	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
5	Form 1098-C?	7h		
8	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)........	_		
l2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
L3	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?			
u	Note. See the instructions for additional information the organization must report on Schedule O	13a		
Ь	Enter the amount of reserves the organization is required to maintain by the states			
	in which the organization is licensed to issue qualified health plans	-		
C	Enter the amount of reserves on hand 13c			
L4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		l No

b If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*.

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI										. ~	7
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Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
ь	Enter the number of voting members included in line 1a, above, who are			
D	independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any			
	other officer, director, trustee, or key employee?	2		Νo
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		Νo
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal	_		
	venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νο
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
Ţ	describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
ь	Other officers or key employees of the organization	15b		Νο
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	ection C. Disclosure	_		
17	List the States with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, FL, G	A , HI	, IL , KS	5 , KY ,

- List the States with which a copy of this Form 990 is required to be filed ►AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV, DC
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. Another's website. Upon request
- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table

(610) 356-4600

State the name, physical address, and telephone number of the person who possesses the books and records of the organization PROJECT MANAGEMENT INSTITUTE EDUCAT
14 CAMPUS BOULEVARD
NEWTOWN SQUARE, PA 19073

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organi	zation nor any re	lated o	ganı	zatio	ncc	mpen	sate	d any current office	er, director, or trust	ee
(A) Name and Title	(B) A verage hours		((tion (that a	(che		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) KATHERINE SHAWVER PMP CHAIR	5 00	х		х				0	0	0
(2) KAY FLEISCHER MBA PMP SECRETARY	5 00	х		х				0	0	0
(3) JOHN RICKARDS FCAM PMP TREASURER	5 00	Х		х				0	0	0
(4) HUGH WOODWARD PMP DIRECTOR	5 00	Х						0	0	0
(5) KENNETH ATWATER MBA MPM PMP DIRECTOR	5 00	х						0	0	0
(6) PEDRO RIBEIRO MBA PMP DIRECTOR	5 00	х						0	0	0
(7) JO FERGUSON PMP DIRECTOR	5 00	Х						0	0	0
(8) KENNETH HARTLEY PMP DIRECTOR	5 00	х						0	0	0
(9) DEBRA MIERSMA DIRECTOR	5 00	Х						0	0	0
(10) MARK LANGLEY COO, NON-VOTING EX OFFICIO DIRECTOR	5 00			х				0	493,051	247,830
(11) GREGORY BALESTRERO FORMER COO, NON-VOTING EX OFFICIO DIRECTOR	5 00			х				0	748,943	545,470

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours per		(tion that a	(che				(D) Reportable compensation from the	(E) Reportable compensation from related	n a	(F) Estima amount o	ated fother
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)		from organizat relat organiza	the ion and ed
		_											
1b	Sub-Total				•	•		P					
<u>с</u>	Total from continuation sheets						-	 	0	1,241,99	1		793,300
2	Total (add lines 1b and 1c). Total number of individuals (inc \$100,000 in reportable competed)	ludıng but not lın	nited to	thos	e lıs				-		<u> </u>		773,300
												Yes	No
3	Did the organization list any fo on line 1a? <i>If</i> " <i>Yes," complete Sc</i>				e, k	еу е •	mploy •	ee, o	r highest compens	ated employee	3		No
4	For any individual listed on line organization and related organization and related organizations.										4	V	
5	Did any person listed on line 1a services rendered to the organi									or individual for	5	Yes	No
												ı	
1	Complete this table for your five	e highest comper		ındep	ende	ent c	ontra	tors	that received mor	e than			
	\$100,000 of compensation from	(A)							Dose	(B)		(C	
	l Na	me and business add	11622						Desc	ription of services		Comper	isatiOII

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization ▶0

722,565

	990 (2010)				Page 10
Pari	Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations mus	t complete all c	columns.		
Α	Il other organizations must complete column (A) but are not required to c			(D).	
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	191,175	191,175		· ·
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	147,776	147,776		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	96,225			
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
а	Fees for services (non-employees) Management				
Ь	Legal				
c	Accounting	23,774	44	23,730	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	19,000			19,000
12	Advertising and promotion	72,544	37,659		34,885
13	Office expenses	23,370	· ·	1,117	10,237
14	Information technology	8,191	<u> </u>	,	8,191
15	Royalties	.,			
16	Occupancy				
17	Travel	35,018	18,642	45	16,331
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	33,010	10,042	43	10,551
19	Conferences, conventions, and meetings	20,050	9,303	10,747	
20	Interest		1,130	22,	
21	Payments to affiliates	342,446	103,289	79,287	159,870
22	Depreciation, depletion, and amortization	1.2,110		. 5,257	
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	PROGRAM DEVELOPMENT	81,529	81,529	0	0
b	OTHER EXPENSES - STATE	14,126	0	14,126	0
С	MISCELLANEOUS EXPENSE	6,312	2,845	3,467	
d					
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	1,081,536	700,503	132,519	248,514
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	compined cadeational campaign and fundraising solicitation	İ	<u>I</u>	i	

Part X Balance Sheet (A) (B) Beginning of year End of year 1 92,272 2 274.081 2 1,389,805 862,182 3 3 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Schedule L . . . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Assets 6 7 8 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part 10a VI of Schedule D ь Less accumulated depreciation 10b 10c 11 11 1,544,717 1,670,650 12 Investments—other securities See Part IV, line 11 12 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 3.026,794 16 16 2,806,913 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 10.398 17 26.255 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 Liabilities 21 21 Escrow or custodial account liability $Complete\ Part\ IV\ of\ Schedule\ D$. . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 33.115 25 0 Other liabilities Complete Part X of Schedule D 26 43.513 26 26.255 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 664,301 27 564,402 Unrestricted net assets Temporarily restricted net assets 992,304 852,522 28 28 Fund 1,326,676 29 1,363,734 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 2,983,281 33 2,780,658 33 Total net assets or fund balances 3.026,794 34 Total liabilities and net assets/fund balances 2,806,913

Pal	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7	722,56
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,0	81,53
3	Revenue less expenses Subtract line 2 from line 1	3		- 3	358,97
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,9	983,28
5	Other changes in net assets or fund balances (explain in Schedule O)	5		1	156,34
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		2,7	780,65
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	sued			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		Νο
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b		

Employer identification number

SCHEDULE A (Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

h

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

Open to Public Inspection

PROJECT MANAGEMENT INSTITUTE EDUCATIONAL **FOUNDATION** 23-2630701 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) No and (III) below, the governing body of the the supported organization? 11g(i) Νo (ii) a family member of a person described in (i) above? 11g(ii) Νo

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	organızatı col (ı) lıst your goveı	Is the		(v) Did you notify the organization in col (i) of your support?		on in inized S ?	(vii) A mount of support
		instructions))	Yes	No	Yes	No	Yes	No	
(A) PROJECT MANAGEMENT INSTITUTE	231887442	501(C)(6)	Yes		Yes		Yes		0
Total									0

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the supported organization(s)

11g(iii)

Νo

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1) (A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	dider rate III. If the	organización i	ans to quanty t	maci the tests	iisted below, pic	case complet	c raic III.
S	ection A. Public Support		_				
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
_	behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public Support. Subtract line 5 from						
Ü	line 4						
S	ection B. Total Support	1				I	
	endar year (or fiscal year beginning						
Cur	in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
0	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
-	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support (Add lines 7						
	through 10)						
12	Gross receipts from related activities	es, etc (See inst	ructions)			12	
13	First Five Years If the Form 990 is f	or the organization	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	nızatıon,
	check this box and stop here	_	r		•	. , . , -	▶ ┌॔
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2010	(lıne 6 column (f) divided by line	11 column (f))		14	
15	Public Support Percentage for 2009	Schedule A Par	rt II line 14			15	
							
16a	33 1/3% support test—2010. If the				line 14 is 33 1/3%	or more, chec	
	and stop here. The organization qua	•				2.2.4.204	▶ [
b	33 1/3% support test—2009. If the				oa, and line 15 is :	1/3% or mor کد	. -
17-	box and stop here. The organization				12 16 1C	handler - 4.4	▶
r/a	10%-facts-and-circumstances test-						ın.
	is 10% or more, and if the organization made			•			
	in Part IV how the organization mee	is the facts and	circumstances"	test ine organiz	acion quanifies as	a publicly supp	orted F
L	organization 10%-facts-and-circumstances test-	_2000 Ifthe era	anization did not	chack a hay an lu	no 13 165 166 5	or 17a and line	F1
ט	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat			•		<u>-</u>	clv
	supported organization	aon meets the 16	aces and circuitis	tances test life	. organization qual	iiiies as a publi	ETY ▶ ¯
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b. check this	box and see	- 1
	instructions	a.a not eneck		, , 0 0 , 7 0 0	. 2. 2, 511558 61115		▶ □

Schedule A (Form 990 or 990-EZ) 2010 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	
S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18	

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	Supplemental Information. Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

DLN: 93493292007041

OMB No 1545-0047

Inspection

Open to Public

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization

Employer identification number

	INDATION		23-2	630701		
Pa	rt I Organizations Maintaining Donor Acorganization answered "Yes" to Form 99				Complet	te if the
		(a) Donor advised funds	(b) Funds and ot	her accou	nts
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advi		onor advi:	s e d	☐ Yes	┌ No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit	5 5	•		┌ Yes	┌ No
Pa	rt III Conservation Easements. Complete	if the organization answered "Yes"	to Form	990, Part IV,	, line 7.	
2	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualice easement on the last day of the tax year	on or pleasure) Preservation of a	a certified	historic structi	•	a
				Held at the E	nd of the	Year
а	Total number of conservation easements		2a			
ь	Total acreage restricted by conservation easements		2b			
с	Number of conservation easements on a certified his	toric structure included in (a)	2c			
d	Number of conservation easements included in (c) a	cquired after 8/17/06	2d			
3 4	Number of conservation easements modified, transfethe taxable year - Number of states where property subject to conserva		ted by th	e organızatıon d	uring	
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, ha	ndling of	violations, and	☐ Yes	┌ No
6	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation ease	ments du	ırıng the year 🛌		
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easemen	ıts durıng	the year ► \$ _		
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$?	2 (d) above satisfy the requirements of se	ection		☐ Yes	┌ No
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	the footnote to the organization's financi				
Par	TIME Organizations Maintaining Collection Complete if the organization answered '		, or Oth	ner Similar A	ssets.	
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or resea	ırch ın fur			,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research			•	
	(i) Revenues included in Form 990, Part VIII, line 1			► \$		
	(ii) Assets included in Form 990, Part X			► \$		
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA		for financ	cial gain, provido	e the	_

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	<u>cal Tre</u>	<u>easur</u>	es, or C)the	<u>r Simil</u>	ar Ass	ets (continued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	e foll	lowing th	nat are	a sıgnıfıc	ant u	se of its	collecti	on	
а	Public exhibition		d	Γ	Loan o	rexcha	ange prog	rams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ın hov	vthey	y further	the or	ganızatıoı	n's ex	empt pu	rpose in	l	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than to								ılar	Γ	Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an ar						answere	d "Y	es" to F	orm 99	90,	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interme	ediary	for c	ontribut	ions or	otherass	sets r	not	Γ	Yes	Г No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ıng ta	able		ſ			A mo	ount	
c	Beginning balance						•	1c				
d	Additions during the year						ŀ	1d				
e	Distributions during the year						ŀ	1e				
f	Ending balance						}	1f				
2a	Did the organization include an amount on Fo	orm 000 Bost V I	0 7 1 7				L			Г	Yes	
	-		e 217							'	res) NO
	If "Yes," explain the arrangement in Part XI\ rt V Endowment Funds. Complete		2 200	word	ad "Vac	" to Ec	orm 000	Dar	t TV/ Jun	0.10		
Pal	Endowment Funds. Complete	(a)Current Year)Prior							(e) Four	Years Back
1a	Beginning of year balance	2,318,980	<u> </u>		,056,608	(-)	1,571,5	_	,,,,,,		(-)	
b	Contributions	116,518			251,582		655,8	04				
с	Investment earnings or losses	85,577			111,599		-113,0	24				
d	Grants or scholarships	304,819			100,809		57,7	50				
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance	2,216,256		2	,318,980		2,056,6	08				
2	Provide the estimated percentage of the yea	r end balance held a	as									
а	Board designated or quasi-endowment	36 000 %										
ь	Permanent endowment 45 000 %											
c	Term endowment ► 19 000 %											
3a	Are there endowment funds not in the posse	ssion of the organiz	ation 1	hat a	are held	and ad	ministere	d for	the			
	organization by										Yes	s No
	(i) unrelated organizations									. 3a(i		Νo
	(ii) related organizations									3a(ii)	No
	If "Yes" to 3a(II), are the related organizatio	•						•		. 3b		
4	Describe in Part XIV the intended uses of th	<u> </u>				10 P-	1.37 1	4.0				
Par	t VI Investments—Land, Building	s, and Equipme	<u>nt. 5</u>			•			T			
	Description of investment				a) Cost or asis (inves		(b)Cost o basis (of			cumulated reciation	(a)	Book value
1a	Land											
b	Buildings		•									
c	Leasehold improvements											
d	Equipment		•									
	Other	<u>.</u>										
Tota	l. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colur	nn (B)	, line	10(c).)				•			0
									Sche	edule D	(Form	990) 201

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value	
(1)Financial derivatives		Cost of cita of year market value	
(2)Closely-held equity interests (3)O ther			
(A) MUTUAL FUNDS	1,413,050		F
(B) STOCKS	257,600		F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	e Form 990, Part X, line :		
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
		Cost of Cita of year market value	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lir		1 425	
		(b) Book value	
Part IX Other Assets. See Form 990, Part X, lir		(b) Book value	
Part IX Other Assets. See Form 990, Part X, lir		(b) Book value	
Part IX Other Assets. See Form 990, Part X, lir		(b) Book value	
Part IX Other Assets. See Form 990, Part X, lir		(b) Book value	
Part IX Other Assets. See Form 990, Part X, lir		(b) Book value	
Part IX Other Assets. See Form 990, Part X, lir		(b) Book value	
Part IX Other Assets. See Form 990, Part X, lir		(b) Book value	
Part IX Other Assets. See Form 990, Part X, lir		(b) Book value	
Part IX Other Assets. See Form 990, Part X, lir		(b) Book value	
Part IX Other Assets. See Form 990, Part X, lir		(b) Book value	
Part IX Other Assets. See Form 990, Part X, lir		(b) Book value	
Part IX Other Assets. See Form 990, Part X, lir		(b) Book value	
Part IX Other Assets. See Form 990, Part X, lir		(b) Book value	
Part IX Other Assets. See Form 990, Part X, lir		(b) Book value	
Part IX Other Assets. See Form 990, Part X, lir	tion	(b) Book value	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Assets. See Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X	5.)		
Part IX Other Assets. See Form 990, Part X, Im (a) Description (b) Should equal Form 990, Part X, col.(B) line 1	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	722,565
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,081,536
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-358,971
4	Net unrealized gains (losses) on investments	4	156,348
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	156,348
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-202,623
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	
1	Total revenue, gains, and other support per audited financial statements	1	1,002,913
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	280,348
3	Subtract line 2e from line 1	3	722,565
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	722,565
Par		per	
1	Total expenses and losses per audited financial statements	1	1,205,536
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	<u> </u>	
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	124,000
3	Subtract line 2e from line 1	3	1,081,536
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		, ,
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	1,081,536
_	rt XIV Supplemental Information		, , , , , , , , , , , , , , , , , , , ,

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation						
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS		TO PROVIDE GRANTS AND SCHOLARSHIPS TO ORGANIZATIONS AND INDIVIDUALS IN ORDER TO EXPAND EDUCATIONAL OPPORTUNITIES FOR FUTURE PROJECT MANAGERS, PREPARE STUDENTS FOR SUCCESS BY USING PROJECTS TO TEACH THEM CRITICAL APPLIED SKILLS, AND SUPPORT DISASTER RELIEF AND DEVELOPMENT						

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DLN: 93493292007041

OMB No 1545-0047

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► See separate instructions.

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

FOUNDATION

Name of the organization

PROJECT MANAGEMENT INSTITUTE EDUCATIONAL

Employer identification number

23-2630701

Part I	General Information on	Activities Outside the United States.	Complete if the organization answered
	"Yes" to Form 990, Part IV	line 14b.	

1	For grantmakers. Does the organization maintain records to substantiate the amount of the grants or		
	assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award		
	the grants or assistance?	Γ	No

For grant makers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

_	United States					
3	Activites per Region (Use Part	(b) Number of offices in the region	(c) Number of employees or	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
	SUB-SAHARAN AFRICA			GRANTS AND SCHOLARSHIPS TO RECIPIENTS LOCATED IN REGION		16,250
	EAST ASIA AND THE PACIFIC			GRANTS AND SCHOLARSHIPS TO RECIPIENTS LOCATED IN REGION		4,850
	NORTH AMERICA			GRANTS AND SCHOLARSHIPS TO RECIPIENTS LOCATED IN REGION		11,500
	EUROPE			GRANTS AND SCHOLARSHIPS TO RECIPIENTS LOCATED IN REGION		57,375
	SOUTH ASIA			GRANTS AND SCHOLARSHIPS TO RECIPIENTS LOCATED IN REGION		3,250
	MIDDLE EAST AND NORTH AFRICA			GRANTS AND SCHOLARSHIPS TO RECIPIENTS LOCATED IN REGION		3,000
b	Sub-total Total from continuation sheets to Part I Totals (add lines 3a and 3b)		0			96,225
	rivacy Act and Paperwork Reduction	Act Notice, see		for Form 990. Cat	No 50082W Sched	ule F (Form 990) 2010

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
		SUB-SAHARAN AFRICA	ONLINE TRAINING AND CERTIFICATE SCHOLARSHIPS		N/A		ONLINE TRAINING AND CERTIFICATION PROGRAMS	
		EUROPE	ONLINE TRAINING AND CERTIFICATE SCHOLARSHIPS		N/A		ONLINE TRAINING AND CERTIFICATION PROGRAMS	
		NORTH AMERICA	ONLINE TRAINING AND CERTIFICATE SCHOLARSHIPS		N/A	6,500	ONLINE TRAINING AND CERTIFICATION PROGRAMS	FMV

Enter total number of other organizations or entities

Schedule F (Form 990) 2010 Page **3** Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III Use Part V if additional space is needed. (c) Number of (d) A mount of (h) Method of (a) Type of grant or **(b)** Region (e) Manner of cash (f) A mount of (g) Description of non-cash assistance recipients cash grant dısbursement non-cash valuation (book, FMV, assistance assistance appraisal, other) NORTH AMERICA 2,500 CHECK PMI NOVIA SCOTIA 1 O N/A CHAPTER SCHOLARSHIP - THE PROJECT MANAGEMENT INSTITUTE EDUCATIONAL FOUNDATION ACADEMIC SCHOLARSHIP PROGRAM IS DESIGNED TO FINANCIALLY ASSIST QUALIFIED APPLICANTS IN **OBTAINING DEGREES** FROM ACCREDITED ACADEMIC INSTITUTIONS OF HIGHER LEARNING IN THE FIELD OF **PROJECT** MANAGEMENT OR ANY FIELD WITH ANY RELATION TO PROJECT MANAGEMENT THE WILSON-ZELLS NORTH AMERICA 1 2,500 CHECK O N/A N/A ACADEMIC SCHOLARSHIP - IN HONOROFTHE FOUNDING CHAIRPERSONS OF THE PMI INFORMATION SYSTEMS SPECIFIC INTEREST GROUP OPEN TO INFORMATION SYSTEMS SPECIFIC INTEREST GROUP (ISSIG) MEMBERS AND THEIR IMMEDIATE FAMILY MEMBERS (CHILDREN OR SPOUSE) ENROLLED IN A DEGREE GRANTING PROGRAM **OF HIGHER EDUCATION IN** INFORMATION SYSTEMS, INFORMATION TECHNOLOGY, PROJECT MANAGEMENT OR MBA PROGRAM MIDDLE EAST AND 3,000 CHECK PMI ARABIAN GULF 1 O N/A N/A CHAPTER NORTH AFRICA SCHOLARSHIP - TO CREATE A BETTER PREPARED WORKFORCE FOR THE FUTURE MUST BE A MEMBER OR IMMEDIATE FAMILY MEMBER OF THE PMI ARABIAN GULF CHAPTER PMI NEO LEADERSHIP EAST ASIA AND THE 1,350 CHECK O N/A N/A PACIFIC INSTITUTE SCHOLARSHIP - THE PROJECT MANAGEMENT INSTITUTE EDUCATIONAL FOUNDATION ACADEMIC SCHOLARSHIP PROGRAM IS DESIGNED TO FINANCIALLY ASSIST QUALIFIED APPLICANTS IN OBTAINING DEGREES FROM ACCREDITED ACADEMIC INSTITUTIONS OF HIGHER LEARNING IN THE FIELD OF PROJECT MANAGEMENT OR ANY FIELD WITH ANY RELATION TO PROJECT MANAGEMENT APPLICANTS MUST BE A MEMBER OF THE PMI NORTHEAST OHIO CHAPTER 0 N/A DONALD S BARRIE EAST ASIA AND THE 250 WIRE 1 N/A AWARD - THE DONALD PACIFIC S BARRIE AWARD IS PRESENTED ANNUALLY AT THE PMI GLOBAL CONGRESS-NORTH AMERICA BY THE PROJECT MANAGEMENT INSTITUTE EDUCATION FOUNDATION THE AWARD IS PRESENTED TO THE AUTHOR OF A PAPER THAT BEST **ADVANCES THE** PMBOK GUIDE IN THE FIELD OF DESIGN, PROCUREMENT AND/OR CONSTRUCTION BY PROVIDING A USEFUL COMBINATION TO THE ENGINEERING AND CONSTRUCTION INDUSTRY ONLINE TRAINING SUB-SAHARAN 1 N/A 3,250 ONLINE TRAINING AND FMV AND CERTIFICATE AFRICA CERTIFICATE PROGRAMS PROGRAMS Schedule F (Form 990) 2010

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	⊽	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Γ	Yes	▽	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	V	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	্	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	⊽	Νo

Schedule F (Form 990) 2010

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	ReturnReference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S		SCHEDULE F, PART I, LINE 2 PMIEF USES THE SCHOLARSHIP GUIDELINES AS STATED ON SCHEDULE I,
		PART IV, SUPPLEMENTAL INFORMATION

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DLN: 93493292007041

OMB No 1545-0047

Department of the Treasury

Schedule I

(Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990 **Inspection** Internal Revenue Service Employer identification number Name of the organization PROJECT MANAGEMENT INSTITUTE EDUCATIONAL 23-2630701 FOUNDATION Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be 1 (a) Name and address of **(b)** EIN (c) IRC Code (d) A mount of cash (e) A mount of non-(f) Method of (a) Description of (h) Purpose of grant organization section grant valuation non-cash assistance or assistance cash or government ıf applıcable assistance (book, FMV, appraisal, other) See Additional Data Table

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
See Additional Data Table					
				•	

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

PUBLICATIONS AS APPROPRIATE

Explanation

PROCEDURE FOR MONITORING GRANTS IN THE U S Return Reference
PART I, LINE 2

SCHEDULE I, PART I, LINE 2 SCHOLARSHIP GUIDELINES INTRODUCTION THE PROJECT MANAGEMENT INSTITUTE EDUCATIONAL FOUNDATION ACADEMIC SCHOLARSHIP PROGRAM IS DESIGNED TO FINANCIALLY ASSIST OUALIFIED APPLICANTS IN OBTAINING DEGREES FROM ACCREDITED ACADEMIC INSTITUTIONS OF HIGHER LEARNING IN THE FIELD OF PROJECT MANAGEMENT OR ANY FIELD WITH ANY RELATION TO PROJECT MANAGEMENT THE PROGRAM IS OPEN TO ANY STUDENT PREPARING TO ENTER OR ALREADY ATTENDING AN ACCREDITED DEGREE-GRANTING COLLEGE OR UNIVERSITY AND PURSUING A BACHELOR, MASTERS OR DOCTORAL DEGREE THE SCHOLARSHIPS ARE AWARDED BASED ON MERIT AS MEASURED BY ACADEMIC PERFORMANCE AND EXTRACURRICULAR ACTIVITIES THE APPLICANT'S INTENDED FIELD OF STUDY IS ALSO CONSIDERED IN THE EVALUATION PROCESS WITH PREFERENCE GIVEN TO THOSE CANDIDATES PURSUING A DEGREE IN PROJECT MANAGEMENT OR A DIRECTLY RELATED FIELD OF STUDY INSTRUCTIONS 1 SCHOLARSHIPS ARE LIMITED TO USE AT AN ACCREDITED DEGREE GRANTING INSTITUTION OF HIGHER LEARNING 2 CANDIDATES APPLYING FOR MORE THAN ONE SCHOLARSHIP SUBMIT ONE APPLICATION FORM FOR ALL SCHOLARSHIPS, INCLUDING THE TWO ESSAYS WHICH CAN BE FOUND IN THE APPLICATION FORM ANY CANDIDATE SELECTED FOR AN AWARD WILL RECEIVE ONLY ONE SCHOLARSHIP ANNUALLY 3 ONLY ONE COPY OF THE OFFICIAL TRANSCRIPT, RESUME AND REFERENCE LETTERS NEEDS TO BE PROVIDED, EVEN IF CANDIDATES ARE APPLYING FOR MORE THAN ONE SCHOLARSHIP 4 SCHOLARSHIPS ARE PAID DIRECTLY TO THE CANDIDATE BASED ON WRITTEN ACKNOWLEDGEMENT THAT THE SCHOLARSHIP AWARD WILL BE USED FOR THE INTENDED PURPOSE 5 SCHOLARSHIPS ARE OPEN TO ANY STUDENT ENTERING OR ATTENDING AN ACCREDITED DEGREE GRANTING INSTITUTION EVIDENCE OF ENROLLMENT IS REQUIRED 6 FULL-TIME AND PART-TIME STUDIES ARE BOTH ELIGIBLE FOR CONSIDERATION 7 PROJECT MANAGEMENT INSTITUTE (PMI) MEMBERS HOLDING ELECTED OR APPOINTED OFFICES AT THE GLOBAL PMI LEVEL, PMI EDUCATIONAL FOUNDATION BOARD DIRECTORS AND PMI EMPLOYEES, ALONG WITH MEMBERS OF THEIR IMMEDIATE FAMILY (REGARDLESS OF MEMBERSHIP IN PMI) ARE NOT ELIGIBLE FOR THESE SCHOLARSHIPS 8 APPLICATION DEADLINE IS JUNE 1ST EACH YEAR, AWARD RECIPIENT(S) WILL BE NOTIFIED IN AUGUST THE SCHOLARSHIPS WILL BE AWARDED NO LATER THAN SEPTEMBER 9 ALL SCHOLARSHIPS ARE SUBJECT TO ANNUAL FUNDS AVAILABILITY THROUGH DIRECT DONATIONS OR THROUGH ACTUAL AND/OR ACCRUED INTEREST EARNINGS FROM ENDOWMENTS 10 SCHOLARSHIPS WILL BE AWARDED WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, OR STATE OF PHYSICAL HANDICAP APPLICATION PROCESS ALL APPLICATION MATERIALS SHOULD BE SENT TO THE PMI EDUCATIONAL FOUNDATION, 14 CAMPUS BOULEVARD, NEWTOWN SQUARE, PA 19073-3299, USA - A COMPLETED APPLICATION FORM - TWO ESSAYS DESCRIBING WHY THE CANDIDATE WANTS TO BE A PROJECT MANAGER AND HOW A CODE OF ETHICS IS IMPORTANT TO PROJECT MANAGEMENT - THE LATEST AVAILABLE OFFICIAL HIGH SCHOOL TRANSCRIPT AND/OR, IF APPLICABLE, THE LATEST AVAILABLE OFFICIAL COLLEGE TRANSCRIPT - A RESUME OUTLINING EDUCATIONAL BACKGROUND, WORK EXPERIENCE, CO-CURRICULAR AND EXTRACURRICULAR ACTIVITIES - THREE LETTERS OF REFERENCE (WHO ARE NOT RELATIVES OF THE CANDIDATE) THAT ADDRESS THE SUITABILITY OF THE CANDIDATE FOR THE AWARD, NATURE OF THE RELATIONSHIP WITH THE CANDIDATE AND LENGTH OF TIME OF THE RELATIONSHIP ALL MATERIALS SUBMITTED FOR CONSIDERATION FOR A SCHOLARSHIP AUTOMATICALLY BECOME THE PHYSICAL PROPERTY OF PMI EDUCATIONAL FOUNDATION AND WILL NOT BE RETURNED TO THE SENDER THEY WILL NOT BE USED BY THE FOUNDATION FOR ANY PURPOSE EXCEPT TO HELP DETERMINE WHO RECEIVES A SCHOLARSHIP FOR ANY GIVEN ACADEMIC YEAR CANDIDATE EVALUATION AND SELECTION 1 THE PMIEF WILL PROVIDE A SCHOLARSHIP EVALUATION AND SELECTION COMMITTEE, AN IMPARTIAL PANEL OF NO LESS THAN THREE AND NO MORE THAN SEVEN APPROPRIATELY QUALIFIED AND TRAINED SCHOLARSHIP JUDGES COMPRISED OF PROJECT MANAGEMENT PRACTITIONERS, ACADEMICS, AND OTHERS 2 ALL DECISIONS OF THE PMI EDUCATIONAL FOUNDATION AND ITS SCHOLARSHIP EVALUATION AND SELECTION COMMITTEE ARE FINAL 3 PREFERENCE WILL BE GIVEN TO THE CANDIDATE WHO WILL BE OR IS PURSUING A DEGREE IN THE FIELD OF PROJECT MANAGEMENT OR A DIRECTLY RELATED FIELD 4 PREFERENCE WILL BE GIVEN TO THE CANDIDATE WITH THE BEST COMBINATION OF ACADEMIC, CO-CURRICULAR AND EXTRACURRICULAR PERFORMANCE, WITH THE HIGHEST POTENTIAL FOR ACADEMIC SUCCESS NOTIFICATION 1 DESCRIPTIONS OF ALL SCHOLARSHIPS WILL BE PUBLISHED ON THE PMI EDUCATIONAL FOUNDATION WEBSITE 2 THE SCHOLARSHIP CANDIDATE SELECTION PROCESS IS AVAILABLE FROM THE PMI EDUCATIONAL FOUNDATION UPON REQUEST 3 THE NAME(S) OF SCHOLARSHIP RECIPIENT(S) WILL BE PUBLISHED ON THE PMI EDUCATIONAL FOUNDATION WEBSITE AND IN PMI

Software ID: **Software Version:**

EIN: 23-2630701

Name: PROJECT MANAGEMENT INSTITUTE EDUCATIONAL

FOUNDATION

Form 990,Schedule I, Par	t II, Grants an	d Other Assistance	e to Governments	and Organization	ns in the United St	ates	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
3E INSTITUTE (WEST CHESTER UNIVERSITY)703 S HIGH STREET WEST CHESTER,PA 19383	23-3054174	501(C)(3)	2,800		N/A	N/A	THE CASH GRANT IS FOR THE DEVELOPMENT OF PROJECT MANAGEMENT CURRICULUM AND THE NON-CASH ASSISTANCE IS FOR ONLINE TRAINING AND CERTIFICATE PROGRAMS
THE ENGINEERING SOCIETY OF DETROIT 20700 CIVIC CENTER DRIVE STE 450 DETROIT,MI 48075	38-1207155	501(C)(3)	22,500		N/A	N/A	TO INTEGRATE CURRENT OUTREACH PROGRAMS AND PRACTITIONERS WITH HIGHER EDUCATION INSTITUTIONS
THE EASTERN MICHIGAN UNIVERSITY FOUNDATION 1349 S HURON STREET YPSILANTI,MI 48197	38-2953297	501(C)(3)	25,000		N/A	N/A	FUND PROJECT LEAD THE WAY TO RECRUIT SCHOOLS AND GIVE TEACHERS PROJECT MANAGEMENT TRAINING
JUNIOR ACHIEVEMENT OF CHICAGO651 W WASHINGTON SUITE 404 CHICAGO,IL 60661	36-2170141	501(C)(3)	5,000		N/A	N/A	TO START A CHICAGO SCHOOL PROGRAM AND INTEGRATE PROJECT MANAGEMENT INTO JUNIOR ACHEIVEMENT PROGRAMS
UNITED WAY OF BUFFALO 742 DELAWARE AVE BUFFALO,NY 14029	16-0743969	501(C)(3)	5,875		N/A	N/A	TO CREATE PROJECT MANAGEMENT TRAINING MATERIALS FOR NOT-FOR-PROFIT ORGANIZATIONS
MERCY CORPS45 SW ANKENY STREET PORTLAND,OR 97204	91-1148123	501(C)(3)		6,500	FMV	ONLINE TRAINING SCHOLARSHIPS	ONLINE TRAINING AND CERTIFICATE PROGRAMS
INSTITUTE FOR CHILD AND FAMILY HEALTH INC 15490 NW 7TH AVE MIAMI,FL 33169	59-0866060	501(C)(3)		3,250	FMV	ONLINE TRAINING SCHOLARSHIPS	ONLINE TRAINING AND CERTIFICATE PROGRAMS
CHILDFUND INTERNATIONALPO BOX 26484 RICHMOND,VA 23261	54-0536100	501(C)(3)		22,750	FMV	ONLINE TRAINING SCHOLARSHIPS	ONLINE TRAINING AND CERTIFICATE PROGRAMS
MARSHFIELD CLINIC1000 N OAK AVE MARSHFIELD, WI 54449	39-0452970	501(C)(3)		3,250	FMV	ONLINE TRAINING SCHOLARSHIPS	ONLINE TRAINING AND CERTIFICATE PROGRAMS
HABITAT FOR HUMANITY WEST CENTRAL MNPO BOX 1171 WILLMAR,MN 56201	41-1726284	501(C)(3)		3,250	FMV	ONLINE TRAINING SCHOLARSHIPS	ONLINE TRAINING AND CERTIFICATE PROGRAMS
CAPTURE THE DREAM INC 484 LAKE PARK AVE 15 OAKLAND,CA 94610	20-5190983	501(C)(3)		6,500	FMV	ONLINE TRAINING SCHOLARSHIPS	ONLINE TRAINING AND CERTIFICATE PROGRAMS
ST JOSEPH SERVICES2516 W CORTEZ STREET CHICAGO,IL 60622	35-2163901	501(C)(3)		6,500	FMV	ONLINE TRAINING SCHOLARSHIPS	ONLINE TRAINING AND CERTIFICATE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

Form 990,Schedule 1, Pari			I		I		
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LUHAD157 TERRYBROOK LANE VALLEJO,CA 94591	32-0213829	501(C)(3)		3,250	FMV	ONLINE TRAINING SCHOLARSHIPS	ONLINE TRAINING AND CERTIFICATE PROGRAMS
INTERNATIONAL RESCUE COMMITTEE122 E 42ND STREET NEW YORK, NY 10168	13-5660870	501(C)(3)		6,500	FMV	ONLINE TRAINING SCHOLARSHIPS	ONLINE TRAINING AND CERTIFICATE PROGRAMS
INTERNATIONAL JUSTICE MISSIONPO BOX 58147 WASHINGTON, DC 20037	54-1722887	501(C)(3)		3,250	FMV	ONLINE TRAINING SCHOLARSHIPS	ONLINE TRAINING AND CERTIFICATE PROGRAMS
GROUP HEALTH FOUNDATION320 WESTLAKE AVENUE N STE 100 SEATTLE, WA 98109	91-1246278	501(C)(3)		6,500	FMV	ONLINE TRAINING SCHOLARSHIPS	ONLINE TRAINING AND CERTIFICATE PROGRAMS
ABUNDANT LIFE CHRISTIAN FELLOWSHIP 7000 ALL NATIONS BLVD EAST SYRACUSE, NY 13057	16-1369722	501(C)(3)		6,500	FMV	ONLINE TRAINING SCHOLARSHIPS	ONLINE TRAINING AND CERTIFICATE PROGRAMS
COWGIRL CITY RANCH INC 345 ELLISON ROAD TYRONE,GA 30290	11-3801708	501(C)(3)		3,250	FMV	ONLINE TRAINING SCHOLARSHIPS	ONLINE TRAINING AND CERTIFICATE PROGRAMS
WALLS & BROOKS COMMUNITY DEVELOPMENT PROJECT INCPO BOX 1600 AMITE, LA 70422	26-1560393	501(C)(3)		6,500	FMV	ONLINE TRAINING SCHOLARSHIPS	ONLINE TRAINING AND CERTIFICATE PROGRAMS
THE GLORI FOUNDATION PO BOX 2331 HUMBLE,TX 77346	87-0812529	501(C)(3)		3,250	FMV	ONLINE TRAINING SCHOLARSHIPS	ONLINE TRAINING AND CERTIFICATE PROGRAMS
BEFORE DIALYSIS HOOK UP18918 FOREST TRACE DRIVE HUMBLE,TX 77346	94-3477314	501(C)(3)		3,250	FMV	ONLINE TRAINING SCHOLARSHIPS	ONLINE TRAINING AND CERTIFICATE PROGRAMS
EASTERN LANCASTER COUNTY LIBRARY11 CHESTNUT DRIVE NEW HOLLAND,PA 17557	23-6411590	501(C)(3)		3,250	FMV	ONLINE TRAINING SCHOLARSHIPS	ONLINE TRAINING AND CERTIFICATE PROGRAMS
CHILDREN INTERNATIONAL2000 E RED BRIDGE ROAD KANSAS CITY, MO 64131	44-6005794	501(C)(3)		16,250	FMV	ONLINE TRAINING SCHOLARSHIPS	ONLINE TRAINING AND CERTIFICATE PROGRAMS
YMCA OF SAN FRANCISCO 641 HOWARD STREET SUITE 500 SAN FRANCISCO, CA 94105	94-0997140	501(C)(3)		9,750	FMV	ONLINE TRAINING SCHOLARSHIPS	ONLINE TRAINING AND CERTIFICATE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN OF THE NATIONSPO BOX 3970 SILVERDALE, WA 98383	91-1702551	501(C)(3)		6,500	FMV	ONLINE TRAINING SCHOLARSHIPS	ONLINE TRAINING AND CERTIFICATE PROGRAMS

(a)Type of grant or assistance	s and Other As (b)Number of recipients	sistance to Individ (c)A mount of cash grant	uals in the United S (d)A mount of non-cash assistance	States (e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
DR HAROLD KERZNER SCHOLARSHIP - TO CREATE A BETTER PREPARED WORKFORCE FOR THE FUTURE AVAILABLE TO GRADUATE AND UNDERGRADUATE STUDENTS STUDYING PROJECT MANAGEMENT AT DEGREE- GRANTING COLLEGES AND UNIVERSITIES	4	30,000	0	N/A	N/A
THE GAYLORD (GARY) E CHRISTLE SCHOLARSHIP - TO SUPPORT SCHOLARLY STUDIES AND SCIENTIFIC ADVANCEMENT IN THE FIELDS OF ACQUISITION, PROGRAM AND PROJECT MANAGEMENT THE GAYLORD E CHRISTLE SCHOLARSHIP IS OPEN TO ANY STUDENT ENROLLED IN AN ACCREDITED COLLEGE OR UNIVERSITY, PURSUING A BACHELORS, MASTERS, OR DOCTORAL DEGREE IN ACQUISITION MANAGEMENT	1	3,000	0	N/A	N/A
MANAGEMENT CHARLES LOPINSKY MEMORIAL SCHOLARSHIP - TO CREATE A BETTER PREPARED WORKFORCE FOR THE FUTURE THE SCHOLARSHIP IS OPEN TO STUDENTS WHO ARE ORANGE COUNTY RESIDENTS AND PURSUING A DEGREE IN PROJECT MANAGEMENT	1	3,000	0	N/A	N/A
PMI WASHINGTON DC CHAPTER SCHOLARSHIP - TO CREATE A BETTER PREPARED WORKFORCE FOR THE FUTURE THE SCHOLARSHIP IS OPEN TO ANY DC CHAPTER MEMBER PURSUING FOR-CREDIT EDUCATION IN PROJECT MANAGEMENT AT ONE OF THE	1	2,000	0	N/A	N/A
FOLLOWING INSTITUTIONS UNIVERSITY OF MARYLAND, UNIVERSITY OF VIRGINIA, VIRGINIA TECH, THE GEORGE WASHINGTON UNIVERSITY, AMERICAN UNIVERSITY, OR GEORGE MASON UNIVERSITY PMI COASTAL BEND CHAPTER	1	1,000	0	N/A	N/A
SCHOLARSHIP - THE SCHOLARSHIP WILL BE AWARDED IN ORDER OF THE FOLLOWING PREFERENCE TO CREATE A BETTER PREPARED WORKFORCE FOR THE FUTURE 1 COASTAL CHAPTER MEMBER OR DEPENDENT 2 LOCAL UNIVERSITY (TEXAS A & M, CORPUS CHRISTI, TEXAS A&M, KINGSVILLE) 3 ANY TEXAS UNIVERSITY					
PMI KANSAS CITY MID-AMERICA CHAPTER SCHOLARSHIP - TO CREATE A BETTER PREPARED WORKFORCE FOR THE FUTURE CANDIDATES MUST BE A MEMEBR OF THE KC PMI CHAPTER OR A DIRECT FAMILY MEMBER OF A CHAPTER MEMBER CANDIDATES MUST BE	2	2,500	0	N/A	N/A
ENROLLED (FULL TIME OR PART-TIME STATUS) AND SEEKING A DEGREE (ANY FOCUS AREA) AT THE ASSOCIATE, UNDERGRADUATE, GRADUATE, OR PHD LEVEL AT AN ACCREDITED UNIVERSITY OR COLLEGE MATTHEW H PARRY MEMORIAL SCHOLARSHIP - TO CREATE A BETTER	1	2,000		N/A	N/A
PREPARED WORKFORCE THIS SCHOLARSHIP IS OPEN TO ANY UNDERGRADUATE STUDENT ENROLLED IN A DEGREE GRANTING PROGRAM OF HIGHER EDUCATION AND SHOWING AN INTEREST IN PROJECT MANAGEMENT AS A POTENTIAL CAREER ROBERT J YOURZAK SCHOLARSHIP - TO	1	2,000		N/A	N/A
CREATE A BETTER PREPARED WORKFORCE FOR THE FUTURE THE ROBERT J YOURZAK SCHOLARSHIP AWARD IS OPEN TO ANY STUDENT ENROLLED IN A DEGREE-GRANTING PROGRAM OF HIGHER EDUCATION IN THE FIELD OF PROJECT MANAGEMENT OR OTHER RELATED FIELD					
JAMES RANKIN MEMORIAL SCHOLARSHIP - TO CREATE A BETTER PREPARED WORKFORCE FOR THE FUTURE MUST BE A STUDENT OF PROJECT MANAGEMENT IN THE DALLAS/FORT WORTH AREA PMI CENTRAL IOWA CHAPTER SCHOLARSHIP - TO FOSTER STUDENT	1	2,500		N/A	N/A
INTEREST IN PROJECT MANAGEMENT IN ORDER TO PROMOTE THE PROJECT MANAGEMENT PROFESSION AND SERVE THE EDUCATIONAL, PROFESSIONAL AND NETWORKING NEEDS OF CENTRAL IOWA APPLICANTS MUST MEET THE FOLLOWING ELIGIBILITY REQUIREMENTS BE ACCEPTED TO OR					
ATTEND AN UNDERGRADUATE OR GRADUATE DEGREE PROGRAM AT AN ACCREDITED COLLEGE OR UNIVERSITY IN IOWA IN ANY FIELD RELATED TO PROJECT MANAGEMENT AND DEMONSTRATE AN INTEREST IN PROJECT MANAGEMENT PMI SOUTHWEST OHIO CHAPTER	4	1,000		N/A	N/A
SCHOLARSHIP - TO FOSTER STUDENT INTEREST IN PROJECT MANAGEMENT IN ORDER TO PROMOTE PROJECT MANAGEMENT PROFESSIONALISM AND SERVE THE PROFESSIONAL, EDUCATION AND NETWORKING NEEDS OF SOUTHWEST OHIO, NORTHERN KENTUCKY AND SOUTHEAST INDIANA	1	1,000		N/A	N/A
ALL APPLICANTS SHOULD MEET ALL THE FOLLOWING ELIGIBILITY REQUIREMENTS THEY MUST BE ACCEPTED TO OR ATTENDING AN UNDERGRADUATE OR GRADUATE DEGREE PROGRAM AT AN ACCREDITED COLLEGE OR UNIVERSITY IN THE TRI- STATE (OHIO, INDIANA, KENTUCKY) AREA IN ANY FIELD RELATED TO					
PROJECT MANAGEMENT, DEMONSTRATE AN INTEREST IN PROJECT MANAGEMENT AND SUBMIT A COVER LETTER ON WHY THEY ARE INTERESTED PMI FOUNDERS SCHOLARSHIP - TO CREATE A BETTER PREPARED WORKFORCE FOR THE FUTURE THE	1	2,000		N/A	N/A
SCHOLARSHIP IS OPEN TO ANY STUDENT ENROLLED IN AN ACCREDITED COLLEGE OR UNIVERSITY, PURSUING A BACHELORS DEGREE IN PROJECT MANAGEMENT OR A PROJECT MANAGEMENT RELATED FIELD PMI INFORMATION SYSTEMS SIG ACADEMIC SCHOLARSHIP - TO CREATE	1	2,500		N/A	N/A
A BETTER PREPARED WORKFORCE FOR THE FUTURE OPEN TO INFORMATION SYSTEMS SPECIAL INTEREST GROUP (ISSIG) MEMBERS OR THEIR IMMEDIATE FAMILY MEMBERS (CHILDREN OR SPOUSE) ENROLLED IN A DEGREE GRANTING PROGRAM OF HIGHER EDUCATION IN INFORMATION SYSTEMS,					
INFORMATION TECHNOLOGY, PROJECT MANAGEMENT OR MBA PROGRAM DONALD S BARRIE AWARD - THE HONOR AND THE MONETARY STIPEND WILL BE AWARDED ANNUALLY TO THE AUTHOR(S) OF THE PAPER SELECTED FROM ALL THE PAPERS PRESENTED IN THE DESIGN-PROCUREMENT-CONSTRUCTION TRACK	1	250		N/A	N/A
OF THE PMI GLOBAL CONGRESS - NORTH AMERICA THE SELECTION OF THE RECIPIENT(S) FOR THE AWARD WILL BE DONE BY A PANEL OF KNOWLEDGEABLE INDUSTRIAL AND ACADEMIC PROFESSIONALS RECOMMENDED BY THE LEADERSHIP OF THE DPC SIG AND APPROVED BY THE PMI EDUCATIONAL FOUNDATION					
PMI NORTH CAROLINA CHAPTER SCHOLARSHIP - THE PROJECT MANAGEMENT INSTITUTE EDUCATIONAL FOUNDATION ACADEMIC SCHOLARSHIP PROGRAM IS DESIGNED TO FINANCIALLY ASSIST QUALIFIED APPLICANTS IN OBTAINING DEGREES	1	2,500		N/A	N/A
FROM ACCREDITED ACADEMIC INSTITUTIONS OF HIGHER LEARNING IN THE FIELD OF PROJECT MANAGEMENT OR ANY FIELD WITH ANY RELATION TO PROJECT MANAGEMENT WAYNE K LATHAM PROJECT MANAGEMENT SCHOLARSHIP - MUST BE A STUDENT OF PROJECT MANAGEMENT	1	2,500		N/A	N/A
IN THE DALLAS/FORT WORTH AREA THE PROJECT MANAGEMENT INSTITUTE EDUCATIONAL FOUNDATION ACADEMIC SCHOLARSHIP PROGRAM IS DESIGNED TO FINANCIALLY ASSIST QUALIFIED APPLICANTS IN OBTAINING DEGREES FROM ACCREDITED ACADEMIC INSTITUTIONS OF HIGHER LEARNING IN					
THE FIELD OF PROJECT MANAGEMENT OR ANY FIELD WITH ANY RELATION TO PROJECT MANAGEMENT PMI CENTRAL FLORIDA CHAPTER SCHOLARSHIP - THE PROJECT MANAGEMENT INSTITUTE EDUCATIONAL FOUNDATION ACADEMIC SCHOLARSHIP PROGRAM IS DESIGNED	1	1,000		N/A	N/A
TO FINANCIALLY ASSIST QUALIFIED APPLICANTS IN OBTAINING DEGREES FROM ACCREDITED ACADEMIC INSTITUTIONS OF HIGHER LEARNING IN THE FIELD OF PROJECT MANAGEMENT OR ANY FIELD WITH ANY RELATION TO PROJECT MANAGEMENT PMI PHOENIX CHAPTER SCHOLARSHIP -	1	1,000		N/A	N/A
APPLICANTS MUST BE A RESIDENT OF ARIZONA THE PROJECT MANAGEMENT INSTITUTE EDUCATIONAL FOUNDATION ACADEMIC SCHOLARSHIP PROGRAM IS DESIGNED TO FINANCIALLY ASSIST QUALIFIED APPLICANTS IN OBTAINING DEGREES FROM ACCREDITED ACADEMIC INSTITUTIONS OF HIGHER LEARNING IN THE FIELD OF PROJECT MANAGEMENT					
OR ANY FIELD WITH ANY RELATION TO PROJECT MANAGEMENT BISHOP/KLOCH MEMORIAL SCHOLARSHIP - MUST BE A MEMBER OF THE PMI BALTIMORE CHAPTER THE PROJECT MANAGEMENT INSTITUTE EDUCATIONAL FOUNDATION ACADEMIC SCHOLARSHIP PROGRAM IS DESIGNED	1	2,500		N/A	N/A
TO FINANCIALLY ASSIST QUALIFIED APPLICANTS IN OBTAINING DEGREES FROM ACCREDITED ACADEMIC INSTITUTIONS OF HIGHER LEARNING IN THE FIELD OF PROJECT MANAGEMENT OR ANY FIELD WITH ANY RELATION TO PROJECT MANAGEMENT		1 000		N/A	N/A
RAY PIPER MEMORIAL SCHOLARSHIP - THE PROJECT MANAGEMENT INSTITUTE EDUCATIONAL FOUNDATION ACADEMIC SCHOLARSHIP PROGRAM IS DESIGNED TO FINANCIALLY ASSIST QUALIFIED APPLICANTS IN OBTAINING DEGREES FROM ACCREDITED ACADEMIC INSTITUTIONS OF HIGHER LEARNING IN THE FIELD OF PROJECT MANAGEMENT	1	1,000		N/A	N/A
OR ANY FIELD WITH ANY RELATION TO PROJECT MANAGEMENT CANDIDATE MUST BE ENROLLED IN AN ACCREDITED ACADEMIC INSTITUTION IN AN UNDERGRADUATE OR GRADUATE COURSE OF STUDY IN PROJECT MANAGEMENT OR A RELATED FIELD CANDIDATE MUST BE ONE OF THE					
FOLLOWING 1) A RESIDENT OF THE AREA SERVED BY THE CHAPTER 2) ENROLLED IN ANACADEMIC INSTITUTION IN THE CLEARLAKE/GALVESTON AREA OR 3) A FAMILY MEMBER OF A MEMBER IN GOOD STANDING OF THE CLEARLAKE/GALVESTON CHAPTER ENROLLED IN AN ACCREDITED US					
UNIVERSITY PMI DELAWARE VALLEY SCHOLARSHIP - APPLICANTS MUST BE A RESIDENT OF THE DELAWARE VALLEY THE PROJECT MANAGEMENT INSTITUTE EDUCATIONAL FOUNDATION ACADEMIC SCHOLARSHIP PROGRAM IS DESIGNED	1	2,500		N/A	N/A
TO FINANCIALLY ASSIST QUALIFIED APPLICANTS IN OBTAINING DEGREES FROM ACCREDITED ACADEMIC INSTITUTIONS OF HIGHER LEARNING IN THE FIELD OF PROJECT MANAGEMENT OR ANY FIELD WITH ANY RELATION TO PROJECT MANAGEMENT PMI EASTERN IOWA CHAPTER	1	1,000		N/A	N/A
SCHOLARSHIP - APPLICANTS MUST BE A MEMBER OF THE PMI EASTERN IOWA CHAPTER THE PROJECT MANAGEMENT INSTITUTE EDUCATIONAL FOUNDATION ACADEMIC SCHOLARSHIP PROGRAM IS DESIGNED TO FINANCIALLY ASSIST QUALIFIED APPLICANTS IN OBTAINING DEGREES FROM ACCREDITED ACADEMIC INSTITUTIONS OF HIGHER LEARNING IN					
THE FIELD OF PROJECT MANAGEMENT OR ANY FIELD WITH ANY RELATION TO PROJECT MANAGEMENT PMI MASS BAY CHAPTER SCHOLARSHIP - APPLICANTS MUST BE A MEMBER OF THE PMI MASS BAY CHAPTER THE PROJECT MANAGEMENT INSTITUTE	2	5,000		N/A	N/A
EDUCATIONAL FOUNDATION ACADEMIC SCHOLARSHIP PROGRAM IS DESIGNED TO FINANCIALLY ASSIST QUALIFIED APPLICANTS IN OBTAINING DEGREES FROM ACCREDITED ACADEMIC INSTITUTIONS OF HIGHER LEARNING IN THE FIELD OF PROJECT MANAGEMENT OR ANY FIELD WITH ANY RELATION TO PROJECT MANAGEMENT					
PMI PORTLAND CHAPTER SCHOLARSHIP - APPLICANTS MUST BE A MEMBER OF THE PMI PORTLAND CHAPTER THE PROJECT MANAGEMENT INSTITUTE EDUCATIONAL FOUNDATION ACADEMIC SCHOLARSHIP PROGRAM IS DESIGNED TO FINANCIALLY ASSIST QUALIFIED	2	2,500		N/A	N/A
APPLICANTS IN OBTAINING DEGREES FROM ACCREDITED ACADEMIC INSTITUTIONS OF HIGHER LEARNING IN THE FIELD OF PROJECT MANAGEMENT OR ANY FIELD WITH ANY RELATION TO PROJECT MANAGEMENT JAMES R SNYDER INTERNATIONAL PAPER OF THE YEAR AWARD - THIS	1	500		N/A	N/A
RESEARCH PAPER AWARD RECOGNIZES EXCELLENCE IN STUDENT DEVELOPMENT OF ORIGINAL CONCEPTS IN PROJECT MANAGEMENT PAPERS ARE SELECTED BASED UPON THE RESEARCH AND CREATIVE EFFORT THAT ARE BEST DIRECTED TOWARD ADVANCING THE CONCEPTS, TOOLS AND TECHNIQUES OF MANAGING PROJECT-ORIENTED					
TASKS CHEETAH LEARNING TEACHERS TRAINING - TRAINING SCHOLARSHIPS ARE FOR PRIMARY AND SECONDARY SCHOOL TEACHERS WHO ARE INTERESTED IN LEARNING THE FUNDAMENTALS OF PROJECT	12		39,000	FMV	ONLINE TRAINING AND CERTIFICATE PROGRAMS
MANAGEMENT THE TRAINING WILL ENABLE SCHOOL TEACHERS TO ENHANCE THE LEARNING EXPERIENCE IN THE CLASSROOM, IMPLEMENT PROJECT-BASED LEARNING, AND HELP THEIR STUDENTS BUILD 21ST CENTURY SKILLS CADENCE TEACHERS TRAINING SCHOOL	26		33,670	FMV	ONLINE TRAINING AND CERTIFICATE
- TRAINING SCHOLARSHIPS ARE FOR PRIMARY AND SECONDARY SCHOOL TEACHERS WHO ARE INTERESTED IN LEARNING THE FUNDAMENTALS OF PROJECT MANAGEMENT THE TRAINING WILL ENABLE SCHOOL TEACHERS TO ENHANCE THE LEARNING EXPERIENCE IN THE CLASSROOM, IMPLEMENT			·		PROGRAMS
PROJECT-BASED LEARNING, AND HELP THEIR STUDENTS BUILD 21ST CENTURY SKILLS UMT ONLINE MASTERS DEGREE PROGRAM - FULL TUITION SCHOLARSHIP FOR UMT ONLINE PROGRAM	5		10,380	FM V	ONLINE MASTERS DEGREE ONLINE TRAINING COURSES
PROJECT AUDITORS LLC SCHOLARSHIPS - PROFESSIONAL DEVELOPMENT SCHOLARSHIPS TO TEACHERS, NONPROFITS, AND PROJECT MANAGEMENT PRACTITIONERS ANYWHERE IN THE WORLD CAPELLA TUITION CREDIT SCHOLARSHIP - SCHOLARSHIP IS OPEN	2		1,000	FM V	ONLINE TRAINING COURSES TUITION CREDIT FOR PROJECT MANAGEMENT PROGRAM
TO ANY NEW STUDENT INTENDING TO REGISTER FOR ONE OF THE CAPELLA UNIVERSITY PROGRAMS IN PROJECT MANAGEMENT COLORADO TECHNICAL UNIVERSITY SCHOLARSHIP - TUITION CREDIT APPLIED FOR INDIVIDUAL WITH CONCENTRATION IN PROJECT	1		2,766	FMV	COLORADO TECHNICAL UNIVERSITY TUITION CREDIT

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As Filed Data -

DLN: 93493292007041

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

	DECT MANAGEMENT INSTITUTE EDUCATIONAL NDATION					
		•	23-2630701			
Рα	rt I Questions Regarding Compensat	ion			V	I N. a
					Yes	No
1a	11 1 1 7		ny of the following to or for a person listed in Form vide any relevant information regarding these items			
	First-class or charter travel	Г	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees			
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the reimbursement orprovision of all the expenses de			1b		
2	Did the organization require substantiation prior officers, directors, trustees, and the CEO/Execut			2		
3	Indicate which, if any, of the following the organiz organization's CEO/Executive Director Check al		y			
	Compensation committee	<u> </u>	Written employment contract			
	Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	ı	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 99 or a related organization	0, Part VI	I, Section A , line $f 1a$ with respect to the filing organize	ation		
а	Receive a severance payment or change-of-cont	rol paymer	nt from the organization or a related organization?	4a		Νo
b	Participate in, or receive payment from, a supple	mental nor	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity	y-based co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and	d provide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only	must com	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section compensation contingent on the revenues of	A, line 1a	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section compensation contingent on the net earnings of	A, line 1a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section payments not described in lines 5 and 6? If "Yes			7		No
8	Were any amounts reported in Form 990, Part VI subject to the initial contract exception describe					
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow section 53 4958-6(c)?	the rebutt	able presumption procedure described in Regulations	; 9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Dellellis	(6)(1)-(0)	Form 990 or Form 990-EZ	
(1) MARK LANGLEY	(I) (II)	0 358,567	0 130,000	0 4,484	0 210,042	0 37,788	l e	0 0	
BALESTRERO ((ı) (ıı)	0 508,088	0 199,685	0 41,170	0 489,409	0 56,061	0 1,294,413		
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

Schedule J (Form 990) 2010 Page **3**

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier Return Reference Explanation

Schedule J (Form 990) 2010

NonCash Contributions

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

Name of the organization **Employer identification number** PROJECT MANAGEMENT INSTITUTE EDUCATIONAL FOUNDATION 23-2630701

176	Types of Property				T					
		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining o amounts		contribut	:ion		
1	Art—Works of art			+9						
	Art—Historical treasures									
	Art—Fractional interests									
4	Books and publications									
5	Clothing and household									
good										
-	Cars and other vehicles .									
7	Boats and planes									
	Intellectual property									
9	Securities—Publicly traded									
_	Securities—Closely held									
	stock									
11	Securities—Partnership, LLC, or trust interests									
12	Securities—Miscellaneous									
13	Qualified conservation contribution—Historic structures									
14	Qualified conservation contribution—Other									
15	Real estate—Residential .									
16	Real estate—Commercial									
17	Real estate—Other									
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
	Archeological artifacts .									
	•				SELLING PRICE OF	: D O N				
25	5 Other►(<u>SCHOLARSHIPS</u>)		7	296 691	PROPERTY	DON	AIED			
26	Other ►()	Х	,	230,031	I KOT ZKIT					
	Other ►()									
28	Other ► ()									
29	Number of Forms 8283 received by	the ora	Duzation during the tax ve	r for contributions						
23	for which the organization complete				29					
	,		,	,			Yes	No		
30a	During the year, did the organization	n receiv	e by contribution any prope	erty reported in Part I. lines	1-28 that it					
	must hold for at least three years f									
	for exempt purposes for the entire				a to be asea	20-		No		
h	If "Yes," describe the arrangement					30a				
			21		N.o.					
31	Does the organization have a gift a	·		·		31	<u> </u>	No		
32a	2a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?									
b	If "Yes," describe in Part II									
33	If the organization did not report re	venuesı	n column (c) for a type of p	roperty for which column (a) is checked,					
	describe in Part II									
For F	rivacy Act and Paperwork Reduction Ac	t Notice	see the Instructions for For	m 990. Cat No 512271	Schedule	M (For	m 990	2010		

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2010

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As Filed Data -

DLN: 93493292007041

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

FOUNDATION

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization
PROJECT MANAGEMENT INSTITUTE EDUCATIONAL

Employer identification number

23-2630701

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE FORM 990 WAS DISTRIBUTED ELECTRONICALLY TO THE GOVERNING BODY FOR REVIEW PRIOR TO FILING THE PROCESS INCLUDED THE OPPORTUNITY FOR MEMBERS OF THE GOVERNING BODY TO SUBMIT QUESTIONS/COMMENTS ELECTRONICALLY AND TO PARTICIPATE IN A TELECONFERENCE SCHEDULED TO ACCOMMODATE THEIR AVAILABILITY FOR THE SOLE PURPOSE OF THE REVIEW

ldentifier	Return Reference	Explanation
F	FORM 990, PART VI, SECTION B, LINE 12C	THE PROJECT MANAGEMENT INSTITUTE EDUCATIONAL FOUNDATION (PMIEF) CONFLICT OF INTEREST (COI) POLICY REQUIRES THAT THE QUESTIONNAIRE AND CERTIFICATION BE COMPLETED ACCURATELY ON AN ANNUAL BASIS AND RETURNED TO THE SPONSOR AT PMIEF HEADQUARTERS (THE QUESTIONNAIRE SHOULD BE UPDATED DURING THE YEAR IF CIRCUMSTANCES CHANGE SUBSTANTIALLY) PMIEF MEMBER AND NON-MEMBER VOLUNTEERS AND STAFF MEMBERS ARE EXPECTED TO BE AWARE OF ALL CORPORATE, PERSONAL, AND FAMILY BUSINESS INTERESTS AND RELATIONSHIPS THAT MAY INVOLVE OR RELATE TO PMIEF IN ANY WAY PMIEF MEMBER AND NON-MEMBER VOLUNTEERS AND STAFF MUST OPENLY AND ACCURATELY REVEAL THESE INTERESTS AND RELATIONSHIPS TO PMIEF IN THE QUESTIONNAIRE, AND MUST COMPLY WITH ALL PMIEF POLICIES AND REQUIREMENTS CONCERNING ETHICS, CONFLICTS OF INTEREST, AND RELATED MATTERS UPON REQUEST, PMIEF CAN PROVIDE A LIST OF COMPANIES, ORGANIZATIONS, AND INDIVIDUALS WITH WHOM THE INSTITUTE HAS, OR IS CONSIDERING, A BUSINESS RELATIONSHIP

FORM 990, PART VI, SECTION B, LINE 15A PROJECT MANAGEMENT INSTITUTE EDUCATIONAL FOUNDATION (PMIEF) HAS NO EMPLOYEES AND DOES NOT COMPENSATE ANY LISTED PERSONS HOWEVER, GREGORY BALESTRERO, FORMER COO AND MARK LANGLEY, COO WAS COMPENSATED BY A RELATED ORGANIZATION, PROJECT MANAGEMENT INSTITUTE (PMI) PMI UTILIZES BROAD PAY RANGES THAT ENCOURAGE GROWTH AND DEVELOPMENT WITHIN POSITIONS OVER TIME BROAD BANDS ARE REVIEWED ANNUALLY WITH MARKET INFORMATION AND MAY BE ADJUSTED IF WARRANTED WITHIN THE FINANCIAL CONDITION OF THE ORGANIZATION AND TO SUSTAIN COMPETITIVENESS APPLICABLE MARKET DATA IS USED IN THE DETERMINATION OF BASE SALARIES, WITH ATTENTION TO MARKET SENSITIVE TECHNICAL COMPETENCIES AND PMI AS A WHOLE COMPENSATION REVIEW IS PART OF THE ORGANIZATION PRACTICE TO REGULARLY ASSESS COMPENSATION PROGRAMS AND SYSTEMS PMI ENGAGES THE ASSISTANCE OF EXTERNAL CONSULTING RESOURCES TO CONDUCT ASSESSMENTS OF COMPENSATION COMPENSATION PROGRAMS AND TOTAL CASH COMPENSATION FOR SELECT POSITIONS THE CEO ACTIVILY REVIEWS COMPENSATION PHILOSOPHY, ASSESSES SALARY DATA ON AN ANNUAL BASIS, AND HAS CONDUCTED COMPENSATION, AS WELL AS MARKET-BASED COMPARISONS TO COMPARABLE PROFESSIONAL SOCIETIES AND ORGANIZATIONS, BROAD NON-PROFIT INDUSTRY DATA AND OTHER SURVEY INFORMATION ALIGNED WITH THE NATURE OF THE POSITIONS SIMILAR SIZE, SCOPE OPERATIONS, INTERNATIONAL ACTIVITIES AND/OR SIMILAR MEMBER PROGRAMS ARE INCLUDED ALONG WITH GEOGRAPHIC INFORMATION RELATED TO THE MARKET IN WHICH THE ORGANIZATION COMPETES FOR TALENT	ldentifier	Return Reference	Explanation
		PART VI, SECTION B,	COMPENSATE ANY LISTED PERSONS HOWEVER, GREGORY BALESTRÉRO, FORMER COO AND MARK LANGLEY, COO WAS COMPENSATED BY A RELATED ORGANIZATION, PROJECT MANAGEMENT INSTITUTE (PMI) PMI UTILIZES BROAD PAY RANGES THAT ENCOURAGE GROWTH AND DEVELOPMENT WITHIN POSITIONS OVER TIME BROAD BANDS ARE REVIEWED ANNUALLY WITH MARKET INFORMATION AND MAY BE ADJUSTED IF WARRANTED WITHIN THE FINANCIAL CONDITION OF THE ORGANIZATION AND TO SUSTAIN COMPETITIVENESS APPLICABLE MARKET DATA IS USED IN THE DETERMINATION OF BASE SALARIES, WITH ATTENTION TO MARKET SENSITIVE TECHNICAL COMPETENCIES AND PMI AS A WHOLE COMPENSATION REVIEW IS PART OF THE ORGANIZATION PRACTICE TO REGULARLY ASSESS COMPENSATION PROGRAMS AND SYSTEMS PMI ENGAGES THE ASSISTANCE OF EXTERNAL CONSULTING RESOURCES TO CONDUCT ASSESSMENTS OF COMPENSATION COMPREHENSIVE STUDIES HAVE BEEN UNDERTAKEN EVERY TWO TO THREE YEARS WITH ANNUAL REVIEW OF BASE SALARY AND TOTAL CASH COMPENSATION FOR SELECT POSITIONS THE CEO ACTIVELY REVIEWS COMPENSATION PHILOSOPHY, ASSESSES SALARY DATA ON AN ANNUAL BASIS, AND HAS CONDUCTED COMPREHENSIVE STUDIES OF COMPENSATION EVERY TWO TO THREE YEARS THE ASSESSMENTS INCLUDE DIRECT AND INDIRECT COMPENSATION, AS WELL AS MARKET-BASED COMPARISONS TO COMPARABLE PROFESSIONAL SOCIETIES AND ORGANIZATIONS, BROAD NON-PROFIT INDUSTRY DATA AND OTHER SURVEY INFORMATION ALIGNED WITH THE NATURE OF THE POSITIONS SIMILAR SIZE, SCOPE OPERATIONS, INTERNATIONAL ACTIVITIES AND/OR SIMILAR MEMBER PROGRAMS ARE INCLUDED ALONG WITH GEOGRAPHIC

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Identifier	Return Reference	Explanation
	, , ,	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST SOME GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE

ldentifier	Return Reference	Explanation
LIST OF OFFICERS, DIRECTORS,	FORM 990,	MARK LANGLEY WAS COO - 1 DECEMBER 2010 TO 31 DECEMBER 2010 GREG
AND TRUSTEES	PART VII	BALESTRERO WAS COO - 1 JANUARY 2010 TO 30 NOVEMBER 2010

ldentifier	Return Reference	Explanation				
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 156,348				

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DLN: 93493292007041

2010

Open to Public Inspection

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization
PROJECT MANAGEMENT INSTITUTE EDUCATIONAL
FOUNDATION

Employer identification number
23-2630701

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity		
	ng the tax year.)	(c)	answered "Yes" ((d) Exempt Code section	on Form 990, Part (e) Public charity status	(f)	(Section 5	(g) 512(b)(13
	ntification of Related Tax-Exempt Organizations (Complete If the organization nore related tax-exempt organizations during the tax year.) (a) (b) Primary activity (c) Legal domicile (state or foreign country) EMENT INSTITUTE RD PROFESSIONAL ORGANIZATION DEDICATED TO THE ADVANCEMENT OF PA	Exempt code section	(if section 501(c)(3))	entity			
1) PROJECT MANAGEMENT INSTITUTE 4 CAMPUS BOULEVARD EWTOWN SQUARE, PA 19073 3-1887442	ORGANIZATION DEDICATED TO THE ADVANCEMENT OF	PA	501(C)(6)		N/A	ne 34 because it had one (f) (g) Section 512(b)(1 controlled organization	
						+	

(a) ame, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		(g) end-of-year sssets	(h Disprop allocat	ortionate	(i) Code V— amount in bo Schedule (Form 10	x 20 of K-1	(j Gener mana partr	al or ging	(k) Percentage ownership
								Yes	No			Yes	No	
										nswered "Y	es" on	Form	990,	Part IV,
Name, address, ar	(a) nd EIN of related organiz	zation	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct cor enti	ntrolling	(e) Type of e (C corp, S or trust	corp,	Share of	(f) f total income	Shai end-o	y) re of f-year sets		(h) Percentage ownership
	t IV Identification of Related line 34 because it had one o													
					1	I								

chedu	le R (Form 990) 2010		Pε	age 3
Part	V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)			
N	ote. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 Duri	ing the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a R	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b G	Gift, grant, or capital contribution to other organization(s)	1b		No
c G	ift, grant, or capital contribution from other organization(s)	1c	Yes	
d L	oans or loan guarantees to or for other organization(s)	1d		No
e L	oans or loan guarantees by other organization(s)	1e		No
f S	ale of assets to other organization(s)	1f		No
g P	Purchase of assets from other organization(s)	1g		No
h E	exchange of assets	1h		No
i Le	ease of facilities, equipment, or other assets to other organization(s)	1i		No
				1
j L	ease of facilities, equipment, or other assets from other organization(s)	1j		No
k P	Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
ΙP	erformance of services or membership or fundraising solicitations by other organization(s)	11		No
m S	haring of facilities, equipment, mailing lists, or other assets	1m	Yes	
n S	Sharing of paid employees	1n	Yes	
o R	Reimbursement paid to other organization for expenses	10	Yes	1
p R	Reimbursement paid by other organization for expenses	1р		No
a C	Other transfer of cash or property to other organization(s)	1q	<u> </u>	No
-	ther transfer of cash or property from other organization(s)	1r	\vdash	No

	<u>-</u>	·	
(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) PROJECT MANAGEMENT INSTITUTE	С	150,000	CASH
(2) PROJECT MANAGEMENT INSTITUTE	0	342,446	FMV
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(a) (b) (c) Legal domo (state or for country)		(d) (e) Are all Share of partners end-of-year assets 501(c)(3) organizations?			(f) Dispropitionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	N	
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Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Schedule R (Form 990) 2010