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Return of Organization Exempt From Income Tax
Under section 501 (c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

A F	or the	2014 calendar year, or tax year beginning and ending	Will digoty for mode.		
Во	Check if	C Name of organization	D Employer identifi	cation number	
а	pplicable	PROJECT MANAGEMENT INSTITUTE EDUCATIONAL			
	_Addres	FOUNDATION			
	Name change	CAME AC ABOVE	23-2	630701	
	Initial	Number and street (or P O box if mail is not delivered to street address) Room/s	uite E Telephone numbe	<u></u>	
	Final return/	14 CAMPUS BOULEVARD		356-4600	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	5,088,179.	
X	Ameno		H(a) Is this a group re	eturn	
	Application	F Name and address of principal officer:MARK LANGLEY	for subordinates		
	pendin	SAME AS C ABOVE	H(b) Are all subordinates in	rcluded? Yes No	
1 1	 Гах•ехе	empt status: X 501(c)(3)		list. (see instructions)	
JV	Nebsit	e: ► HTTP://WWW.PMIEF.ORG	H(c) Group exemptio		
KF	orm of	organization X Corporation		A State of legal domicile DC	
Pe	art i	Summary			
6)	1	Briefly describe the organization's mission or most significant activities: ${f SEE}$ ${f SCHE}$	DULE O		
Governance					
Ĕ	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of r	nore than 25% of its net as	ssets.	
ĕ	3	Number of voting members of the governing body (Part VI, line 1a)	3	10	
න	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10	
ės.	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5_	0	
Ξ	6	Total number of volunteers (estimate if necessary)	6	100	
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7 <u>a</u>	0.	
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
			Prior Year	Current Year	
ē	8	Contributions and grants (Part VIII, line 1h)	3,592,781.	3,992,493.	
Revenue		Program service revenue (Part VIII, line 2g)	0.	0.	
è	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	75,224.	133,223.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2016	0.	4 125 716	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,668,005.	4,125,716.	
		Grants and similar amounts paid (Part IX, column (A), lines-1-3)	1,434,286.	1,554,987.	
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	
Expenses	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	30,328.	30,478.	
ë		Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  858,380.	30,320.	30,470.	
Ä			2,512,306.	2,667,659.	
	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,976,920.	4,253,124.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<308,915.		
es Si	19	Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	2,798,965.	2,875,003.	
Pal Bal	21	Total liabilities (Part X, line 16)	684,724.	912,747.	
L Set	22	Net assets or fund balances Subtract line 21 from line 20	2,114,241.	1,962,256.	
	art II			1/302/2301	
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and st	tements, and to the best of m	v knowledge and belief, it is	
	•	t, and complete Declaration of prepager (other/than officer) is based on all information of which prej		,,,	
	,	Mark Q. and in		2015	
Sig	n	Signature of officer	Date		
Her		MARK LANGLEY, PMI PRESIDENT & CEO			
Type or print name and title					
		Print/Type preparer's name Pregarer's signature	Date Check	PTIN	
Paid	1	COLLEEN COOKE-VARALLO, CP Calle Colle Voucht	9/24/15 If self-employ		
Prep	rer	Firm's name WIPFLI LLP	Firm's EIN ▶	39-0758449	
Use	Only	Firm's address 2 WEST BALTIMORE AVE. SUITE 210			
		MEDIA, PA 19063	Phone no 61	0-565-3930	
May	the IF	RS discuss this return with the preparer shown above? (see instructions)		X Yes No	

432001 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2014)

	1990 (2014) FOUNDATION 23-2630	701	Page Z
Pa	計 III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:	OD	
	TO BE THE CHAMPION OF PROJECT MANAGEMENT KNOWLEDGE AND SKILLS F		<del></del>
	EDUCATIONAL AND SOCIAL GOOD. PROMOTE PROJECT MANAGEMENT PRINCI		
	GLOBALLY TO COMMUNITIES INCLUDING STUDENTS, NON-PROFIT ORGANIZA	TIONS	<del>-</del>
	AND SOCIETY AT LARGE.		
2	Did the organization undertake any significant program services during the year which were not listed on	٦.,	₩
	the prior Form 990 or 990-EZ?	Yes	X No
_	If "Yes," describe these new services on Schedule O.	¬	<b>⊡</b>
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
_	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by e		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp	enses, a	ind
	revenue, if any, for each program service reported.		<del></del>
4a	(Code ) (Expenses \$ 213,576. including grants of \$ 167,499.) (Revenue \$	miiD/	<del>, , , , , , , , , , , , , , , , , , , </del>
	EXPANDING EDUCATIONAL OPPORTUNITIES FOR FUTURE PROJECT MANAGERS	TIL	JUGH
	ACADEMIC AND WORK-BASED LEARNING OPPORTUNITIES.		
4b	(Code) (Expenses \$ 1,114,319 • including grants of \$ 182,719 • ) (Revenue \$		
40	(Code)(Expenses \$1,114,319 . including grants of \$182,719 . ) (Revenue \$1 NONPROFIT ORGANIZATIONS USE TH	EIR	······'
	LIMITED RESOURCES MORE EFFICIENTLY AND EFFECTIVELY BY INCREASIN		TR.
	PROJECT MANAGEMENT CAPACITY.	<u> </u>	
	TROUBET PARAGEMENT CHIACITI.		
		-	
4c	(Code) (Expenses \$1,601,062. including grants of \$1,204,768.) (Revenue \$		
-	PREPARING PRIMARY AND SECONDARY STUDENTS FOR SUCCESS IN LIFE BY	USI	īG ′
	PROJECTS TO TEACH THEM CRITICAL APPLIED SKILLS.		
4d	Other program services (Describe in Schedule O.)		
-	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ► 2,928,957.		
		Form Q(	20 (2014)

Form 990 (2014) FOUNDATION
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_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	L
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		<u> X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			1,7
_	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		Х
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ü	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
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, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		<u>X</u>
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	X	
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		<u> </u>
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		i	w
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	-	<u>X</u>
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
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	446	X	
19a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	^	
120	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	_X_	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	ĺ		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	ļ		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		v	
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		}	v
19	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		<u>X</u>
13	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	10		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		$\frac{\mathbf{x}}{\mathbf{x}}$
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<del></del> -
			990 /	2014)

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Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	_21	Х	<u> </u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			1
	Part IX, column (A), line 2 <sup>7</sup> If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 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_	X	
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 through 24d and complete	<b>!</b>		
	Schedule K If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	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), 501(c)(4), and 501(c)(29) 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		<u>X</u>
þ	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		<u>X</u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			.,
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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):			v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		$\frac{x}{x}$
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-	ļ	Х
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29_		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20	Ì	Х
24	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	24	ľ	Х
32	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
JZ	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
30	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
•	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
Ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	ł	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	005		
	If "Yes," complete Schedule R, Part V, line 2	36	x	
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		_ <del></del>
	Note. All Form 990 filers are required to complete Schedule O	38	х	
			000	

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<u>Form</u>	m 990 (2014) FOUNDATION	23-263070	1	Page \$
Pai	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Ye	s No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0		
b		0		
	Buldham and a state of the stat			
·	(gambling) winnings to prize winners?	10	.	[
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	<u></u>	+	
20	filed for the calendar year ending with or within the year covered by this return  2a	o		1
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<del></del>	_	İ
b		21	<u> </u>	
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	Ĺ.,		X
		3	_	<b>→</b> ^
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	31	<del>D</del>	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority of			J
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4</u> -	a	<u> </u>
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (Fig. 1).	FBAR).		١
		5	а	X
	, , , , , , , , , , , , , , , , , , , ,	51	b	X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5	<u> </u>	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	ation solicit		ł
	any contributions that were not tax deductible as charitable contributions?	6	a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gif	is		[
	were not tax deductible?	61	<b>b</b>	
7	Organizations that may receive deductible contributions under section 170(c).			1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provi	ded to the payor? 7	a 📗	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	71	<b>。</b>	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	L t		
	to file Form 8282?	70	s	X
d	I If "Yes," indicate the number of Forms 8282 filed during the year 7d	-		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	70		X
f		7	f	Х
g		as required? 7	<u>.                                     </u>	
_				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			1
_	sponsoring organization have excess business holdings at any time during the year?	8	. 1	İ
9	Sponsoring organizations maintaining donor advised funds.			
a	D. M. C.	94	. ]	f
b		91		+
10	Section 501(c)(7) organizations. Enter:	31	<del>'</del>	<del> </del>
	the state of the s			
a	· · · · · · · · · · · · · · · · · · ·			1
_ b				
11	Section 501(c)(12) organizations. Enter:	į		1
a				Ī
b		<b>!</b>		1
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12	а	
				1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>		
а	Is the organization licensed to issue qualified health plans in more than one state?	13	a	
	Note. See the instructions for additional information the organization must report on Schedule O.	1		1
b	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			1
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14	а	X
	· ·	<u> </u>		$\overline{}$

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

	Check if Schedule O contains a response or note to any line in this Part VI				<u>X</u>					
<u>Sec</u>	tion 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 1a	10								
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O									
b	Enter the number of voting members included in line 1a, above, who are independent 1b	10								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any of	other								
	officer, director, trustee, or key employee?	]	_2	}	X_					
3	Did the organization delegate control over management duties customarily performed by or under the direct sup	pervision								
	of officers, directors, or trustees, or key employees to a management company or other person?									
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?									
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X					
6	Did the organization have members or stockholders?	[	6		X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one of	or								
	more members of the governing body?		7a		<u>X</u> _					
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders	s, or								
	persons other than the governing body?		7b	_	$\mathbf{X}_{-}$					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the follo	wing								
а	The governing body?		8a	Х						
b	Each committee with authority to act on behalf of the governing body?		8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			Ì						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		<u> </u>					
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Cod	le.)								
		_		Yes	No					
	Did the organization have local chapters, branches, or affiliates?	F	10a		<u>X</u> _					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affil	liates,	l	ļ						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	<u> </u>	10b	]						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	ng the form?	11a	Х						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	-		х						
12a	a Did the organization have a written conflict of interest policy? If "No," go to line 13									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	_	12b	Х						
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describ	e								
	ın Schedule O how this was done	<u> </u>	12c	Х						
13	Did the organization have a written whistleblower policy?	<u> </u>	13	X						
14	Did the organization have a written document retention and destruction policy?	-	14	_X						
15	Did the process for determining compensation of the following persons include a review and approval by independent	ndent		į						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ŀ								
	The organization's CEO, Executive Director, or top management official		15a	X						
Þ	Other officers or key employees of the organization	ļ.	15b		<u>X</u> _					
16.	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			1						
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	ì	1	1	v					
	taxable entity during the year?		16a		<u>X</u>					
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation t	pation								
	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	ŀ		#						
900	tion C. Disclosure		16b							
<u>3ec</u> 17	List the states with which a copy of this Form 990 is required to be filed ►AL, AK, AZ, AR, CA, CO, C	ጥ . ፑፒ. ርኔ	нт	TT.	KC					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 50				, no					
	for public inspection. Indicate how you made these available. Check all that apply.	ricijojs onlyj av	andDi	<del>-</del>						
	Own website Another's website X Upon request Other (explain in Schedule	e ())								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inter	,	ineno	ıal						
	statements available to the public during the tax year.	oot policy, and	manc	iai						
20	State the name, address, and telephone number of the person who possesses the organization's books and reco	ords: 🟲								
	PROJECT MANAGEMENT INSTITUTE EDUCAT - (610) 356-4600									
	14 CAMPUS BOULEVARD, NEWTOWN SQUARE, PA 19073									

Form 990 (2014) FOUNDATION

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

Check if Schedule O contains a response or note to any line in this Part VII

## 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. 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 organization n	organization compensat						ated any current officer, director, or trustee.				
(A)	(B) (C)							(D)	(E)	(F)	
Name and Title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated	
	hours per	box, unless person is both an officer and a director/trustee)			s bot	h an	compensation	compensation	amount of		
	week	$\vdash$			irecto	-10//11/3106/		from	from related	other	
	(list any	or director	l			<u>.</u> .		the	organizations	compensation	
	hours for related	ρğ	<u>8</u>			sated	l	organization	(W-2/1099-MISC)	from the	
	organizations	Page	瓦		88	nger L		(W-2/1099-MISC)		organization and related	
	below	graf	텵		(oldr	S SC	<u>.</u>			organizations	
	line)	Individual trustae o	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Forme			organization o	
(1) JOHN PATTON	5.00										
DIRECTOR (RESIGNED 04/2014)	0.00	X	_					0.	0.	0.	
(2) ROBERTO TOLEDO	5.00						l	_		_	
CHAIR	0.00	X		Х		<u> </u>		0.	0.	0.	
(3) SURESH CHANDRA	5.00				ĺ						
DIRECTOR	0.00	X	ļ					0.	0.	0.	
(4) JO FERGUSON, PMP	5.00									•	
DIRECTOR	0.00	X	-		-	_		0.	0.	0.	
(5) KENNETH HARTLEY, PMP	5.00	X		х				_	0	0	
SECRETARY	5.00	_	_	^				0.	0.	0.	
(6) ALLAN MILLS		X	1	Х				0.	0.	0.	
TREASURER (7) SUKETU NAGRECHA	5.00	_									
DIRECTOR	0.00	Y						0.	0.	0.	
(8) JOHN RICKARDS, FCAM, PMP	5.00	**	$\vdash$			-					
DIRECTOR		X						0.	0.	0.	
(9) MARGE COMBE (04/2014-12/2014)	5.00										
DIRECTOR	0.00	Х		i				0.	0.	0.	
(10) RITA READ	5.00										
DIRECTOR	0.00	Х						0.	0.	0.	
(11) MARK LANGLEY	5.00									_	
PRESIDENT & CEO, PMI, NON-VOTING EX	60.00			Х				0.	769,170.	315,760.	
(12) MIKE DEPRISCO	20.00							_			
<u>coo</u>	30.00	ļ	<u>.                                    </u>	X		Щ		0.	176,993.	29,603.	
		_	<u> </u>								
		ł									
	<u> </u>	<u> </u>	_	$\vdash$		$\vdash$	_				
		1									
	<b></b>	-	$\vdash$	-		$\vdash$				<del></del>	
		1									
		T	_								
		1									
						_					

Form 990 (2014) FOUNDAT I										<u>63070</u>	) 1	Page 8
Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees	, and	d Hi	ghe	st C	ompensated Employe	es (continued)			
(A) Name and title	(B) Average	(do	not c	Pos heck	C) ition more	l than	one	(D) Reportable	<b>(E)</b> Reportable	1	(F Estim	nated
	hours per week (list any hours for related organizations	office or director	unle	ss pe	erson Irrecto	is bot	th an stee)	compensation from the organization (W-2/1099-MISC)	compensation from related organization (W-2/1099-MIS	s c SC)	oth omper from organi and re	nsation the zation elated
	line)	Individu	Institut	Officer	Key employee	Highest	Former			°	organiz	zations
				_						_		
										_		
												<u></u>
									<u> </u>			
									L			
										_		
									L			
1 b Sub-total c Total from continuation sheets to Part V	II, Section A						<b>&gt;</b>	0.	946,10	0.		363.
d Total (add lines 1b and 1c)					_		<u> </u>	0.	946,10		45,	363.
Total number of individuals (including but a compensation from the organization	not limited to th	ose	liste	ed at	00V6	e) wh	no re	eceived more than \$100 	,000 of reportabl	e 	1.4	0
3 Did the organization list any former officer			, ke	y en	nplo	yee	, or t	nighest compensated e	mployee on		Ye	
line 1a? If "Yes," complete Schedule J for s  For any individual listed on line 1a, is the si	um of reportab	le co							the organization	3		<u> </u>
<ul><li>and related organizations greater than \$15</li><li>Did any person listed on line 1a receive or</li></ul>	accrue comper	nsatı	on f	rom	any	unr			dual for services	4	K	
rendered to the organization? If "Yes," con Section B. Independent Contractors	nplete Schedul	e J fo	or si	ıch j	pers	on					<u>-                                    </u>	<u> </u>
Complete this table for your five highest co the organization. Report compensation for										pensatio	n fron	1
(A) Name and business	-	NC	_		_			(B) Description of s		Com	(C) pensa	ition
		-										
		_										
					_						_	
Total number of independent contractors (     \$100,000 of compensation from the organ	_	ot lin	nite	d to	tho:	_	sted	above) who received m	ore than	,,,,	<del> </del>	

\$100,000 of compensation from the organization

FOUNDATION Form 990 (2014) FOUNDAT
Part VIII Statement of Revenue

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		Check if Schedule O con	tains a response	or note to any lu	ne in this Part VIII			
		GROOK II GORGAAIO C COII	tains a response	or note to any m	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions, gifts, grants) Similar amounts not included about the contributions included in lines Total. Add lines 1a-1f	tions) 1e nts, and ove 1f	228,703.  763,790.  346,725.  Business Code	3,992,493.			
Program Service Revenue	2 a b c d							
- │	f	All other program service revo	enue	<u> </u>				<u> </u>
	3 4 5	I Total. Add lines 2a-2f Investment income (including other similar amounts) Income from investment of tal Royalties		est, and	96,935.			96,935.
		Gross rents Less: rental expenses Rental income or (loss)	(i) Real	(II) Personal				
	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis	(i) Securities 998,751.	(II) Other				
	d	and sales expenses Gain or (loss) Net gain or (loss)	962,463. 36,288.	<b>&gt;</b>	36,288.			36,288.
Other Revenue		Gross income from fundraisir including \$ contributions reported on line Part IV, line 18 Less: direct expenses	of					
		<ul> <li>Net income or (loss) from fun</li> <li>Gross income from gaming a</li> <li>Part IV, line 19</li> </ul>	•	<b>&gt;</b>				
	10 a	Less: direct expenses  Net income or (loss) from gar  Gross sales of inventory, less and allowances	returns a	<b>&gt;</b>			······································	
i	c	Less: cost of goods sold  Net income or (loss) from sale  Miscellaneous Revenue	ue	Business Code				
	11 a	)						
	е	Total. Add lines 11a-11d Total revenue. See instructions		<b>&gt;</b>	4,125,716.	0.	0.	133,223.

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Form 990 (2014) FOUNDATION

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com			mplete column (A)	<u> </u>
	Check if Schedule O contains a respon	se or note to any line in (A)	this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,179,036.	1,179,036.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	151,919.	151,919.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	224,032.	224,032.		
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)			<del></del>	
7	Other salaries and wages Pension plan accruals and contributions (include				
8					
9	section 401(k) and 403(b) employer contributions)  Other employee benefits		<del></del> -		
10	Payroll taxes				
11	Fees for services (non-employees):			<del></del>	
	Management				
b	Legal	4,425.		4,425.	
	Accounting	25,470.		25,470.	
d					
	Professional fundraising services See Part IV, line 17	30,478.			30,478.
f	Investment management fees	3,115.		3,115.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O)	669,635.	261,026.	30,302.	378,307.
12	Advertising and promotion	30,448.			30,448.
13	Office expenses	26,141.	13,966.	8,671.	3,504.
14	Information technology	147,867.	120,944.	2,245.	24,678.
15	Royalties				
16	Occupancy	326,147.	217,096.	72,357.	36,694.
17	Travel	320,147.	217,090.	12,331.	30,094.
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials	72,464.	30,578.	27,945.	13,941.
19 20	Conferences, conventions, and meetings Interest	72/1010	30,3700	2117230	10/0410
20 21	Payments to affiliates	1,088,531.	545,792.	204,525.	338,214.
22	Depreciation, depletion, and amortization	85,918.		85,918.	
23	Insurance				
24	Other expenses Itemize expenses not covered				······································
	above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A)	***************************************			
а	amount, list line 24e expenses on Schedule 0) PROGRAM DEVELOPMENT	172,754.	172,754.		
b	OTHER EXPENSES - STATE	7,997.	6,398.		1,599.
c	MISCELLANEOUS EXPENSE	6,747.	5,416.	814.	517.
ď					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,253,124.	2,928,957.	465,787.	858,380.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation	ļ			
	Check here If following SOP 98-2 (ASC 958-720)				

Form 990 (2014)

FOUNDATION

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art X	Balance Sheet		
	Check if Schedule O contains a response or note to any line in this Part X		
		(A) Beginning of year	<b>(B)</b> End of year
1	Cash - non-interest-bearing	304,919. 1	228,822.
2	Savings and temporary cash investments	194,485. 2	214,207.
3	Pledges and grants receivable, net	98,333. 3	43,827.
4	Accounts receivable, net	4	66,740.
5	Loans and other receivables from current and former officers, directors,		
	trustees, key employees, and highest compensated employees. Complete		
!	Part II of Schedule L	5	
6	Loans and other 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 instr). Complete Part II of Sch L	6	
7	Notes and loans receivable, net	7	
8	Inventories for sale or use	8	
9	Prepaid expenses and deferred charges	11,250. 9	11,250.
10a	Land, buildings, and equipment: cost or other		
	basis Complete Part VI of Schedule D 10a		
Ь	Less: accumulated depreciation 10b	10c	
11	Investments · publicly traded securities	1,238,205. 11	1,351,464. 700,940.
12	Investments - other securities. See Part IV, line 11	695,973. 12	700,940.
13	Investments - program-related. See Part IV, line 11	13	
14	Intangible assets	255,800. 14	257,753.
15	Other assets. See Part IV, line 11	15	
16_	Total assets. Add lines 1 through 15 (must equal line 34)	2,798,965. 16	2,875,003. 116,106.
17	Accounts payable and accrued expenses	242,418. 17	116,106.
18	Grants payable	442,306. 18	796,641.
19	Deferred revenue		
20	Tax-exempt bond liabilities	20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D	21	
22	Loans and other payables to current and former officers, directors, trustees,		
	key employees, highest compensated employees, and disqualified persons.		
	Complete Part II of Schedule L	22	
23	Secured mortgages and notes payable to unrelated third parties	23	
24	Unsecured notes and loans payable to unrelated third parties	24	<u> </u>
25	Other liabilities (including federal income tax, payables to related third	ļ	
	parties, and other liabilities not included on lines 17-24). Complete Part X of		
ļ	Schedule D	25	010 747
26	Total liabilities. Add lines 17 through 25	684,724. 26	912,747.
Ì	Organizations that follow SFAS 117 (ASC 958), check here ► X and		
27 28 29 20 Linux palances 29 29 30 31 32 32 32 32 32 32 32 32 32 32 32 32 32	complete lines 27 through 29, and lines 33 and 34.	2124 716 ba-	-422 016
E 27	Unrestricted net assets	<134,716.>27	<422,916.
28	Temporarily restricted net assets	493,338. 28	532,437. 1,852,735.
g   29	Permanently restricted net assets	1,755,619. 29	1,052,733.
2	Organizations that do not follow SFAS 117 (ASC 958), check here		<u>[</u>
5	and complete lines 30 through 34.		
30	Capital stock or trust principal, or current funds	30	
ő 31	Paid-in or capital surplus, or land, building, or equipment fund	31	<del> </del>
32	Retained earnings, endowment, accumulated income, or other funds	32	1 062 256
33	Total net assets or fund balances	2,114,241. 33 2,798,965. 34	1,962,256.
34	Total liabilities and net assets/fund balances	2,798,965. 34	2,875,003.

Form	1990 (2014) FOUNDATION	_23-2	630701	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,125	7	<u> 16</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,253		
3	Revenue less expenses. Subtract line 2 from line 1	3	<127		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,114		
5	Net unrealized gains (losses) on investments	5	<23	3 <u>,</u> 3	<u> 22 -</u> :
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	<1	. <b>,</b> 2	<u>55 -</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,962	, 2	<u> 56.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990:   Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	<b>.</b> 0.			ŧ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		1 1		
b	Were the organization's financial statements audited by an independent accountant?		2b	<u>X</u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basıs,	1 1		
	consolidated basis, or both:				
	Separate basis Consolidated basis X Both consolidated and separate basis		1		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audit			
	Act and OMB Circular A-133?		3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ured audit			

Form **990** (2014)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

# SCHEDULE A (Form 990 or 990-EZ)

**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.

PROJECT MANAGEMENT INSTITUTE EDUCATIONAL

2014

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

Department of the Treasury Internal Revenue Service

Name of the organization

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

23-2630701 FOUNDATION Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 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 5 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 33 1/3% 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 33 1/3% 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.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. X Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. X Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (II) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of listed in your (described on lines 1-9 organization support (see other support (see governing document? above or IRC section Instructions) Instructions) Yes No (see instructions)) PROJECT MANAGEMENT 23-1887442501(C)(6) INSTITUTE Х 0.

Total

	nedule A (Form 990 or 990-EZ) 2014 art II Support Schedule for	Organization	s Described in	n Sections 170	0(b)(1)(A)(iv) ar	nd 170(b)(1)(Ā)(	Page 2	
	(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	s listed below, ple	ase complete Part	: III.)			-	
Se	ction A. Public Support			-			·	
Cal	endar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
	Gifts, grants, contributions, and			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(4) 20 (6	(6) 2571	(1) 10141	
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Tax revenues levied for the organ-							
	ızatıon's benefit and either paid to							
_	or expended on its behalf		<u> </u>				_	
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge		<del>                                      </del>					
4	Total. Add lines 1 through 3							
5			-					
	by each person (other than a				-			
	governmental unit or publicly				Ł			
	supported organization) included				į.			
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)							
	Public support. Subtract line 5 from line 4 ction B. Total Support		<u></u>					
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
7	Amounts from line 4							
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties			ļ				
	and income from similar sources							
9	Net income from unrelated business							
	activities, whether or not the					i .		
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities,	etc. (see instructi	ons)			12		
13	First five years. If the Form 990 is for	the organization's	s first, second, thii	d, fourth, or fifth t	ax year as a sectio	on 501(c)(3)		
_	organization, check this box and stop	here					ightharpoons	
Se	ction C. Computation of Publi	c Support Pe	rcentage				<del></del>	
14	Public support percentage for 2014 (li			column (f))		14	%	
15	Public support percentage from 2013					15	%	
16a	33 1/3% support test - 2014. If the o				14 is 33 1/3% or r	more, check this bo	ox and	
	stop here. The organization qualifies		-				▶□	
t	33 1/3% support test - 2013. If the o				d line 15 is 33 1/39	6 or more, check th	ns box	
	and stop here. The organization quali	fies as a publicly s	supported organiz	ation			ightharpoons	
17a	10% -facts-and-circumstances test	- 2014. If the org	anization did not d	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,	
	and if the organization meets the "fact	s-and-circumstan	ces" test, check ti	nis box and stop i	nere. Explain in Pa	rt VI how the organ	ization	
	meets the "facts-and-circumstances"	test. The organiza	ition qualifies as a	publicly supporte	d organization			
b	10% -facts-and-circumstances test							
	more, and if the organization meets th	e "facts-and-circu	mstances" test, c	heck this box and	stop here. Explair	n in Part VI how the		
	organization meets the "facts-and-circ	umstances" test	The organization of	qualifies as a publi	cly supported orga	anization		
18	Private foundation. If the organization	did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instructions	s <b>&gt;</b>	

# 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.)

800	tion A. Public Support	elow, please com	piete Part II.)				
		(-) 0040	(1) 0011	4:10040	4 7 0010	110014	(D. T. + a)
	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		<del></del>			<del>                                       </del>	
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in			Ì	]		
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513		L				
4	Tax revenues levied for the organ-		_				
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge		1		1		
	Total. Add lines 1 through 5	_					
	Amounts included on lines 1, 2, and				<del>                                     </del>	<del>   </del>	
, a	3 received from disqualified persons		1	1	1		
Ь	Amounts included on lines 2 and 3 received		<del>                                     </del>	<del></del>	<del>                                     </del>		
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the		ì		1		
	amount on line 13 for the year		<del> </del>			<del> </del>	
	Add lines 7a and 7b		<del>                                     </del>			<del> </del>	
	Public support (Subtract line 7c from line 6)		<u> </u>		<u> </u>	.1	<u> </u>
	tion B. Total Support			<del></del>	<del></del>		
	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	<b>(f)</b> Total
	Amounts from line 6		<b> </b>			<del> </del>	
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties				ļ		
	and income from similar sources						
b	Unrelated business taxable income		1				
	(less section 511 taxes) from businesses			1	ļ		
	acquired after June 30, 1975				<u> </u>		
c	Add lines 10a and 10b					_	
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12)		<del>                                     </del>		<del>                                     </del>	<del>   </del>	
	First five years. If the Form 990 is for	the organization	e first second this	d fourth or fifth to	av vear as a section	on 501(c)(3) organiz	ation.
		the organization	s mat, second, tim	a, louitii, or mar t	ax year as a section	on so r(c)(s) organiz	ation,
Sec	check this box and stop here stion C. Computation of Publi	c Support Pe	rcentage				
	Public support percentage for 2014 (I			column (fl)		15	
	Public support percentage from 2013					16	
	ction D. Computation of Inves				-	<u> </u>	
	Investment income percentage for 20					17	
	•		•	ie 13, columni (I))			
	Investment income percentage from 2			معالمه ۱۸ معالی	. 4E io m +h	18   33 1/30/ and has 1	
туа	33 1/3% support tests - 2014. If the						/ IS NOT
	more than 33 1/3%, check this box at			• •			▶∟
b	33 1/3% support tests - 2013. If the	-					and
•-	line 18 is not more than 33 1/3%, che			=		-	₹
'nΛ	Private foundation If the organization	n did not check a	nov on line 1/1 10	a or 10h chack ti	nie hav and ees in	etructione	<b>▶</b> i

# Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V)

#### **Section A. All Supporting Organizations**

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI**how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part Viwhen** and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
  (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VIwhat controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filling organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	1,,	NI.
	Yes	No
1	X	
		•
2		X
20		Х
3a		
3b		:
3c		···
4-		Х
4a		
4b		<del></del>
4c		
5a		X
5b	-	
5c		
_6		X
7		Х
8	-	<u>X</u>
9a	ļ <u>[</u>	<u>X</u>
9b		х
9c	<u> </u>	<u>X</u>
10a	[	X
10b		
990 or 99	0-F7	2014

Sche	edule A (Form 990 or 990-EZ) 2014 FOUNDATION	<u>3-263070</u>	)1 p	age 5
Pa	rt IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a	<u> </u>	X
	A family member of a person described in (a) above?	11b		X
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		X
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			ĺ
	controlled the organization's activities. If the organization had more than one supported organization,	ĺ		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			İ
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Х	
2	Did the organization operate for the benefit of any supported organization other than the supported			Ė
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			l
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			ĺ
	supervised, or controlled the supporting organization	2		X
Sec	tion C. Type II Supporting Organizations			
		p	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			Ė
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			E
	the supported organization(s).	1		
<u>Sec</u>	tion D. Type III Supporting Organizations			
_	Delth, and an incident of the state of the s		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			i
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			:
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
2	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			:
	significant voice in the organization's investment policies and in directing the use of the organization's			
	Income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's		İ	
Sac	supported organizations played in this regard. tion E. Type III Functionally-Integrated Supporting Organizations	3		
1				
' а	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruments). The organization satisfied the Activities Test. Complete line 2 below.	uctions):		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	· · · · · · · · · · · · · · · · · · ·		
2	Activities Test. Answer (a) and (b) below.	î		<u> </u>
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No
u	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,		[	
	how the organization was responsive to those supported organizations, and how the organization determined		[	
	that these activities constituted substantially all of its activities.		ŀ	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2a		
D	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the		ŀ	
	reasons for the organization's position that its supported organization(s) would have engaged in these		ļ	
	activities but for the organization's involvement.		ŧ	
3		2b		<del></del>
	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		‡	
b	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .  Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	_3a	-	
U	of its supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.	0.	ſ	
	or its supported organizations. If I es, describe in Fart VI the fole played by the organization in this regard.	3b		

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ig Organ	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970. See instr	uctions. All
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions A through E.	
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
_1	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2		
_ 3	Other gross income (see instructions)	3		
4_	Add lines 1 through 3	4		
_5_	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7_	Other expenses (see instructions)	7		
_8_	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		***************************************	
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3_	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5_	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
_8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5_	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly-integrate	d Type III supporting org	anızatıon (see
	instructions).	•		•

Schedule A (Form 990 or 990-EZ) 2014

	edule A (Form 990 or 990-EZ) 2014 FOUNDATION			23-2630701 Page 7
Pa	rt V Type III Non-Functionally Integrated 50	9(a)(3) Supporting Org	anizations (continued)	
Sect	tion D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	npt purposes of supported		
	organizations, in excess of income from activity			
_3	Administrative expenses paid to accomplish exempt purpos	ns		
_4	Amounts paid to acquire exempt-use assets			
_5_	Qualified set-aside amounts (prior IRS approval required)			
_6_	Other distributions (describe in Part VI). See instructions.			
_7_	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsiv	re	
	(provide details in Part VI). See instructions.			
_9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount		<u> </u>	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
_1_	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
_3_	Excess distributions carryover, if any, to 2014:			
a				
b				
c				
<u>d</u>				
<u> </u>	From 2013			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2014 distributable amount			
i_	Carryover from 2009 not applied (see instructions)			
_ <u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2015. Add lines 3			
	and 4c.			
_8_	Breakdown of line 7:			
a_				
b				
	Excess from 2013			
	Excess from 2014			
_			1	,

Schedule A (Form 990 or 990-EZ) 2014

Schedule A	(Form 990 or 990-EZ) 2014 FOUNDATION	23-2630701 Page 8
Part VI	(Form 990 or 990-EZ) 2014 FOUNDATION  Supplemental Information. Provide the explanations required by Part II, line 10; Part	II, line 17a or 17b; and Part III, line 12.
	Also complete this part for any additional information. (See instructions).	
	<del> </del>	
	<del></del>	<del></del>
	<del> </del>	
		<del></del>
	<del></del>	<del></del>
		<del></del>
		_
		<del></del>

# **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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

PROJECT MANAGEMENT INSTITUTE EDUCATIONAL FOUNDATION

**Employer identification number** 23-2630701

	organization answered "Yes" to Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at end of year	(a) Donor advised fullos	(b) I diles and other accounts
1 2	·		
	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		<del></del>
4	Aggregate value at end of year		451
5	Did the organization inform all donors and donor advisors in w		
_	are the organization's property, subject to the organization's or	<u> </u>	└ Yes └ No
6	Did the organization inform all grantees, donors, and donor ad		-
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpose	
	impermissible private benefit?		Yes No
	rt II Conservation Easements. Complete if the org		Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a hist	orically important land area
	Protection of natural habitat	Preservation of a cert	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		_2b
C	Number of conservation easements on a certified historic stru	ıcture ıncluded ın (a)	2c
d	Number of conservation easements included in (c) acquired a	ifter 8/17/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements d	during the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and e	enforcing conservation easements during	the year 🕨 \$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?	•	Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizati	on's financial statements that describes	the organization's accounting for
	conservation easements		•
Pa	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue stater	ment and balance sheet works of art.
	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that describ		,
b	If the organization elected, as permitted under SFAS 116 (AS		t and balance sheet works of art, historical
-	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:	or recours. In fortiloration of pu	and the result of the results and the results and the results and the results are results and the results are results and the results are results and the results are results
	(i) Revenue included in Form 990, Part VIII, line 1		▶ €
	(ii) Assets included in Form 990, Part X		► \$ ► \$
9	If the organization received or held works of art, historical trea	scuree or other similar assets for finencia	ol call provide
2	the following amounts required to be reported under SFAS 11		a gain, provide
_	Revenue included in Form 990, Part VIII, line 1	TO MOO 300) relating to these items	<b>b</b> ¢
a	Assets included in Form 990, Part X		•
D	ASSETS INCOMED IN LIVING 220. EDITA		n

	dule D (Form 990) 2014 FOUNDAT					23-20			age 2
Pai	t III Organizations Maintaining C	ollections of A	rt, Historical Tr	<u>easures, or Oth</u>	er Sim	<u>ilar Asse</u>	<b>ts</b> (contir	ued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that are a	significar	it use of its	collectio	ı itemi	s
	(check all that apply):								
а	Public exhibition	d	Loan or exc	hange programs					
b	Scholarly research	е	Other						
C	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further t	he organization's exi	empt pur	pose in Par	t XIII.		
5	During the year, did the organization solicit o	r receive donations (	of art, historical trea	sures, or other simila	ar assets		_		_
_	to be sold to raise funds rather than to be ma						Yes_		No
Pa	Escrow and Custodial Arran		ete if the organizatio	n answered "Yes" to	Form 99	30, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par						<del></del>		
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for contribution	s or other assets no	t include	d	_		1
	on Form 990, Part X?						_ Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:						
						<del></del>	Amount	-	
c	Beginning balance				1c		<del></del>		
đ	Additions during the year				1d		<del></del>		
e	Distributions during the year				1e				
f	Ending balance	000 Dt V I	04 6		1 <u>f</u>	<del></del> _	7.		1
	Did the organization include an amount on Formatter and the arrangement in Part XIII.	•			-	L	<b>Yes</b>	<u> </u>	∫ No T
Pai				<del></del>					<u></u>
I CA	Litadarii etti i arias. Complete	(a) Current year	(b) Prior year	(c) Two years back	T	e years back	(е) Fоиг	Woore	
12	Beginning of year balance	1,938,503.	1,853,500.	1,499,861.		,417,666.		,307,	
1a b	Contributions	144,539.	153,661.	380,430.	-	278,218.	-		760.
	Net investment earnings, gains, and losses	96,324.	174,536.			<10,713.			577.
d	Grants or scholarships	59,745.	243,194.	154,589.	<del> </del>				905.
	Other expenditures for facilities		213,131,	232,303.		105,510.	<u> </u>		<del></del>
Ŭ	and programs								
f	Administrative expenses		<del></del> ~	<del></del>					
g	End of year balance	2,119,621.	1,938,503.	1,853,500.	1	499,861.	1	417	666.
2	Provide the estimated percentage of the curr			<del></del>					
а	Board designated or quasi-endowment	•	%	,,					
b	Permanent endowment ► 86.15	%	<del></del>						
c		<del>3.8</del> 5 %							
	The percentages in lines 2a, 2b, and 2c shou	ild equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered for	the orgar	nization			
	by:							Yes	No
	(i) unrelated organizations						3a(i)		X
	(ii) related organizations						3a(ii)		X
b	If "Yes" to 3a(II), are the related organizations	s listed as required o	n Schedule R?				3b	$\Box$	
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.						
Pai	t VI Land, Buildings, and Equipm	ent.							_
	Complete if the organization answered	d "Yes" to Form 990	, Part IV, line 11a. S	ee Form 990, Part X	, lıne 10.				
	Description of property	(a) Cost or o		1 '	Accumula	ited	(d) Book	( value	<del>}</del>
		basis (investr	nent) basis	(other) de	epreciation	'n			
1a	Land								
b	Buildings								
С	Leasehold improvements	<u> </u>							
d	Equipment								
	Other	<del></del> _			<del></del>				
Tatal	Add lines 1a through 1e (Column (d) must e	nual Form 990 Port	X column (R) line 1	(Oc.)		<b>&gt;</b>			U.

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: X SALE 743	Complete if the organization answered "Yes"	to Form 990, Part IV, line	11b See Form 990, Part X, line 12.	
(a) Descrip	otion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
1) Financi	al derivatives			
(2) Closely	-held equity interests			
(3) Other			<u></u>	
<u> </u>	DOMIS SAYLES BOND	161,439.		
	ETROPOLITAN WEST TOTAL	165,797		
	ESTERN ASSET CORE BOND	167,810.	<del>+</del>	
(D) <b>V</b> A	ANGUARD S&P 500 (STOCK)	205,894	END-OF-YEAR MARKE	T VALUE
(E)			<del> </del>	
<u>(F)</u>		<del> </del>	<del> </del>	
(G)				
(H)		700 040		
	(b) must equal Form 990, Part X, col (B) line 12)	700,940.	· I	
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes"			and of year market yelye
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	mororyear market value
<u>(1)</u>		<del></del>	<del>                                     </del>	
(2)		<del></del>	<del></del>	
(3)		<u> </u>	<del> </del>	
<u>(4)</u>			<del>                                     </del>	
(5)		<del></del>	<del> </del>	
<u>(6)</u>			<del> </del>	
<u>(7)</u> (8)				
(9)			<del>                                     </del>	<del></del>
	(b) must equal Form 990, Part X, col (B) line 13)			
Part IX		<u> </u>		
X 444 X44	Complete if the organization answered "Yes"	to Form 990, Part IV, line	11d. See Form 990. Part X. line 15.	
		Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	umn (b) must equal Form 990, Part X, col (B) line	e <u>15)</u>		<u> </u>
Part X	Other Liabilities.			
	Complete if the organization answered "Yes"	to Form 990, Part IV, line		25.
1	(a) Description of liability		(b) Book value	
(1) Fed	deral income taxes			
(2)				
(O)				
(3)				
(3) (4)			<b>\</b>	
(4)				
(4) (5)				
(4) (5) (6)				
(4) (5) (6) (7) (8) (9)	umn (b) must equal Form 990, Part X, col. (B) lin			

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

FOUNDATION 23-2630701 Page 4 Schedule D (Form 990) 2014 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 4,342,364. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 <23,322 a Net unrealized gains (losses) on investments 2a 243,085 **b** Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d 219,763. e Add lines 2a through 2d 2e 4,122,601. Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 3,115. a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) 4b 3,115. c Add lines 4a and 4b 4c 4,125,716. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 4,494,349. Total expenses and losses per audited financial statements 1 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 243,085. 2a a Donated services and use of facilities **b** Prior year adjustments 2b c Other losses 2c 1,255. 2d d Other (Describe in Part XIII.) 244,340. e Add lines 2a through 2d 2e 4,250,009. 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 3,115. a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b 3,115. c Add lines 4a and 4b 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. 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, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART V, LINE 4: 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. PART X, LINE 2: THE FOUNDATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE FOUNDATIONS FEDERAL AND STATE INCOME TAX RETURNS FOR 2011, 2012 AND 2013 ARE SUBJECT TO EXAMINATION BY FEDERAL, STATE AND LOCAL TAXING

Schedule D (Form 990) 2014

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Schedule D (Form 990) 2014 FOUNDATION	23-2630701 Page 5
Schedule D (Form 990) 2014 FOUNDATION  Part XIII Supplemental Information (continued)	
AUMUODIMIEC CEMEDALLY EOD MUDEE VEADC AEMED MUDY ADD ELLED	
AUTHORITIES, GENERALLY FOR THREE YEARS AFTER THEY ARE FILED	•
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
UNAMORTIZED DISCOUNT - GRANTS PAYABLE	1 255
UNAMORTIZED DISCOUNT - GRANIS PATABLE	1,255.
	<u></u>
	·
	<del></del>
<del></del>	
	<del></del>

# SCHEDULE F (Form 990)

# **Statement of Activities Outside the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization PROJECT MANAGEMENT INSTITUTE EDUCATIONAL **Employer identification number** 

FOUNDATION				23-263070	1
Part I General Info	mation on A	ctivities Ou	tside the United States. Compl	ete if the organization answered "\	es" on
Form 990, Part IV					
1 For grantmakers. Does	the organization	maintain recor	ds to substantiate the amount of its gr	ants and other assistance,	
			the selection criteria used to award the		Yes No
2 For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of it	ts grants and other assistance outs	side the
United States.			•	_	
3 Activities per Region. (T	ne following Part	I, line 3 table ca	an be duplicated if additional space is	needed.)	
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region	(e) If activity listed in (d)	(f) Total
	offices	employees, agents, and	(by type) (e.g., fundraising, program	is a program service,	expenditures
	in the region	independent contractors	services, investments, grants to	describe specific type	for and Investments
		in region	recipients located in the region)	of service(s) in region	ın region
			GRANTS AND SCHOLARSHIPS TO	GRANTS AND SCHOLARSHIPS	
			RECIPIENTS LOCATED IN	TO RECIPIENTS LOCATED IN	
SUB-SAHARAN AFRICA	0	0	REGION	REGION	72,450.
			GRANTS AND SCHOLARSHIPS TO	GRANTS AND SCHOLARSHIPS	
EAST ASIA AND THE			RECIPIENTS LOCATED IN	TO RECIPIENTS LOCATED IN	
PACIFIC	0	0	REGION	REGION	853.
			GRANTS AND SCHOLARSHIPS TO	GRANTS AND SCHOLARSHIPS	
			RECIPIENTS LOCATED IN	TO RECIPIENTS LOCATED IN	
NORTH AMERICA	0	0	REGION	REGION	15,955.
			GRANTS AND SCHOLARSHIPS TO	GRANTS AND SCHOLARSHIPS	
			RECIPIENTS LOCATED IN	TO RECIPIENTS LOCATED IN	
EUROPE	0	0	REGION	REGION	82,453.
			GRANTS AND SCHOLARSHIPS TO	GRANTS AND SCHOLARSHIPS	
				TO RECIPIENTS LOCATED IN	
SOUTH ASIA	0	0	REGION	REGION	5,212.
	·			GRANTS AND SCHOLARSHIPS	
MIDDLE BAST AND			RECIPIENTS LOCATED IN	TO RECIPIENTS LOCATED IN	
NORTH AFRICA	0	0_	REGION	REGION	6,840.
ı					
				GRANTS AND SCHOLARSHIPS	
SOUTH AMERICA -				TO RECIPIENTS LOCATED IN	
ARGENTINA, BOLIVIA,	0	0	REGION	REGION	35,929.
				L	
				GRANTS AND SCHOLARSHIPS	
CENTRAL AMERICAN AND				TO RECIPIENTS LOCATED IN	
THE CARIBBEAN	0		REGION	REGION	4,340.
3 a Sub-total	0	0			224,032.
<b>b</b> Total from continuation		_			_
sheets to Part I	0	0_		[	0.
c Totals (add lines 3a		^			
and 3b)	0	0_	<u> </u>	I	224,032.

Page 2

PROJECT MANAGEMENT INSTITUTE EDUCATIONAL

FOUNDATION

Schedule F (Form 990) 2014

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Partil

23-2630701

(i) Method of valuation (book, FMV, appraisal, other) ₽¥. ΡŘ FMV (h) Description of non-cash assistance ONLINE TRAINING AND CERTIFICATE AND CERTIFICATE ONLINE TRAINING ND CERTIFICATE DALINE TRAINING 17,720. PROGRAMS PROGRAMS 8 860. PROGRAMS 22,150.N/A 4,430.N/A (g) Amount of non-cash assistance 1,995. Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by cash disbursement (f) Manner of WIRE 50,000,WIRE 80 458 WIRE WIRE 782.WIRE of cash grant (e) Amount the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ONLINE TRAINING AND ONLINE TRAINING AND ONLINE TRAINING AND ONLINE TRAINING AND ONLINE TRAINING AND (d) Purpose of grant SCHOLARSHIPS SCHOLARSHIPS SCHOLARSHIPS SCHOLARSHIPS SCHOLARSHIPS CERTIFICATE CERTIFICATE ERTIFICATE CERTIFICATE CERTIFICATE (c) Region TORTH AMERICA SOUTH AMERICA SUB-SAHARAN SOUTH ASIA AFRICA EUROPE (b) IRS code section and EIN (if applicable) (a) Name of organization N

Schedule F (Form 990) 2014

Enter total number of other organizations or entitles

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# PROJECT MANAGEMENT INSTITUTE EDUCATIONAL FOUNDATION

Schedule F (Form 990) 2014

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance (b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
PMI EDUCATIONAL FOUNDATION						
SCHOLARSHIP - AN ACADEMIC						
SCHOLARSHIP FOR COLLEGE AND SUB-SAHARAN						
UNIVERSITY STUDENTS STUDYING AFRICA	1	495.0	СНВСК	0.0	N/A	N/A
WOMEN IN PROJECT MANAGEMENT						
SCHOLARSHIP FUND - OPEN TO		-				
ANY FEMALE PROJECT MANAGEMENT EAST ASIA AND THE	M					
PRACTITIONERS FROM ANY PACIFIC	1	853.0	СНВСК	0	N/A	N/A
GAY SKINNER ACADEMIC MEMORIAL						
SCHOLARSHIP - OPEN TO						
STUDENTS PURSUING GRADUATE OR						
UNDERGRADUATE DEGREES IN NORTH AMERICA	1	1,000,1	CHECK	0	N/A	N/A
THE PMIEF KENNETH HARTLEY						
PROJECT LEADERSHIP						
DEVELOPMENT SCHOLARSHIP-ANY				-		
TRAINING COURSE OR UNIVERSITY NORTH AMERICA	1	1,095.	CHECK	0	N/A	N/A
PROJECT MANAGEMENT ACADEMY						
ACADEMIC SCHOLARSHIP						
PROGRAM-WERE CREATED TO CENTRAL AMERICA		_				
PROVIDE STUDENTS, TEACHERS, AND THE CARIBBEAN	1	2,000.	снвск	. o	N/A	N/A
PMI NOVA SCOTIA CHAPTER						
SCHOLARSHIP - THE PROJECT				_		
MANAGEMENT INSTITUTE						_
EDUCATIONAL FOUNDATION NORTH AMERICA	1	2,500.	CHECK	0	N/A	N/A
PMI NORTHERN ALBERTA CHAPTER						
MILESTONE						
SCHOLARSHIP-APPLICANTS MUST				-		
SPECIFY A PROJECT MANAGEMENT NORTH AMERICA	1	2,500.	CHECK	0	N/A	N/A
KERZNER AWARD- TO RECOGNIZE A						
PROJECT MANAGER WHO MOST						
EMULATES THE PROFESSIONAL		-		-		
DEDICATION AND EXCELLENCE OF SOUTH AMERICA	2	4,659.0	CHECK	0	N/A	N/A
JAMES R. SNYDER INTERNATIONAL						
STUDENT PAPER OF THE YEAR						
AWARD - RESEARCH PAPER AWARD						
THAT RECOGNIZES EXCELLENCE IN SOUTH AMERICA	1	4,689.CHECK	HECK	0.N/A	/A	N/A

SEE PART V FOR COLUMN (A) DESCRIPTIONS

Schedule F (Form 990) 2014

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PROJECT MANAGEMENT INSTITUTE EDUCATIONAL FOUNDATION

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Schedule F (Form 990)

Part Ill Continuation of Grants and	d Other Assistance to I	ndividuals Outs	ide the United S	Continuation of Grants and Other Assistance to Individuals Outside the United States. (Schedule F (Form 990), Part III)	( <u> </u>		
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
PMI ARABIAN GULF CHAPTER							
SCHOLARSHIP -THE PMI ARABIAN		_					
GULF CHAPTER IS HONORED TO	MIDDLE EAST AND						
SPONSOR THE FOLLOWING	NORTH AFRICA	1	6,000.	CHECK	0.	N/A	N/A
PMIEF ACADEMIC SCHOLARSHIP							
PROGRAM AT UNIVERSITY OF							
MANAGEMENT AND TECHNOLOGY -	MIDDLE EAST AND						
THE PMIRF IS OFFERING THE	NORTH AFRICA	2	0.	N/A	840.	ONLINE TRAINING	FMV
PROJECT MANAGEMENT ACADEMY							
PROFESSIONAL DEVELOPMENT							
SCHOLARSHIP PROGRAM- IN-KIND	SUB-SAHARAN						
SCHOLARSHIPS FOR TEACHERS AND	AFRICA	1	0.	N/A	1,895.	N/A	N/A
PMIEF ACADEMIC SCHOLARSHIP							
PROGRAM AT UNIVERSITY OF		_					
MANAGEMENT AND TECHNOLOGY -	CENTRAL AMERICA						
THE PMIEF IS OFFERING THE	AND THE CARIBBEAN	. 1	0	N/A	2,340.	2,340. ONLINE TRAINING	FMV
PMIEF ACADEMIC SCHOLARSHIP							
PROGRAM AT UNIVERSITY OF							
MANAGEMENT AND TECHNOLOGY -	SUB-SAHARAN						
THE PMIEF IS OFFERING THE	AFRICA	1	0.	N/A	2,340.	ONLINE TRAINING	FMV
PM FUNDAMENTALS ONLINE							
CERTIFICATE PROGRAM - ONLINE							
TRAINING AND CERTIFICATION						ONLINE TRAINING AND	
PROGRAMS	SOUTH AMERICA	1	0.	N/A	4,430.0	430. CERTIFICATE PROGRAMS	FMV
					ı		

23-2630701 Schedule F (Form 990) 2014 FOUNDATION Page 4 Part IV **Foreign Forms** 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, Return by a U.S. Transferor of Property to a Foreign Yes X No Corporation (see Instructions for Form 926) 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, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With Yes X No a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990) 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 Yes X No Certain Foreign Corporations (see Instructions for Form 5471) 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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund Yes X No (see Instructions for Form 8621) 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 Yes X No Foreign Partnerships (see Instructions for Form 8865) 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 Yes X No

Schedule F (Form 990) 2014

for Form 5713; do not file with Form 990)

<u>Schedule F (Form 990) 2014 FOUNDATION</u> 23-2630701 Page 5

## Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method), Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

#### PART I, LINE 2:

PMIEF USES THE SCHOLARSHIP GUIDELINES AS STATED ON SCHEDULE I, PART IV, SUPPLEMENTAL INFORMATION.

#### PART III, COLUMN (A):

REGION: SUB-SAHARAN AFRICA

(A) TYPE OF GRANT OR ASSISTANCE: PMI EDUCATIONAL FOUNDATION SCHOLARSHIP

- AN ACADEMIC SCHOLARSHIP FOR COLLEGE AND UNIVERSITY STUDENTS STUDYING

PROJECT MANAGEMENT OR A RELATED FIELD.

#### REGION: EAST ASIA AND THE PACIFIC

(A) TYPE OF GRANT OR ASSISTANCE: WOMEN IN PROJECT MANAGEMENT SCHOLARSHIP

FUND - OPEN TO ANY FEMALE PROJECT MANAGEMENT PRACTITIONERS FROM ANY

COUNTRY IN THE WORLD TO TAKE A PROJECT MANAGEMENT CONTINUING EDUCATION

COURSE.

## REGION: NORTH AMERICA

(A) TYPE OF GRANT OR ASSISTANCE: GAY SKINNER ACADEMIC MEMORIAL

SCHOLARSHIP - OPEN TO STUDENTS PURSUING GRADUATE OR UNDERGRADUATE DEGREES

IN PROJECT MANAGEMENT OR RELATED FIELDS OF STUDY FROM ACCREDITED,

DEGREE-GRANTING COLLEGES AND UNIVERSITIES WHO MEET CERTAIN CRITERIA.

#### REGION: NORTH AMERICA

(A) TYPE OF GRANT OR ASSISTANCE: THE PMIEF KENNETH HARTLEY PROJECT

LEADERSHIP DEVELOPMENT SCHOLARSHIP-ANY TRAINING COURSE OR UNIVERSITY

LEVEL COURSE RELATED TO PROJECT MANAGEMENT, BUT NOT FOR CERTIFICATION

EXAMINATION PREPARATION. FUNDS MAY BE AWARDED IN WHOLE OR IN PART TO ONE

Schedule F (Form 990) 2014 FOUNDATION

ATION 23-2630701

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

OR MORE INDIVIDUALS. APPLICANTS MUST SELECT A COURSE RELATED TO PROJECT

MANAGEMENT AND SPECIFY THAT COURSE ON THE SCHOLARSHIP APPLICATION FORM.

COURSES MAY BE EITHER CLASSROOM OR ON-LINE COURSES.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(A) TYPE OF GRANT OR ASSISTANCE: PROJECT MANAGEMENT ACADEMY ACADEMIC

SCHOLARSHIP PROGRAM-WERE CREATED TO PROVIDE STUDENTS, TEACHERS,

PROFESSIONALS, AND NON-PROFIT ORGANIZATIONS THE OPPORTUNITY TO DEVELOP

THEIR PROJECT MANAGEMENT PROWESS THROUGH CONTINUING EDUCATION.

REGION: NORTH AMERICA

(A) TYPE OF GRANT OR ASSISTANCE: PMI NOVA SCOTIA 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.

REGION: NORTH AMERICA

(A) TYPE OF GRANT OR ASSISTANCE: PMI NORTHERN ALBERTA CHAPTER MILESTONE

SCHOLARSHIP-APPLICANTS MUST SPECIFY A PROJECT MANAGEMENT COURSE THAT IS

EITHER STAND-ALONE OR AS PART OF A CERTIFICATE OR CERTIFICATION PROGRAM

WITH THE FOLLOWING ORDER OF PRIORITY: 1ST PRIORITY: MUST BE A MEMBER OF

THE PMI NORTHERN ALBERTA CHAPTER IN GOOD STANDING, 2ND PRIORITY: MUST

LIVE IN THE AREA THAT THE PMI NORTHERN ALBERTA CHAPTER SERVES

REGION: SOUTH AMERICA

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#### Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method), Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

(A) TYPE OF GRANT OR ASSISTANCE: KERZNER AWARD- TO RECOGNIZE A PROJECT MANAGER WHO MOST EMULATES THE PROFESSIONAL DEDICATION AND EXCELLENCE OF HAROLD KERZNER, PHD, MS, MBA.

REGION: SOUTH AMERICA

(A) TYPE OF GRANT OR ASSISTANCE: JAMES R. SNYDER INTERNATIONAL STUDENT PAPER OF THE YEAR AWARD - RESEARCH PAPER AWARD THAT RECOGNIZES EXCELLENCE IN STUDENT DEVELOPMENT OF ORIGINAL CONCEPTS IN PROJECT MANAGEMENT. PAPERS ARE SELECTED BASED UPON THE RESEARCH AND CREATIVE EFFORT THAT ARE BE

REGION: MIDDLE EAST AND NORTH AFRICA

(A) TYPE OF GRANT OR ASSISTANCE: PMI ARABIAN GULF CHAPTER SCHOLARSHIP -THE PMI ARABIAN GULF CHAPTER IS HONORED TO SPONSOR THE FOLLOWING SCHOLARSHIP TO HELP BUILD SUPPORT OF THE FUTURE WORKFORCE WITHIN THE ARABIAN GULF REGION

REGION: MIDDLE EAST AND NORTH AFRICA

(A) TYPE OF GRANT OR ASSISTANCE: PMIEF ACADEMIC SCHOLARSHIP PROGRAM AT UNIVERSITY OF MANAGEMENT AND TECHNOLOGY - THE PMIEF IS OFFERING THE FOLLOWING SCHOLARSHIPS DONATED BY THE UNIVERSITY OF MANAGEMENT AND TECHNOLOGY (UMT): FULL TUITION FOR ONE ONLINE WITH ONCE-A-YEAR RESIDENCE DOCTOR OF BUSINESS ADMINISTRATION DEGREE PROGRAM, FULL TUITION SCHOLARSHIP FOR ONE UMT ONLINE MASTERS DEGREE PROGRAM, AND PARTIAL TUITION SCHOLARSHIPS FOR UMT ONLINE UNDERGRAD AND GRAD DEGREE PROGRAMS.

REGION: SUB-SAHARAN AFRICA

Schedule F (Form 990) 2014 FOUNDATION

23-2630701 Page 5

## Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

(A) TYPE OF GRANT OR ASSISTANCE: PROJECT MANAGEMENT ACADEMY PROFESSIONAL

DEVELOPMENT SCHOLARSHIP PROGRAM— IN-KIND SCHOLARSHIPS FOR TEACHERS AND

STAFF OR NON-PROFIT ORGANIZATIONS. RECIPIENTS ARE GIVEN ACCESS TO PROJECT

MANAGEMENT ACADEMY CAPM VIRTUAL TRAINING COURSE OR PROJECT MANAGEMENT

ACADEMY PMP VIRTUAL TRAINING COURSE.

#### REGION: CENTRAL AMERICA AND THE CARIBBEAN

(A) TYPE OF GRANT OR ASSISTANCE: PMIEF ACADEMIC SCHOLARSHIP PROGRAM AT

UNIVERSITY OF MANAGEMENT AND TECHNOLOGY - THE PMIEF IS OFFERING THE

FOLLOWING SCHOLARSHIPS DONATED BY THE UNIVERSITY OF MANAGEMENT AND

TECHNOLOGY (UMT): FULL TUITION FOR ONE ONLINE WITH ONCE-A-YEAR RESIDENCE

DOCTOR OF BUSINESS ADMINISTRATION DEGREE PROGRAM, FULL TUITION

SCHOLARSHIP FOR ONE UMT ONLINE MASTERS DEGREE PROGRAM, AND PARTIAL

TUITION SCHOLARSHIPS FOR UMT ONLINE UNDERGRAD AND GRAD DEGREE PROGRAMS.

#### REGION: SUB-SAHARAN AFRICA

(A) TYPE OF GRANT OR ASSISTANCE: PMIEF ACADEMIC SCHOLARSHIP PROGRAM AT

UNIVERSITY OF MANAGEMENT AND TECHNOLOGY - THE PMIEF IS OFFERING THE

FOLLOWING SCHOLARSHIPS DONATED BY THE UNIVERSITY OF MANAGEMENT AND

TECHNOLOGY (UMT): FULL TUITION FOR ONE ONLINE WITH ONCE-A-YEAR RESIDENCE

DOCTOR OF BUSINESS ADMINISTRATION DEGREE PROGRAM, FULL TUITION

SCHOLARSHIP FOR ONE UMT ONLINE MASTERS DEGREE PROGRAM, AND PARTIAL

TUITION SCHOLARSHIPS FOR UMT ONLINE UNDERGRAD AND GRAD DEGREE PROGRAMS.

# **SCHEDULE G** (Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Department of the Treasury

► Attach to Form 990 or Form 990-EZ.

Open to Public

	about Schedule G (Form 990 or 990-EZ) T MANAGEMENT INSTIT					ntification number
FOUNDAT					23-2630	701
Part I Fundraising Activities required to complete this pa	3. Complete if the organization answert.	ered "Y	es" to	Form 990, Part IV, I	ne 17. Form 990-EZ	filers are not
1 Indicate whether the organization rai	sed funds through any of the follows	ng acti	vities.	Check all that apply		
a X Mail solicitations			-	overnment grants		
<b>b</b> X Internet and email solicitation			-	nment grants		
c Phone solicitations	<b>g</b> L Special	fundra	using	events		
d X In-person solicitations  2 a Did the organization have a written	or oral agreement with any individua	Linclu	dina o	fficers directors true	etaes or	
<u> </u>	Part VII) or entity in connection with p	•	-			☐ No
<b>b</b> If "Yes," list the ten highest paid inc				-		be
compensated at least \$5,000 by the	e organization					
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) funds have co or cor contrib	trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
PURSUANT KETCHUM - 5151 BELT	MULTI-CHANNEL SOLICITATION	Yes	No		<del></del>	
INE RD, SUITE 900, DALLAS,	ON BEHALF OF PMIEF		х	15,882.	30,478.	15,882.
	<del>                                     </del>	+-				
<u> </u>		<u> </u>				<u></u>
	<del> </del>	-				
						ı
		<u> </u>				
	<del> </del>	$\vdash$				
		l				
		<u> </u>				
				45.000		45.000
Total  3 List all states in which the organization	on is registered or licensed to solicit	contrib	utions	15,882.	30,478.	15,882.
or licensing.	on is registered of licensed to solicity	COITTIL	utions	or rias been notined	it is exempt from te	gistration
AL, AK, AZ, AR, CA, CO, CT,						
MT, NE, NV, NH, NJ, NM, NY,	NC, ND, OH, OK, OR, PA,	RI,	<u>sc,</u>	SD, TN, TX, U	T,VT,VA,WA	,WV,WI,WY
			<del></del>			

### PROJECT MANAGEMENT INSTITUTE EDUCATIONAL

Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and grants.	ne organization answere		t IV, line 18, or reported	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
e			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
SS	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment Other direct expenses				
ŀ		Direct expense summary. Add lines 4 throug	h 9 ın column (d)		<b></b>	
		Net income summary. Subtract line 10 from				
Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.						
		\$15,000 on Form 990-EZ, line oa.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
ě	ı					
	1	Gross revenue	<u> </u>	<u> </u>		
ses	2	Cash prizes			B	
Expenses	3	Noncash prizes	ļ			
Direct	4	Rent/facility costs				<u> </u>
	5	Other direct expenses				
		Volunteer labor	Yes % No	Yes% No	Yes %	
Ì	7	Direct expense summary. Add lines 2 throug	h 5 ın column (d)		•	
	Ω	Net gaming income summary. Subtract line 7	7 from line 1 column (d)		•	
9		ter the state(s) in which the organization cond				
		the organization licensed to conduct gaming a No," explain:		e states?		Yes No
		ere any of the organization's gaming licenses r Yes," explain:	•	- ·	year?	Yes No

### PROJECT MANAGEMENT INSTITUTE EDUCATIONAL

Sch	edule G (Form 990 or 990-EZ) 2014 FOUNDATION	23-2630	<u>701</u>	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	An outside facility	13b		
	Enter the name and address of the person who prepares the organization's gaming/special events books and recor			
	The man are the second and property of the second and the second a			
	Name ►			
	Address >			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
t	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amo	unt		
	of gaming revenue retained by the third party > \$			
•	If "Yes," enter name and address of the third party:			
	Name ►			
	Address			
16	Gaming manager information:			
	Name ▶	_		
	Gaming manager compensation ▶ \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
	birector/onicei Employee moependent contractor			
17	Mandatory distributions			
ē	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
t	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	ın the		
	organization's own exempt activities during the tax year ▶ \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v), and I	Part III, lines 9,	9b, 10	b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).			
<u>sc</u>	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRA	ISERS:		
				_
(I	) NAME OF FUNDRAISER: PURSUANT KETCHUM			
7-	The of tonoing beautiful to the original tonoing th			
<u>(</u> I	) ADDRESS OF FUNDRAISER: 5151 BELT LINE RD, SUITE 900, DAI	LAS, TX	. 7	5254_

432083 08-28-14

Schedule G (Form 990 or 990-EZ) 2014

•				INSTITUTE	EDUCATIONAL		
Schedule G	(Form 990 or 990-EZ)  Supplemental Infor	FOUNDAT:	LON			23-2630701	Page 4
PARTIV	Supplemental infor	mation (continu	uea)	<del></del>		<del></del>	
				<del></del>		<del></del> ·	
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	<del></del>			·			
			<del></del>				
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	<del></del>					<del></del>	
			·				
		<del>-</del>					
							_
		<u>.</u>					

SCHEDULE (Form 990)

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

OMB No 1545-0047	2014	Open to Public	Inspection

PROJECT MANAGEMENT INSTITUTE EDUCATIONAL

FOUNDATION

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number 23-2630701

2 X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 1 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 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States General Information on Grants and Assistance criteria used to award the grants or assistance? Part Part E

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	\$5,000. Part II can	be duplicated if additi	ional space is neec	Jed.			
1 (a) Name and address of organization	( <b>p)</b> EIN	(c) IRC section	(d) Amount of	(e) Amount of	(t) Method of	(g) Description of	(h) Purpose of grant
or government		ıf applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
							TO ENGAGE YOUTH IN A
LADIES OF VIRTUE						-	SERVICE LEARNING PROGRAM
1014 E. 47TH ST							THAT DELIVERS PROJECT
CHICAGO, IL 60653	80-0530610 501(C)(3)	501(C)(3)	6,900.	399.	N/A	GRANT	MANAGEMENT TRAINING TO
TEEN S TEAM PLUS, INC.							NOT-FOR-PROFIT
2868 ROYCE DRIVE							ORGANIZATION EMPLOYEE
RESCUE, CA 95672	45-4539142	501(C)(3)	13,000.	599.	N/A	GRANT	TRAINING SCHOLARSHIP
							TO ADOPT AND ADAPT
EDUCATION SERVICE CENTER REGION 10							"INTRODUCTION TO PROJECT
400 EAST SPRING VALLEY							MANAGMENT FOR EDUCATORS"
RICHARDSON, TX 75081	75-1249185	501(C)(3)	13,520.	0.	0.N/A		AN ONLINE COURSE THAT
			•	•			TO INTEGRATE PROJECT
DESTINATION IMAGINATION							MANAGEMENT INTO BOTH
1111 SOUTH UNION AVE							DESTINATION IMAGINATION'S

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table Q

TO DEVELOP AND TO PILOT A

WEB-BASED PROJECT

COMPETITION AND THE

A/N

c

99,790

22-2415564 | 501(C)(3)

TANAGEMENT MODULE SO THAT

THE ORGANIZATION CAN

₹\ |

0

122,000.

501(C)(3)

84-1267604

CO 80906

JUNIOR ACHIEVEMENT USA

ONE EDUCATION WAY COLORADO SPRINGS,

CHERRY HILL, NJ 08002

WORLD FEDERATION OF UNITED NATIONS ASSOCIATIONS - 1 UN PLAZA, ROOM

PO EMPOWER YOUTH IN INDIA

AND NEPAL TO BECOME

IMPLEMENT SOCIETAL CHANGE AGENTS WHO

0.N/A

195,000.

501(C)(3)

13-2705867

1177 - NEW YORK, NY 10017

SEE PART IV FOR COLUMN (H) DESCRIPTIONS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2014)

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# Schedule I (Form 990) FOUNDATION Schedule I (Form 990) FOUNDATION Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

Part II   Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Assistance to Go	vernments and Organ	nizations in the Ur	ited States (Sche	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	( <b>p)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARTNERSHIP FOR 21ST CENTURY SKILLS - 1 MASSACHUSETTS AVE NW, SUITE 700 - WASHINGTON, DC 20001	16-1621376	501(C)(3)	475,000.	0.0	0.N/A		TO CONVENE COMMUNITIES OF U.S. BUSINESS LEADERS, EDUCATORS, PARENTS AND STUDENTS TO DISCUSS, TO
INTERNATIONAL READING ASSOCIATION PO BOX 8139 NEWARK, DE 19714	36-2364659	501(c)(3)	0	. 866	ΛИ.З	ONLINE TRAINING SCHOLARSHIPS	NOT-FOR-PROFIT ORGANIZATION EMPLOYEE TRAINING SCHOLARSHIP
CATHOLIC CHARITIES FORT WORTH 249 WEST THORNHILL DR FORT WORTH, TX 76115	75-0808769	501(C)(3)	0	4,430.	PMV	IN KIND	NOT-FOR-PROFIT ORGANIZATION EMPLOYEE ITAINING SCHOLARSHIP
FORBES HOSPICE OF WEST PENN ALLEGHENY HEALTH SYSTEM, INC 4800 FRIENDSHIP AVE - PITTSBURGH, PA 15224	25-0969492	501(C)(3)	0.	4,430.	FMV	IN KIND	NOT-FOR-PROFIT ORGANIZATION EMPLOYEE TRAINING SCHOLARSHIP
CARROLL COUNTY YOUTH SERVICE BUREAU - 59 KATE WAGNER RD - WESTMINSTER, MD 21157	52-1043622	501(C)(3)	0	8,860,	ΛИЗ	IN KIND	NOT-FOR-PROFIT ORGANIZATION EMPLOYEE TRAINING SCHOLARSHIP
1 100 100	20-8438877	501(C)(3)	0	8,860.	PMV	IN KIND	NOT-FOR-PROFIT ORGANIZATION EMPLOYEE TRAINING SCHOLARSHIP
GIRL SCOUTS OF NORTHERN INDIANA-MICHIANA - 10008 DUPONT CIRCLE DRIVE - FORT WAYNE, IN 46825	35-0868091	501(C)(3)	0.	17,720.FMV	FMV	ONLINE TRAINING SCHOLARSHIPS	NOT-FOR-PROFIT ORGANIZATION EMPLOYEE TRAINING SCHOLARSHIP
UNITED WAY WORLDWIDE 701 N. FAIRFAX ST ALEXANDRIA, VA 22314	13-1635294	501(C)(3)	0.	26,580.	FWV	IN KIND	NOT-FOR-PROFIT ORGANIZATION EMPLOYEE TRAINING SCHOLARSHIP
BAYSIDE HIGH SCHOOL 3224 CORPORAL KENNEDY ST BAYSIDE, NY 11361		501(C)(3)	0.	37,695.	РИV	IN KIND	NOT-FOR-PROFIT ORGANIZATION EMPLOYEE TRAINING SCHOLARSHIP

Schedule I (Form 990)

23-2630701

(a) Name and address of c) IRC section organization or government if applicable cash grant assistance (book, FMV, appraisal, other)	( <b>b</b> ) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - DEPT OF CHEMICAL BIOLOGY & THERAPEUTICS, 262 DANNY THOMAS PLACE, MS 1000 - MEMPHIS,	62-0646012	501(C)(3)	0	44,300,FWV		IN KIND	NOT-FOR-PROFIT ORGANIZATION EMPLOYEE TRAINING SCHOLARSHIP
CHICAGO PUBLIC SCHOOLS - CTE STAFF 42 WEST MADISON CHICAGO, IL 60602	36-6005821	501(C)(3)	0	44,875.	VMA	IN KIND	NOT-FOR-PROPIT ORGANIZATION EMPLOYEE TRAINING SCHOLARSHIP
COUNCIL OF CHIEF STATE SCHOOL OFPICERS - ONE MASSACHUSETTS AVE, NW - STE 700 - WASHINGTON, DC 20001	53-0198090	501(C)(3)	0.	53,580.FMV		IN KIND	NOT-FOR-PROFIT ORGANIZATION EMPLOYEE TRAINING SCHOLARSHIP
							Schedule I (Form 990)

23-2630701

FOUNDATION Schedule I (Form 990) (2014)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Par =

(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of non-	(e) Method of valuation	(f) Description of non-cash assistance
	owned and	1000	כמסון מססוסומוורם	(acad, i m., application, office)	
BISHOP/KLOCH MEMORIAL SCHOLARSHIP - MUST BE A					
MEMBER OF THE PMI BALTIMORE CHAPTER. THE PROJECT					
MANAGEMENT INSTITUTE EDUCATIONAL FOUNDATION					
ACADEMIC SCHOLARSHIP PROGRAM IS DESIGNED TO	П	2,500.	0	N/A	4/ k
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	T	3,000.	0	X/A	«/ z
CLAYMAN C. MYERS, JR. MEMORIAL SCHOLARSHIP - THE					
SCHOLARSHIP IS OPEN TO ANY DC CHAPTER MEMBER					
PURSUING FOR-CREDIT EDUCATION IN PROJECT					
MANAGEMENT AT ONE OF THE POLLOWING INSTITUTIONS:	T	2,000.	0	N/A	<b>4</b> /2
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	4	30,000.	0	W/A	<b>4/2</b>
GEORGE PATTON MEMORIAL SCHOLARSHIP - THE					
SCHOLARSHIP WILL BE AWARDED TO INDIVIDUALS IN THE					
FOLLOWING ORDER OF PRIORITY: 1. MEMBERS OF THE PMI					
WASHINGTON DC CHAPTER, 2. INDIVIDUALS WHO ARE	3	1,596.	0.N/A		N/A

Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

LINE PART SCHOLARSHIP GUIDELINES

INTRODUCTION

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

432102 10-15-14

SEE PART IV FOR COLUMN (A) DESCRIPTIONS

Schedule I (Form 990) (2014)

EDUCATIONAL
INSTITUTE
MANAGEMENT
PROJECT

(f) Description of non-cash assistance CERTIFICATE PROGRAMS ONLINE TRAINING AND 23-2630701 YY **Y** ζ. Z/ (e) Method of valuation (book, FMV, appraisal, other) 0.N/A N/A N/N 4 430 FMV 0.N/A X X N/A Part 111 | Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.) (d) Amount of non-cash assistance ö 2,500. 000 3,000 (c) Amount of cash grant 7,000 1,000, 2 000 000 4,000 (b) Number of 24. ς. recipients EDUCATION, AND NETWORKING NEEDS OF ITS MEMBERS AND FUTURE. CANDIDATES MUST BE A MEMEBR OF THE KC PMI PMI EASTERN IOWA CHAPTER SCHOLARSHIP - APPLICANTS MUST BE A MEMBER OF THE PMI EASTERN IOWA CHAPTER. SCHOLARSHIP IS OPEN TO ANY STUDENT ENROLLED IN AN IN-KIND PROJECT MANAGEMENT TRAINING SCHOLARSHIPS AWARDED TO INDIVIDUALS IN THE FOLLOWING ORDER OF COMPETITIVE IN THE 21ST CENTURY WORKFORCE AND TO MANAGEMENT EXCELLENCE - THE SCHOLARSHIP WILL BE PMI ALASKA CHAPTER SCHOLARSHIP - THE PMI ALASKA PMI KANSAS CITY MID-AMERICA CHAPTER SCHOLARSHIP FOR TEACHERS AND NONPROFITS DONATED BY CHEETAH APPLICANTS MUST COMPLETE THE PMIEF APPLICATION CHAPTER OR A DIRECT FAMILY MEMBER OF A CHAPTER PMI CENTRAL FLORIDA CHAPTER SCHOLARSHIP - THE PMI INFORMATION SYSTEMS COMMUNITY OF PRACTICE OPPORTUNITIES FOR STUDENTS TO ACQUIRE PROJECT PMI FOUNDERS SCHOLARSHIP - TO CREATE A BETTER TO CREATE A BETTER PREPARED WORKFORCE FOR THE MANAGEMENT SKILLS THAT WILL HELP THEM BECOME FOUNDATION THE PROJECT MANAGEMENT INSTITUTE EDUCATIONAL PMI FUNDAMENTALS ONLINE CERTIFICATE PROGRAM ACCREDITED COLLEGE OR UNIVERSITY, PURSUING A JERRY KING MEMORIAL SCHOLARSHIP FOR PROJECT PMI CHAPTER MEMBERS, ACTIVE PROFESSIONALISM AND SERVE THE PROFESSIONAL CHAPTER AIMS TO PROMOTE PROJECT MANAGEMENT FOUNDATION ACADEMIC SCHOLARSHIP PROGRAM IS FOUNDATION ACADEMIC SCHOLARSHIP PROGRAM IS CONSIDERED ELIGIBLE FOR A SCHOLARSHIP, ALL PMI ATLANTA CHAPTER SCHOLARSHIP - PROVIDE PROJECT MANAGEMENT INSTITUTE EDUCATIONAL DESIGNED TO FINANCIALLY ASSIST QUALIFIED GLOBAL SCHOLARSHIP FUND - IN ORDER TO BE (a) Type of grant or assistance PREPARED WORKFORCE FOR THE FUTURE. Schedule I (Form 990) LEARNING,

EDUCATIONAL	
INSTITUTE	
MANAGEMENT	ION
PROJECT	FOUNDATI

Schedule I (Form 990) FOUNDATION	TONT TANK	INSTITUTE EDUC	EDOCALLONAL		23-2630701 Page 2
Part III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)	uals in the Unit	ed States (Schedule	I (Form 990), Part III	·	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
PMI ERIC JENETT MEMORIAL FELLOWS SCHOLARSHIP - THE					
SCHOLARSHIP IS OPEN TO ANY STUDENT ENROLLED IN AN					
ACCEMBLIED COLLEGE OR UNIVERSITY, PURSUING A	,				
PMI NEW YORK CITY (NYC) CHARRED SCHOLARGHID TO	1.	2,000.	0	N/A	N/A
CREATE A BETTER PREPARED WORKFORCE FOR THE FUTTIRE					
THE SCHOLARSHIP IS OPEN TO ANY NYC CHAPTER MEMBER					
OR IMMEDIATE PAMILY MEMBER PURSUING FOR-CREDIT	2.	2,000,	0	W/A	4. 2
PMI NORTH CAROLINA CHAPTER SCHOLARSHIP - THE					
PROJECT MANAGEMENT INSTITUTE EDUCATIONAL					
FOUNDATION ACADEMIC SCHOLARSHIP PROGRAM IS					
DESIGNED TO FINANCIALLY ASSIST QUALIFIED	1.	2,500.	0	<b>4</b> /2	4/N
PMI PHOENIX CHAPTER SCHOLARSHIP - APPLICANTS MUST					
BE A RESIDENT OF ARIZONA. THE PROJECT MANAGEMENT					
INSTITUTE EDUCATIONAL FOUNDATION ACADEMIC					
SCHOLARSHIP PROGRAM IS DESIGNED TO FINANCIALLY	<u>.</u>	1,000,	0	K/N	4/2
PMI SILVER SPRING CHAPTER SCHOLARSHIP - PMI SILVER					
SPRING CHAPTER (MARYLAND, USA) IS SPONSORING TWO					
US\$1,000 SCHOLARSHIPS ANNUALLY. IN ORDER TO BE					
CONSIDERED FOR THESE SCHOLARSHIPS, APPLICANTS MUST	2.	2,000.	0	N/A	*/Z
PMIEF ACADEMIC SCHOLARSHIP PROGRAM AT UMT - THE					
PMIEF IS OFFERING THE FOLLOWING SCHOLARSHIPS					
DONATED BY THE UNIVERSITY OF MANAGEMENT AND					ONLINE UNDERGRADUATE OR
TECHNOLOGY (UNT): FULL TUITION FOR ONE ONLINE WITH	6.	0.	10,800	FMV	GRADUATE DEGREE PROGRAM
RAY PIPER GLOBAL PROJECT MANAGEMENT SCHOLARSHIP -					
OPEN TO ANY STUDENT ENROLLED IN OR APPLYING FOR AN					
ACCREDITED UNDERGRADUATE ACADEMIC DEGREE PROGRAM					
IN PROJECT MANAGEMENT OR A RELATED FIELD OF STUDY	i	1,000	0	<b>4</b> /N	₹/ h
THE DWARKA R. IYENGAR PMI DALLAS CHAPTER AREA					
SCHOLARSHIP - IN ORDER TO BE CONSIDERED ELIGIBLE					
FOR A SCHOLARSHIP, APPLICANTS MUST BE ENROLLED IN					
OR APPLYING TO A PROJECT MANAGEMENT DEGREE PROGRAM	1.	2,500.	0	N/A	<b>4</b> /2
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	1.	3,000.	0.N/A		N/A

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PROJECT MANAGEMENT INSTITUTE EDUCATIONAL FOUNDATION

Schedule I (Form 990)

Fart it Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)	als in the Unite	d States (Schedule	I (Form 990), Part III	(-	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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.	1.	2,500.	0	N/A	N/A
THE MATTHEW H. PARRY MEMORIAL SCHOLARSHIP - A					
SCHOLARSHIP WAS FIRST AWARDED DURING THE ACADEMIC					
YEAR 2001-2002, THE MATTHEW H. PARRY MEMORIAL					
SCHOLARSHIP IS OPEN TO ANY UNDERGRADUATE STUDENT	1.	2,000.	0	N/A	N/A
THE RANZY GAMMAL MEMORIAL SCHOLARSHIP - THIS					
MEMORIAL SCHOLARSHIP WILL BE SPONSORED EACH YEAR			•		
IN THE AMOUNT OF US\$2,500. IN ORDER TO BE					
CONSIDERED FOR THE SCHOLARSHIP, APPLICANTS MUST BE	1.	2,500.	0	A/A	N/A
ROBERT J. YOURZAK SCHOLARSHIP - TO CREATE A BETTER					
PREPARED WORKFORCE FOR THE FUTURE. THE ROBERT J.					
YOURZAR SCHOLARSHIP AWARD IS OPEN TO ANY STUDENT					
ENROLLED IN A DEGREE-GRANTING PROGRAM OF HIGHER	1.	2,000.	0	N/A	N/A
PMI GREAT LAKES CHAPTER SCHOLARSHIP - THIS					
SCHOLARSHIP WILL BE GRANTED FOR WORK TOWARD A					
CERTIFICATE, MINOR, BACHELOR, MASTERS, OR DOCTORAL					
DEGREE IN PROJECT MANAGEMENT OR A RELATED FIELD	1.	2,000.	N. 0	N/A	N/A
PMI SOUTHERN NEW ENGLAND CHAPTER MILESTONE					
PROFESSIONAL DEVELOPMENT SCHOLARSHIP - THE PROJECT			,		
MANAGEMENT INSTITUTE HAS DONATED PMI CHAPTER					
MILESTONE PROFESSIONAL DEVELOPMENT SCHOLARSHIPS TO	1.	420.	N. 0	N/A	N/A
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	1.	1,745.	.0	N/A	N/A
PMI METROPOLITAN ST. LOUIS CHAPTER SCHOLARSHIP -					
THIS SCHOLARSHIP WILL BE GRANTED FOR WORK TOWARD A					
CERTIFICATE, MINOR, BACHELOR, MASTERS, OR DOCTORAL					
IN PROJECT MANAGEMENT OR A RELATED FIELD	1	1,250.	<u> </u>	N/A	A/A
PMI NORTHEAST OHIO CHAPTER SCHOLARSHIP-APPLICANTS					
MUST BE ENROLLED IN OR APPLYING TO AN ACCREDITED		•			
COLLEGE OR UNIVERSITY IN AN UNDERGRADUATE PROGRAM					
IN A RELATED FIELD BENEFITING PROM PROJECT	1.	2,000.	N. 0	N/A	N/A
					Schedule I (Form 990)

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PROJECT MANAGEMENT INSTITUTE EDUCATIONAL

FOUNDATION

(f) Description of non-cash assistance <u>۲</u> ₹ (e) Method of valuation (book, FMV, appraisal, other) K/N ۸ ۲ N/A **₹**/N Part III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.) (d) Amount of non-cash assistance 000 1,000 4 500 2,000 2,434. 2,500. 2,475 2,000 2,000 (c) Amount of cash grant (b) Number of recipients ď ς. α. ď UNIVERSITY, 2.AN INDIVIDUAL ATTENDING OR PLANNING SCHOLARSHIP FUND-APPLICANTS MUST BE ENROLLED IN OR BY THE PMI EDUCATIONAL FOUNDATION (PMIEF). PMIEF, APPLYING FOR AN ACADEMIC DEGREE PROGRAM IN PROJECT ATTEND ANY TWO OR FOUR YEAR ACCREDITED COLLEGE OR THE PORTLAND METRO AREA ATTENDING OR PLANNING TO SCHOLARSHIP-1ST PRIORITY: A MEMBER OF THE PMI SAN UNDERGRADUATE IN A BUSINESS DEGREE PROGRAM, OR AN BACHELOR'S, MASTER'S, OR DOCTORAL DEGREE PROGRAM. LIVING IN THE PMI COASTAL BEND CHAPTER AREA (HOME ZIP CODE RANGE: 78330 THROUGH 78599) ATTENDING OR PROFESSIONAL DEVELOPMENT SCHOLARSHIP ADMINISTERED PMI ATLANTA CHAPTER MILESTONE SCHOLARSHIP- IS A PMI PORTLAND CHAPTER SCHOLARSHIP-1, A RESIDENT OF MUST BE ENROLLED IN OR APPLYING TO AN ACCREDITED PMI TULSA CHAPTER SCHOLARSHIP-APPLICANTS MUST BE SCHOLARSHIPS TO CHAPTERS THAT HAVE REACHED THEIR SCHOLARSHIP-THE PROJECT MANAGEMENT INSTITUTE HAS PMI TAMPA BAY CHAPTER EDUCATION FUND-APPLICANTS PMI COASTAL BEND CHAPTER SCHOLARSHIP-APPLICANTS FOR THE ASSOCIATE'S DEGREE PROGRAM, APPLICANTS DEVELOPMENT SCHOLARSHIPS TO CHAPTERS THAT HAVE PMI SAN DIEGO CHAPTER PROFESSIONAL DEVELOPMENT PLANNING TO ATTEND A COURSE PROVIDED BY A PMI THE PMI COLUMBIA RIVER BASIN CHAPTER ACADEMIC MANAGEMENT OR A RELATED FIELD BENEFITING FROM A CHARITABLE NONPROFIT ORGANIZATION, SUPPORTS MUST BE AN UNDERGRADUATE OR GRADUATE STUDENT PMI DALLAS CHAPTER MILESTONE SCHOLARSHIP-THE PROJECT MANAGEMENT INSTITUTE HAS DONATED PMI DIEGO CHAPTER OR AN IMMEDIATE FAMILY MEMBER ENROLLED IN OR APPLYING FOR AN ASSOCIATE'S CHAPTER MILESTONE PROFESSIONAL DEVELOPMENT DONATED PMI CHAPTER MILESTONE PROFESSIONAL UNDERGRADUATE PROGRAM IN A RELATED FIELD PMI DELAWARE VALLEY CHAPTER MILESTONE (a) Type of grant or assistance Schedule I (Form 990)

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PROJECT MANAGEMENT INSTITUTE EDUCATIONAL FOUNDATION

-57	ates (Schedule I (Form 990), Part III.)
FOUNDALTON	nts and Other Assistance to Individuals in the United St
Schedule I (Form 990)	Part III   Continuation of Gran

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
PMI GREAT LAKES CHAPTER MILESTONE SCHOLARSHIP-THE					
PROJECT MANAGEMENT INSTITUTE HAS DONATED PMI					
CHAPTER MILESTONE PROFESSIONAL DEVELOPMENT					
SCHOLARSHIPS TO CHAPTERS THAT HAVE REACHED THEIR	1.	599.	0	0.N/A	N/A
PMI MINNESOTA CHAPTER MILESTONE SCHOLARSHIP-THE					
PROJECT MANAGEMENT INSTITUTE HAS DONATED PMI					
CHAPTER MILESTONE PROFESSIONAL DEVELOPMENT					
SCHOLARSHIPS TO CHAPTERS THAT HAVE REACHED THEIR	1.	2,500.	0	A/N.0	N/A
PMI PUGET SOUND CHAPTER MILESTONE SCHOLARSHIP-THE					
PROJECT MANAGEMENT INSTITUTE HAS DONATED PMI					
CHAPTER MILESTONE PROFESSIONAL DEVELOPMENT					
SCHOLARSHIPS TO CHAPTERS THAT HAVE REACHED THEIR	1.	2,500.	0.	N/A	N/A
PROJECT MANAGEMENT ACADEMY ACADEMIC SCHOLARSHIP					
PROGRAM-WERE CREATED TO PROVIDE STUDENTS,					
TEACHERS, PROFESSIONALS, AND NON-PROFIT					
ORGANIZATIONS THE OPPORTUNITY TO DEVELOP THEIR	H	3,500,	0	<b>4/</b> 2	4/k
DEVELOPMENT SCHOLARSHIP PROGRAM- IN-KIND					
SCHOLARSHIPS FOR TEACHERS AND STAFF OR NON-PROFIT					ONLINE TRAINING AND
ORGANIZATIONS, RECIPIENTS ARE GIVEN ACCESS TO	4.	0.	7,580.	N/A	CERTIFICATION
PROJECT MANAGEMENT ESSENTIALS-IN-KIND PROJECT					
MANAGEMENT TRAINING SCHOLARSHIPS FOR TEACHERS,					
SCHOOL ADMINISTRATORS, AND NONPROFITS DONATED BY					ONLINE TRAINING AND
CADENCE MANAGEMENT CORPORATION	2.	0.	3,590.	N/A	CERTIFICATION
WAYNE K. LATHAM PROJECT MANAGEMENT SCHOLARSHIP -					
MUST BE A STUDENT OF PROJECT MANAGEMENT IN THE	,				
DALLAS/FORT WORTH AREA. THE PROJECT MANAGEMENT					
INSTITUTE EDUCATIONAL FOUNDATION ACADEMIC	1.	2,500.	0.	N/A	N/A
			_		

PROJECT MANAGEMENT INSTITUTE EDUCATIONAL 23-2630701 Page 2 FOUNDATION Schedule I (Form 990) Part IV Supplemental Information 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

### PROJECT MANAGEMENT INSTITUTE EDUCATIONAL

FOUNDATION 23-2630701 Page 2 Schedule I (Form 990) Part IV Supplemental Information 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 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. 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 DESCRIPTIONS OF ALL SCHOLARSHIPS WILL BE PUBLISHED ON THE PMI EDUCATIONAL FOUNDATION WEBSITE. 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 PUBLICATIONS AS APPROPRIATE. PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: LADIES OF VIRTUE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ENGAGE YOUTH IN A SERVICE

LEARNING PROGRAM THAT DELIVERS PROJECT MANAGEMENT TRAINING TO DEVELOP

YOUNG PEOPLE'S LEADERSHIP SKILLS WITH SPECIAL ATTENTION PAID TO THE 2014

LOV CARES THEME, HEALTHY LIFESTYLE.

NAME OF ORGANIZATION OR GOVERNMENT: EDUCATION SERVICE CENTER REGION 10

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ADOPT AND ADAPT "INTRODUCTION TO

PROJECT MANAGMENT FOR EDUCATORS", AN ONLINE COURSE THAT PMIEF DEVELOPED

IN PARTNERSHIP WITH BOISE STATE UNIVERSITY TO SUPPORT SECONDARY SCHOOL

TEACHERS' INSTRUCTION THROUGH THEIR ACQUISITION OF PROJECT MANAGEMENT

KNOWLEDGE TO 1)STRENGTHEN THEIR PEDAGOGY AND 2) IMPROVE STUDENT LEARNING
OUTCOMES.

NAME OF ORGANIZATION OR GOVERNMENT: DESTINATION IMAGINATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO INTEGRATE PROJECT MANAGEMENT INTO

BOTH DESTINATION IMAGINATION'S COMPETITION AND THE CONRAD SPIRIT OF

INNOVATION CHALLENGE SO THAT SECONDARY SCHOOL STUDENTS, TEACHERS AND

VOLUNTEERS ACQUIRE AND STRENGTHEN SKILLS THAT CAN BE APPLIED TO THESE

COMPETITIONS, EDUCATIONAL AND OCCUPATIONAL PURSUITS, AND EVERYDAY LIFE.

TO INTEGRATE PROJECT MANAGEMENT INTO BOTH DESTINATION IMAGINATION'S

COMPETITION AND THE CONRAD SPIRIT OF INNOVATION CHALLENGE SO THAT

SECONDARY SCHOOL STUDENTS, TEACHERS AND VOLUNTEERS ACQUIRE AND STRENGTHEN

SKILLS THAT CAN BE APPLIED TO THESE COMPETITIONS, EDUCATIONAL AND

OCCUPATIONAL PURSUITS, AND EVERYDAY LIFE. TO INTEGRATE PROJECT MANAGEMENT

INTO BOTH DESTINATION IMAGINATION'S COMPETITION AND THE CONRAD SPIRIT OF

INNOVATION CHALLENGE SO THAT SECONDARY STUDENTS, TEACHERS, AND VOLUNTEERS

ACQUIRE AND STRENGTHEN SKILLS THAT CAN BE APPLIED TO THESE COMPETITIONS,

EDUCATIONAL AND OCCUPATIONAL PURSUITS, AND EVERYDAY LIFE.

NAME OF ORGANIZATION OR GOVERNMENT: JUNIOR ACHIEVEMENT USA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DEVELOP AND TO PILOT A WEB-BASED

PROJECT MANAGEMENT MODULE SO THAT THE ORGANIZATION CAN INTEGRATE PROJECT

MANAGEMENT INTO ITS SIGNATURE INITIATIVE, THE JA COMPANY PROGRAM, AND A

MYRIAD OF OTHER JA USA PROGRAMS.

NAME OF ORGANIZATION OR GOVERNMENT:

WORLD FEDERATION OF UNITED NATIONS ASSOCIATIONS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EMPOWER YOUTH IN INDIA AND NEPAL

TO BECOME CHANGE AGENTS WHO IMPLEMENT SOCIETAL PROJECTS THAT ADDRESS

LOCAL AND GLOBAL CHALLENGES.

NAME OF ORGANIZATION OR GOVERNMENT: PARTNERSHIP FOR 21ST CENTURY SKILLS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONVENE COMMUNITIES OF U.S.

BUSINESS LEADERS, EDUCATORS, PARENTS AND STUDENTS TO DISCUSS, TO

STRATEGIZE AND TO IMPLEMENT STAKEHOLDER PLANS THAT INTEGRATE PROJECT

MANAGEMENT INTO CURRICULA TO GRADUATE COLLEGE- AND CAREER-READY YOUNG

PEOPLE

PART III, COLUMN (A):

(A) TYPE OF GRANT OR ASSISTANCE: BISHOP/KLOCH MEMORIAL SCHOLARSHIP MUST BE A MEMBER OF THE PMI BALTIMORE 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.

- (A) TYPE OF GRANT OR ASSISTANCE: 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.
- (A) TYPE OF GRANT OR ASSISTANCE: CLAYMAN C. MYERS, JR. MEMORIAL SCHOLARSHIP - THE SCHOLARSHIP IS OPEN TO ANY DC CHAPTER MEMBER PURSUING FOR-CREDIT EDUCATION IN PROJECT MANAGEMENT AT ONE OF THE FOLLOWING INSTITUTIONS: UNIVERSITY OF MARYLAND, UNIVERSITY OF VIRGINIA, VIRGINIA TECH., THE GEORGE WASHINGTON UNIVERSITY, AMERICAN UNIVERSITY, OR GEORGE MASON UNIVERSITY.
- (A) TYPE OF GRANT OR 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.
- (A) TYPE OF GRANT OR ASSISTANCE: GEORGE PATTON MEMORIAL SCHOLARSHIP -THE SCHOLARSHIP WILL BE AWARDED TO INDIVIDUALS IN THE FOLLOWING ORDER OF PRIORITY: 1. MEMBERS OF THE PMI WASHINGTON DC CHAPTER. 2. INDIVIDUALS WHO ARE PROJECT MANAGERS, PMI MEMBERS, LIVING OR WORKING WITHIN THE GREATER WASHINGTON, DC AREA INCLUDING SPECIFIC COUNTIES IN THE DISTRICT OF COLUMBIA, MARYLAND, AND VIRGINIA.
- (A) TYPE OF GRANT OR ASSISTANCE: JERRY KING MEMORIAL SCHOLARSHIP FOR PROJECT MANAGEMENT EXCELLENCE - THE SCHOLARSHIP WILL BE AWARDED TO INDIVIDUALS IN THE FOLLOWING ORDER OF PRIORITY - 1. PMI CHAPTER MEMBERS,

ACTIVE VOLUNTEERS, OR FAMILY MEMBERS OF A MEMBER OR VOLUNTEER WITHIN THE

PMI REGION 7 GEOGRAPHY. 2. CERTIFIED TEACHERS, SCHOOL ADMINISTRATORS,

NON-PROFIT STAFF, OR PROJECT MANAGERS WHO ARE UNEMPLOYED OR EMPLOYED LESS

THAT 40 HOURS PER WEEK WITHIN THE PMI REGION 7 GEOGRAPHY. 3. INDIVIDUALS

PLANNING TO ENROLL OR CURRENTLY ENROLLED IN A PMI REP OFFERED

CERTIFICATEOR PROJECT MANAGEMENT TRAINING PROGRAM OR OTHER

PMI-CERTIFICATION OR RE-CERTIFICATION TRAINING PROGRAM.

- (A) TYPE OF GRANT OR ASSISTANCE: PMI ALASKA CHAPTER SCHOLARSHIP THE

  PMI ALASKA CHAPTER AIMS TO PROMOTE PROJECT MANAGEMENT PROFESSIONALISM AND

  SERVE THE PROFESSIONAL, EDUCATION, AND NETWORKING NEEDS OF ITS MEMBERS

  AND THE RESIDENTS OF ALASKA INTERESTED IN PROJECT MANAGEMENT. BEGINNING

  IN 2012, ANNUAL SCHOLARSHIP(S) WILL BE AWARDED IN THE MINIMUM AMOUNT OF

  US\$2,500 BUT MAY BE MORE DEPENDING ON THE INTEREST EARNED ON THE ENDOWED

  FUND THROUGHOUT THE YEAR. ELIGIBLE APPLICANTS MUST BE ENROLLED IN OR

  APPLYING FOR AN ACCREDITED UNDERGRADUATE, GRADUATE OR DOCTORAL ACADEMIC

  DEGREE PROGRAM IN PROJECT MANAGEMENT OR A RELATED FIELD BENEFITTING FROM

  PROJECT MANAGEMENT WITH THE FOLLOWING ORDER OF PRIORITY: 1ST PRIORITY: A

  MEMBER OF THE PMI ALASKA CHAPTER WHO IS A RESIDENT OF ALASKA ATTENDING OR

  PLANNING TO ATTEND AN ACCREDITED COLLEGE OR UNIVERSITY PROGRAM ANYWHERE.

  2ND PRIORITY: ANY INDIVIDUAL RESIDING IN ALASKA WHO IS ATTENDING OR
- (A) TYPE OF GRANT OR ASSISTANCE: PMI CENTRAL FLORIDA 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.

- (A) TYPE OF GRANT OR ASSISTANCE: PMI ATLANTA CHAPTER SCHOLARSHIP 
  PROVIDE OPPORTUNITIES FOR STUDENTS TO ACQUIRE PROJECT MANAGEMENT SKILLS

  THAT WILL HELP THEM BECOME COMPETITIVE IN THE 21ST CENTURY WORKFORCE AND

  TO GIVE BACK TO THE COMMUNITY BY INCREASING THE QUANTITY OF CAPABLE

  PROJECT MANAGEMENT PRACTITIONERS IN THE ATLANTA METRO AREA.
- (A) TYPE OF GRANT OR ASSISTANCE: PMI EASTERN IOWA CHAPTER 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.
- (A) TYPE OF GRANT OR ASSISTANCE: PMI FOUNDERS SCHOLARSHIP TO CREATE A

  BETTER PREPARED WORKFORCE FOR THE FUTURE. THE 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.
- (A) TYPE OF GRANT OR ASSISTANCE: PMI INFORMATION SYSTEMS COMMUNITY OF

  PRACTICE GLOBAL SCHOLARSHIP FUND IN ORDER TO BE CONSIDERED ELIGIBLE FOR

  A SCHOLARSHIP, ALL APPLICANTS MUST COMPLETE THE PMIEF APPLICATION PROCESS

  AND ADHERE TO ITS REQUIREMENTS. THE SCHOLARSHIP WILL BE AWARDED IN THE

  FOLLOWING ORDER OF PRIORITY: 1ST PRIORITY: TO A PMI MEMBER ATTENDING OR

  PLANNING TO ATTEND ANY ACCREDITED ACADEMIC UNDERGRADUATE OR GRADUATE

DEGREE PROGRAM IN INFORMATION SYSTEMS, INFORMATION TECHNOLOGY OR PROJECT
MANAGEMENT. 2ND PRIORITY: TO ANYONE ATTENDING OR PLANNING TO ATTEND
ANY ACCREDITED ACADEMIC UNDERGRADUATE OR GRADUATE DEGREE PROGRAM IN
INFORMATION SYSTEMS, INFORMATION TECHNOLOGY, OR PROJECT MANAGEMENT. 3RD
PRIORITY: TO ANYONE ATTENDING OR PLANNING TO ATTEND ANY ACCREDITED
ACADEMIC UNDERGRADUATE OR GRADUATE DEGREE PROGRAM IN A RELATED FIELD
BENEFITTING FROM PROJECT MANAGEMENT.

- (A) TYPE OF GRANT OR ASSISTANCE: 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 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.
- (A) TYPE OF GRANT OR ASSISTANCE: PMI ERIC JENETT MEMORIAL FELLOWS

  SCHOLARSHIP THE SCHOLARSHIP IS OPEN TO ANY STUDENT ENROLLED IN AN

  ACCREDITED COLLEGE OR UNIVERSITY, PURSUING A MASTERS DEGREE IN PROJECT

  MANAGEMENT OR A PROJECT MANAGEMENT RELATED FIELD.
- (A) TYPE OF GRANT OR ASSISTANCE: PMI NEW YORK CITY (NYC) CHAPTER

  SCHOLARSHIP TO CREATE A BETTER PREPARED WORKFORCE FOR THE FUTURE. THE

  SCHOLARSHIP IS OPEN TO ANY NYC CHAPTER MEMBER OR IMMEDIATE FAMILY MEMBER

  PURSUING FOR-CREDIT EDUCATION IN PROJECT MANAGEMENT OR A FIELD THAT

  BENEFITS FROM PROJECT MANAGEMENT IN THE METRO NYC AREA.
- (A) TYPE OF GRANT OR ASSISTANCE: PMI NORTH CAROLINA 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.
- (A) TYPE OF GRANT OR ASSISTANCE: PMI PHOENIX CHAPTER SCHOLARSHIP —

  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.
- (A) TYPE OF GRANT OR ASSISTANCE: PMI SILVER SPRING CHAPTER SCHOLARSHIP PMI SILVER SPRING CHAPTER (MARYLAND, USA) IS SPONSORING TWO US\$1,000

  SCHOLARSHIPS ANNUALLY. IN ORDER TO BE CONSIDERED FOR THESE SCHOLARSHIPS,
  APPLICANTS MUST BE ENROLLED IN OR APPLYING FOR AN ACCREDITED ACADEMIC

  DEGREE PROGRAM IN PROJECT MANAGEMENT OR A RELATED FIELD BENEFITTING FROM
  PROJECT MANAGEMENT.
- (A) TYPE OF GRANT OR ASSISTANCE: PMIEF ACADEMIC SCHOLARSHIP PROGRAM AT

  UMT THE PMIEF IS OFFERING THE FOLLOWING SCHOLARSHIPS DONATED BY THE

  UNIVERSITY OF MANAGEMENT AND TECHNOLOGY (UMT): FULL TUITION FOR ONE

  ONLINE WITH ONCE-A-YEAR RESIDENCE DOCTOR OF BUSINESS ADMINISTRATION

  DEGREE PROGRAM, FULL TUITION SCHOLARSHIP FOR ONE UMT ONLINE MASTERS

  DEGREE PROGRAM, AND PARTIAL TUITION SCHOLARSHIPS FOR UMT ONLINE UNDERGRAD

  AND GRAD DEGREE PROGRAMS.

- (A) TYPE OF GRANT OR ASSISTANCE: RAY PIPER GLOBAL PROJECT MANAGEMENT

  SCHOLARSHIP OPEN TO ANY STUDENT ENROLLED IN OR APPLYING FOR AN

  ACCREDITED UNDERGRADUATE ACADEMIC DEGREE PROGRAM IN PROJECT MANAGEMENT OR

  A RELATED FIELD OF STUDY AT ANY COLLEGE OR UNIVERSITY ANYWHERE IN THE

  WORLD.
- (A) TYPE OF GRANT OR ASSISTANCE: THE DWARKA R. IYENGAR PMI DALLAS

  CHAPTER AREA SCHOLARSHIP IN ORDER TO BE CONSIDERED ELIGIBLE FOR A

  SCHOLARSHIP, APPLICANTS MUST BE ENROLLED IN OR APPLYING TO A PROJECT

  MANAGEMENT DEGREE PROGRAM OR A RELATED FIELD BENEFITTING FROM PROJECT

  MANAGEMENT WITH THE FOLLOWING ORDER OF PRIORITY: 1ST PRIORITY: A STUDENT

  ATTENDING OR PLANNING TO ATTEND AN ACCREDITED DEGREE PROGRAM THAT LIVES

  AND GOES TO SCHOOL IN THE PMI DALLAS CHAPTER AREA (HOME AND SCHOOL ZIP

  CODE FALLS WITHIN ZIP CODE RANGE: 75000 75900). 2ND PRIORITY: A

  STUDENT LIVING IN THE DALLAS CHAPTER AREA (HOME ZIP CODE RANGE 75000 
  75900) ATTENDING OR PLANNING TO ATTEND AN ACCREDITED DEGREE PROGRAM

  WITHIN THE DALLAS/FORT WORTH AREA. 3RD PRIORITY: A STUDENT LIVING IN THE

  DALLAS CHAPTER AREA (HOME ZIP CODE RANGE 75000 75900) ATTENDING OR

  PLANNING TO ATTEND ANY ACCREDITED DEGREE PROGRAM.
- (A) TYPE OF GRANT OR ASSISTANCE: 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 AND/OR PROJECT MANAGEMENT.
- (A) TYPE OF GRANT OR ASSISTANCE: THE MATTHEW H. PARRY MEMORIAL

SCHOLARSHIP - A SCHOLARSHIP WAS FIRST AWARDED DURING THE ACADEMIC YEAR

2001-2002. THE MATTHEW H. PARRY MEMORIAL 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. THE SCHOLARSHIP WILL BE AWARDED IN THE AMOUNT OF US\$2,000.

- (A) TYPE OF GRANT OR ASSISTANCE: THE RANZY GAMMAL MEMORIAL SCHOLARSHIP THIS MEMORIAL SCHOLARSHIP WILL BE SPONSORED EACH YEAR IN THE AMOUNT OF

  US\$2,500. IN ORDER TO BE CONSIDERED FOR THE SCHOLARSHIP, APPLICANTS MUST

  BE ENROLLED IN OR APPLYING FOR AN ACCREDITED UNDERGRADUATE OR GRADUATE

  DEGREE PROGRAM IN PROJECT MANAGEMENT, AND/OR A FIELD THAT BENEFITS FROM

  PROJECT MANAGEMENT (I.E., ARCHITECTURE, SCIENCE/ENGINEERING, HOTEL

  MANAGEMENT, INFORMATION TECHNOLOGY, PHARMACEUTICAL, BUSINESS

  ADMINISTRATION, CONSTRUCTION, HUMAN RESOURCES, EDUCATIONAL

  ADMINISTRATION, ETC.), WITH PRIORITY BASED ON RESIDENCE.
- (A) TYPE OF GRANT OR ASSISTANCE: ROBERT J. YOURZAK SCHOLARSHIP TO

  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.
- (A) TYPE OF GRANT OR ASSISTANCE: PMI GREAT LAKES CHAPTER SCHOLARSHIP —
  THIS SCHOLARSHIP WILL BE GRANTED FOR WORK TOWARD A CERTIFICATE, MINOR,
  BACHELOR, MASTERS, OR DOCTORAL DEGREE IN PROJECT MANAGEMENT OR A RELATED
  FIELD BENEFITING FROM PROJECT MANAGEMENT, WITH THE FOLLOWING ORDER OF
  PRIORITY: (1) A MEMBER OF THE PMI GREAT LAKES CHAPTER OR AN IMMEDIATE
  FAMILY MEMBER (INCLUDING SPOUSE, CHILDREN, STEPCHILDREN AND GRANDCHILDREN

BUT NOT COUSINS, AUNTS OR UNCLES) ATTENDING OR PLANNING TO ATTEND AN

ACCREDITED COLLEGE OR UNIVERSITY IN MICHIGAN; (2)A MEMBER OF THE PMI

GREAT LAKES CHAPTER OR AN IMMEDIATE FAMILY MEMBER (INCLUDING SPOUSE,

CHILDREN, STEPCHILDREN AND GRANDCHILDREN BUT NOT COUSINS, AUNTS OR

UNCLES) ATTENDING OR PLANNING TO ATTEND ANY ACCREDITED COLLEGE OR

UNIVERSITY; (3) AN INDIVIDUAL LIVING IN THE PMI GREAT LAKES CHAPTER AREA

ATTENDING OR PLANNING TO ATTEND AN ACCREDITED COLLEGE OR UNIVERSITY IN

MICHIGAN.

- (A) TYPE OF GRANT OR ASSISTANCE: PMI SOUTHERN NEW ENGLAND CHAPTER

  MILESTONE PROFESSIONAL DEVELOPMENT SCHOLARSHIP THE PROJECT MANAGEMENT

  INSTITUTE HAS DONATED PMI CHAPTER MILESTONE PROFESSIONAL DEVELOPMENT

  SCHOLARSHIPS TO CHAPTERS THAT HAVE REACHED THEIR 30-YEAR AND 35-YEAR

  MILESTONES. 1ST PRIORITY: MUST BE A MEMBER OF THE SPECIFIC PMI CHAPTER

  IN GOOD STANDING; 2ND PRIORITY: MUST LIVE IN THE AREA THAT THE SPECIFIC

  PMI CHAPTER SERVES.
- (A) TYPE OF GRANT OR ASSISTANCE: 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 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 FORMER DPC SIG AND APPROVED BY THE
  PMI EDUCATIONAL FOUNDATION.
- (A) TYPE OF GRANT OR ASSISTANCE: PMI METROPOLITAN ST. LOUIS CHAPTER
  SCHOLARSHIP THIS SCHOLARSHIP WILL BE GRANTED FOR WORK TOWARD A

CERTIFICATE, MINOR, BACHELOR, MASTERS, OR DOCTORAL IN PROJECT MANAGEMENT
OR A RELATED FIELD BENEFITING FROM PROJECT MANAGEMENT.

- (A) TYPE OF GRANT OR ASSISTANCE: PMI NORTHEAST OHIO CHAPTER

  SCHOLARSHIP-APPLICANTS MUST BE ENROLLED IN OR APPLYING TO AN ACCREDITED

  COLLEGE OR UNIVERSITY IN AN UNDERGRADUATE PROGRAM IN A RELATED FIELD

  BENEFITING FROM PROJECT MANAGEMENT
- (A) TYPE OF GRANT OR ASSISTANCE: PMI PORTLAND CHAPTER SCHOLARSHIP-1.A

  RESIDENT OF THE PORTLAND METRO AREA ATTENDING OR PLANNING TO ATTEND ANY

  TWO OR FOUR YEAR ACCREDITED COLLEGE OR UNIVERSITY. 2.AN INDIVIDUAL

  ATTENDING OR PLANNING TO ATTEND A TWO OR FOUR YEAR ACCREDITED DEGREE

  PROGRAM AT A COLLEGE OR UNIVERSITY IN THE PORTLAND METRO AREA AS DEFINED

  ABOVE.
- (A) TYPE OF GRANT OR ASSISTANCE: PMI SAN DIEGO CHAPTER PROFESSIONAL

  DEVELOPMENT SCHOLARSHIP-1ST PRIORITY: A MEMBER OF THE PMI SAN DIEGO

  CHAPTER OR AN IMMEDIATE FAMILY MEMBER PLANNING TO ATTEND A COURSE

  PROVIDED BY A PMI REGISTERED EDUCATION PROVIDER (REP) AND SPECIFY THAT

  COURSE ON THE SCHOLARSHIP APPLICATION FORM. 2ND PRIORITY: PLANNING TO

  ATTEND A PROJECT MANAGEMENT COURSE BY ANY PROVIDER, INCLUDING COLLEGES OR

  UNIVERSITY EXTENSION PROGRAMS. IF NO CHAPTER MEMBER APPLIES, APPLICANTS

  IN THE 3RD PRIORITY WILL BE CONSIDERED; 3RD PRIORITY: INDIVIDUALS WHO ARE

  PROJECT MANAGERS LIVING OR WORKING WITHIN SAN DIEGO COUNTY PLANNING TO

  ATTEND A PROJECT MANAGEMENT COURSE BY ANY PROVIDER INCLUDING COLLEGES OR

  UNIVERSITY EXTENSION PROGRAMS.
- (A) TYPE OF GRANT OR ASSISTANCE: PMI TAMPA BAY CHAPTER EDUCATION

FUND-APPLICANTS MUST BE ENROLLED IN OR APPLYING TO AN ACCREDITED

UNDERGRADUATE IN A BUSINESS DEGREE PROGRAM, OR AN UNDERGRADUATE PROGRAM

IN A RELATED FIELD BENEFITTING FROM PROJECT MANAGEMENT

- (A) TYPE OF GRANT OR ASSISTANCE: PMI TULSA CHAPTER

  SCHOLARSHIP-APPLICANTS MUST BE ENROLLED IN OR APPLYING FOR AN

  ASSOCIATE'S, BACHELOR'S, MASTER'S, OR DOCTORAL DEGREE PROGRAM. FOR THE

  ASSOCIATE'S DEGREE PROGRAM, APPLICANTS MUST ALSO BE ENROLLED IN OR

  APPLYING FOR A PROJECT MANAGEMENT CERTIFICATE PROGRAM. FOR ALL OTHER

  DEGREE PROGRAMS, APPLICANTS MUST BE ENROLLED IN OR APPLYING FOR A DEGREE

  PROGRAM IN PROJECT MANAGEMENT OR A RELATED FIELD OF STUDY BENEFITTING

  FROM PROJECT MANAGEMENT.
- (A) TYPE OF GRANT OR ASSISTANCE: THE PMI COLUMBIA RIVER BASIN CHAPTER

  ACADEMIC SCHOLARSHIP FUND-APPLICANTS MUST BE ENROLLED IN OR APPLYING FOR

  AN ACADEMIC DEGREE PROGRAM IN PROJECT MANAGEMENT OR A RELATED FIELD

  BENEFITING FROM PROJECT MANAGEMENT IN AN ACCREDITED UNIVERSITY
- (A) TYPE OF GRANT OR ASSISTANCE: PMI COASTAL BEND CHAPTER

  SCHOLARSHIP-APPLICANTS MUST BE AN UNDERGRADUATE OR GRADUATE STUDENT

  LIVING IN THE PMI COASTAL BEND CHAPTER AREA (HOME ZIP CODE RANGE: 78330

  THROUGH 78599) ATTENDING OR PLANNING TO ATTEND AN ACCREDITED DEGREE

  PROGRAM IN THE COASTAL BEND CHAPTER AREA.
- (A) TYPE OF GRANT OR ASSISTANCE: PMI ATLANTA CHAPTER MILESTONE

  SCHOLARSHIP- IS A PROFESSIONAL DEVELOPMENT SCHOLARSHIP ADMINISTERED BY

  THE PMI EDUCATIONAL FOUNDATION (PMIEF). PMIEF, A CHARITABLE NONPROFIT

  ORGANIZATION, SUPPORTS DEVELOPMENT OF THE PROJECT MANAGEMENT

PRACTITIONERS WORLDWIDE BY PROVIDING PROFESSIONAL DEVELOPMENT

SCHOLARSHIPS TO PRACTITIONERS TAKING PROJECT MANAGEMENT COURSES

- (A) TYPE OF GRANT OR ASSISTANCE: PMI DALLAS CHAPTER MILESTONE

  SCHOLARSHIP-THE PROJECT MANAGEMENT INSTITUTE HAS DONATED PMI CHAPTER

  MILESTONE PROFESSIONAL DEVELOPMENT SCHOLARSHIPS TO CHAPTERS THAT HAVE

  REACHED THEIR 30-YEAR, 35-YEAR, AND 40-YEAR MILESTONES. 1ST PRIORITY IS

  MEMBERS OF THE SPECIFIC PMI CHAPTER IN GOOD STANDING. 2ND PRIORITY IS

  INDIVIDUALS WHO LIVE IN THE AREA THAT THE SPECIFIC PMI CHAPTER SERVES
- (A) TYPE OF GRANT OR ASSISTANCE: PMI DELAWARE VALLEY CHAPTER MILESTONE

  SCHOLARSHIP-THE PROJECT MANAGEMENT INSTITUTE HAS DONATED PMI CHAPTER

  MILESTONE PROFESSIONAL DEVELOPMENT SCHOLARSHIPS TO CHAPTERS THAT HAVE

  REACHED THEIR 30-YEAR, 35-YEAR, AND 40-YEAR MILESTONES. 1ST PRIORITY IS

  MEMBERS OF THE SPECIFIC PMI CHAPTER IN GOOD STANDING. 2ND PRIORITY IS

  INDIVIDUALS WHO LIVE IN THE AREA THAT THE SPECIFIC PMI CHAPTER SERVES
- (A) TYPE OF GRANT OR ASSISTANCE: PMI GREAT LAKES CHAPTER MILESTONE

  SCHOLARSHIP-THE PROJECT MANAGEMENT INSTITUTE HAS DONATED PMI CHAPTER

  MILESTONE PROFESSIONAL DEVELOPMENT SCHOLARSHIPS TO CHAPTERS THAT HAVE

  REACHED THEIR 30-YEAR, 35-YEAR, AND 40-YEAR MILESTONES. 1ST PRIORITY IS

  MEMBERS OF THE SPECIFIC PMI CHAPTER IN GOOD STANDING. 2ND PRIORITY IS

  INDIVIDUALS WHO LIVE IN THE AREA THAT THE SPECIFIC PMI CHAPTER SERVES
- (A) TYPE OF GRANT OR ASSISTANCE: PMI MINNESOTA CHAPTER MILESTONE

  SCHOLARSHIP-THE PROJECT MANAGEMENT INSTITUTE HAS DONATED PMI CHAPTER

  MILESTONE PROFESSIONAL DEVELOPMENT SCHOLARSHIPS TO CHAPTERS THAT HAVE

  REACHED THEIR 30-YEAR, 35-YEAR, AND 40-YEAR MILESTONES. 1ST PRIORITY IS

PROJECT MANAGEMENT INSTITUTE EDUCATIONAL 23-2630701 Page 2 FOUNDATION Schedule I (Form 990) Part IV Supplemental Information MEMBERS OF THE SPECIFIC PMI CHAPTER IN GOOD STANDING. 2ND PRIORITY IS INDIVIDUALS WHO LIVE IN THE AREA THAT THE SPECIFIC PMI CHAPTER SERVES (A) TYPE OF GRANT OR ASSISTANCE: PMI PUGET SOUND CHAPTER MILESTONE SCHOLARSHIP-THE PROJECT MANAGEMENT INSTITUTE HAS DONATED PMI CHAPTER MILESTONE PROFESSIONAL DEVELOPMENT SCHOLARSHIPS TO CHAPTERS THAT HAVE REACHED THEIR 30-YEAR, 35-YEAR, AND 40-YEAR MILESTONES. 1ST PRIORITY IS OF THE SPECIFIC PMI CHAPTER IN GOOD STANDING. 2ND PRIORITY IS INDIVIDUALS WHO LIVE IN THE AREA THAT THE SPECIFIC PMI CHAPTER SERVES (A) TYPE OF GRANT OR ASSISTANCE: PROJECT MANAGEMENT ACADEMY ACADEMIC SCHOLARSHIP PROGRAM-WERE CREATED TO PROVIDE STUDENTS, TEACHERS, PROFESSIONALS, AND NON-PROFIT ORGANIZATIONS THE OPPORTUNITY TO DEVELOP THEIR PROJECT MANAGEMENT PROWESS THROUGH CONTINUING EDUCATION. (A) TYPE OF GRANT OR ASSISTANCE: PROJECT MANAGEMENT ACADEMY PROFESSIONAL DEVELOPMENT SCHOLARSHIP PROGRAM- IN-KIND SCHOLARSHIPS FOR TEACHERS AND STAFF OR NON-PROFIT ORGANIZATIONS. RECIPIENTS ARE GIVEN ACCESS TO PROJECT MANAGEMENT ACADEMY CAPM VIRTUAL TRAINING COURSE OR PROJECT MANAGEMENT ACADEMY PMP VIRTUAL TRAINING COURSE.

(A) TYPE OF GRANT OR ASSISTANCE: WAYNE K. LATHAM PROJECT MANAGEMENT

WORTH AREA. THE PROJECT MANAGEMENT INSTITUTE EDUCATIONAL FOUNDATION

SCHOLARSHIP - MUST BE A STUDENT OF PROJECT MANAGEMENT IN THE DALLAS/FORT

ACADEMIC SCHOLARSHIP PROGRAM IS DESIGNED TO FINANCIALLY ASSIST QUALIFIED

APPLI

### **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. PROJECT MANAGEMENT INSTITUTE EDUCATIONAL FOUNDATION

**Employer identification number** 23-2630701

Part I **Questions Regarding Compensation** Yes\_ No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X Receive a severance payment or change-of-control payment? X 4b b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Х Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: Х a The organization? X 5b b Any related organization? If "Yes" to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? 6a X 6b b Any related organization? If "Yes" to line 6a or 6b, describe in Part III 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments Х not described in lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the Х initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2014

23-2630701 PROJECT MANAGEMENT INSTITUTE EDUCATIONAL

FOUNDATION Schedule J (Form 990) 2014

Part 11 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(i) Bit compension (ii) Compension (iii) Bit compen	-	(ii) Bonus &	(ii) Bonus & (iii) Other incentive reportable	other deferred compensation	benefits	(B)(I)-(D)	
MARK LANGLEY (I) 581, MIKE DEPRISCO (II) 176, (II) (II) (II) (II) (III)			ימסומטים				reported as deferred
MIKE DEPRISCO  MIKE DEPRISCO  (I) 176,  (II) (II)  (II) (II)  (III) (III)		compensation	compensation				In prior Form 990
MIKE DEPRISCO (1) 581,  MIKE DEPRISCO (1) 176,  (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	0	0	0	0	0	0	0
MIKE DEPRISCO (0) 176, (10) (176, (10) (176, (10) (176, (10) (176, (10) (176,	1,815.	157,380.	29,975.	276,413.	39,347.	1,084,93	0
(i) 176, (ii) 176, (iii) 0	0	0	0	0			
	6,993.	0	0	0	29,603.	206,59	
(1)							
(1)							
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(ii)							
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9							
(ii)							

Schedule J (Form 990) 2014

## PROJECT MANAGEMENT INSTITUTE EDUCATIONAL

Part III Supplemental Information

Schedule J (Form 990) 2014

FOUNDATION

Page 3

23-2630701

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. MARK LANGLEY, PROJECT MANAGEMENT INSTITUTE, PRESIDENT & CEO - \$585,000 PART I, LINE 4B:

### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990. PROJECT MANAGEMENT INSTITUTE EDUCATIONAL

FOUNDATION

**Employer identification number** 23-2630701

Pa	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or	Noncash contri amounts repor	ted on	I.	(d) d of determinentribution a	_	ts
1	Art · Works of art		items contributed	Form 990, Part VI	II, line 1g				
2	Art - Works of art Art - Historical treasures								
3	Art - Fractional interests			<u> </u>		<del> </del>			
4	Books and publications					<del></del>			
5	Clothing and household goods								
6	Cars and other vehicles					<del></del>			
7	Boats and planes			<del> </del>		<del></del>			
8	Intellectual property					<del> </del>			
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Closely field stock Securities - Partnership, LLC, or								
''	trust interests								
12	Securities - Miscellaneous					<del></del>			
13	Qualified conservation contribution -			<del> </del>					
13	Historic structures	<u>.</u>							
14	Qualified conservation contribution - Other					<del></del>			
15	Real estate · Residential								
16	Real estate · Commercial	<u> </u>							
17	Real estate - Other	··					<del> </del>		
18	Collectibles								
19	Food inventory	<u> </u>							
20	Drugs and medical supplies					·			
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens			<u> </u>					
24	Archeological artifacts								
25	Other (ONLINE TRAINI)	X	4	346,	725.	SELLING	PRICE	OF	DON
26	Other ( )								
27	Other ( )								
28	Other ( )								
29	Number of Forms 8283 received by the organi	zation during	the tax vear for c	ontributions				_	
	for which the organization completed Form 82			×	29			0	ļ
								Yes	No
30a	During the year, did the organization receive b	y contributio	n any property reg	oorted in Part I, line	s 1 throu	gh 28, that it			
	must hold for at least three years from the date					-			1
	exempt purposes for the entire holding period		,	•			30a	1	X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance	policy that re	equires the review	of any non-standa	rd contrib	utions?	31	X	Ť
	Does the organization hire or use third parties								
	contributions?		÷	.,,,,			32a		X
b	if "Yes," describe in Part II.						<u> </u>		
33	If the organization did not report an amount in	column (c) f	or a type of prope	rty for which colum	nn (a) is ch	ecked,			1
	describe in Part II.								Ī

### PROJECT MANAGEMENT INSTITUTE EDUCATIONAL

Schedule M (Form 990) (2014) FOUNDATION	23.	-2630701	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 3 is reporting in Part I, column (b), the number of contributions, the number of items received, or a contribution this part for any additional information.	33, and w mbination	hether the organiz of both. Also con	ation
SCHEDULE M, PART I, COLUMN (B):			
THE ORGANIZATION REPORTS THE TOTAL NUMBER OF CONTRIBUTION	<u>NS</u>		
RECEIVED IN PART I, COLUMN B.			
		<del></del>	
		<del></del>	
<del></del>			

### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspec

**ZUI4**Open to Public Inspection

OMB No 1545-0047

Name of the organization

PROJECT MANAGEMENT INSTITUTE EDUCATIONAL FOUNDATION

Employer identification number 23-2630701

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO BE THE CHAMPION OF PROJECT MANAGEMENT KNOWLEDGE AND SKILLS FOR

EDUCATIONAL AND SOCIAL GOOD. PROMOTE PROJECT MANAGEMENT PRINCIPLES

GLOBALLY TO COMMUNITIES INCLUDING STUDENTS, NON-PROFIT ORGANIZATIONS

AND SOCIETY AT LARGE.

FORM 990, PART VI, SECTION A, LINE 4:

ON SEPTEMBER 18, 2014, THE PMIEF BOARD VOTED TO RETIRE THE PMIEF GRANT DISCRETIONARY SPENDING POLICY AND APPROVE THE PMIEF SCHOLARSHIP & GRANTS APPROVAL & SPENDING POLICY. THE NEW POLICY RESTATES THE LEVEL OF GRANT AND SCHOLARSHIP SPENDING AUTHORITY FOR THE PMIEF EXECUTIVE DIRECTOR TO US\$10,000, THE PMIEF BOARD PROGRAM COMMITTEE FOR AMOUNTS BETWEEN US\$10,001 TO US\$50,000 AND THE PMIEF BOARD OF DIRECTORS TO OVER US\$50,000.

ON AUGUST 21, 2014, THE PMIEF BOARD VOTED TO REVISE ITS ENDOWMENT POLICY TO RESTATE THE ACCEPTANCE LEVELS FOR NEW DONOR FUNDED ENDOWMENTS FROM US\$50,000 TO US\$25,000.

ON FEBRUARY 20, 2014, THE PMIEF BOARD VOTED TO APPROVE EXPANDED RULES OF THE BOARD, INCLUDING RESTATING THE TYPES OF BOARD COMMITTEES AND ADDING BOARD SUPPORT COMMITTEES, MOVING THE PMI BOARD MEMBER QUALIFICATIONS FROM A POLICY INTO THE RULES OF THE BOARD, CLARIFYING BOARD MEMBERS' DUTIES IN OUTREACH ACTIVITIES, ADDING BOARD MEMBER RULES OF CONDUCT, AND CLARIFYING BOARD AND COO/STAFF RELATIONS.

**Employer identification number** 23-2630701

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.

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, MARK LANGLEY, PROJECT MANAGEMENT INSTITUTE PRESIDENT AND CEO, WAS COMPENSATED BY A RELATED ORGANIZATION, PROJECT MANAGEMENT INSTITUTE (PMI).

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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.

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 INFORMATION RELATED TO
THE MARKET IN WHICH THE ORGANIZATION COMPETES FOR TALENT.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

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

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

432212 08-27-14 Schedule O (Form 990 or 990-EZ) (2014)

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

2014 Open to Public Inspection

OMB No 1545-0047

PROJECT MANAGEMENT INSTITUTE EDUCATIONAL

FOUNDATION Name of the organization

Employer identification number 23-2630701

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part #

(a) Name, address, and EIN (if applicable) 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
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Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Partil

(a)	(b)	(0)	9	(e)	<b>(£)</b>	(6)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(13)	(b)(13)
of related organization		foreign country)	section	status (if section	entity	entity?	,
				501(c)(3))		Yes	Ŷ
PROJECT MANAGEMENT INSTITUTE - 23-1887442	PROFESSIONAL ORGANIZATION						
14 CAMPUS BOULEVARD	DEDICATED TO THE						
NEWTOWN SQUARE, PA 19073	ADVANCEMENT OF PROJECT	PENNSYLVANIA	501(C)(6)		N/A		×
						-	
	<del></del>						

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2014

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PROJECT MANAGEMENT INSTITUTE EDUCATIONAL

FOUNDATION

Schedule R (Form 990) 2014

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Part III

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seneral or Percentage ownership 3 managing partner? Yes No 9 Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Disproportionate Yes No allocations? Ξ Share of end-of-year assets Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) Direct controlling entity € (c)
Legal
domicile
(state or
foreign Primary activity e Name, address, and EIN of related organization

Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

(a)	(q)	3	(9)	(e)	£	(6)	3	6
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total Income	Share of end-of-year assets	Percentage ownership	Section 512(b)(13) controlled entity?
PMI EUROPE LIMITED								
20-22 BEDFORD ROW		UNITED						
LONDON, UNITED KINGDOM WC1R4JS	HOLDING COMPANY	KINGDOM	N/A	C CORP	N/A	N/A	N/A	×
PMI HOLDINGS PTY LIMITED			u u					
LEVEL 5, 44 MARTIN PLACE								
SYDNEY, NSW, AUSTRALIA 2000	HOLDING COMPANY	AUSTRALIA	N/A	C CORP	N/A	N/A	N/A	×
HUMAN SYSTEMS ASIA PACIFIC PTY LIMITED								
LEVEL 18, 420 GEORGE STREET								
SYDNEY, NSW, AUSTRALIA 2000	BENCHMARKING	AUSTRALIA	N/A	C CORP	N/A	N/A	N/A	×
HUMAN SYSTEMS EUROPE LIMITED								
80 TOTTENHAM COURT ROAD		UNITED						
LONDON, UNITED KINGDOM WIT4DU	BENCHMARKING	KINGDOM	N/A	C CORP	N/A	N/A	N/A	×
HUMAN SYSTEMS INTERNATIONAL LIMITED								
80 TOTTENHAM COURT ROAD		UNITED						
LONDON, UNITED KINGDOM WIT4DU	BENCHMARKING	KINGDOM	N/A	C CORP	N/A	N/A	N/A	×
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PROJECT MANAGEMENT INSTITUTE EDUCATIONAL FOUNDATION

23-2630701

Schedule R (Form 990)

Part 14 Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a)	(9)	(0)	9	(e)	€	(5)	3	9
Name, address, and EIN of related organization	activity	- icie	trolling /	Type of entity (C corp, S corp, or trust)	Share of total income	of /ear ts	age	Section 512(b)(13) controlled entity?
HUMAN SYSTEMS LIMITED 80 TOTTENHAM COURT ROAD LONDON, UNITED KINGDOM WITADU	BENCHMARKING	UNITED	N/A	C CORP	N/A	N/A	N/A	×
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FOUNDATION Schedule R (Form 990) 2014 Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Pan V

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

- Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
  - d Loans or loan guarantees to or for related organization(s)
    - e Loans or loan guarantees by related organization(s)
- Dividends from related organization(s)
- Sale of assets to related organization(s)
- Purchase of assets from related organization(s)
  - Exchange of assets with related organization(s)
- Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- 1 Performance of services or membership or fundraising solicitations for related organization(s)
  - m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses
- Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

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If the answer to any of the above is "Ye	
If the answer to any of the above is "Ye	
2 If the answer to any of the above is "Ye	
2 If the answer to any of the above is "Ye	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete th	is line, including covered	relationships and transaction thresholds.
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PROJECT MANAGEMENT INSTITUTE	U	3,228,703.CASH	CASH
(2) PROJECT MANAGEMENT INSTITUTE	Д	1,088,532.FMV	FMV
(3) PROJECT MANAGEMENT INSTITUTE	Z	243,085.FMV	FMV
(4)			
(5)			
(9)			

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Schedule R (Form 990) 2014

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PROJECT MANAGEMENT INSTITUTE EDUCATIONAL

FOUNDATION , (Form 990) 2014 rart 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) (b) (c) (d)	(q)	(0)	(9)	<b>@</b>	3	(6)	Ξ	6	9	(K
Name, address, and EIN of entity	Primary activity	micile	t income related,	Are all partners sec 501(c)(3)	ي ئ	Share of end-of-year	Dispropor- tonate allocations?	Dispropor- Code V-UBI General or Percentage todate amount in box 20 managing ownership	General c	Percentage ownership
		country)	sections 512-514)	Yes No		assets	Yes No	(Form 1065)	Yes	
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								Schedule	R (For	Schedule R (Form 990) 2014

### PROJECT MANAGEMENT INSTITUTE EDUCATIONAL 23-2630701 Page 5 Schedule R (Form 990) 2014 FOUNDATION Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions). PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS: NAME OF RELATED ORGANIZATION: PROJECT MANAGEMENT INSTITUTE PRIMARY ACTIVITY: PROFESSIONAL ORGANIZATION DEDICATED TO THE ADVANCEMENT OF PROJECT MANAGEMENT