

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ ☒**1** Briefly describe the organization's mission

TO ADVANCE THE PRACTICE, SCIENCE, AND PROFESSION OF PROJECT MANAGEMENT THROUGHOUT THE WORLD IN A CONSCIOUS AND PROACTIVE MANNER PMI'S ENVISIONED GOAL AS STATED IN ITS STRATEGIC PLAN IS EMPOWERING PEOPLE TO MAKE IDEAS A REALITY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ 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 expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶

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 | No |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | No |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | No |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | Yes |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | No |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | No |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | No |
| 9 Did the organization report an amount in Part X, line 21 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 | No |
| 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 | No |
| 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 | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | Yes |
| b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | Yes |
| c 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 | No |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | No |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Yes |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Yes |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | No |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | Yes |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | No |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | Yes |
| 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 | Yes |
| 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 foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | Yes |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | Yes |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | No |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | No |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | No |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | No |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Yes |
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Yes |

Part IV Checklist of Required Schedules (continued)

| | | Yes | No |
|------------|--|-----|-----|
| 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? <i>If "Yes," complete Schedule J</i> | 23 | Yes |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | 24a | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | 25a | |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | 25b | |
| 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? <i>If "Yes," complete Schedule L, Part II</i> | 26 | No |
| 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? <i>If "Yes," complete Schedule L, Part III</i> | 27 | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | |
| a | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | No |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | No |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | Yes |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | 34 | Yes |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | Yes |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35b | Yes |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | |
| 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? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes |

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☒

| | | Yes | No |
|-----------|--|-----|-----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 193 |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Yes |

| | | | | | | |
|--|--|-----------|-----|------------|-----|----|
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | 2a | 428 | | | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | | 2b | Yes | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | | 3a | Yes | |
| b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | | | | 3b | Yes | |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | | | 4a | Yes | |
| b If "Yes," enter the name of the foreign country ▶ AS , BE , CH , IN , SN , AE , UK See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | | | | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | | 5a | | No |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | | 5b | | No |
| c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | | 5c | | |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | | | 6a | | No |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | | | 6b | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | | | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | | | 7a | | |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | | 7b | | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | | | 7c | | |
| d If "Yes," indicate the number of Forms 8282 filed during the year | | | | 7d | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | | 7e | | |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | | 7f | | |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | | 7g | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | | 7h | | |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | | | 8 | | |
| 9a Did the sponsoring organization make any taxable distributions under section 4966? | | | | 9a | | |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | | 9b | | |
| 10 Section 501(c)(7) organizations. Enter | | | | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | | | | 10a | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | | 10b | | |
| 11 Section 501(c)(12) organizations. Enter | | | | | | |
| a Gross income from members or shareholders | | | | 11a | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | | 11b | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | | | 12a | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | | 12b | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | |
| a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O | | | | 13a | | |
| 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 | | | | 13b | | |
| c Enter the amount of reserves on hand | | | | 13c | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | | | | 14a | | No |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | | | 14b | | |
| 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N | | | | 15 | Yes | |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O | | | | 16 | | No |

Part VI

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

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

Section 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 13 | | |
| 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 13 | | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | No |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | No |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | No |
| 6 Did the organization have members or stockholders? | 6 | Yes | |
| 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | Yes | |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | Yes | |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| a The governing body? | 8a | Yes | |
| b Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. | 9 | | No |

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

| | Yes | No |
|---|------------|-----|
| 10a Did the organization have local chapters, branches, or affiliates? | 10a | Yes |
| b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | Yes |
| 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes |
| b Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a Did the organization have a written conflict of interest policy? If "No," go to line 13. | 12a | Yes |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes |
| c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. | 12c | Yes |
| 13 Did the organization have a written whistleblower policy? | 13 | Yes |
| 14 Did the organization have a written document retention and destruction policy? | 14 | Yes |
| 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a The organization's CEO, Executive Director, or top management official | 15a | Yes |
| b Other officers or key employees of the organization | 15b | Yes |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | |
| 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | |
| b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | No |

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: _____

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
 ►CHRISTINE MILLAWAY 14 CAMPUS BOULEVARD NEWTOWN SQUARE, PA 190733299 (610) 356-4600

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 ☒

☒

● 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, or 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 nor any related organization compensated any current officer, director, or trustee

[illegible]

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| See Additional Data Table | | | | | | | | | | |
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| | | | | | | | | | | |
| 1b Sub-Total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | 5,337,982 | 0 | 368,270 |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 197

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | No |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | Yes | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | No |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| TRAINING CTR OF STATE ADMIN OF FGN, BLDG 5 FRIENDSHIP HOTEL ZHONGGUANC BEIJING, HA 100873 CH | EXAM ADMINISTRATION | 21,772,562 |
| PROMETRIC INC, PO BOX 223608 PITTSBURGH, PA 152512608 | EXAM DELIVERY | 20,888,075 |
| KPMG LLP, DEPT 0522 PO BOX 120522 DALLAS, TX 753120522 | CONSULTING | 18,670,756 |
| PBO INC, PO BOX 117212 ATLANTA, GA 303687212 | SHIPPING | 3,287,219 |
| INTEGRESS INC, TWO BALA PLAZA SUITE 300 BALA CYNWYD, PA 19004 | IT CONSULTING | 3,064,050 |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶** 134

| | | | | | | |
|---|---|----------------------|--|---|--|------------|
| Part VIII | | Statement of Revenue | | | | |
| Check if Schedule O contains a response or note to any line in this Part VIII | | | | | | |
| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | | | | |
| | b Membership dues | 1b | | | | |
| | c Fundraising events | 1c | | | | |
| | d Related organizations | 1d | | | | |
| | e Government grants (contributions) | 1e | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | | | | |
| | g Noncash contributions included in lines 1a - 1f \$ | | | | | |
| | h Total. Add lines 1a-1f | | 0 | | | |
| Program Service Revenue | | | Business Code | | | |
| | 2a CERTIFICATION | 611691 | 136,699,817 | 136,699,817 | | |
| | b MEMBERSHIP DUES | 611430 | 65,762,652 | 65,762,652 | | |
| | c SEMINARS/SYMPOSIA | 611430 | 15,590,185 | 15,590,185 | | |
| | d R E P MEMBERSHIP FEES | 900099 | 2,896,900 | 2,896,900 | | |
| | e GLOBAL EXECUTIVE COUNCIL DUES | 900099 | 1,010,483 | 1,010,483 | | |
| | f All other program service revenue | | 59,885 | 59,885 | | |
| | g Total. Add lines 2a-2f | | 222,019,922 | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 12,444,393 | | | 12,444,393 |
| | 4 Income from investment of tax-exempt bond proceeds | | 0 | | | |
| | 5 Royalties | | 2,404,112 | | | 2,404,112 |
| | | | (i) Real | (ii) Personal | | |
| | 6a Gross rents | | | | | |
| | b Less rental expenses | | | | | |
| | c Rental income or (loss) | 0 | 0 | | | |
| | d Net rental income or (loss) | | 0 | | | |
| | | | (i) Securities | (ii) Other | | |
| | 7a Gross amount from sales of assets other than inventory | 80,475,633 | 3,680,000 | | | |
| | b Less cost or other basis and sales expenses | 65,176,101 | 2,922,162 | | | |
| | c Gain or (loss) | 15,299,532 | 757,838 | | | |
| | d Net gain or (loss) | | 16,057,370 | | | 16,057,370 |
| | 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 | | a | 0 | | |
| | b Less direct expenses | b | 0 | | | |
| | c Net income or (loss) from fundraising events | | 0 | | | |
| | 9a Gross income from gaming activities See Part IV, line 19 | | a | 0 | | |
| | b Less direct expenses | b | 0 | | | |
| c Net income or (loss) from gaming activities | | 0 | | | | |
| 10a Gross sales of inventory, less returns and allowances | | a | 11,851,368 | | | |
| b Less cost of goods sold | b | 6,556,816 | | | | |
| c Net income or (loss) from sales of inventory | | 5,294,552 | | | 5,294,552 | |
| Miscellaneous Revenue | | Business Code | | | | |
| 11a ONLINE ADVERTISING | 541800 | 3,311,825 | | 3,311,825 | | |
| b PRINT/OTHER ADVERTISING | 541800 | 372,342 | 280,072 | 92,270 | | |
| c MISCELLANEOUS | 541800 | 3,238 | | | 3,238 | |
| d All other revenue | | | | | | |
| e Total. Add lines 11a-11d | | 3,687,405 | | | | |
| 12 Total revenue. See Instructions | | 261,907,754 | 222,299,994 | 3,404,095 | 36,203,665 | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☒**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|------------------------------------|---|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21. | 5,437,652 | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22. | 83,973 | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16. | 508,735 | | | |
| 4 Benefits paid to or for members. | 0 | | | |
| 5 Compensation of current officers, directors, trustees, and key employees. | 5,706,255 | | | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). | 0 | | | |
| 7 Other salaries and wages. | 37,038,729 | | | |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions). | 2,366,005 | | | |
| 9 Other employee benefits. | 4,540,461 | | | |
| 10 Payroll taxes. | 1,941,808 | | | |
| 11 Fees for services (non-employees): | | | | |
| a Management. | 0 | | | |
| b Legal. | 1,446,493 | | | |
| c Accounting. | 1,791,324 | | | |
| d Lobbying. | 501,542 | | | |
| e Professional fundraising services. See Part IV, line 17. | 0 | | | |
| f Investment management fees. | 1,525,317 | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O). | 49,362,043 | | | |
| 12 Advertising and promotion. | 12,349,274 | | | |
| 13 Office expenses. | 9,018,378 | | | |
| 14 Information technology. | 5,744,883 | | | |
| 15 Royalties. | 28,147 | | | |
| 16 Occupancy. | 3,193,556 | | | |
| 17 Travel. | 10,201,938 | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. | 0 | | | |
| 19 Conferences, conventions, and meetings. | 20,027,238 | | | |
| 20 Interest. | 102 | | | |
| 21 Payments to affiliates. | 0 | | | |
| 22 Depreciation, depletion, and amortization. | 4,012,684 | | | |
| 23 Insurance. | 351,246 | | | |
| 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) amount, list line 24e expenses on Schedule O): | | | | |
| a CERTIFICATION ADMINISTRATION | 45,782,608 | | | |
| b MARKET RESEARCH | 738,037 | | | |
| c PURCHASED ONLINE CONTENT | 668,903 | | | |
| d BAD DEBT | 4,404 | | | |
| e All other expenses | 5,246,869 | | | |
| 25 Total functional expenses. Add lines 1 through 24e. | 229,618,604 | | | |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

| | | | | (A) Beginning of year | | (B) End of year |
|------------------------------------|--|---|-------------|--------------------------|-------------|--------------------|
| Assets | 1 | Cash—non-interest-bearing | | 18,169,988 | 1 | 24,063,279 |
| | 2 | Savings and temporary cash investments | | 1,223,795 | 2 | 1,056,369 |
| | 3 | Pledges and grants receivable, net | | 0 | 3 | 0 |
| | 4 | Accounts receivable, net | | 11,234,835 | 4 | 4,417,094 |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 0 | 5 | 0 |
| | 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 instructions). Complete Part II of Schedule L | | 0 | 6 | 0 |
| | 7 | Notes and loans receivable, net | | 0 | 7 | 0 |
| | 8 | Inventories for sale or use | | 1,345,915 | 8 | 1,032,328 |
| | 9 | Prepaid expenses and deferred charges | | 4,086,366 | 9 | 3,982,774 |
| | 10a | Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D | 10a | 44,682,669 | | |
| | b | Less: accumulated depreciation | 10b | 37,692,983 | | |
| | 11 | Investments—publicly traded securities | | 269,732,145 | 11 | 188,958,039 |
| | 12 | Investments—other securities. See Part IV, line 11 | | 240,156,662 | 12 | 320,627,657 |
| | 13 | Investments—program-related. See Part IV, line 11 | | 0 | 13 | 0 |
| | 14 | Intangible assets | | 1,114,580 | 14 | 1,002,076 |
| | 15 | Other assets. See Part IV, line 11 | | 723,609 | 15 | 881,685 |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | 558,135,258 | 16 | 553,010,987 | |
| Liabilities | 17 | Accounts payable and accrued expenses | | 31,099,011 | 17 | 39,145,612 |
| | 18 | Grants payable | | 0 | 18 | 0 |
| | 19 | Deferred revenue | | 41,503,042 | 19 | 43,151,584 |
| | 20 | Tax-exempt bond liabilities | | 0 | 20 | 0 |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 0 | 21 | 0 |
| | 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 | | 0 | 22 | 0 |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 0 | 23 | 0 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 0 | 24 | 0 |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D | | 40,345 | 25 | 770,289 |
| | 26 | Total liabilities. Add lines 17 through 25 | | 72,642,398 | 26 | 83,067,485 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | | |
| | 27 | Unrestricted net assets | | 485,492,860 | 27 | 469,943,502 |
| | 28 | Temporarily restricted net assets | | 0 | 28 | 0 |
| | 29 | Permanently restricted net assets | | 0 | 29 | 0 |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | 32 | |
| 33 | Total net assets or fund balances | | 485,492,860 | 33 | 469,943,502 | |
| 34 | Total liabilities and net assets/fund balances | | 558,135,258 | 34 | 553,010,987 | |

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

| | | | |
|-----------|---|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 261,907,754 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 229,618,604 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 32,289,150 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 485,492,860 |
| 5 | Net unrealized gains (losses) on investments | 5 | -47,475,424 |
| 6 | Donated services and use of facilities | 6 | -363,084 |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 469,943,502 |

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

| | Yes | No |
|--|-----|----|
| 1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | No |
| b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | Yes | |
| c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | Yes | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | No |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | |

Additional Data

Software ID:
Software Version:
EIN: 23-1887442
Name: PROJECT MANAGEMENT INSTITUTE

Form 990 (2018)

Form 990, Part III, Line 4a:

CERTIFICATIONS - PMI IS THE LEADING CERTIFIER OF PROJECT MANAGERS GLOBALLY ITS CERTIFICATIONS ARE RECOGNIZED BY BUSINESS AND GOVERNMENT AND PROVIDE THE OPPORTUNITY FOR PRACTITIONERS OF PROJECT MANAGEMENT TO DEMONSTRATE THEIR ACCOMPLISHMENTS THROUGH THE RIGOROUS EXAMINATION PROCESS PMI'S PROJECT MANAGEMENT PROFESSIONAL ("PMP") CERTIFICATION IS THE MOST IMPORTANT GLOBALLY-RECOGNIZED AND INDEPENDENTLY VALIDATED CREDENTIAL FOR PROJECT MANAGERS, WITH OVER 884,518 CERTIFIED PMPS AROUND THE WORLD AS OF DECEMBER 2018 PMI ALSO OFFERS CERTIFICATION IN SPECIFIC AREAS OF PROJECT MANAGEMENT, INCLUDING CERTIFICATION FOR PROJECT RISK ("PMI-RP"), PROJECT SCHEDULING ("PMI-SP"), AGILE METHODOLOGY ("PMI-ACP"), PORTFOLIO MANAGEMENT (PFMP), PROGRAM MANAGEMENT (PGMP), AND BUSINESS ANALYSIS (PMI-PBA) PMI ALSO CERTIFIES, NEWER PROJECT MANAGEMENT PRACTITIONERS THROUGH ITS CERTIFIED ASSOCIATE IN PROEJECT MANAGEMENT (CAPM) CERTIFICATE

Form 990, Part III, Line 4b:

MEMBERSHIP - PMI IS THE WORLD'S LEADING NOT-FOR-PROFIT MEMBERSHIP ASSOCIATION FOR THE PROJECT MANAGEMENT PROFESSION, WITH MORE THAN 550,000 MEMBERS IN OVER 207 COUNTRIES AND TERRITORIES. PMI PROVIDES ITS MEMBERS WITH ACCESS TO KNOWLEDGE, NETWORKS, AND RESOURCES THAT CAN HELP THEM IMPROVE THEIR WORK AND ADVANCE THEIR CAREERS IN PROJECT MANAGEMENT, INCLUDING TOOLS TO ASSESS THEIR SKILLS AND PLAN THEIR CAREER PATHS, AND ONLINE AND DIGITAL RESOURCES INCLUDING THE PMBOK GUIDE, ARTICLES AND PAPERS, WEBINARS, LEADERSHIP AND VOLUNTEER OPPORTUNITIES, QUALITY PUBLICATIONS TO KEEP THEM INFORMED, AND DISCOUNTS ON PMI CREDENTIAL EXAMS AND RENEWALS.

Form 990, Part III, Line 4c:

SEMINARS AND SYMPOSIUMS - PMI HOSTS ANNUAL CONGRESSES IN EUROPE, AFRICA AND THE MIDDLE EAST ("EMEA"), AND NORTH AMERICAN REGIONS TO BRING PROJECT MANAGEMENT PRACTITIONERS AROUND THE WORLD TOGETHER TO ENHANCE THEIR KNOWLEDGE OF PROJECT MANAGEMENT. PMI ALSO HOSTS SMALLER REGIONAL EVENTS THROUGHOUT THE YEAR IN THE ASIA/PACIFIC AND LATIN AMERICAN REGIONS. ADDITIONALLY, PMI HOSTS SEMINARS AND VIRTUAL EDUCATIONAL OFFERINGS TO HELP PRACTITIONERS ENHANCE THEIR KNOWLEDGE OF PROJECT MANAGEMENT. PMI ANNUALLY HOSTS ITS PMO SYMPOSIUM, AT WHICH ATTENDEES HAVE THE OPPORTUNITY TO LEARN IMPORTANT INSIGHTS FROM GLOBAL INDUSTRY LEADERS VIA INFORMATIVE SESSIONS, PRESENTATIONS, INTERACTIVE SESSIONS, AND UNIQUE LEADERSHIP EXCURSIONS.

| | | | |
|---|--------------|------------------------|---------------|
| Form 990, Part III - 4 Program Service Accomplishments (See the Instructions) | | | |
| Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. | | | |
| (Code) | (Expenses \$ | including grants of \$ | (Revenue \$) |
| PUBLISH BOOKS, RESEARCH PAPERS, AND JOURNALS | | | |
| (Code) | (Expenses \$ | including grants of \$ | (Revenue \$) |
| DEVELOP INDUSTRY PROFESSIONAL STANDARDS | | | |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| CATERINA LA TONA CHAIR | 12 00 | X | | X | | | | 0 | 0 | 0 |
| JENNIFER THARP VICE CHAIR | 6 00 | X | | X | | | | 0 | 0 | 0 |
| TONY APPLEBY SECRETARY/TREASURER & APOC CHA | 6 00 | X | | X | | | | 0 | 0 | 0 |
| RANDALL T BLACK SOC CHAIR | 6 00 | X | | X | | | | 0 | 0 | 0 |
| MARGARETH CARNEIRO DIRECTOR AT LARGE | 6 00 | X | | | | | | 0 | 0 | 0 |
| MARK DICKSON DIRECTOR AT LARGE | 6 00 | X | | | | | | 0 | 0 | 0 |
| J DAVIDSON FRAME DIRECTOR AT LARGE | 6 00 | X | | | | | | 0 | 0 | 0 |
| TERESA A KNUDSON DIRECTOR AT LARGE | 6 00 | X | | | | | | 0 | 0 | 0 |
| ANTONIO NIETO-RODRIGUEZ DIRECTOR AT LARGE | 6 00 | X | | | | | | 0 | 0 | 0 |
| KATHLEEN P ROMERO DIRECTOR AT LARGE | 6 00 | X | | | | | | 0 | 0 | 0 |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| CINDY W ANDERSON VP BRAND MANAGEMENT | 50 0 0 0 | | | | X | | | 299,219 | 0 | 17,896 |
| BRIAN A WEISS VP PRACTITIONER CAREERDEV | 50 0 0 0 | | | | X | | | 277,403 | 0 | 21,340 |
| GINA P JONES ADVERTISING SALES EXEC | 50 0 0 0 | | | | | X | | 338,278 | 0 | 23,139 |
| WILLIAM SCARBOROUGH VP GEN COUNSEL | 50 0 0 0 | | | | | X | | 304,406 | 0 | 43,405 |
| DOROTHY MCKELVY VP HUMAN RESOURCES | 50 0 0 0 | | | | | X | | 285,237 | 0 | 20,045 |
| TODD R KLEINMAN VP INFO TECHNOLOGY | 50 0 0 0 | | | | | X | | 278,837 | 0 | 19,776 |
| DOROTHY HAMILTON ASSOCIATE CORPORATE SECRETARY | 50 0 0 0 | | | | | X | | 258,992 | 0 | 27,566 |

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

| | |
|--|--|
| Name of the organization PROJECT MANAGEMENT INSTITUTE | Employer identification number 23-1887442 |
|--|--|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1** Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2** Political campaign activity expenditures (see instructions) ▶ \$
- 3** Volunteer hours for political campaign activities (see instructions) ▶

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1** Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2** Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3** If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a** Was a correction made? ☐ Yes ☐ No
- b** If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1** Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2** Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3** Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4** Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5** Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|----------|-------------|---------|---|--|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: |
|---|---|
| Not over \$500,000 | 20% of the amount on line 1e |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 |
| Over \$17,000,000 | \$1,000,000 |

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ **Yes** ☐ **No****4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

| Calendar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) Total |
|---|----------|----------|----------|----------|-----------|
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

| | | (a) | | (b) |
|-----------|--|-----|----|--------|
| | | Yes | No | Amount |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | |
| a | Volunteers? | | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | |
| c | Media advertisements? | | | |
| d | Mailings to members, legislators, or the public? | | | |
| e | Publications, or published or broadcast statements? | | | |
| f | Grants to other organizations for lobbying purposes? | | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | |
| i | Other activities? | | | |
| j | Total. Add lines 1c through 1i. | | | |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | | Yes | No |
|----------|---|-----|----|
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | No |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | No |
| 3 | Did the organization agree to carry over lobbying and political expenditures from the prior year? | | No |

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

| | | | |
|----------|--|-----------|------------|
| 1 | Dues, assessments and similar amounts from members | 1 | 65,762,652 |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | |
| a | Current year | 2a | 501,542 |
| b | Carryover from last year | 2b | 0 |
| c | Total | 2c | 501,542 |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | 0 |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | 0 |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | 5 | 501,542 |

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

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DLN: 93493312019349

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

Name of the organization
PROJECT MANAGEMENT INSTITUTE

Employer identification number
23-1887442

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

1

Total number at end of year

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes

☐ No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes

☐ No

Part II

Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

Held at the End of the Year

2a

2b

2c

2d

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes

☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes

☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2018

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

| | Amount |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|----|--|----------------|--------------------|----------------------|---------------------|
| 1a | Beginning of year balance | | | | |
| b | Contributions | | | | |
| c | Net investment earnings, gains, and losses | | | | |
| d | Grants or scholarships | | | | |
| e | Other expenditures for facilities and programs | | | | |
| f | Administrative expenses | | | | |
| g | End of year balance | | | | |

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

(ii)

related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

| | Yes | No |
|--------|-----|----|
| 3a(i) | | |
| 3a(ii) | | |
| 3b | | |

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|-------------------------|--|---------------------------------|------------------------------|----------------|
| 1a | Land | | | |
| b | Buildings | | | |
| c | Leasehold improvements | 7,301,976 | 6,809,148 | 492,828 |
| d | Equipment | 9,847,529 | 6,145,129 | 3,702,400 |
| e | Other | 27,533,164 | 24,738,706 | 2,794,458 |
| Total. | Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) | | | 6,989,686 |

Schedule D (Form 990) 2018

Part VII

Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | 299,267 | C |
| (3) Other _____ (A) SEI LARGE CAP FUND-SLCAX | 29,552,465 | F |
| (B) SEI LARGE CAP INDEX FUND-LCIAX | 29,950,629 | F |
| (C) SEI CORE FIXED INCOME FUND3285 | 117,993,665 | F |
| (D) SEI LIMITED DURATION BOND | 71,164,010 | F |
| (E) SEI WORLD EQUITY EX-US FUND | 71,667,621 | F |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶ | 320,627,657 | |

Part VIII

Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ | | |

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶ | |

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

| (a) Description of liability | (b) Book value |
|---|----------------|
| 1. Federal income taxes | 0 |
| DEFERRED RENT LIABILITY | 542,287 |
| LEASE LIABILITY | 228,002 |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ | 770,289 |

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 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

☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

| | | | | |
|----------|--|-----------|-----------|--|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | |
| a | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | 2b | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII) | 2d | | |
| e | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII) | 4b | | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | 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' on Form 990, Part IV, line 12a.

| | | | | |
|----------|---|-----------|-----------|--|
| 1 | Total expenses and losses per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | |
| a | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII) | 2d | | |
| e | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 : | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII) | 4b | | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18) | | 5 | |

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.

| Return Reference | Explanation |
|---------------------------|-------------|
| See Additional Data Table | |
| | |
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| | |
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| | |

Part XIII **Supplemental Information** *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
| | |
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| | |

Supplemental Information

| Return Reference | Explanation |
|--------------------------------------|---|
| FORM 990, SCHEDULE D, PART X, LINE 2 | <p>THE FOLLOWING IS THE FOOTNOTE TO THE AUDITED FINANCIAL STATEMENTS THE PROJECT MANAGEMENT INSTITUTE (THE "INSTITUTE") IS EXEMPT FROM U S FEDERAL INCOME TAXES UNDER SECTION 501(C)(6) OF THE INTERNAL REVENUE CODE ("IRC") AND ALSO EXEMPT FROM PENNSYLVANIA INCOME TAXES RE VENUE GENERATED FROM THE INSTITUTE'S ADVERTISING AND SALES OF MEMBERSHIP MAILING LISTS ARE NOT CONSIDERED PROGRAM ACTIVITY REVENUE BY THE INTERNAL REVENUE SERVICE THIS TYPE OF INC OME IS CLASSIFIED AS UNRELATED BUSINESS INCOME AND MAY BE SUBJECT TO INCOME TAX PROJECT M ANAGEMENT INSTITUTE EDUCATIONAL FOUNDATION (THE "FOUNDATION") IS EXEMPT FROM FEDERAL INCOM E TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE IRC AND GENERALLY EXEMPT FROM FED ERAL AND STATE TAXES INCOME WHICH IS NOT RELATED TO EXEMPT PURPOSES, LESS APPLICABLE DEDU CTIONS, IS SUBJECT TO FEDERAL AND STATE COPORATE INCOME TAXES THE FOUNDATION HAD NO NET U NRELATED BUSINESS INCOME FOR THE YEARS ENDED 31 DECEMBER 2018 AND 2017 MANAGEMENT EVALUAT ED THE INSTITUTE'S AND FOUNDATIONS TAX POSITIONS AND CONCLUDED THAT THE INSTITUTE AND FOUN DATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATE MENTS CONSEQUENTLY, NO ACCRUAL FOR INTEREST AND PENALTIES WAS DEEMED NECESSARY FOR THE YE AR ENDED 31 DECEMBER 2018 AND 2017 THE INSTITUTE AND FOUNDATION FILE TAX RETURNS IN THE U S FEDERAL JURISDICTION GENERALLY, THE INSTITUTE AND FOUNDATION ARE NO LONGER SUBJECT TO INCOME TAX EXAMINATION BY THE US FEDERAL OR STATE TAX AUTHORITIES FOR YEARS BEFORE 2015 THE INSTITUTE'S FOR-PROFIT SUBSIDIARIES THAT ARE SUBJECT TO INCOME TAXES INCLUDE PROVISION S FOR INCOME TAX EXPENSE AND DEFERRED TAX ASSETS AND LIABILITIES WHICH ARE CALCULATED USIN G MANAGEMENT'S BEST ASSESSMENT OF ESTIMATED FUTURE TAXES TO BE PAID AS PART OF THE PROCES S OF PREPARING THE CONSOLIDATED FINANCIAL STATEMENTS, THE INSTITUTE IS REQUIRED TO ESTIMAT E INCOME TAXES IN EACH OF THE TAX JURISDICTIONS IN WHICH IT OPERATES THIS PROCESS INVOLVE S ESTIMATING THE ACTUAL CURRENT TAX OBLIGATIONS TOGETHER WITH ASSESSING TEMPORARY DIFFEREN CES RESULTING FROM DIFFERING TREATMENT OF CERTAIN ITEMS FOR TAX AND ACCOUNTING PURPOSES T HESE TEMPORARY DIFFERENCES RESULT IN NON-CURRENT DEFERRED TAX ASSETS AND LIABIITIES, WHICH ARE INCLUDED WITHIN THE CONSOLIDATED STATEMENTS OF FINANCIAL POSITION THE INSTITUTE THEN ASSESSES THE LIKLIHOOD THAT THE DEFERRED TAX ASSETS WILL BE RECOVERED FROM FUTURE TAXABLE INCOME THE INSTITUTE RECOGNIZES DEFERRED TAX ASSETS TO THE EXTENT THAT THE INSTITUTE BEL IEVES THESE ASSETS ARE MORE LIKELY THAN NOT TO BE REALIZED IN MAKING SUCH A DETERMINATION , THE INSTITUTE CONSIDERS ALL AVAILABLE POSITIVE AND NEGATIVE EVIDENCE, INCLUDING FUTURE R EVERSALS OF EXISTING TAXABLE TEMPORARY DIFFERENCES, PROJECTED FUTURE TAXABLE INCOME, TAX P LANNING STRATEGIES AND RESULTS OF RECENT OPERATIONS ACTUAL RESULTS COULD DIFFER FROM THIS ASSESSMENT IF ADEQUATE TAXABLE INCOME IS NOT GENERATED IN FUTURE PERIODS CHANGES IN TAX LAWS AND RATES COULD ALSO AFFE</p> |

Supplemental Information

| Return Reference | Explanation |
|--------------------------------------|--|
| FORM 990, SCHEDULE D, PART X, LINE 2 | CT RECORDED DEFERRED TAX ASSETS AND LIABILITIES IN THE FUTURE. MANAGEMENT IS NOT AWARE OF ANY SUCH CHANGES THAT WOULD HAVE A MATERIAL EFFECT ON THE INSTITUTE'S RESULTS OF OPERATIONS, CASH FLOWS OR FINANCIAL POSITION. THE INSTITUTE CONSIDERS THE EARNINGS OF CERTAIN NON-UNITED STATES SUBSIDIARIES TO BE INDEFINITELY INVESTED OUTSIDE THE UNITED STATES ON THE BASIS OF ESTIMATES THAT FUTURE DOMESTIC CASH GENERATION WILL BE SUFFICIENT TO MEET FUTURE DOMESTIC CASH NEEDS AND THE INSTITUTE'S SPECIFIC PLANS FOR REINVESTMENT OF THOSE SUBSIDIARY EARNINGS. SHOULD THE INSTITUTE DECIDE TO REPATRIATE THE FOREIGN EARNINGS, THE INSTITUTE WOULD NEED TO ADJUST THE INCOME TAX PROVISION IN THE PERIOD THAT IT WAS DETERMINED THAT THE EARNINGS WILL NO LONGER BE INDEFINITELY INVESTED OUTSIDE THE UNITED STATES. |

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

**Open to Public
Inspection**

Name of the organization
PROJECT MANAGEMENT INSTITUTE

Employer identification number

23-1887442

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ **Yes** ☐ **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|---|-------------------------------------|--|---|--|--|
| (1) See Add'l Data | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| 3a Sub-total | | | | | 21,495,583 |
| b Total from continuation sheets to Part I | | | | | 28,550,477 |
| c Totals (add lines 3a and 3b) | | | | | 50,046,060 |

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to 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.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|---------------|---------------------------------|---|-------------------|-----------------------------|---------------------------------|--|--|---|--|
| (1) | See Add'l Data | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | Schedule F (Form 990) 2018 | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |
| (8) | | | | | | | | | |
| (9) | | | | | | | | | |
| (10) | | | | | | | | | |
| (11) | | | | | | | | | |
| (12) | | | | | | | | | |
| (13) | | | | | | | | | |
| (14) | | | | | | | | | |
| (15) | | | | | | | | | |
| (16) | | | | | | | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶

11

3 Enter total number of other organizations or entities ▶

0

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

Part III 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) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (1) See Add'l Data | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| (13) | | | | | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) | | | | | | | |

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately 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 a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☒ Yes ☐ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)* ☒ Yes ☐ No

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 (see instructions).

990 Schedule F, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, SCHEDULE F, PART I, LINE 2 | PROJECT MANAGEMENT INSTITUTE ("PMI") HAD A PROJECT MONITORING SYSTEM IN PLACE TO MONITOR THE USE OF GRANT FUNDS THE GUIDELINES ARE OUTLINED IN BOTH THE RESEARCH AGREEMENT AND A DOCUMENT DETAILING THE ROLE OF THE PROJECT LIAISON PMI REQUIRES ALL GRANTEEES TO SUBMIT DETAILED PERIODIC REPORTS TO THEIR ASSIGNED LIAISON AND TO THE PMI ACADEMIC RESOURCES TEAM |

990 Schedule F, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, SCHEDULE F, PART III, COLUMN (A) - TYPE OF GRANT OR ASSISTANCE | PMI PROVIDES EDUCATIONAL GRANTS FOR INDIVIDUALS TO ATTEND THE PMI LEADERSHIP INSTITUTE MEETING AND TO SUPPORT THE PMI REGIONAL MENTOR PROGRAM AND REGIONAL MEETINGS THE PMI LEADERSHIP INSTITUTE MEETING PROVIDES AN INVALUABLE OPPORTUNITY TO ACCESS LEADERSHIP AND PROFESSIONAL DEVELOPMENT, NETWORKING OPPORTUNITIES AND SKILLS ENHANCEMENT THE PMI REGIONAL MENTOR PROGRAM FACILITATES THE DEVELOPMENT AND ENHANCEMENT OF PROJECT MANAGEMENT REGIONAL MEETING SUPPORT PROVIDES FINANCIAL SUPPORT TO PMI CHAPTERS TO CONDUCT REGIONAL MEEETINGS THAT EXPAND GLOBAL KNOWLEDGE SHARING AT THE LOCAL LEVEL THROUGH LEADERSHIP INSTITUTE INVOLVEMENT WHILE MAINTAINING THE INDIVIDUALITY OF THE REGION |

Additional Data

Software ID:

Software Version:

EIN: 23-1887442

Name: PROJECT MANAGEMENT INSTITUTE

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|-----------------------------------|-------------------------------------|---|--|--|-----------------------------------|
| Central America and the Caribbean | | | Program Services | TRAVEL EXPENSES | 2,816 |
| Central America and the Caribbean | | | Program Services | EXAM DELIVERY | 121,350 |

| Form 990 Schedule F Part I - Activities Outside The United States | | | | | |
|---|-------------------------------------|---|--|--|-----------------------------------|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
| Central America and the Caribbean | | | Program Services | CONSULTING | 24,750 |
| Central America and the Caribbean | | | Program Services | CONTENT DEVELOPMENT | 45,650 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|---------------------------|-------------------------------------|---|--|--|-----------------------------------|
| East Asia and the Pacific | | | Program Services | ACCOUNTING FEES | 14,734 |
| East Asia and the Pacific | | | Program Services | RESEARCH | 159,058 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|---------------------------|-------------------------------------|---|--|--|-----------------------------------|
| East Asia and the Pacific | | | Program Services | CONFERENCES | 413,869 |
| East Asia and the Pacific | | | Program Services | CHAPTER DEVELOPMENT | 732,539 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|---------------------------|-------------------------------------|---|--|--|-----------------------------------|
| East Asia and the Pacific | | | Program Services | LEGAL FEES | 738,973 |
| East Asia and the Pacific | | | Program Services | CONSULTING | 934,792 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|---------------------------|-------------------------------------|---|--|--|-----------------------------------|
| East Asia and the Pacific | | | Program Services | OUTREACH | 6,250,275 |
| East Asia and the Pacific | | | Program Services | TRAVEL EXPENSES | 52,641 |

| Form 990 Schedule F Part I - Activities Outside The United States | | | | | |
|---|-------------------------------------|---|--|--|-----------------------------------|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
| East Asia and the Pacific | | | Program Services | EXAM DELIVERY | 11,604,602 |
| Europe (Including Iceland and Greenland) | | | Program Services | REGISTERED EDUCATION P | 25,900 |

| Form 990 Schedule F Part I - Activities Outside The United States | | | | | |
|---|-------------------------------------|---|--|--|-----------------------------------|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
| Europe (Including Iceland and Greenland) | | | Program Services | ACCOUNTING FEES | 39,895 |
| Europe (Including Iceland and Greenland) | | | Program Services | EXAM DEVELOPMENT | 139,592 |

| Form 990 Schedule F Part I - Activities Outside The United States | | | | | |
|---|-------------------------------------|---|--|--|-----------------------------------|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
| Europe (Including Iceland and Greenland) | | | Program Services | LEGAL FEES | 194,147 |
| Europe (Including Iceland and Greenland) | | | Program Services | ACADEMIC WORKSHOP | 267,611 |

| Form 990 Schedule F Part I - Activities Outside The United States | | | | | |
|---|-------------------------------------|---|--|--|-----------------------------------|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
| Europe (Including Iceland and Greenland) | | | Program Services | CONFERENCES | 3,075,834 |
| Europe (Including Iceland and Greenland) | | | Program Services | CONSULTING | 3,407,826 |

| Form 990 Schedule F Part I - Activities Outside The United States | | | | | |
|---|-------------------------------------|---|--|--|-----------------------------------|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
| Europe | | | Program Services | OUTREACH | 4,965,097 |
| Europe (Including Iceland and Greenland) | | | Program Services | TRAVEL EXPENSES | 110,696 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|--|-------------------------------------|---|--|--|-----------------------------------|
| Europe (Including Iceland and Greenland) | | | Program Services | EXAM DELIVERY | 2,114,800 |
| Middle East and North Africa | | | Program Services | LEGAL FEES | 40,261 |

| Form 990 Schedule F Part I - Activities Outside The United States | | | | | |
|---|-------------------------------------|---|--|--|-----------------------------------|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
| Middle East and North Africa | | | Program Services | CONSULTING | 120,000 |
| Middle East and North Africa | | | Program Services | EXAM DEVELOPMENT | 155,899 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|------------------------------|-------------------------------------|---|--|--|-----------------------------------|
| Middle East and North Africa | | | Program Services | CHAPTER DEVELOPMENT | 910,373 |
| Middle East and North Africa | | | Program Services | TRAVEL EXPENSES | 16,668 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|------------------------------|-------------------------------------|---|--|--|-----------------------------------|
| Middle East and North Africa | | | Program Services | EXAM DELIVERY | 939,814 |
| North America | | | Program Services | TRAVEL EXPENSES | 51,882 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|---------------|-------------------------------------|---|--|--|-----------------------------------|
| North America | | | Program Services | EXAM DELIVERY | 749,697 |
| North America | | | Program Services | LICENSE FEES | 1,200 |

| Form 990 Schedule F Part I - Activities Outside The United States | | | | | |
|---|-------------------------------------|---|--|--|-----------------------------------|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
| North America | | | Program Services | LEGAL FEES | 7,023 |
| North America | | | Program Services | RESEARCH | 32,000 |

| Form 990 Schedule F Part I - Activities Outside The United States | | | | | |
|---|-------------------------------------|---|--|--|-----------------------------------|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
| North America | | | Program Services | CONFERENCES | 140,991 |
| North America | | | Program Services | OUTREACH | 239,207 |

| Form 990 Schedule F Part I - Activities Outside The United States | | | | | |
|---|-------------------------------------|---|--|--|-----------------------------------|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
| North America | | | Program Services | CONSULTING | 361,000 |
| Russia and the Newly Independent States | | | Program Services | TRAVEL EXPENSES | 4,730 |

| Form 990 Schedule F Part I - Activities Outside The United States | | | | | |
|---|-------------------------------------|---|--|--|-----------------------------------|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
| Russia and the Newly Independent States | | | Program Services | EXAM DELIVERY | 85,481 |
| South America | | | Program Services | TRAVEL EXPENSES | 27,772 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|---------------|-------------------------------------|---|--|--|-----------------------------------|
| South America | | | Program Services | EXAM DELIVERY | 543,746 |
| South America | | | Program Services | LEGAL FEES | 33,200 |

| Form 990 Schedule F Part I - Activities Outside The United States | | | | | |
|---|-------------------------------------|---|--|--|-----------------------------------|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
| South America | | | Program Services | CONFERENCES | 253,811 |
| South America | | | Program Services | CONSULTING | 1,521,482 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|---------------|-------------------------------------|---|--|--|-----------------------------------|
| South America | | | Program Services | OUTREACH | 1,873,699 |
| South Asia | | | Program Services | TRAVEL EXPENSES | 27,126 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|------------|-------------------------------------|---|--|--|-----------------------------------|
| South Asia | | | Program Services | EXAM DELIVERY | 529,548 |
| South Asia | | | Program Services | ACCOUNTING FEES | 7,453 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|------------|-------------------------------------|---|--|--|-----------------------------------|
| South Asia | | | Program Services | CONSULTING | 512,033 |
| South Asia | | | Program Services | OUTREACH | 2,291,326 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|--------------------|-------------------------------------|---|--|--|-----------------------------------|
| South Asia | | | Program Services | LEGAL FEES | 2,720,170 |
| Sub-Saharan Africa | | | Program Services | TRAVEL EXPENSES | 5,444 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|--------------------|-------------------------------------|---|--|--|-----------------------------------|
| Sub-Saharan Africa | | | Program Services | EXAM DELIVERY | 385,626 |
| Sub-Saharan Africa | | | Program Services | LEGAL FEES | 19,951 |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--------------------------|---|---------------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | East Asia and the Pacific | RESEARCH | 16,666 | CHECK | | N/A | N/A |
| | | East Asia and the Pacific | RESEARCH | 16,667 | CHECK | | N/A | N/A |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--------------------------|---|--|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | Europe (Including Iceland and Greenland) | RESEARCH | 16,667 | CHECK | | N/A | N/A |
| | | Europe (Including Iceland and Greenland) | RESEARCH | 33,333 | CHECK | | N/A | N/A |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--------------------------|---|--|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | Europe (Including Iceland and Greenland) | RESEARCH | 26,666 | CHECK | | N/A | N/A |
| | | Europe (Including Iceland and Greenland) | RESEARCH | 24,000 | CHECK | | N/A | N/A |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--------------------------|---|--|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | Europe (Including Iceland and Greenland) | RESEARCH | 16,500 | CHECK | | N/A | N/A |
| | | Europe (Including Iceland and Greenland) | RESEARCH | 16,667 | CHECK | | N/A | N/A |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--------------------------|---|--|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | Europe (Including Iceland and Greenland) | RESEARCH | 50,000 | CHECK | | N/A | N/A |
| | | Europe (Including Iceland and Greenland) | RESEARCH | 16,666 | CHECK | | N/A | N/A |

| Form 990 Schedule F Part II - Grants or Entities Outside The United States | | | | | | | | |
|--|---|--|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | Europe (Including Iceland and Greenland) | RESEARCH | 11,305 | CHECK | | N/A | N/A |

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

| (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 CHAPTER SCHOLARSHIPS | Central America and the Caribbean | 36 | 12,958 | CHECK | | N/A | N/A |
| PMI CHAPTER SCHOLARSHIPS | East Asia and the Pacific | 115 | 37,305 | CHECK | | N/A | N/A |

| Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S | | | | | | | |
|---|--|--------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (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 CHAPTER SCHOLARSHIPS | Europe (Including Iceland and Greenland) | 147 | 31,046 | CHECK | | N/A | N/A |
| PMI CHAPTER SCHOLARSHIPS | Middle East and North Africa | 44 | 10,596 | CHECK | | N/A | N/A |

| Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S | | | | | | | |
|---|---|-------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (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 CHAPTER SCHOLARSHIPS | North America | 75 | 20,055 | CHECK | | N/A | N/A |
| PMI CHAPTER SCHOLARSHIPS | Russia and the Newly Independent States | 51 | 14,827 | CHECK | | N/A | N/A |

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

| (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 CHAPTER SCHOLARSHIPS | South America | 189 | 76,101 | CHECK | | N/A | N/A |
| PMI CHAPTER SCHOLARSHIPS | South Asia | 28 | 16,844 | CHECK | | N/A | N/A |

| Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S | | | | | | | |
|---|--------------------|--------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (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 CHAPTER SCHOLARSHIPS | Sub-Saharan Africa | 53 | 35,906 | CHECK | | N/A | N/A |

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Schedule I
(Form 990)

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
PROJECT MANAGEMENT INSTITUTE

Employer identification number
23-1887442

Part I

General Information on Grants and Assistance

- 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 criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

| (a) Name and address of organization or government | (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 noncash assistance | (h) Purpose of grant or assistance |
|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) PMI EDUCATIONAL FOUNDATION 14 CAMPUS BOULEVARD NEWTOWN SQUARE, PA 19073 | 23-2630701 | 501(C)(3) | 5,407,365 | | N/A | N/A | EDUCATIONAL |
| (2) GEORGIA STATE UNIV RESEARCH FOUNDATION INC PO BOX 3999 ATLANTA, GA 30302 | 58-1845423 | 501(C)(3) | 33,334 | | N/A | N/A | RESEARCH |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 2
- 3 Enter total number of other organizations listed in the line 1 table 0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| (1) PMI CHAPTER SCHOLARSHIPS | 217 | 83,973 | | N/A | N/A |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |

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

| Return Reference | Explanation |
|--|---|
| FORM 990, SCHEDULE I, PART I, LINE 2 | PROJECT MANAGEMENT INSTITUTE ("PMI") HAD A PROJECT MONITORING SYSTEM IN PLACE TO MONITOR THE USE OF GRANT FUNDS THE GUIDELINES ARE OUTLINED IN BOTH THE RESEARCH AGREEMENT AND A DOCUMENT DETAILING THE ROLE OF THE PROJECT LIAISON PMI REQUIRES ALL GRANTEEES TO SUBMIT DETAILED PERIODIC REPORTS TO THEIR ASSIGNED LIAISON AND TO THE PMI ACADEMIC RESOURCES TEAM |
| FORM 990, SCHEDULE I, PART III, COLUMN (A) - TYPE OF GRANT OR ASSISTANCE | PMI PROVIDES EDUCATIONAL GRANTS FOR INDIVIDUALS TO ATTEND THE PMI LEADERSHIP INSTITUTE MEETING THE PMI LEADERSHIP INSTITUTE MEETING PROVIDES AN INVALUABLE OPPORTUNITY TO ACCESS LEADERSHIP AND PROFESSIONAL DEVELOPMENT, NETWORKING OPPORTUNITIES AND SKILLS ENHANCEMENT |

| | | |
|--------------------------|---|---------------------------|
| Schedule J (Form 990) | <div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.</div> <div>▶ Go to www.irs.gov/Form990 for instructions and the latest information.</div> | OMB No 1545-0047 |
| | | 2018 |
| | | Open to Public Inspection |

| | | |
|--|--|--|
| Department of the Treasury Internal Revenue Service | Name of the organization PROJECT MANAGEMENT INSTITUTE | Employer identification number 23-1887442 |
|--|--|--|

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

For each individual whose compensation must be reported on 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.

See Additional Data Table

Schedule J (Form 990) 2018

Part III Supplemental Information

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.

| Return Reference | Explanation |
|------------------|--|
| PART I, LINE 1A | LISTED PERSONS WHO INCUR TRAVEL EXPENSES ARE RESPONSIBLE FOR COMPLYING WITH THE TRAVEL POLICY. ALL INDIVIDUALS SUBMITTING EXPENSES NOT IN COMPLIANCE WITH THIS POLICY RISK DELAY IN PAYMENT AND/OR PARTIAL OR FORFEITED REIMBURSEMENT. REGIONAL AIR TRAVEL WILL BE IN COACH CLASS. AIR TRAVEL THAT IS GREATER THAN 4 HOURS TO THE DESTINATION (NOT CALCULATING LAYOVERS INTO THIS NUMBER, BUT POINT TO POINT TRAVEL), WILL BE IN BUSINESS CLASS. SHOULD A TRAVELER DESIRE FIRST CLASS, ANY ADDITIONAL EXPENSES FROM THIS TYPE OF REQUEST WILL BE PAID BY THE TRAVELER AND MUST BE PAID TO PMI AT THE TIME OF CONFIRMATION. A LIST OF ATTENDEES AUTHORIZED TO TRAVEL ON PMI-RELATED BUSINESS MUST BE GIVEN TO PMI'S IN-HOUSE TRAVEL CONSULTANT IN ADVANCE BY THE MEETING HOST. TRAVEL FOR COMPANIONS. THE PRESIDENT AND CEO'S EMPLOYMENT AGREEMENT INCLUDES REIMBURSEMENT FOR LIMITED, QUALIFIED SPOUSAL TRAVEL. THESE BENEFITS ARE INCLUDED AS COMPENSATION AND REPORTED BY THE ORGANIZATION ON FORM W-2. HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES. PMI REQUIRES THAT EXECUTIVES SUBMIT THEIR EXPENSE WITH DOCUMENTATION OF A RECEIPT SHOWING PAYMENT FOR A WELLNESS BENEFIT (EX: GYM MEMBERSHIP, WEIGHT LOSS PROGRAM, PERSONAL TRAINER, ETC.). PMI RETAINS SUPPORTING DOCUMENTATION FOR THESE FEES AND ALL BENEFITS ARE INCLUDED IN THE RESPECTIVE EMPLOYEE'S W-2 WAGES. |

| Return Reference | Explanation |
|------------------|---|
| PART I, LINE 4A | DOROTHY HAMILTON, ASSOCIATE CORPORATE SECRETARY, RECEIVED A SEVERANCE PAYMENT OF \$140,854 66 AMOUNT WAS BASED ON LENGTH OF SERVICE |

| Return Reference | Explanation |
|------------------|--|
| PART I, LINE 4B | MARK LANGLEY, PRESIDENT AND CEO, PARTICIPATED IN A 457(F) SUPPLEMENTAL NON QUALIFIED RETIREMENT PLAN AND RECEIVED \$871,755 FROM SUCH PLAN |



Additional Data

Software ID:

Software Version:

EIN: 23-1887442

Name: PROJECT MANAGEMENT INSTITUTE

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| MARK A LANGLEY PRESIDENT AND CEO | (i) | 586,284 | 237,694 | 1,088,389 | 18,550 | 25,520 | 1,956,437 | 590,224 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| JOSEPH J CAHILL SVP FINANCE AND ADMINISTRATION | (i) | 294,303 | 51,618 | 40,811 | 18,550 | 26,840 | 432,122 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| DAVID L GARRETT VP, TRANSFORMATION PROGRAM | (i) | 266,538 | 48,046 | 30,610 | 17,705 | 27,740 | 390,639 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ALI M BICAK SVP STRATEGY | (i) | 273,757 | 51,618 | 19,242 | 16,147 | 1,000 | 361,764 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| GINA P JONES ADVERTISING SALES EXEC | (i) | 116,203 | 21,030 | 201,045 | 18,550 | 4,589 | 361,417 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MICHAEL DEPRISCO VP GLOB MEM & CHAPTERS | (i) | 219,840 | 52,536 | 34,324 | 17,711 | 25,340 | 349,751 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| WILLIAM SCARBOROUGH VP GEN COUNSEL | (i) | 223,410 | 45,430 | 35,566 | 15,415 | 27,990 | 347,811 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CINDY W ANDERSON VP BRAND MANAGEMENT | (i) | 233,889 | 45,048 | 20,282 | 14,519 | 3,377 | 317,115 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| DOROTHY MCKELVY VP HUMAN RESOURCES | (i) | 208,539 | 46,660 | 30,038 | 15,797 | 4,248 | 305,282 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TODD R KLEINMAN VP INFO TECHNOLOGY | (i) | 212,851 | 42,021 | 23,965 | 17,687 | 2,089 | 298,613 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| BRIAN A WEISS VP PRACTITIONER CAREERDEV | (i) | 188,204 | 44,364 | 44,835 | 18,550 | 2,790 | 298,743 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| DOROTHY HAMILTON ASSOCIATE CORPORATE SECRETARY | (i) | 88,811 | 10,565 | 159,616 | 6,947 | 20,619 | 286,558 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

SCHEDULE O
(Form 990 or 990-EZ)

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury

Name of the organization

PROJECT MANAGEMENT INSTITUTE

Employer identification number

23-1887442

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PART I, LINE 1 - DESCRIPTION OF ORGANIZATION'S MISSION | TO ADVANCE THE PRACTICE, SCIENCE, AND PROFESSION OF PROJECT MANAGEMENT THROUGHOUT THE WORLD IN A CONSCIOUS AND PROACTIVE MANNER PMI'S ENVISIONED GOAL AS STATED IN ITS STRATEGIC PLAN IS EMPOWERING PEOPLE TO MAKE IDEAS A REALITY FORM 990, PART I, LINE 6 - DESCRIPTION OF THE VOLUNTEER ESTIMATE PROCESS 9,071 DEDICATED VOLUNTEERS SUPPORT PMI GLOBALLY THROUGH THEIR ACTIVITIES AS CHAPTER LEADERS, AS BOARD MEMBERS OR ON BOARD SUPPORT COMMITTEES, ON MEMBER ADVISORY GROUPS, THROUGH CONTRIBUTIONS TO EXAM QUESTION DEVELOPMENT AND THE DEVELOPMENT OF PROFESSIONAL STANDARDS THAT SHAPE THE FUTURE OF THE PROFESSION, BY WRITING AND PUBLISHING WHITE PAPERS AND REVIEWING PROJECT MANAGEMENT MANUALS, BOOKS AND PERIODICALS, OR OTHER IMPORTANT WORK PMI UTILIZES ITS VOLUNTEER RELATIONSHIP MANAGEMENT SYSTEM ("VRMS") AS A RESOURCE FOR ITS MEMBERS TO SEARCH FOR VOLUNTEER OPPORTUNITIES THROUGHOUT THE WORLD, AND USES THIS SYSTEM TO TRACK VOLUNTEER ACTIVITIES AND STATISTICS, INCLUDING THE NUMBER OF ACTIVE VOLUNTEERS FORM 990, PART VI, LINE 6 MEMBER RIGHTS ARE DEFINED AS THE OPPORTUNITY TO VOTE ON INSTITUTE MATTERS AND TO HOLD ELECTED OR APPOINTED OFFICE, AS DEFINED IN THE BYLAWS PRIVILEGES ARE DEFINED AS THOSE TANGIBLE AND INTANGIBLE BENEFITS, PRODUCTS, AND SERVICES OFFERED WITH MEMBERSHIP IN THE INSTITUTE THE PMI BOARD OF DIRECTORS SHALL ESTABLISH THE PRIVILEGES ASSOCIATED WITH MEMBERSHIP |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|----------------------------------|--|
| FORM 990, PART VI, LINE 7A | <p>THE INSTITUTE MAINTAINS THE FOLLOWING CLASSES AND QUALIFICATIONS OF MEMBERSHIP, EACH CLASS WITH THE RIGHTS HEREINAFTER PROVIDED</p> <p>1 MEMBER - REGULAR ANY PERSON WHO IS INTERESTED IN, OR ENGAGED IN, THE PRACTICE, TEACHING, OR OTHER APPLICATION OF PROJECT MANAGEMENT, INCLUDING RESEARCH CONCERNING PROJECT MANAGEMENT, MAY QUALIFY AS A REGULAR MEMBER OF THE INSTITUTE REGULAR MEMBERS SHALL HAVE VOTING RIGHTS AND MAY HOLD ANY ELECTED OR APPOINTED OFFICE IN THE INSTITUTE</p> <p>2 MEMBER - RETIREE ANY PERSON WHO HAS BEEN A PMI MEMBER IN GOOD STANDING FOR FIVE (5) CONSECUTIVE YEARS, AND WHO HAS RETIRED FROM ACTIVE EMPLOYMENT, QUALIFIES FOR PMI RETIREE MEMBERSHIP RETIREE MEMBERS SHALL HAVE ALL RIGHTS OF THE REGULAR MEMBER CLASS</p> <p>3 MEMBER - STUDENT ANY PERSON CURRENTLY REGISTERED IN A DEGREE GRANTING PROGRAM AT AN ACCREDITED, OR GLOBALLY EQUIVALENT, COLLEGE/UNIVERSITY, MAY QUALIFY FOR PMI STUDENT MEMBERSHIP STUDENT MEMBERS SHALL NOT BE ENTITLED TO EXERCISE ANY VOTING RIGHTS, AND SHALL NOT HOLD ANY ELECTED OFFICE IN THE INSTITUTE, EXCEPT THAT STUDENT MEMBERS MAY HOLD OFFICE AND VOTE WITHIN A PMI COMPONENT, AS MAY BE GRANTED IN THE COMPONENT BYLAWS</p> <p>4 MEMBER - ASSOCIATE ANY PERSON WHO JOINS THE INSTITUTE TO ACCESS LIMITED PRIVILEGES PURSUANT TO POLICIES DULY ADOPTED BY THE PMI BOARD OF DIRECTORS ASSOCIATE MEMBERS SHALL NOT BE ENTITLED TO EXERCISE ANY VOTING RIGHTS, AND SHALL NOT BE A CANDIDATE FOR, NOR HOLD ANY ELECTED OR APPOINTED OFFICE IN THE INSTITUTE</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|----------------------------------|--|
| FORM 990, PART VI, LINE 7B | GOVERNANCE DECISIONS OF THE ORGANIZATION ARE RESERVED TO OR SUBJECT TO THE APPROVAL OF MEMBERSHIP UNDER THE ORGANIZATION'S BYLAWS, CERTAIN CHANGES TO THE BYLAWS REQUIRE MEMBERSHIP APPROVAL |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------|--|
| FORM 990, PART VI, LINE 11B | A DRAFT OF THE FORM 990 IS PREPARED BY PMI'S EXTERNAL TAX CONSULTANTS AFTER REVIEW BY PMI'S TAX STAFF, THE DRAFT IS REVIEWED BY PMI'S FINANCE AND LEGAL STAFF THE FOLLOWING DRAFT IS PRESENTED FOR REVIEW TO PMI'S PRESIDENT AND CHIEF EXECUTIVE OFFICER AND THEN TO THE BOARD'S AUDIT AND PERFORMANCE OVERSIGHT COMMITTEE THE FINAL DRAFT OF THE FORM 990 IS THEN PRESENTED TO THE FULL BOARD THE FORM 990 WAS DISTRIBUTED ELECTRONICALLY TO THE BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING THE PROCESS INCLUDES THE OPPORTUNITY FOR MEMBERS OF THE BODY OF THE BOARD OF DIRECTORS TO SUBMIT QUESTIONS/COMMENTS ELECTRONICALLY |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------------|---|
| FORM 990, PART VI, LINE 12C | <p>Authority The PMI Code of Ethics and Professional Conduct requires that individuals will abide by the bylaws, policies, rules, requirements, and procedures of PMI, and will not knowingly engage or assist in activities that meeting compromise the integrity, reputation, property, and/or legal rights of the Institute Disclosure Individuals accountable under this policy must identify those situations where they have a conflict of interest or where a reasonable person might conclude that they had a conflict of interest in the activity in which they are participating or about to participate Such disclosure should be made immediately to that staff member's superior or the Group Leader in the case of volunteers PMI Conflict of Interest Questionnaire All Volunteers participating in a PMI Volunteer Group and all Key Employees must fill out the Questionnaire annually This is to ensure that no conflicts of interests that have arisen after the person's initial involvement are disclosed Disclosure Review The conflict of interest questionnaire, to be completed by the individual participating on a PMI Volunteer Group, will be reviewed by the responsible Group Leader for his/her knowledge and understanding and then forwarded to the PMI staff member who is responsible for the Volunteer Group, or in the case of a Board sponsored group, to the PMI General Counsel The PMI General Counsel will review the conflict of interest questionnaires of all PMI Board Members and members of Board chartered Committees and bring conflicts of interest and possible conflicts of interest to the attention of the PMI Chair and Chief Executive Officer for resolution The PMI General Counsel will review the conflict of interest questionnaires of all Key Employees and bring conflicts of interest and possible conflicts of interest to the attention of the PMI Chief Executive Officer for resolution The Chief Executive Officer will review the questionnaire of the General Counsel Possible Remedies Remedial action for disclosed conflicts or possible conflicts of interest may include but are not limited to the following Recusal from any decision developed by the group Recusal from the part of the process where a conflict exists, such as not reviewing a competitor's award submittal Replacement on the group Participation as a subject matter expert but not in discussions or deliberations Policy Usage Care must be used to avoid overuse or misuse of this policy The Institute requires integrity to function properly but over-use of the requirement to complete the Conflict of Interest Questionnaire may discourage participation by otherwise qualified volunteers and result in volunteers perceiving they are being harassed Forms All individual PMI members, Volunteers participating in PMI Volunteer Groups will complete and sign the PMI Conflict of Interest Questionnaire The Board of Directors, Chief Executive Officer, and Vice Presidents (for programs they are responsible for), other Gr</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------------|--|
| FORM 990, PART VI, LINE 12C | <p>Group Leaders of PMI Volunteer Groups are authorized to use the attached form for groups they sponsor. It is anticipated that the standard form attached will apply in most cases, however, if a leader believes that modification would serve the interests of PMI to make their group more productive the form may be tailored with the explicit concurrence of the PMI General Counsel or the designated representative from the PMI Legal Department Records Management. The PMI Operating Department which sponsors, supports, or manages a PMI Volunteer Group, after completing their review of the submitted questionnaires, will forward the questionnaires to the PMI Legal Department for retention in accordance with PMI's Records Management Policy. The Legal Department will retain the questionnaires during the life of the group and the questionnaires will be archived when the group is disbanded. Violations Apparent violations of this policy, including but not limited to the failure to make adequate and full disclosure, will be forwarded to the appropriate individual as described in PMI's Policy on Complaint, Dispute, and Grievance Resolution or to the Ethics Review Committee under PMI's Member Ethics Case Procedures, as applicable.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, LINE 15A AND 15B | <p>PMI UTILIZES BROAD PAY RANGES THAT ENCOURAGE GROWTH AND DEVELOPMENT WITHIN POSITIONS OVER TIME BROAD BANDS ARE REVIEWED ANNUALLY WITH MARKET INFORMATION AND MAY BE ADJUSTED IF WARRANTED WITHIN THE FINANCIAL CONDITION OF THE ORGANIZATION AND TO SUSTAIN COMPETITIVENESS APPLICABLE MARKET DATA IS USED IN THE DETERMINATION OF BASE SALARIES, WITH ATTENTION TO MARKET SENSITIVE TECHNICAL COMPETENCIES AND PMI AS A WHOLE COMPENSATION REVIEW IS PART OF THE ORGANIZATION PRACTICE TO REGULARLY ASSESS COMPENSATION PROGRAMS AND SYSTEMS PMI ENGAGES THE ASSISTANCE OF EXTERNAL CONSULTING RESOURCES TO CONDUCT ASSESSMENTS OF COMPENSATION COMPREHENSIVE STUDIES HAVE BEEN UNDERTAKEN EVERY TWO TO THREE YEARS WITH ANNUAL REVIEW OF BASE SALARY AND TOTAL CASH COMPENSATION FOR SELECT POSITIONS THE CEO ACTIVELY REVIEWS COMPENSATION PHILOSOPHY, ASSESSES SALARY DATA ON AN ANNUAL BASIS, AND HAS CONDUCTED COMPREHENSIVE STUDIES OF COMPENSATION EVERY TWO TO THREE YEARS THE ASSESSMENTS INCLUDE DIRECT AND INDIRECT COMPENSATION, AS WELL AS MARKET-BASED COMPARISONS TO COMPARABLE PROFESSIONAL SOCIETIES AND ORGANIZATIONS, BROAD NON-PROFIT INDUSTRY DATA AND OTHER SURVEY INFORMATION ALIGNED WITH THE NATURE OF THE POSITIONS SIMILAR SIZE, SCOPE OPERATIONS, INTERNATIONAL ACTIVITIES AND/OR SIMILAR MEMBER PROGRAMS ARE INCLUDED ALONG WITH GEOGRAPHIC INFORMATION RELATED TO THE MARKET IN WHICH THE ORGANIZATION COMPETES FOR TALENT</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|----------------------------------|--|
| FORM 990, PART VI, LINE 19 | THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE GENERAL PUBLIC FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D) THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE POSTED ON THE WEBSITE (WWW PMI ORG) AND COPIES WILL BE PROVIDED ON REQUEST THE AUDITED FINANCIAL STATEMENTS WILL BE PROVIDED ON REQUEST, BUT ARE ALSO INCLUDED IN PMIS ANNUAL REPORT THAT IS POSTED ON THE PMI ORG WEBSITE |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------|--|
| FORM 990 PART IX LINE 11G | DESCRIPTION CONSULTING TOTAL FEES 34846618 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------|---|
| FORM 990 PART IX LINE 11G | DESCRIPTION CONTRACT LABOR TOTAL FEES 6836560 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------|--|
| FORM 990 PART IX LINE 11G | DESCRIPTION REGIONAL SERVICE CENTER TOTAL FEES 2222117 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------|--|
| FORM 990 PART IX LINE 11G | DESCRIPTION TEMPORARY STAFF TOTAL FEES 2195450 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------|---|
| FORM 990 PART IX LINE 11G | DESCRIPTION EDITORIAL SERVICES TOTAL FEES 1642391 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------|---|
| FORM 990 PART IX LINE 11G | DESCRIPTION TRANSLATION SERVICES TOTAL FEES 1106144 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------|--|
| FORM 990 PART IX LINE 11G | DESCRIPTION EMPLOYEE SEARCH FEES TOTAL FEES 512763 |

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
PROJECT MANAGEMENT INSTITUTE

Employer identification number
23-1887442

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

| (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 |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) PMI AUSTRALASIA PTY LIMITED LEVEL 20 TOWER 2 DARLING PARK 201 SYDNEY, NSW 2001 AS 98-0607905 | ADVOCACY | AS | 11,575 | 274,693 | PMI |
| (2) PMI (BEIJING) PROJECT MGMT TECH CO LTD RM 1107 11TH FLOOR BEIJING SUN CHAOYANG DIST BEIJING 100080 CH 98-0609885 | ADVOCACY | CH | 4,263,559 | 2,828,732 | PMI |
| (3) PMI KHALEEJI FZ-LLC BLOCK NO 6 1ST FLOOR F-07 KNOWLEDGE VILLAGE DUBAI AE 98-1162223 | TRAINING | AE | 910,373 | 524,148 | PMI AUSTRALA |
| (4) PMI MANAGEMENT SINGAPORE PTE LTD 10 MARINA BLVD MARINA BAY FC SINGAPORE SN 98-1174043 | CHPTR SUPPORT | SN | 732,539 | 453,267 | PMI |
| (5) PMI MANAGEMENT EUROPE BVBA SQUARE DE MEEUS 35 3D FLOOR BRUSSELS BE 98-1219090 | OUTREACH | BE | 918,589 | 388,341 | PMI |
| | | | | | |

Part II 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.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|--|-------------------------|--|----------------------------|---|----------------------------------|--|----|
| | | | | | | Yes | No |
| (1)PMI EDUCATIONAL FOUNDATION 14 CAMPUS BOULEVARD NEWTOWN SQUARE, PA 19073 23-2630701 | SUPPORT | PA | 501(C)(3) | LINE 12A, I | PMI | Yes | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |

Part III 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.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512- 514) | (f) Share of total income | (g) Share of end- of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|-------------------------|---|--|--|------------------------------------|---|---|----|--|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| (1) PMI ORGANIZATION CENTRE PRIVATE LTD 302-305 3D FLOOR BALARAMA PLOT MUMBAI 400051 IN 98-0566940 | OUTREACH/ADVO | IN | PMI | | 56,808 | 2,253,515 | | No | | Yes | | 99 900 % |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |

Part IV 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.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section 512(b) (13) controlled entity? | |
|---|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|---|----|
| | | | | | | | | Yes | No |
| (1) PMI EUROPE LIMITED 82 ST JOHN STREET LONDON EC1M 4JN UK | HOLDING COMPA | UK | PMI | C CORP | 2,580 | 168,425 | 100 000 % | Yes | |
| (2) HUMAN SYSTEMS ASIA PACIFIC PTY LIMITED 66 CLARENCE ST LEVEL 2 SYDNEY, NSW 2000 AS | BENCHMARKING | AS | PMI HOLDINGS | C CORP | -16,539 | 0 | 100 000 % | Yes | |
| (3) HUMAN SYSTEMS INTERNATIONAL LIMITED 82 ST JOHN ST LONDON EC1M 4JN UK | BENCHMARKING | UK | HS EUROPE LTD | C CORP | -7,129 | 0 | 100 000 % | Yes | |
| (4) HUMAN SYSTEMS LIMITED 82 ST JOHN ST LONDON EC1M 4JN UK | BENCHMARKING | UK | HS INTERNAT'L | C CORP | 7,273 | 0 | 100 000 % | Yes | |
| (5) PMI HOLDINGS PTY LIMITED 420 GEORGE STREET LEVEL 18 SYDNEY, NSW 2000 AS | HOLDING COMPA | AS | PMI EUROPE LTD | C CORP | 10,916 | 15,035 | 100 000 % | Yes | |
| | | | | | | | | | |
| | | | | | | | | | |

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

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?

a 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)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l 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)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q 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)

Yes

No

1a

No

1b

Yes

1c

No

1d

Yes

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

Yes

1n

No

1o

No

1p

No

1q

Yes

1r

No

1s

No

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

See Additional Data Table

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Schedule R (Form 990) 2018

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.

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

| Return Reference | Explanation |
|------------------|-------------|
| | |

Additional Data

Software ID:
Software Version:
EIN: 23-1887442
Name: PROJECT MANAGEMENT INSTITUTE

Form 990, Schedule R, Part V - Transactions With Related Organizations

| (a) Name of related organization | | (b) Transaction type(a-s) | (c) Amount Involved | (d) Method of determining amount involved |
|-------------------------------------|--|---------------------------------|------------------------|--|
| (1) | PMI EDUCATIONAL FOUNDATION | B | 5,407,365 | |
| (1) | PMI (BEIJING) PROJECT MGMT TECH CO LTD | M | 3,966,705 | |
| (2) | PMI ORGANIZATION CENTRE PVT LTD | M | 2,086,795 | |
| (3) | PMI EDUCATIONAL FOUNDATION | Q | 1,950,039 | |
| (4) | PMI MANGAEMENT EUROPE BVBA | M | 1,093,426 | |
| (5) | PMI KHALEEJI FZ-LLC | M | 837,408 | |
| (6) | PMI MANAGEMENT SINGAPORE PTE LTD | M | 770,428 | |
| (7) | PMI EUROPE LIMITED | M | 274,946 | |
| (8) | PMI AUSTRALASIA PTY LIMITED | M | 136,150 | |