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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

DLN: 93493315023750 OMB No. 1545-0047

Open to Public

Form 99(
Department of th

Treasury

Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019 C Name of organization PROJECT MANAGEMENT INSTITUTE D Employer identification number B Check if applicable: ☐ Address change 23-1887442 % CHRISTINE MILLAWAY ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite 14 CAMPUS BOULEVARD ☐ Amended return ☐ Application pending (610) 356-4600 City or town, state or province, country, and ZIP or foreign postal code NEWTOWN SQUARE, PA $\,$ 19073 G Gross receipts \$ 399,580,484 Name and address of principal officer: H(a) Is this a group return for Sunil PRASHARA □Yes ☑No subordinates? 14 CAMPUS BOULEVARD H(b) Are all subordinates NEWTOWN SQUARE, PA 19073 ☐ Yes ☐No included? 501(c)(3) **✓** 501(c) (6) **◄** (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW.PMI.ORG L Year of formation: 1969 **K** Form of organization: lacktriangle Corporation lacktriangle Trust lacktriangle Association lacktriangle Other Summary 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) . 13 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 13 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 **6** Total number of volunteers (estimate if necessary) 6 9,864 Total unrelated business revenue from Part VIII, column (C), line 12 7a 2,803,790 **b** Net unrelated business taxable income from Form 990-T, line 39 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . Ravenue 222,019,922 246,944,336 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 28,501,763 28,116,359 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11,386,069 10,408,497 261,907,754 285,469,192 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 6,030,360 6,881,853 **14** Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 51,593,258 59,697,329 Expenses 0 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 171,994,986 235,292,421 229,618,604 301,871,603 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 . 32,289,150 -16,402,411 Net Assets or Fund Balances Beginning of Current Year End of Year 553,010,987 602,124,281 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 83,067,485 123,053,208 469,943,502 479,071,073 22 Net assets or fund balances. Subtract line 21 from line 20 . Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Sign Here WILLIAM SCARBOROUGH Corporate Secretary Type or print name and title Print/Type preparer's name Preparer's signature Check | if 2020-11-05 P00977806 Paid self-employed

Firm's name PricewaterhouseCoopers LLP

Firm's address ▶ 2001 MARKET ST SUITE 1800

May the IRS discuss this return with the preparer shown above? (see instructions)

PHILADELPHIA, PA 19103

Preparer Use Only Firm's EIN ▶

Phone no. (267) 330-3000

☑ Yes ☐ No

Form	990 (2019)				Page 2
Pa	rt III Statement	of Program Service Ac	complishments		
		<u> </u>	r note to any line in this Part III		🔽
1	,	organization's mission:			
			ON OF PROJECT MANAGEMENT THROU STRATEGIC PLAN IS: EMPOWERING PE		
	TER. THIS ERVISIONE	ED COME NO DIMILED IN 110 C	SHATEGIC PERIODS. ELIT OWERS TO PE		
2	Did the organization	undertake any significant pro	gram services during the year which	were not listed on	
	the prior Form 990 o	r 990-EZ?			🗌 Yes 🗹 No
	If "Yes," describe the	ese new services on Schedule	0.		
3	Did the organization	cease conducting, or make s	gnificant changes in how it conducts,	any program	
	services?				🗌 Yes 🗹 No
	If "Yes," describe the	ese changes on Schedule O.			
4	Section 501(c)(3) an		nplishments for each of its three large e required to report the amount of gra 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		ces (Describe in Schedule O.)			
	(Expenses \$	including	grants of \$	(Revenue \$)
4e	Total program serv	vice expenses ►			

Form	990 (2019)			Page 3
Pa	t 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? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule D,</i> 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? <i>If "Yes," complete Schedule D,</i> 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, VIII, VIII, IX, or X as applicable.			
	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	
	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 3	11b	Yes	
	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? <i>If "Yes," complete Schedule D, Part VIII</i> 2	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 2	11d		No
е	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? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 2	12a		No
	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			

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

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

17

18

19

Nο

Nο

No

Nο

Yes

16

17

18

19

20a

20b

orm 9	990 (2019)			Page 4
Part	Checklist of Required Schedules (continued)			
			Yes	No
	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	
	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	
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
	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 current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28 c		No
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
ā	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
	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)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
8	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	
Pari				
	Check if Schedule O contains a response or note to any line in this Part V			✓
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 222		Yes	No

 ${f b}$ Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

1b

0

1c

Yes

Par	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)							
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							
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							
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 , CA , CH , IN , SN , AE , UK							
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 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).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service 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	-						
е	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						
9	Sponsoring organizations maintaining donor advised funds.							
а	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:							
	Initiation fees and capital contributions included on Part VIII, line 12 10a	_						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-						
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders							
a b	Gross income from members or shareholders	-						
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.							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		1				
b	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in	150						
	which the organization is licensed to issue qualified health plans	↓						
C	Enter the amount of reserves on hand			NI-				
	14a		No					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess	14b						
	parachute payment(s) during the year?	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				

Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "I	lo" resp	onse 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			✓
Se	ection 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 1	3		
	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 1	3		
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?	ⁿ 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:			
а	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
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Reven	ie Code		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	i
_		-		
	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	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes Yes	
11a	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the		Yes	
11a b 12a	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13			
11a b 12a	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	Yes	
11a b 12a b	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	11a 12a	Yes	
11a b 12a b	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in	11a 12a 12b	Yes Yes	
11a b 12a b	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	11a 12a 12b	Yes Yes Yes	
11a b 12a b c	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. Did the organization have a written whistleblower policy?	11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	
11a b 12a b c 13 14	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	
11a b 12a b c 13 14	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
11a b 12a b c 13 14	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	
11a b 12a b c 13 14 15 a b	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
11a b 12a b c 13 14 15 a b	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No
11a b 12a c 13 14 15 a b	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No
11a b 12a c 13 14 15 a b	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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?	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No
11a b 12a b c 13 14 15 a b 16a b	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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?	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No
11a b 12a b c 13 14 15 a b 16a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Exection C. Disclosure List the states with which a copy of this Form 990 is required to be filed▶ Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No
11a b 12a b c 13 14 15 a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed▶ 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.	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No

Name and title

Part VII

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

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

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

 \checkmark

(F)

Estimated

amount of other

compensation

from the

Reportable

compensation

from related

organizations

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

• 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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) (C) (B) (D) (E)

Position (do not check more

than one box, unless person

is both an officer and a

director/trustee)

Reportable

compensation

from the

organization

Average

hours per

week (list

any hours

	for rolated			, .		,		(14/ 2/1000	(1)/ 2/1000	organization and
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations
See Additional Data Table										

compensation from the organization \blacktriangleright 173

2019) Page 8
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

								· ·			
(A) Name and title	(B) Average hours per week (list any hours		ne b	ox, u n off	t che inles ficer	ss pers	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	Estim amount o compen from	ated of other sation
	for related organizations below dotted line)	Individual trustee or director	Institutio	Officer	Key employee	Highest o	Former	(Ŵ-2/1099- MISC)	(W-2/1099- MISC)	organizat relat organiz	ed
		l trustee or	Institutional Trustee		oyee	Highest compensated employee					
See Additional Data Table											
1b Sub-Total				Щ.		<u> </u>					
c Total from continuation sheets to Pa d Total (add lines 1b and 1c)		A		•		>		6,255,130	458,588		217,188
Total number of individuals (including of reportable compensation from the compensation)	but not limited	to thos		ed al	bove	e) who	rece	eived more than s	\$100,000		
3 Did the organization list any former of	officer director	or truct	oo k	21. 21	m n l e		ar bi	abost samponest	ad amplayes an	Yes	No
line 1a? If "Yes," complete Schedule J			ee, K	• •	•		•	gnest compensate	ed employee on	3 Yes	
For any individual listed on line 1a, is organization and related organizations individual										4 Yes	
5 Did any person listed on line 1a receiv services rendered to the organization?										5	No
Section B. Independent Contract Complete this table for your five higher		d inden	ander	nt co	ntra	ctore	that	received more th	an \$100 000 of com	ensation	
from the organization. Report comper	sation for the c								ion's tax year.	(C	
Name a	(A) nd business addre	ess						De CONSULT	(B) scription of services	Compe	
DEPT 0522 PO BOX 120522 DALLAS, TX 753120522								CONSOLI	nvo		,,550,114
TRAINING CTR OF STATE ADMIN OF FGN, BLDG 5 FRIENDSHIP HOTEL ZHONGGUANC BEIJING, HA 100873 CH								EXAM AD	MINISTRATION	30),531,769
PROMETRIC INC, PO BOX 223608								EXAM DE	IVERY	17	7,049,073
PITTSBURGH, PA 152512608 TED CONFERENCES LLC, 330 HUDSON ST 11TH FLOOR NEW YORK, NY 100131046								CONFERE	NCES	2	l,851,308
ATA ONLINE BEIJING EDU TECH CO L, BLDG 2 39 DONGSANHUANZHONG RD BEIJING, 0 100022 CH								EXAM DE	IVERY	4	1,636,520

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

		(2019)	- f F	20						Page 9
Part	VIII				a respo	onse or note to any	line in this Part VIII			🗆
		GHEEK II SCHOOL	i di C	Contains	и гезре	MISC OF FIGURE 60 GITS	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
, v	1:	a Federated campa	igns	s	1 a			revenue		312 314
ons, Gifts, Grants Similar Amounts		b Membership dues	5.		1b					
, Gr		c Fundraising even	ts .		1c					
ifts		d Related organizat			1d					
S, G		e Government grants			1e					
jon	i '	f All other contributio and similar amounts above	ns, ç s not	gifts, grants, included	1f					
tributio Other		q Noncash contributio	ns in	ncluded in	 					
Contributions, and Other Sim	<u>'</u>	lines 1a - 1f:\$			1 g					
٥ ٦	<u> </u>	h Total. Add lines :	1a-1	.f	•	· · · •	0			
	١,,,	CERTIFICATIONS				Business Code	152,741,864	152,741,864		
<u>e</u>	2a	CERTIFICATIONS				611691				
vent	b	MEMBERSHIP DUES				611430	71,438,909	71,438,909		
6 2 ⊕	6	SEMINARS/SYMPOSIA	4			611430	18,774,346	18,774,346		
rvič						011430	2,844,421	2,844,421		
Se -	d	R.E.P. MEMBERSHIP F	-EES			900099	2,044,421	2,044,421		
Program Service Revenue	e	GLOBAL EXECUTIVE	COU	NCIL DUES		900099	1,095,883	1,095,883		
Æ							48,913	48,913		
		All other program					,	,		
	_	Total. Add lines 2 Investment income				246,944,336	1		T	
	5	similar amounts) .			•	•	26,816,86			26,816,861
		Income from invest Royalties					2 246 06	0		2,246,866
		Royaldes ! ! !		(i) Re		(ii) Personal		1		_,
	6.	Gross rents	6a							
			Ua				-			
		expenses	6b							
	С	Rental income or (loss)	6с		C		О			
	١,	d Net rental income	or					0		
	7a Gross amount (i) Securities				rities	(ii) Other	4			
	76	7a Gross amount from sales of assets other than inventory				2 1	4			
	b	Less: cost or other basis and sales expenses	7b	109,	497,509	75	9			
	С	Gain or (loss)	7с	1,	300,243	-74	5			
		d Net gain or (loss) Gross income from fu		· · ·		· · · •	1,299,49	18		1,299,498
ne	"	(not including \$		of						
.ve⊟		contributions reported See Part IV, line 18			8a	C				
æ	Ł	b Less: direct expen	ses		8b	C)			
Other Revenue	١ ،	c Net income or (los	s) fr	rom fundrais	sing ev	ents 🕨		0		
0	9a	Gross income from								
	١.	See Part IV, line 19			9a	C				
		b Less: direct expen c Net income or (los			9b activit			0		
	10	a Gross sales of inve returns and allowa			10a	9,561,222	2			
	ŀ	b Less: cost of good	s so	ld	10b	4,613,024	-			
	_	Net income or (los			invent		4,948,19	8		4,948,198
	11	Miscellaneo LaONLINE ADVERTI				Business Code 54180	0 2,712,13	.7	2,712,137	
	-	ONLINE ADVEKTI) ۱۱۱ ح	G		3-100	2,,12,13		2,, 12,13/	
	ŀ	PRINT/OTHER ADV	VER ⁻	TISING		54180	0 265,76	1 180,376	5 85,385	
		, STILL AD	. - 1 \							
		MISCELLANEOUS	CON	SULTING		54180	0 235,53	229,26	6,268	
							<u>L</u>			
		d All other revenue								
		e Total. Add lines 1				•	3,213,43	3		
	12	2 Total revenue. S	ee ir	nstructions	• •	• • • •	285,469,19	247,353,979	2,803,790	
										Form 990 (2019)

For	m 990 (2019)				Page 10
Р	art IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations must c	omplete all columns.	All other organizati	ons must complete co	· · · · · · · · · · · · · · · · · · ·
	Check if Schedule O contains a response or note to an	y line in this Part IX			🗹
	not include amounts reported on lines 6b, 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	6,174,296			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	70,691			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	636,866			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	7,742,653			
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	41,146,429			
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,460,976			
9	Other employee benefits	4,738,121			
	Payroll taxes	3,609,150			
	Fees for services (non-employees):				
	a Management	0			
	Legal	2,827,818			
	Accounting	2,127,010			
	Lobbying	384,554			
	e Professional fundraising services. See Part IV, line 17	0			
	Investment management fees	1,643,611			
	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	79,757,022			
12	Advertising and promotion	23,050,915			
	Office expenses	14,573,214			
	Information technology	9,931,702			
	Royalties	14,989			
	Occupancy	3,396,524			
	Travel	9,200,180			
	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	20,196,499			
20	Interest	585,804			
21	Payments to affiliates	0			
	Depreciation, depletion, and amortization	3,986,927			
	Insurance	398,486			
	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	54,045,975			
	b MARKET RESEARCH	1,192,492			
	c TAXES	7,178,054			
	d CREDIT CARD EXPENSES	20,897			
	e All other expenses	779,748			
25	Total functional expenses. Add lines 1 through 24e	301,871,603			
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 ► ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2019)

Assets

11

12

13

14

15

16

17

18 19

20

21

23

24

26

27

28

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 ٥l 5

0 6

0 7

10c

11

12

14

15

16

17

18

19

20

0 21

0 22

0 23

0 24

25

26

27

29

30

31

32

33

0 28

770,289

83.067.485

469,943,502

469,943,502

553,010,987

0 13

1.032.328

3,982,774

6,989,686

188,958,039

320.627.657

1,002,076

553,010,987

39,145,612

43.151.584

881,685

Page **11**

1.383.563

4,705,443

8,370,560

459,617,829

77.393.422

14,823,022

2,683,531

602,124,281

64,771,436

2.342.887

55.341.769

0

0

0

0

597,116

123.053.208

476,503,583

479,071,073

602,124,281

Form 990 (2019)

2,567,490

Balance Sheet							
heck if Schedule O contains a response or note to any line in this Part IX $$.							
		 (A	.)				(E

	Beginning of year		End of year
1 Cash-non-interest-bearing	24,063,279	1	10,969,053
2 cash hon meerest bearing ! ! ! ! ! !	,,		

1 Cash-non-interest-bearing	24,063,279	1	10,969,053
2 Savings and temporary cash investments	1,056,369	2	1,180,053
3 Pledges and grants receivable, net	0	З	0
4 Accounts receivable, net	4,417,094	4	20,997,805

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

10a

10b

Notes and loans receivable, net . . .

Prepaid expenses and deferred charges .

10a Land, buildings, and equipment: cost or other

Investments—publicly traded securities .

Investments—other securities. See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Organizations that follow FASB ASC 958, check here ▶

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Investments-program-related. See Part IV, line 11

or family member of any of these persons . . .

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

basis. Complete Part VI of Schedule D

Other assets. See Part IV, line 11 .

Tax-exempt bond liabilities . .

Accounts payable and accrued expenses

b Less: accumulated depreciation

Intangible assets .

Grants payable .

Deferred revenue . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions

complete lines 29 through 33.

Total net assets or fund balances

Inventories for sale or use . .

2	Savings and temporary cash investments	1,056,369	2	1,180,053
3	Pledges and grants receivable, net	0	3	0
4	Accounts receivable, net	4,417,094	4	20,997,805
5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled	0	_	

48,633,799

40,263,239

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a

3h

No

Form 990 (2019)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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.

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EIN: 23-1887442

Name: PROJECT MANAGEMENT INSTITUTE

Form 990 (2019)

Form 990, Part III, Line 4a:

CERTIFICATIONS - IN AN INCREASINGLY PROJECTIZED WORLD, PMI PROFESSIONAL CERTIFICATION ENSURES PROFESSIONALS ARE READY TO MEET THE DEMANDS OF PROJECTS AND EMPLOYERS ACROSS THE GLOBE. RECOGNIZED BY ORGANIZATIONS AND GOVERNMENTS AROUND THE WORLD, PMI CERTIFICATIONS PROVIDE THE

OPPORTUNITY FOR PROJECT MANAGEMENT PRACTITIONERS TO DEMONSTRATE THEIR ACCOMPLISHMENTS THROUGH THE RIGOROUS EXAMINATION PROCESS. DEVELOPED

BY PRACTITIONERS FOR PRACTITIONERS, PMI CERTIFICATIONS ARE BASED ON RIGOROUS STANDARDS AND ONGOING RESEARCH TO MEET THE REAL-WORLD NEEDS OF ORGANIZATIONS. WITH A PMI CERTIFICATION, PROFESSIONAL CAN WORK IN VIRTUALLY ANY INDUSTRY, ANYWHERE IN THE WORLD, AND WITH ANY PROJECT MANAGEMENT METHODOLOGY. WHEREVER A PROFESSIONAL IS IN THEIR CAREER, PMI HAS A CERTIFICATION. PMIS GLOBALLY RECOGNIZED PROJECT MANAGEMENT PROFESSIONAL (PMP) CERTIFICATION IS THE MOST COVETED PROJECT MANAGEMENT CERTIFICATION, WITH NEARLY 1 MILLION PMP CERTIFICATION HOLDERS AROUND

THE WORLD AS OF DECEMBER 2019, PMI ALSO OFFERS OTHER SPECIFIC CERTIFICATIONS, INCLUDING THE PMI PROFESSIONAL IN BUSINESS ANALYSIS (PMI-PBA). PROGRAM MANAGEMENT PROFESSIONAL (PGMP), PORTFOLIO MANAGEMENT PROFESSIONAL (PFMP), PMI RISK MANAGEMENT PROFESSIONAL (PMI-RMP), AND PMI SCHEDULING PROFESSIONAL (PMI-SP). PMI ALSO CERTIFIES NEWER PROJECT MANAGEMENT PRACTITIONERS THROUGH ITS CERTIFIED ASSOCIATE IN PROJECT

MANAGEMENT (CAPM) CERTIFICATION, OVERALL, PMI YIELDED MORE THAN 1.6 MILLION GROSS CERTIFICATIONS AS OF DECEMBER 2019.

MEMBERSHIP - PMI IS THE WORLD'S LEADING ASSOCIATION FOR THE PROJECT MANAGEMENT PROFESSION, WITH MORE THAN 593,000 TOTAL MEMBERS IN MORE THAN 200 COUNTRIES AND TERRITORIES. PMI WORKS IN NEARLY EVERY COUNTRY AROUND THE WORLD TO ADVANCE CAREERS, IMPROVE ORGANIZATIONAL SUCCESS AND FURTHER MATURE THE PROJECT MANAGEMENT PROFESSION. MEMBERS HAVE ACCESS TO GLOBALLY-RECOGNIZED STANDARDS AND CERTIFICATIONS, COMMUNITIES,

RESOURCES, TOOLS, ACADEMIC RESEARCH, EVENTS, PUBLICATIONS, PROFESSIONAL DEVELOPMENT COURSES, AND NETWORKING OPPORTUNITIES, ADDITIONALLY,

Form 990, Part III, Line 4b:

MEMBERS RECEIVE DISCOUNTS ON PMI CREDENTIAL EXAMS AND CERTIFICATION RENEWAL FEES.

EVENTS AND SEMINARS - PMI HOSTS NUMEROUS TYPES OF EVENTS TO BRING TOGETHER PRACTITIONERS FROM AROUND THE WORLD TO NETWORK AND ENHANCE. THEIR KNOWLEDGE OF PROJECT MANAGEMENT. THIS INCLUDES ANNUAL CONGRESSES IN EUROPE, AFRICA AND THE MIDDLE EAST (EMEA); SMALLER REGIONAL EVENTS IN ASIA PACIFIC AND LATIN AMERICAN: AS WELL AS REGULAR IN-DEPTH SEMINARS CALLED SEMINARSWORLD. AT PMIS ANNUAL GLOBAL CONFERENCE IN NORTH

AMERICA. THOUSANDS OF PROJECT AND PROGRAM MANAGERS, CHAPTER LEADERS, AND BUSINESS PROFESSIONALS FROM AROUND THE WORLD COME TOGETHER TO SHARE KNOWLEDGE, STRENGTHEN COMMUNITY AND LEAD THE EVOLUTION OF THE PROJECT MANAGEMENT PROFESSION, ADDITIONALLY, PMI ANNUALLY HOSTS ITS PMO

Form 990, Part III, Line 4c:

SYMPOSIUM, A MUST-ATTEND EVENT FOR PROGRAM, PORTFOLIO, PMO AND ORGANIZATIONAL PROJECT MANAGEMENT LEADERS RESPONSIBLE FOR THE SUCCESS OF

NETWORK, AND GAIN PRACTICAL, REAL-WORLD EXPERTISE TO TAKE THEIR PMOS TO THE NEXT LEVEL.

THEIR ORGANIZATION'S KEY INITIATIVES. THE THREE-DAY EVENT SYMPOSIUM PROVIDES ATTENDEES WITH ACCESS TO PMO EXPERTS SO THAT THEY CAN LEARN.

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: including grants of \$ (Revenue \$ (Expenses \$

DEVELOP INDUSTRY PROFESSIONAL STANDARDS

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

		1	a un	ecto	717 611	usice)	/ !	(14 2 (4 0 0 0	(IV 2/4000	i i i i i i i i i i i i i i i i i i i
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
MARK A LANGLEY FORMER CEO	50.0						х	1,300,536	0	0
SUNIL PRASHARA PRESIDENT & CEO	50.0			х				670,850	0	22,313
JOSEPH J CAHILL CHIEF OPERATING OFFICER	50.0			х				609,832	0	19,833
YONG TAO CHEN MANAGING DIRECTOR, CHINA	50.0				х			0	458,588	0
DAVID L GARRETT	50.0				х			363,436	0	18,408

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350,956

325,976

311,341

300,859

292,378

19,357

16,741

15,364

18,550

16,303

0

0

0

0

0

0.0 50.0

10.0 50.0

0.0 50.0

0.0 37.5

0.0 50.0

0.0

......

YONG TAO CHEN
MANAGING DIRECTOR, CHINA
DAVID L GARRETT
CHIEF STRATEGY & GROWTH OFFICE

MICHAEL DEPRISCO

CINDY ANDERSON

DOROTHY MCKELVY

VP, GLOBAL TALENT

GINA P JONES

WILLIAM SCARBOROUGH

VP, BRAND MANAGEMENT

ADVERTISING SALES EXECUTIVE

VP, GLOBAL EXPERIENCE & SOLUTI

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VP, GENERAL COUNSEL & CORP SEC

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless amount of other hours per compensation compensation person is both an officer week (list from related compensation from the any hours and a director/trustee) organization organizations from the (W- 2/1099-(W- 2/1099organization and

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated amployee	Former	MISC)	MISC)	related organizations
ALI MURAT BICAK CHIEF STRATEGY & GROWTH OFFICE	50.0				х			272,938	3 0	14,947
BRIAN WEISS VP, PRACTITIONER CAREER DEVELO	50.0						x	278,456	0	0
VANGILI PALANIAPPAN CHIEF TECHNOLOGY OFFICER	37.5 0.0					Х		250,226	0	13,981
CHRISTINE MILLAWAY	50.0				х			241,47	. 0	13,235

Χ

Χ

233,347

213,784

0

0

0

0

0

0

12,379

14,473

1,304

0

VANGILI PALANIAPPAN	37.5			×	250,226	
CHIEF TECHNOLOGY OFFICER	0.0			,	230,220	
CHRISTINE MILLAWAY	50.0		.,			
VP, FINANCE	10.0		Х		241,471	
MARK BROOME	37.5			>	238,744	
CHIEF DATA OFFICER				^	236,744	

0.0 37.5

0.0 50.0

0.0 12.0

> 0.0 6.0

> 0.0 6.0

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for related

and Independent Contractors

NICHOLAS VERREKIA

TODD R KLEINMAN

RANDALL T BLACK

J DAVIDSON FRAME

ROBERTO TOLEDO

CHAIR

DIRECTOR, OPERATIONAL EXCELLEN

VP, INFORMATION TECHNOLOGY

COMPENSATION COMMITTEE CHAIR

STRATEGY OVERSIGHT COMMITTEE C

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(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) organizations any hours organization from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

JENNIFER THARP

TONY APPLEBY

DIRECTOR AT LARGE

DIRECTOR AT LARGE

BETH A PARTLETON

DIRECTOR AT LARGE

DIRECTOR AT LARGE

DIRECTOR AT LARGE

GALEN TOWNSON

LUANN PICCARD

......

	any nours	and	a dir	ecto	r/tr	ustee))	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
TERESA KNUDSON	6.0	Х		x				0	0	0
AUDIT COMMITTEE CHAIR	0.0			_^				Ŭ)	
CATERINA LA TONA	6.0	V								0
DIRECTOR AT LARGE	0.0	Х						U	U	J
MARGARETH CARNEIRO DIRECTOR AT LARGE	6.0	Х						0	0	0
DIRECTOR AT LANGE	0.0									

MARGARETH CARNEIRO	6.0	Х					0	0	
DIRECTOR AT LARGE	0.0	1							
TEJAS SURA	6.0								
		X					l 0	l 0	i
DIRECTOR AT LARGE	0.0						_		
THOMAS WALENTA	6.0								
		X	l	I		l] 0	0	ĺ
DIRECTOR AT LARGE			1						1

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• Section 527 organizations: Complete Part I-A only.

Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

Political Campaign and Lobbying Activities

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

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

DLN: 93493315023750

OMB No. 1545-0047

Inspection

and promptly and

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

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

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 **Employer identification number** PROJECT MANAGEMENT INSTITUTE 23-1887442 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A 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) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 ☐ Yes ☐ No Was a correction made? 4a ☐ Yes ☐ No If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C 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......... Did the filing organization file Form 1120-POL for this year? ☐ Yes 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 (e) Amount of political filing organization's contributions received

			-0	directly delivered to a separate political organization. If none, enter -0
1				
2				
3				
4				
5				
6				
For Paperwork Reduction Act Notice, see tl	he instructions for Form 990 or 990-EZ.	Cat.	No. 50084S Schedule C (Form 990 or 990-EZ) 2019

funds. If none, enter

Part IV

Return Reference

Supplemental Information

instructions), and Part II-B, line 1. Also, complete this part for any additional information.

(b)

(a)

activi	ty.	Yes	No	Amo	unt
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:				
а	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?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5), o	r secti	on	
	501(c)(6).				
				Yes	
1	Were substantially all (90% or more) dues received nondeductible by members?			Yes	No
2	Were substantially all (90% or more) dues received nondeductible by members?		E	Yes 1 2	No No
2 3	Were substantially all (90% or more) dues received nondeductible by members?		 	Yes 1 2 3	No No No
2 3	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."	(5), o	 r secti	Yes 1 2 3 on 501	No No No
2 3	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? ETHI-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members	(5), o	 r secti	Yes 1 2 3 on 501(No No No
2 3 Par	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."	(5), o III-A	 r secti	Yes 1 2 3 on 501(No No No (c)(6)
2 3 Par	Were substantially all (90% or more) dues received nondeductible by members?	(5), o III-A,	 r secti	Yes 1 2 3 on 501(No No No (c)(6)
2 3 Par 1 2	Were substantially all (90% or more) dues received nondeductible by members?	(5), o III-A	 r secti	Yes 1 2 3 on 501(No No No (c)(6)
2 3 Par 1 2	Were substantially all (90% or more) dues received nondeductible by members?	(5), o III-A,	 r secti	Yes 1 2 3 on 501(No No No (c)(6)
2 3 Par 1 2	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? LIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	(5), o III-A 1 2a 2b	 r secti	Yes 1 2 3 on 501(No No No (c)(6) 1,438,909 384,554
2 3 Par 1 2 a b c	Were substantially all (90% or more) dues received nondeductible by members?	(5), o III-A, 1 2a 2b 2c 3	 r secti	Yes 1 2 3 on 501(No No No (c)(6) 1,438,909 384,554 0 384,554
2 3 Par 1 2 a b c	Were substantially all (90% or more) dues received nondeductible by members?	(5), o III-A 1 2a 2b 2c	 r secti	Yes 1 2 3 on 501(No No No (c)(6) 1,438,909 384,554

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

Explanation

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

SCHEDULE D

DLN: 93493315023750

OMB No. 1545-0047

2019

Supplemental Financial Statements

▶ 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.

Department of the Treasury

(Form 990)

nterr	nal Revenue Service	► Go to <u>www.irs.gov/Form9</u>	<u>190</u> for instruction	s and the latest info	rmation.	Ins	spection
	me of the organ				Employer id	entification	number
PRO	DJECT MANAGEMENT	INSTITUTE			23-1887442		
Pa	art I Organi	izations Maintaining Donor Advise	ed Funds or Oth	er Similar Funds o			
		ete if the organization answered "Yes'					
			(a) Donor	advised funds	(b) Fun	ds and other	accounts
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		ation inform all donors and donor advisors property, subject to the organization's excl					Yes 🗌 No
6	charitable purpo	ation inform all grantees, donors, and donoses and not for the benefit of the donor o	r donor advisor, or	for any other purpose		rmissible] Yes □ No
Pa		rvation Easements.					
_		ete if the organization answered "Yes'					
1		onservation easements held by the organiz	` '	¬ ' ' ''			
	_	on of land for public use (e.g., recreation of	or education) l	☐ Preservation of an ☐			area
	☐ Protection	of natural habitat		☐ Preservation of a	certified historic	: structure	
	☐ Preservati	on of open space					
2	easement on th	2a through 2d if the organization held a que last day of the tax year.				ation at the End o	of the Year
а		conservation easements			2a		
b	_	estricted by conservation easements			2b		
С		ervation easements on a certified historic		• •	2c		
d	structure listed	ervation easements included in (c) acquire in the National Register			2d		
3	Number of cons tax year ►	servation easements modified, transferred, 	, released, extingui	shed, or terminated by	the organizatio	n during the	
4	Number of state	es where property subject to conservation	easement is locate	d ▶			
5		ization have a written policy regarding the nt of the conservation easements it holds?			of violations,	☐ Yes	□ No
6	Staff and volun	teer hours devoted to monitoring, inspecti	ng, handling of viol	ations, and enforcing c	onservation eas	ements durir	ng the year
7	Amount of expe	enses incurred in monitoring, inspecting, h	andling of violation	s, and enforcing conser	vation easemer	its during the	e year
8		ervation easement reported on line 2(d) a 0(h)(4)(B)(ii)?			.70(h)(4)(B)(i)	☐ Yes	□ No
9	balance sheet, a	scribe how the organization reports conser and include, if applicable, the text of the fo n's accounting for conservation easements	ootnote to the orga			and	_ NO
Pai		izations Maintaining Collections o ete if the organization answered "Yes			ner Similar A	ssets.	
1 a	art, historical tr	ion elected, as permitted under SFAS 116 easures, or other similar assets held for p XIII, the text of the footnote to its financi	ublic exhibition, edu	ication, or research in f	atement and ba furtherance of p	lance sheet voublic service	works of
b	historical treasu	ion elected, as permitted under SFAS 116 ures, or other similar assets held for public nts relating to these items:					
	(i) Revenue includ	ded on Form 990, Part VIII, line 1			▶\$		
		l in Form 990, Part X			_		
2	If the organizat	ion received or held works of art, historica	al treasures, or othe	r similar assets for fina	_	ide the	
а	_	ed on Form 990, Part VIII, line 1	•	-	• \$		
h	Assets included	in Form 990. Part X			_		

Cat. No. 52283D

Schedule D (Form 990) 2019

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

Par	3111	Organizations M	aintaining Col	lections of A	rt, Histor	ical T	reas	ures, or	Other	Similar As	sets (conti	nued)	
3		the organization's acq (check all that apply):		n, and other rec	ords, check	any of	the fo	ollowing tl	hat are a	significant u	se of its coll	ection	
а		Public exhibition			d		Loar	n or excha	ange prog	grams			
b		Scholarly research			е		Othe	er					
C		Preservation for future	e generations										
4	Provid Part >	de a description of the	_	lections and exp	olain how th	ey furt	her th	ne organiz	ation's e	xempt purpos	se in		
5	Durin	g the year, did the org s to be sold to raise fur									☐ Yes	□ N	lo
Par	rt IV	Escrow and Cust											
		Complete if the or X, line 21.	ganization ansv	vered "Yes" or	n Form 990	0, Part	t IV, I	line 9, or	reporte	ed an amou	nt on Form	1 990,	Part
1 a		e organization an agent ded on Form 990, Part									Yes	□ N	lo
b	If "Y∈	es," explain the arrange	ement in Part XIII	and complete t	he following	g table:	:	Γ		Aı	nount		_
C		ning balance			•	-		ļ	1c				_
d	_	ions during the year .						F	1d				_
е		butions during the year							1e				_
f		ig balance							1f				_
2a		ne organization include							ccount li	ability?	Yes	□ N	– lo
b	If "Ye	es," explain the arrange	ement in Part XIII	. Check here if t	he explana	tion ha	s beer	n provided	d in Part	XIII			
Pa	rt V	Endowment Fun											
		Complete if the or	ganization ansv							I			
1.	Dogina	ing of year balance		(a) Current ye	ar (b)	Prior ye	ar	(c) Two ye	ears back	(d) Three yea	rs back (e) F	our yea	rs back
	_	ing of year balance .											
		outions											
		estment earnings, gair	·										
		or scholarships											
		expenditures for facilition ograms	es										
f	Admini	strative expenses .											
g	End of	year balance											
2 a		de the estimated perce d designated or quasi-e	-	ent year end bal	lance (line 1	Lg, colu	ımn (a	a)) held as	s:				
b	Perm	anent endowment 🕨	***************************************										
c	Temp	orarily restricted endo	wment >										
~		percentages on lines 2a	***************************************	Id equal 100%.									
3a	Are th	here endowment funds nization by:	•	·	nization tha	at are h	neld ar	nd admini	stered fo	r the		Yes	No
	-	nrelated organizations									3a(i)		
		elated organizations .									3a(ii)		
b		es" on 3a(ii), are the re									3b		
4	Descr	ribe in Part XIII the inte	ended uses of the	organization's	endowment	funds.							
Pai	rt VI	Land, Buildings,											
	D	Complete if the or											
	vescri	ption of property	(a) Cost or oth (investme) Cost or othe	ei Dasis ((ouner)	(C) Acci	umulated	depreciation	(a) Bo	ook valu	ਦ
1a	Land		1										
		gs						1					
		old improvements		+		7,3	69,041	L		6,915,156			453,88
		nent		+			72,850			4,071,202			1,501,64
			<u> </u>				91,908			29,276,881			5,415,02

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

8,370,560

Part VII Investments—Other Securities.			i age 3
Complete if the organization answered "Yes" on F			
(a) Description of security or category (including name of security)	(b) Book value		d of valuation: -year market value
(1) Financial derivatives	200 267		
(2) Closely-held equity interests	299,267		С
(A) SEI SECURED CREDIT FUND	16,706,449		F
(B) SEI OFFSHORE OPPORTUNITY II CL	25,683,906		F
(C) SEI ENERGY DEBT LP OCT 2017	17,510,321		F
(D) SEI CORE PROPERTY FUND LP (E)	17,193,479		F
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	77,393,422		
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on F	orm 990 Part IV li	ne 11c See Form 990	Part Y line 13
(a) Description of investment	01111 990, 1 arc 1v, 11	(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 Fo	orm 990 Part IV lin	ne 11d See Form 990 Pag	+ V line 15
(a) Description		ie 11d. See 10/11/990, Pai	(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 Fo		ne 11e or 11f.See Form	990, Part X, line 25. (b) Book value
1. (a) Description of lia (1) Federal income taxes	аршту		(b) Book value
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of	f the footnote to the	manization's financial etata	597,116
organization's liability for uncertain tax positions. In Part XIII, provide the text or		_	

Schedule D (Form 990) 2019

Page 4

1	lotal revenue, gains, and other s	upport per audited financial statements .		1	
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on i	nvestments	2a		
b	Donated services and use of facili	ties	2b		
C	Recoveries of prior year grants		2c		
d	Other (Describe in Part XIII.) .		2d		
е	Add lines 2a through 2d			2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.			3	
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line 1:			
а	Investment expenses not include	d 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 4	c. (This must equal Form 990, Part I, line 12.))	5	
Par		penses per Audited Financial Staten zation answered 'Yes' on Form 990, Par	• • •	Return.	
1	Total expenses and losses per au	dited financial statements		1	
2	Amounts included on line 1 but no	ot on Form 990, Part IX, line 25:			
а	Donated services and use of facili	ties	2a		
b	Prior year adjustments		2b		
c	Other losses		2c	7	
d	Other (Describe in Part XIII.) .		2d	7	
е	Add lines 2a through 2d			2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.			3	_
4	Amounts included on Form 990, F	Part IX, line 25, but not on line 1:			_
а	Investment expenses not include	d on Form 990, Part VIII, line 7b 🔒 🔒	4a		
b	Other (Describe in Part XIII.) .		4b	7	
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4	lc. (This must equal Form 990, Part I, line 18	.)	5	
Pai	t XIII Supplemental Info	rmation			
Prov	vide the descriptions required for P lines 2d and 4b; and Part XII, lines	art II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b. Also complete this part to provide	4; Part IV, lines 1b and 2b; Pa e any additional information.	rt V, line 4;	Part X, line 2; Part
	Return Reference		Explanation		
See A	Additional Data Table				

chedule D (Forn	n 990) 2019	Page 5
Part XIII	Supplemental Info	rmation (continued)
Retur	n Reference	Explanation

Schedule D (Form 990) 2019

Supplemental Information				
Return Reference	Explanation			
FORM 990, SCHEDULE D, PART X, LINE 2:	THE FOLLOWING IS THE FOOTNOTE TO THE AUDITED FINANCIAL STATEMENTS: THE INSTITUTE IS EXEMPT FROM U.S. EDERAL INCOME TAXES UNDER SECTION 501(C)(6) OF THE INTERNAL REVENUE CODE (IRC) AND EXEMPT FROM PENNSYLVANIA INCOME TAXES. REVENUE GENERATED FROM THE INSTITUTE'S ADVERTIS ING AND SALES OF MEMBERSHIP MAILING LISTS ARE NOT CONSIDERED PROGRAM ACTIVITY REVENUE BY THE INTERNAL REVENUE SERVICE. THIS TYPE OF INCOME IS CLASSIFIED AS UNRELATED BUSINESS INCOME AND MAY BE SUBJECT TO INCOME TAX. THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UND ER THE PROVISIONS OF SECTION 501(C)(3) OF THE IRC AND GENERALLY EXEMPT FROM FEDERAL AND ST ATE TAXES. INCOME, WHICH IS NOT RELATED TO EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS IS SUBJECT TO FEDERAL AND STATE COPORATE INCOME TAXES. THE FOUNDATION HAD NO NET UNRELATED BU SINESS INCOME, FOR THE YEARS ENDED 31 DECEMBER 2019 AND 2018. MANAGEMENT EVALUATED THE INSTITUTE'S AND FOUNDATIONS TAX POSITIONS AND CONCLUDED THAT THE INSTITUTE AND FOUNDATION HAD THAT THE INSTITUTE AND FOUNDATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS. CONS EQUENTLY, NO ACCRUAL FOR INTEREST AND PENALTIES WAS DEEMED NECESSARY FOR THE YEARS ENDED 3 1 DECEMBER 2019 AND 2018. THE INSTITUTE AND FOUNDATION FILE TAX RETURNS IN THE U.S. FEDERA L JURISDICTION. GENERALLY, THE INSTITUTE AND FOUNDATION FILE TAX RETURNS IN THE U.S. FEDERA L JURISDICTION. GENERALLY, THE INSTITUTE AND FOUNDATION FILE TAX RETURNS IN THE U.S. FEDERA L JURISDICTION. GENERALLY, THE INSTITUTE AND FOUNDATION FILE TAX RETURNS FOR INCOME TAX EXAMINATION BY THE US FEDERAL OR STATE TAX AUTHORITIES FOR YEARS BEFORE 2016. THE INSTITUTE'S FOR-PROFIT SUBSIDIARIES THAT ARE SUBJECT TO INCOME TAXES INCLUDE PROVISIONS FOR INCOME TAX EXPENSE AND DEFERRED TAX ASSETS AND LIABILITIES WHICH ARE CALCULATED USING MANAGEME NT'S BEST ASSESSMENT OF ESTIMATED FUTURE TAXES TO BE PAID. AS PART OF THE PROCESS OF PREPA RING THE CONSOLIDATED FINANCIAL STATEMENTS OF FINANCIAL POSITION. THE INSTITUTE THEN ASSESSES THE LIKLLHOOD			

Supplemental Information	
Return Reference	Explanation
FORM 990, SCHEDULE D, PART X, LINE 2:	NGES THAT WOULD HAVE A MATERIAL EFFECT ON THE INSTITUTE'S RESULTS OF OPERATIONS, CASH FLOW S OR FINANCIAL POSITION. THE INSTITUTE CONSIDERS THE EARNINGS OF CERTAIN NON-U.S. SUBSIDIA RIES 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 LONGE R BE INDEFINITELY INVESTED OUTSIDE THE UNITED STATES.

Supplemental Information

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493315023750 OMB No. 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2019 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. Open to Public ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** PROJECT MANAGEMENT INSTITUTE 23-1887442 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I 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 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance 2 outside the United States. 3 Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the program service, describe for and investments employees, agents, region (by type) (such as, region and independent fundraising, program specific type of in the region service(s) in the region contractors in the services, investments, grants to recipients located in the region region) See Add'l Data 31,746,302 **3a** Sub-total . b Total from continuation sheets to Part I . . . 13,348,305 68 c Totals (add lines 3a and 3b) 45,094,607

Cat. No. 50082W

Schedule F (Form 990) 2019

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

a	nd Ot	ther <i>i</i>	Assistance t	o Organ	izations or Entitie	es Outside the Uni	ted States. Comple	ete if the organizatio	n answered
li	ne 15	, for	any recipient	who rece	eived more than \$5	,000. Part II can be	duplicated if addition	onal space is needed	

t of (f) Manner of (g) Amount of noncash of noncash disbursement assistance (h) Description of noncash valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-

11

exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Part III can be du				(-) M	(6) A 6	(-) Description	(I-) Mathadas
Гуре of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other
See Add'l Data							

Sche	dule F (Form 990) 2019		Page 4
Pai	rt 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	Пио
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

Schedule F (Form	990) 2019 Page 5
Prov amo met any	plemental Information ide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; unts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting nod); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide additional information. See instructions. F, Supplemental Information
Return Referer	ce 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 GRANTEES 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 MEETINGS THAT EXPAND GLOBAL KNOWLEDGE SHARING AT THE LOCAL LEVEL THROUGH LEADERSHIP INSTITUTE INVOLVEMENT WHILE MAINTAINING THE INDIVIDUALITY OF THE REGION.	
	I THINGOOT ELADENOHIP INOTHOTE INVOLVENIENT WITHEL MAINTAINING THE INDIVIDUALITY OF THE NEGION. T	

Additional Data

Central America and the

Caribbean

Software ID: Software Version:

EIN: 23-1887442

Name: PROJECT MANAGEMENT INSTITUTE

EXAM DELIVERY

60,723

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

(a) Region	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	(†) Total expenditures for region
Central America and the			Program Services	CONTENT DEVELOPMENT	56,250

Program Services

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures for region offices in the employees or in region (by type) (i.e., is a program service, fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) Central America and the Program Services TRAVEL EXPENSES 4,120 Caribbean Program Services 40,688 East Asia and the Pacific IACADEMIC WORKSHOP

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) Fast Asia and the Pacific Program Services CHAPTER DEV & 799,320 OUTREACH 139,322 East Asia and the Pacific Program Services CONFERENCES

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) Fast Asia and the Pacific Program Services CONSULTING 423,248 East Asia and the Pacific Program Services IEXAM DEVELOPMENT 301,073

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) East Asia and the Pacific MEMBER & CHAPTER SUPP. 387,127 IProgram Services East Asia and the Pacific Program Services OUTREACH 5,944,218

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) Fast Asia and the Pacific EXAM DELIVERY 17,118,428 IProgram Services East Asia and the Pacific Program Services TRAVEL EXPENSES 99,667

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the reaion) Europe (Including Iceland and Program Services ACADEMIC WORKSHOP 294,993 Greenland) Europe (Including Iceland and Program Services CHAPTER DEV & 1.039.396 Greenland) IOUTREACH

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the reaion) Europe (Including Iceland and Program Services CONFERENCES 3.128.471 Greenland) Europe (Including Iceland and Program Services CONSULTING 1,432,392 Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the reaion) Europe (Including Iceland and Program Services EXAM DEVELOPMENT 476,866 Greenland) Europe (Including Iceland and Program Services MEMBER & CHAPTER SUPP. 115,440 Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region agents in fundraising, program describe specific type of region service(s) in region region services, grants to recipients located in the reaion) Europe (Including Iceland and Program Services SPONSORSHIPS 707,948 Greenland) Europe (Including Iceland and Program Services VIDEOGRAPHY SUPPORT 544,408 Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the reaion) Europe (Including Iceland and Program Services FXAM DELIVERY 1,070,787 Greenland) Europe (Including Iceland and Program Services TRAVEL EXPENSES 132,378 Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) Middle Fast and North Africa Program Services CHAPTER DEV & 1.032.988 OUTREACH Middle East and North Africa 189,732 Program Services CONFERENCES

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) Middle East and North Africa Program Services CONSULTING 162,188 Middle East and North Africa Program Services EXAM DELIVERY 458,507

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) Middle East and North Africa TRAVEL EXPENSES 23,871 IProgram Services North America Program Services CONFERENCES 623,647

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) North America IEXAM DEVELOPMENT 53,566 Program Services North America Program Services MARKET RESEARCH 51,245

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) North America OUTREACH 290,283 IProgram Services North America Program Services EXAM DELIVERY 410,564

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures in region (by type) (i.e., offices in the employees or is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) North America Program Services TRAVEL EXPENSES 109.684 Russia and the Newly Program Services EXAM DELIVERY 62,737 Independent States

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) Program Services TRAVEL EXPENSES 7,251 Russia and the Newly Independent States 100,000 South America Program Services IACADEMIC WORKSHOP

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) South America CONFERENCES 78,565 IProgram Services South America Program Services CONSULTING 432,776

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) South America Program Services OUTREACH 1,698,494 South America Program Services EXAM DELIVERY 195,882

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) South America TRAVEL EXPENSES 72,394 IProgram Services South Asia Program Services OUTREACH 2,111,144

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) South Asia Program Services EXAM DELIVERY 205,126 South Asia Program Services TRAVEL EXPENSES 50,303

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) Sub-Saharan Africa Program Services EXAM DELIVERY 213,863 Europe (Including Iceland and 15 Program Services **IEMPLOYEES** 1,137,879 Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) East Asia and the Pacific 26 Program Services EMPLOYEES 534,775 Middle East and North Africa 7 Program Services **IEMPLOYEES** 234,361

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) North America 5 Program Services EMPLOYEES 149,975 South Asia 15 Program Services **IEMPLOYEES** 85,544

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) East Asia and IRESEARCH 16,666 CHECK IN/A ln/a the Pacific East Asia and IRESEARCH 33.334 CHECK IN/A IN/A

Ithe Pacific

(i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation section (d) Purpose of l (e) Amount of l (a) Name of (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) **IRESEARCH** 30,527 CHECK IN/A N/A Europe (Including

	East Asia and	RESEARCH	30,000	CHECK	N/A	N/A
	Iceland and Greenland)					

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

the Pacific

(i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) IRESEARCH 33.334 CHECK IN/A Europe IN/A (Includina Iceland and Greenland)

33.334 CHECK

N/A

IN/A

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

RESEARCH

North America

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(if organization cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) RESEARCH 16,667 CHECK ln/a N/A Europe (Includina Iceland and Greenland) IRESEARCH 92.500 CHECK N/A Europe N/A (Includina Iceland and (Greenland

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

	Iceland and Greenland)					
	East Asia and	RESEARCH	16,667	CHECK	N/A	N/A

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

the Pacific

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of i (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) RESEARCH 16.667 CHECK ln/a IN/A Europe l(Includina

Iceland and

Greenland)

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (d) Amount of (e) Manner of cash (g) Description of (h) Method of (c)Number (f) Amount of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) 37 PMI CHAPTER 17,931 CHECK N/A IN/A Central America SCHOLARSHIPS and the Caribbean 70 PMI CHAPTER 25.763 ICHECK N/A N/A East Asia and SCHOLARSHIPS the Pacific

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (d) Amount of (e) Manner of cash (f) Amount of (q) Description of (h) Method of (c)Number assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) PMI CHAPTER 178 41,953 CHECK IN/A N/A Europe **SCHOLARSHIPS** (Including Tceland and |Greenland PMI CHAPTER 19 12,000 CHECK IN/A N/A Middle East and SCHOLARSHIPS North Africa

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of (f) Amount of (g) Description of (h) Method of assistance cash grant cash disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) PMI CHAPTER 79 25,514 CHECK IN/A IN/A North America SCHOLARSHIPS PMI CHAPTER 37 13.648 CHECK IN/A N/A Russia and the SCHOLARSHIPS Newly Independent States

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (d) Amount of (e) Manner of cash (g) Description of (h) Method of (c)Number (f) Amount of assistance cash grant disbursement non-cash non-cash valuation (book, recipients FMV, appraisal, assistance assistance other) 206 PMI CHAPTER 88,902 CHECK IN/A IN/A South America SCHOLARSHIPS PMI CHAPTER 107 43.858 CHECK IN/A N/A South Asia SCHOLARSHIPS

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (a) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) PMI CHAPTER 28,935 CHECK IN/A IN/A Sub-Saharan SCHOLARSHIPS Africa

efile GRAPHIC print - DO N	NOT PROCESS	As Filed Data -					DL	N: 934933150	23750
Note: To capture the full co	ontent of this do	ocument, please se	lect landscape mode	e (11" x 8.5") whe	en printing.				
Schedule I (Form 990)	(Frante and Other Accietance to Organizations						OMB No. 1545-0047 2019 Open to Public Inspection		
Department of the Treasury Internal Revenue Service	Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. ▶ Go to <u>www.irs.gov/Form990</u> for the latest information.								
Name of the organization PROJECT MANAGEMENT INSTITUT							Employer identific 23-1887442	cation number	
Part I General Informa									
1 Does the organization main the selection criteria used to	o award the grants	or assistance?				ce, and		✓ Yes	□ No
2 Describe in Part IV the orga	<u>'</u>								
		estic Organizations ar can be duplicated if add		nts. Complete if the o	rganization answered "Yes	" on Forr	n 990, Part IV, line	e 21, for any recipi	ent
(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)		Description of cash assistance	(h) Purpose of or assistance	grant
(1) PMI EDUCATIONAL FOUNDATION 14 CAMPUS BOULEVARD NEWTOWN SQUARE, PA 19073	23-2630701	501(C)(3)	6,165,500		N/A	N/A		EDUCATIONAL	
(2) MARINER MANAGEMENT & MARKETING LLC 11804 BARE SKY LANE COLUMBIA, MD 21044	41-2024379		5,227		N/A	N/A		EDUCATIONAL	
2 Enter total number of section	on 501(c)(3) and go	vernment organizations	listed in the line 1 table .				▶		1
3 Enter total number of other	organizations listed	d in the line 1 table					>		1
For Paperwork Reduction Act Notice	e, see the Instruction	s for Form 990.		Cat No. 5005	5P		Sch	edule I (Form 990)	1 2019

(1) PMI CHAPTER SCHOLARSHIPS

Part III

(2)

(3)

(4)

(5)

(6)

(7)

Part IV

ASSISTANCE:

LINE 2:

Return Reference

FORM 990, SCHEDULE I, PART I,

FORM 990, SCHEDULE I, PART III,

Schedule I (Form 990) 2019

Page 2

Schedule I (Form 990) 2019

(c) Amount of

cash grant

70.691

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

(b) Number of

recipients

Explanation

182

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

COLUMN (A) - TYPE OF GRANT OR PROVIDES AN INVALUABLE OPPORTUNITY TO ACCESS LEADERSHIP AND PROFESSIONAL DEVELOPMENT, NETWORKING OPPORTUNITIES AND SKILLS ENHANCEMENT.

DETAILED PERIODIC REPORTS TO THEIR ASSIGNED LIAISON AND TO THE PMI ACADEMIC RESOURCES TEAM.

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 GRANTEES TO SUBMIT

PMI PROVIDES EDUCATIONAL GRANTS FOR INDIVIDUALS TO ATTEND THE PMI LEADERSHIP INSTITUTE MEETING. THE PMI LEADERSHIP INSTITUTE MEETING

efil	le GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 93	49331	L 502 3	750
Sch	nedule J	Co	mpensati	ion Information	OI	MB No.	1545-0	0047
(For	m 990)	For certain Officer						
		► Complete if the orga	2019					
D			▶ Attach	to Form 990. instructions and the latest inform		Open (
•	tment of the Treasury al Revenue Service	P do to <u>www.ns.gov</u>	<u>/101111990</u> 101	mistractions and the latest miori		Insp	ectio	n
	me of the organiza				Employer identifica	tion nu	ımber	
					23-1887442			
Pa	rt I Questi	ons Regarding Compensati	ion				I	
1 a				the following to or for a person lister			Yes	No_
		•	II to provide an	y relevant information regarding thes	se items.			
		or charter travel	님	Housing allowance or residence for p	•			
		companions nification and gross-up payments	✓	Payments for business use of person Health or social club dues or initiation				
		ary spending account		Personal services (e.g., maid, chauf				
b				follow a written policy regarding pay: ve? If "No," complete Part III to expla		1b	Yes	
2				or allowing expenses incurred by all		2	Yes	
	directors, truste	es, officers, including the CEO/Ex	ecutive Director	r, regarding the items checked on Lin	ne la?			
3		if any, of the following the filing of EO/Executive Director. Check all		d to establish the compensation of th	ne			
				CEO/Executive Director, but explain i	n Part III.			
	✓ Compensa	ation committee	✓	Written employment contract				
		ent compensation consultant	<u>~</u>	Compensation survey or study				
	✓ Form 990	of other organizations	\checkmark	Approval by the board or compensation	tion committee			
4	During the year, related organiza		90, Part VII, Se	ction A, line 1a, with respect to the fi	iling organization or a			
а	Receive a sever	ance payment or change-of-contr	ol payment? .			4a	Yes	
b	Participate in, o	r receive payment from, a supple	mental nonquali	ified retirement plan?		4b		No
С				nsation arrangement?		4c		No
	If tes to any c	of fiftes 4a-c, fist the persons and	provide trie app	incable amounts for each item in Part	. 111.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.				
5		ed on Form 990, Part VII, Section ontingent on the revenues of:		the organization pay or accrue any				
а	The organization	1?				5a		
b		anization?				5b		
6		ed on Form 990, Part VII, Section ontingent on the net earnings of:		the organization pay or accrue any				
а	The organization	1?				6a		
b	, -					6b		
7	•	6a or 6b, describe in Part III.	A line to did	the organization provide any nonfixed	d			
,	payments not de	escribed in lines 5 and 6? If "Yes,	" describe in Pa	rt III	u 	7		
8	subject to the in	nitial contract exception described	l in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de		8		
9	If "Yes" on line 8	8, did the organization also follow	the rebuttable	presumption procedure described in	Regulations section	9		
For F	Paperwork Redu	ction Act Notice, see the Inst	ructions for Fo	orm 990. Cat. No. 5	50053T Schedule J	(Form	1 990)	2019

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

For each individual whose compensation must be reported on Schedule J, reporting instructions, on row (ii). Do not list any individuals that are not listed on Form State. The sum of columns (B)(i)-(iii) for each listed individual must equal the t	990	, Part VII.					vidual
(A) Name and Title	Jua	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table				I	•		

Schedule J (Form 990) 2019

WILL BE IN BUSINESS CLASS. SHOULD A TRAVELER DESIRE FIRST CLASS. ANY ADDITIONAL EXPENSES FROM THIS TYPE OF REOUEST WILL BE PAID BY THE ITRAVELER AND MUST BE PAID TO PMI AT THE TIME OF CONFIRMATION. A LIST OF ATTENDEES AUTHORIZED TO TRAVEL ON PMI-RELATED BUSINESS MUST BE IGIVEN 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, OUALIFIED SPOUSAL TRAVEL. THESE BENEFITS ARE INCLUDED AS COMPENSATION. HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES: PMI REQUIRES THAT EXECUTIVES SUBMIT THEIR EXPENSE WITH DOCUMENTATION OF A RECEIPT SHOWING PAYMENT FOR A |AND ALL BENEFITS ARE INCLUDED IN THE RESPECTIVE EMPLOYEE'S W-2 WAGES.

Page 3

Schedule 1 (Form 990) 2019

WELLNESS BENEFIT (EX. GYM MEMBERSHIP, WEIGHT LOSS PROGRAM, PERSONAL TRAINER, ETC.). PMI RETAINS SUPPORTING DOCUMENTATION FOR THESE FEES PART I. LINE 4A: MARK LANGLEY, THE FORMER PRESIDENT AND CEO, RETIRED IN 2018. PER THE TERMS OF HIS EMPLOYMENT AGREEMENT, HE RECEIVED \$1,300,536 IN

SEVERANCE PAY IN 2019, WHICH WAS DETERMINED BASED ON HIS LENGTH OF SERVICE. TODD R. KLEINMAN, FORMER VP OF TECHNOLOGY, RECEIVED A SEVERANCE PAYMENT OF \$195,041.55. AMOUNT WAS BASED ON THE SEVERANCE AGREEMENT. BRIAN WEISS, FORMER VP OF PRACTITIONER CAREER

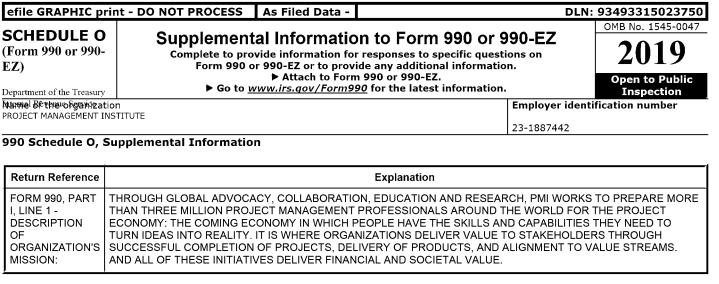
Software ID: Software Version:

EIN: 23-1887442

Name: PROJECT MANAGEMENT INSTITUTE

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

Form 990, Schedule	₃ J,	Part II - Officers, D	irectors, Trustees, K	ey Employees, and	Highest Compensate	d Employees		
(A) Name and Title		. ,	of W-2 and/or 1099-MIS		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1SUNIL PRASHARA PRESIDENT & CEO	(i)	656,994	0	13,856	22,313	0	693,163	0
	(ii)	0	0	0	0	0	0	0
1JOSEPH J CAHILL CHIEF OPERATING OFFICER	(i)	422,885	164,517	22,430	18,550	1,283	629,665	0
2DAVID L GARRETT	(ii) (i)	285,974	58,299	19,163	17,840	568	381,844	0
CHIEF STRATEGY & GROWTH OFFICE	(ii)	0	0	0	0	0	0	0
3MICHAEL DEPRISCO VP, GLOBAL EXPERIENCE &	(i)	281,385	50,394	19,177	17,898	1,459	370,313	0
SOLUTI	(ii)	0	0	0	0	0	0	0
4CINDY ANDERSON VP, BRAND MANAGEMENT	(i)	242,446	53,090 	15,805	14,571	793 	326,705	0
5 GINA P JONES	(ii) (i)	117,263	0	0	0	0	0	0
ADVERTISING SALES EXECUTIVE	(ii)	117,263	7,744	175,852	18,550	0	319,409	
6 WILLIAM SCARBOROUGH VP, GENERAL COUNSEL &	(i)	229,125	50,333	46,518	15,369	1,372	342,717	0
CORP SEC	(ii)	0	0	0	0	0	0	0
7 MARK A LANGLEY FORMER CEO	(i)	0	0	1,300,536	0	0	1,300,536	0
	(ii)	0	0	0	0	0	0	0
8DOROTHY MCKELVY VP, GLOBAL TALENT	(i)	208,397	46,583	37,398	15,836	467	308,681	0
	(ii)	0	0	0	0	0	0	0
9TODD R KLEINMAN VP, INFORMATION	(i)	3,548	0	210,236	1,304	0	215,088	0
TECHNOLOGY	(ii)	0	0	0	0	0	0	0
10 ALI MURAT BICAK CHIEF STRATEGY & GROWTH OFFICE	(i)	193,538 	58,299 	21,101	13,526	1,421	287,885	0
11CHRISTINE MILLAWAY	(ii)		0	0	0	0	0	0
VP, FINANCE	(i)	196,335	28,780 	16,356	12,782	453 	254,706 	0
12MARK BROOME	(ii) (i)	205,961	0 22,664	0 10,119	12,379	0	0 251,123	0
CHIEF DATA OFFICER	(ii)		22,004	10,119	12,3/9	0	231,123	
13VANGILI PALANIAPPAN	(i)		25,183	21,967	13,981	0	264,207	0
CHIEF TECHNOLOGY OFFICER	(ii)	0	0	0	0	0	0	0
14NICHOLAS VERREKIA DIRECTOR, OPERATIONAL	(i)	209,019	6,750	17,578	14,473	0	247,820	0
EXCELLEN	(ii)	0	0	0	0	0	0	0
15 BRIAN WEISS VP, PRACTITIONER CAREER	(i)	0	0	278,456	0	0	278,456	0
DEVELO 16YONG TAO CHEN	(ii)	0	0	0	0	0	0	0
MANAGING DIRECTOR, CHINA	(i)	0	0	0	0	0	0	0
	(ii)	327,563	131,025	0	0	0	458,588	0



Return Reference	Explanation
PART I, LINE 6 - DESCRIPTION OF VOLUNTEER	9,864 DEDICATED VOLUNTEERS SUPPORT PMI GLOBALLY THROUGH THEIR ACTIVITIES AS CHAPTER LEADERS, AS BOARD MEMBER OR ON BOARD SUPPORT COMMITTEES, ON MEMBER ADVISORY GROUPS, THROUGH CONTRIBUTION 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 RELATIONS 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.

Return Explanation

FORM 990, PART VI, APPOINTED OFFICE, AS 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.

Return Reference	Explanation
FORM 990, PART VI, LINE 7A:	THE INSTITUTE MAINTAINS THE FOLLOWING CLASSES AND QUALIFICATIONS OF MEMBERSHIP, EACH CLASS WITH THE RIGHTS HEREINAFTER PROVIDED: 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 MEMBER SHALL HAVE VOTING RIGHTS AND MAY HOLD ANY ELECTED OR APPOINTED OFFICE IN THE INSTITUTE. 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. 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 MEMBER 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 BYLAWS OF THE COMPONENTS. 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 AND ELECTED OR APPOINTED OFFICE IN THE INSTITUTE.

990 Schedule O, Supplemental Information

Return

Reference	
FORM 990,	GOVERNANCE DECISIONS OF THE ORGANIZATION ARE RESERVED TO OR SUBJECT TO THE APPROVAL OF
PART VI, LINE 7B:	MEMBERSHIP. UNDER THE ORGANIZATIONS BYLAWS, CERTAIN CHANGES TO THE BYLAWS REQUIRE MEMBERSHIP APPROVAL.

Explanation

Return

Reference	Ехріанацон	
FORM 990, PART VI, LINE 11B:	A DRAFT OF FORM 990 IS PREPARED BY PMIS EXTERNAL TAX CONSULTANTS. AFTER REVIEW BY PMIS TAX STAFF, THE DRAFT IS REVIEWED BY PMIS FINANCE AND LEGAL STAFF. THE FOLLOWING DRAFT IS PRESENTED FOR REVIEW TO PMIS PRESIDENT AND CHIEF EXECUTIVE OFFICE AND THEN TO THE BOARDS AUDIT 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 THE REVIEW PRIOR TO FILING. THE PROCESS INCLUDES THE OPPORTUNITY FOR MEMBERS OF THE BODY OF THE BOARD OF DIRECTORS TO SUBMIT QUESTIONS/COMMENTS ELECTRONICALLY.	

Evolunation

990	Schedule	Ο,	Supplemental	Information

Return Reference	Explanation
FORM 990, PART VI, LINE 12C:	THE PMI CODE OF ETHICS AND PROFESSIONAL CONDUCT REQUIRES THAT INDIVIDUALS ABIDE BY THE BYL AWS, POLICIES, RULES, REQUIREMENTS, AND PROCEDURES OF PMI, AND WILL NOT KNOWINGLY ENGAGE O R ASSIST IN ACTIVITIES THAT COMPROMISE THE INTEGRITY, REPUTATION, PROPERTY, AND/OR LEGAL RIGHTS OF THE INSTITUTE. CONFLICT OF INTEREST DISCLOSURE: INDIVIDUALS ACCOUNTABLE UNDER THE CONFLICT OF INTEREST 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 S HOULD BE MADE IMMEDIATELY TO THAT STAFF MEMBERS SUPERIOR OR THE GROUP LEADER IN THE CASE O F 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 INTEREST STHAT HAVE ARISEN AFTER THE PERSON INITIAL INVOLVE MENT 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 RES PONSIBLE GROUP LEADER FOR HIS/HER KNOWLEDGE AND UNDERSTANDING AND THEN FORWANDED TO THE PM I STAFF MEMBER WHO SRESPONSIBLE FOR THE VOLUNTEER GROUP OR IN THE CASE OF A BOARD SPONSO RED GROUP, THE PMI GENERAL COUNSEL. THE PMI GENERAL COUNSEL WILL REVIEW THE CONFLICT OF INTEREST QUESTIONNAIRE OF ALL PMI BOARD MEMBERS AND MEMBERS OF CHARTERED COMMITTEES AND BRIN G CONFLICTS OF INTEREST AND POSSIBLE CONFLICTS OF INTEREST TO THE ATTENTION OF THE PMI GENERAL COUNSEL WILL REVIEW THE CONFLICT OF INTEREST QUESTIONNAIRE OF ALL KEY EMPLOYEES AND BRIN G CONFLICTS OF INTEREST AND POSSIBLE CONFLICTS OF INTEREST AND POSSIBLE CONFLICTS OF OF THE PMI CHIEF EXECUTIVE OFFICER FOR RESOLUTION. THE PMI GENERAL COUNSEL WILL REVIEW THE CONFLICT OF INTEREST QUESTIONNAIRE OF THE QUESTIONNAIRE OF THE GENERAL COUNSEL FROM THE PMI CHIEF EXECUTIVE OFFICER WILL REVIEW THE QUESTIONNAIRE OF T

Return

Reference	
FORM 990, PART VI, LINE 12C:	LEADERS OF PMI VOLUNTEERS GROUPS ARE AUTHORIZED TO USE THE ATTACHED FORM AND THE 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. RECORD M ANAGEMENT: THE PMI OPERATING DEPARTMENT WHICH SPONSORS, SUPPORTS, OR MANAGES A PMI VOLUNTE ER GROUP, AFTER COMPLETING THEIR REVIEW OF THE SUBMITTED QUESTIONNAIRES, WILL FORWARD THE QUESTIONNAIRES TO THE PMI LEGAL DEPARTMENT FOR RETENTION IN ACCORDANCE WITH PMIS RECORD MA NAGEMENT 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: A PPARENT VIOLATIONS OF THIS POLICY, INCLUDING BUT NOT LIMITED TO THE FAILURE TO MAKE ADEQUA TE AND FULL DISCLOSURE, WILL BE FORWARDED TO THE APPROPRIATE INDIVIDUAL AS DESCRIBED IN PM IS POLICY ON COMPLAINT, DISPUTE, AND GRIEVANCE RESOLUTION OR TO THE ETHICS REVIEW COMMITTE E UNDER PMIS MEMBER ETHICS CASE PROCEDURES, AS APPLICABLE.

Explanation

Return Reference	Explanation
FORM 990,	PMI UTILIZES BROAD PAY RANGES THAT ENCOURAGE GROWTH AND DEVELOPMENT WITHIN POSITIONS OVER TIME.
PART VI,	BROAD BANDS ARE REVIEWED ANNUALLY WITH MARKET INFORMATION AND MAY BE ADJUSTED IF WARRANTED
LINE 15A	WITHIN THE FINANCIAL CONDITION OF THE ORGANIZATION AND TO SUSTAIN COMPETITIVENESS. APPLICABLE
AND 15B:	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 THE
	GEOGRAPHIC INFORMATION RELATED TO THE MARKET IN WHICH THE ORGANIZATION COMPETES FOR TALENT.

Return

Reference	
FORM 990,	THE GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY AND AUDITED FINANCIAL STATEMENTS ARE
PART VI,	AVAILABLE TO THE GENERAL PUBLIC FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D).
LINE 19:	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.

Explanation

Return Explanation
Reference

FORM 990, PART IX LINE 9

Return Explanation
Reference

FORM 990 DESCRIPTION:CONSULTING TOTAL FEES:63849600
PART IX
LINE 11G

Return Explanation
Reference

FORM 990 DESCRIPTION:CONTRACT LABOR TOTAL FEES:6226125
PART IX
LINE 11G

Return Explanation
Reference

FORM 990 DESCRIPTION:REGIONAL SERVICE CENTER TOTAL FEES:2954768
PART IX
LINE 11G

Return Explanation
Reference

FORM 990 DESCRIPTION:TEMP STAFF TOTAL FEES:3147460
PART IX
LINE 11G

Return Explanation
Reference

FORM 990 DESCRIPTION:EMPLOYEE SEARCH FEES TOTAL FEES:1646020
PART IX
LINE 11G

Explanation Return Reference

FORM 990 DESCRIPTION: EDITORIAL SERVICES TOTAL FEES: 1521607 PART IX

LINE 11G

Return Explanation
Reference

FORM 990 DESCRIPTION:TRANSLATION SERVICES TOTAL FEES:411442
PART IX
LINE 11G

efile GRAPHIC print - DO NOT PROCESS
SCHEDULE R

As Filed Data -

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.

OMB No. 1545-0047

DLN: 93493315023750

Open to Public Inspection

Employer identification number

Internal Revenue Service

Name of the organization
PROJECT MANAGEMENT INSTITUTE

Department of the Treasury

(Form 990)

► Attach to Form 990.
► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

23-1887442 Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (e) Legal domicile (state Total income End-of-year assets Direct controlling Name, address, and EIN (if applicable) of disregarded entity Primary activity or foreign country) entity (1) PMI AUSTRALASIA PTY LIMITED ADVOCACY AS 1,924 147,086 PMI LEVEL 20 TOWER 2 DARLING PARK 201 SYDNEY, NSW 2001 98-0607905 (2) PMI (BEIJING) PROJECT MGMT TECH CO LTD **ADVOCACY** 3,382,688 PMI CH 536,547 RM 1107 11TH FLOOR BEIJING SUN CHAOYANG DIST BEIJING 100080 98-0609885 799,212 PMI AUSTRALA (3) PMI KHALEEJI FZ-LLC ΑE TRAINING 188,313 BLOCK NO 6 1ST FLOOR F-07 KNOWLEDGE VILLAGE DUBAI (4) PMI MANAGEMENT SINGAPORE PTE LTD 562,129 PMI CHPTR SUPPORT SN 103,196 10 MARINA BLVD MARINA BAY FC SINGAPORE 98-1174043 (5) PMI MANAGEMENT EUROPE BVBA OUTREACH ΒE 55,167 449,057 PMI SQUARE DE MEEUS 35 3D FLOOR **BRUSSELS** ΒE 98-1219090 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. (e) Public charity status (a)
Name, address, and EIN of related organization (b) (d) (g) Legal domicile (state Exempt Code section Direct controlling Section 512(b) Primary activity (if section 501(c)(3)) or foreign country) (13) controlled entity entity? No Yes (1)PMI EDUCATIONAL FOUNDATION SUPPORT 501(C)(3) LINE 12A, I PMI Yes 14 CAMPUS BOULEVARD NEWTOWN SQUARE, PA 19073 23-2630701 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Schedule R (Form 990) 2019

(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(relate unrelated, excluded from tax under sections 512	ed, total income m		(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?			
1) PMI ORGANIZATION CENTRE PRIVATE LTD		OUTREACH/ADVO	IN	PMI	·		2,451,261	Yes	No No	0	+	No	99.900	
802-305 3D FLOOR BALARAMA PLOT MUMBAI 400051 N 98-0566940						297,975	2,101,201				1			
Part IV Identification of Related Organization							nswered "Ye	s" on	Form	990, Part I	V, lir	ne 34		
because it had one or more relat (a) Name, address, and EIN of related organization	ted organizations trea (b) Primary activi	ty (stat	(c) Legal domicile te or foreig	Dir	(d) ect controlling entity	(e)	(f) Share of total income		(g) e of end year assets	-of- Perc	(h) entage nership		(i) Section 512((13) controll entity? Yes No	
(1)PMI EUROPE LIMITED	HOLDING COMPA		UK	PMI		C CORP	70,94	8	466,2	206 100.0	000 %		Yes No	
82 ST JOHN STREET LONDON EC1M 4JN UK														
(2)PMI CANADA 1055 W GEORGIA ST 1500 ROYAL CTR VANCOUVER, BC V6E 4N7 CA	BENCHMARKING		CA	PM:		C CORP	-391,42	21 70,33		100.000 %			Yes	
(3)PMI HOLDINGS PTY LIMITED 420 GEORGE STREET LEVEL 18 SYDNEY, NSW 2000 AS	HOLDING COMPA		AS	PM!	EUROPE LTD	C CORP	-3,300	0		0 100.0	000 %		Yes	

Pa	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.		Yes	No
1 D	ring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1 b	Yes	
c	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	1d	Yes	
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1 g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
I	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
0	Sharing of paid employees with related organization(s)	10		No
р	Reimbursement paid to related organization(s) for expenses	1p		No
q	Reimbursement paid by related organization(s) for expenses	1 q	Yes	
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s		No

Page **3**

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Ar	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ate ?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General (managin partner	or g ?	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
			1			ı				Schedul	e R (Forn	990	0) 2019

Schedule R (Fo	rm 990) 2019		Page 5				
Part VII	Supplemental Information						
	Provide additional infor	mation for responses to questions on Schedule R. (see instructions).					
Return Reference		Explanation					

Additional Data

PMI EDUCATIONAL FOUNDATION

PMI ORGANIZATION CENTRE PVT LTD

PMI MANAGEMENT SINGAPORE PTE LTD

PMI MANAGEMENT EUROPE BVBA

PMI AUSTRALASIA PTY LIMITED

PMI KHALEEJI FZ-LLC

PMI EUROPE LIMITED

PMI (BEIJING) PROJECT MGMT TECH CO LTD

Software ID: Software Version:

EIN: 23-1887442

Name: PROJECT MANAGEMENT INSTITUTE

(c) Amount Involved

6,165,500

6,001,117

1,816,620

1,029,079

1,215,242

1,056,782

1,003,823

23,010

В

М

М

Μ

Μ

М

Μ

М

(d)

Method of determining amount involved

Form 990, Schedule R, Part V - Transactions With Related Organizations	
(a) Name of related organization	(b) Transaction type(a-s)