

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

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
PACKAGING MACHINERY MANUFACTURERS INSTITUTE

Doing business as
PMMI

Number and street (or P O box if mail is not delivered to street address) Room/suite
11911 FREEDOM DRIVE NO 600

City or town, state or province, country, and ZIP or foreign postal code
RESTON, VA 20190

D Employer identification number
13-1142150

E Telephone number
(571) 612-3200

G Gross receipts \$ 78,739,586

F Name and address of principal officer
JIM PITTAS
11911 FREEDOM DRIVE NO 600
RESTON, VA 20190

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) (6) ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ WWW.PMMI.ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1933

M State of legal domicile DE

Part I Summary

1 Briefly describe the organization's mission or most significant activities
PMMI IMPROVES AND PROMOTES MEMBERS' ABILITIES TO SUCCEED IN A GLOBAL MARKETPLACE

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)	18
4 Number of independent voting members of the governing body (Part VI, line 1b)	18
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	136
6 Total number of volunteers (estimate if necessary)	200
7a Total unrelated business revenue from Part VIII, column (C), line 12	17,996,333
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0	0
9 Program service revenue (Part VIII, line 2g)	56,432,865	74,180,083
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	683,865	1,099,870
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,639,416	3,459,633
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	58,756,146	78,739,586
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	296,146	82,559
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	18,957,504	19,546,724
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	40,819,192	53,660,872
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	60,072,842	73,290,155
19 Revenue less expenses Subtract line 18 from line 12	-1,316,696	5,449,431
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	53,922,902	62,325,177
21 Total liabilities (Part X, line 26)	23,802,886	29,498,694
22 Net assets or fund balances Subtract line 21 from line 20	30,120,016	32,826,483

Part II 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

Sign Here

Signature of officer: ***** Date: 2019-11-08

JIM PITTAS PRESIDENT AND CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date

Check if self-employed PTIN P01234578

Firm's name ▶ RSM US LLP Firm's EIN ▶ 42-0714325

Firm's address ▶ 1861 INTERNATIONAL DRIVE SUITE 400
MCLEAN, VA 22102 Phone no (703) 336-6400

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

PMMI IMPROVES AND PROMOTES MEMBERS' ABILITIES TO SUCCEED IN A GLOBAL MARKETPLACE

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

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

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

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

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

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

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
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 (gambling) winnings to prize winners?	Yes	

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	136			
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? <i>If "No" to line 3b, provide an explanation in Schedule O . . .</i>	3b	Yes			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .	4a	Yes			
b If "Yes," enter the name of the foreign country ► <u>MX</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a		No		
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No		
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a		No		
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a				
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c				
d If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e				
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7f				
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8 Sponsoring organizations maintaining donor advised funds.					
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8				
9a Did the sponsoring organization make any taxable distributions under section 4966? . . .	9a				
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	9b				
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12	10a				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders	11a				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a				
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c Enter the amount of reserves on hand	13c				
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		No		
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O . . .</i>	14b				
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15		No		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16		No		

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b 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

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [x] Upon request [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: CRAIG SILVERIO 11911 FREEDOM DRIVE NO 600 RESTON, VA 20190 (571) 612-3200

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

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

1b Sub-Total									
1c Total from continuation sheets to Part VII, Section A									
1d Total (add lines 1b and 1c)						4,163,096	97,953	599,447	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 54

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
FREEMAN PO BOX 650036 DALLAS, TX 75265	TRADE SHOW GEN CONTRACTOR	6,629,584
EMPLOYCO GROUP INC 350 WEST OGDEN AVENUE WESTMONT, IL 60559	PROFESSIONAL EMPLOYER ORG	4,491,735
THE EXPO GROUP LLP 5931 W CAMPUS CIRCLE DR IRVING, TX 75063	3RD PARTY BILLING SERVICES	3,651,884
MCCORMICK PLACESMG 301 E CERMAK RD CHICAGO, IL 60616	EXHIBIT HALL RENTAL	1,996,722
FIXATION MARKETING 4340 EAST-WEST HIGHWAY SUITE 200 BETHESDA, MD 20814	OUTSOURCED ADVERTISING/MARKETING	1,875,616

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 60

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a			
	b Membership dues . . .	1b			
	c Fundraising events . . .	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a - 1f \$ _____				
h Total. Add lines 1a-1f					

Program Service Revenue			Business Code			
	2a EXHIBITS & MEETINGS		900099	53,847,533	52,689,166	
b PUBLICATIONS & MEDIA		541800	17,514,776		17,096,171	418,605
c MEMBERSHIP DUES		900099	1,446,076	1,446,076		
d PACKEXPO COM		900099	900,162		900,162	
e EDUCATION		611430	265,147	265,147		
f All other program service revenue			206,389	130,800		75,589
g Total. Add lines 2a-2f			74,180,083			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,099,870			1,099,870
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
	b Less rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
	b Less direct expenses	b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
b Less cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
11a EARNINGS FROM SUBS	900099	2,244,451	2,244,451				
b EXPO PACK COMMISSIONS	900099	994,077	994,077				
c OTHER INCOME	900099	221,105				221,105	
d All other revenue							
e Total. Add lines 11a-11d		3,459,633					
12 Total revenue. See Instructions		78,739,586	57,769,717	17,996,333		2,973,536	

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	82,559			
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	2,525,103			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	12,175,082			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	2,609,240			
9 Other employee benefits.	1,297,024			
10 Payroll taxes.	940,275			
11 Fees for services (non-employees)				
a Management.				
b Legal.	59,073			
c Accounting.	140,638			
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	117,778			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	30,581,301			
12 Advertising and promotion.	2,953,439			
13 Office expenses.	1,058,798			
14 Information technology.	1,074,312			
15 Royalties.				
16 Occupancy.	1,186,645			
17 Travel.	2,102,844			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	4,537,773			
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	1,568,541			
23 Insurance.	414,788			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PRINTING & PUBLICATIONS	2,431,035			
b COMMISSIONS	1,983,752			
c EQUIPMENT MAINTENANCE	866,919			
d TEMP HELP	388,978			
e All other expenses	2,194,258			
25 Total functional expenses. Add lines 1 through 24e.	73,290,155			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	5,263,796	2	7,110,087
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	2,121,695	4	3,293,705
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	7,390	8	9,955
	9 Prepaid expenses and deferred charges	1,355,802	9	1,084,146
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 4,691,136		
	b Less accumulated depreciation	10b 2,517,154	2,342,519	10c 2,173,982
	11 Investments—publicly traded securities	29,384,483	11	34,102,522
	12 Investments—other securities See Part IV, line 11	520,774	12	2,287,958
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	12,926,443	15	12,262,822
16 Total assets. Add lines 1 through 15 (must equal line 34)	53,922,902	16	62,325,177	
Liabilities	17 Accounts payable and accrued expenses	10,753,436	17	18,106,831
	18 Grants payable		18	
	19 Deferred revenue	10,162,251	19	8,590,977
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	2,887,199	25	2,800,886
	26 Total liabilities. Add lines 17 through 25	23,802,886	26	29,498,694
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	30,120,016	27	32,826,483
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	30,120,016	33	32,826,483	
34 Total liabilities and net assets/fund balances	53,922,902	34	62,325,177	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	78,739,586
2	Total expenses (must equal Part IX, column (A), line 25)	2	73,290,155
3	Revenue less expenses Subtract line 2 from line 1	3	5,449,431
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	30,120,016
5	Net unrealized gains (losses) on investments	5	-2,743,503
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	539
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	32,826,483

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 13-1142150

Name: PACKAGING MACHINERY MANUFACTURERS
INSTITUTE

Form 990 (2018)

Form 990, Part III, Line 4a:

EXHIBIT DEVELOPS THE PROMOTION AND SPONSORSHIP OF PACK EXPO INTERNATIONAL AND PACK EXPO LAS VEGAS, WHICH ARE HELD IN ALTERNATING YEARS IN CHICAGO, ILLINOIS AND LAS VEGAS, NEVADA RESPECTIVELY 2,463 EXHIBITORS AND 43,981 ATTENDEES AT THE 2018 CHICAGO SHOW

Form 990, Part III, Line 4b:

EXHIBITOR SERVICES & SHOW MANAGEMENT PROVIDES EXHIBITOR CONTRACTOR SERVICES AT PACK EXPO INTERNATIONAL AND PACK EXPO LAS VEGAS, WHICH ARE HELD IN ALTERNATING YEARS IN CHICAGO, ILLINOIS AND LAS VEGAS, NEVADA, RESPECTIVELY

Form 990, Part III, Line 4c:

MEDIA GROUP PROVIDES LEADING EDGE PRINT AND MEDIA TECHNOLOGIES THAT SERVE AS AN INTERACTIVE KNOWLEDGE EXCHANGE FOR THE PROCESSING AND
PACKAGING SUPPLY CHAIN THROUGHOUT THE YEAR CIRCULATION 229,000 PUBLICATIONS ISSUED 44

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARK ANDERSON CHAIRMAN	2 00	X		X				0	0	0
EMMANUEL CERF VICE CHAIRMAN	2 00	X		X				0	0	0
PAUL IRVINE IMMED PAST CHAIRMAN	2 00	X		X				0	0	0
PATTY ANDERSEN BOARD MEMBER	2 00	X						0	0	0
LIZ CHURCHILL BOARD MEMBER	2 00	X						0	0	0
SHARRON GILBERT BOARD MEMBER	2 00	X						0	0	0
DANA GREENLY BOARD MEMBER	2 00	X						0	0	0
ED HOWE BOARD MEMBER	2 00	X						0	0	0
MATT JONES BOARD MEMBER	2 00	X						0	0	0
BRUCE LARSON BOARD MEMBER	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROSS LONG BOARD MEMBER	2 00	X						0	0	0
DAVE NAVIN BOARD MEMBER	2 00	X						0	0	0
VIGGO NIELSEN BOARD MEMBER	2 00	X						0	0	0
MIKE ODOM BOARD MEMBER	2 00	X						0	0	0
MARTIN PRAKKEN BOARD MEMBER	2 00	X						0	0	0
OLE RYGH BOARD MEMBER	2 00	X						0	0	0
JONATHON TITTERTON BOARD MEMBER	2 00	X						0	0	0
NANCY WILSON BOARD MEMBER	2 00	X						0	0	0
CHARLES YUSKA PAST PRESIDENT & CEO	38 00 2 00			X				822,340	43,282	54,832
JAMES PITTAS PRESIDENT & CEO	38 00 2 00			X				679,692	35,772	73,107

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CRAIG SILVERIO VP, FINANCE	38 00 2 00			X				359,078	18,899	64,841
JOSEPH ANGEL PRESIDENT/PUBLISHER	40 00				X			415,400	0	65,451
WENDY SAWTELL VP SALES	40 00					X		452,551	0	72,407
GLEN LONG SENIOR VP, INDUSTRY SERVICES	40 00					X		378,313	0	56,743
JAMES CHRZAN VP, CONTENT & BRAND STRATEGY	40 00					X		362,507	0	73,423
DAVID NEWCORN SVP, DIGITAL & DATA	40 00					X		357,881	0	73,728
THOMAS EGAN VP, INDUSTRY SERVICES	40 00					X		335,334	0	64,915

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

OMB No 1545-0047

2018
Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
 ● Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
 ● Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
 ● Section 527 organizations Complete Part I-A only
If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
 ● Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
 ● Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A
If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
 ● Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization PACKAGING MACHINERY MANUFACTURERS INSTITUTE	Employer identification number 13-1142150
--	--

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

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

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

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

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

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

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

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals

(b) Affiliated group totals

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

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

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes No

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

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

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

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

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

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

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

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

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

Part IV Supplemental Information

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
PACKAGING MACHINERY MANUFACTURERS INSTITUTE

Employer identification number
13-1142150

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

	(a) Donor advised funds	(b) Funds 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 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

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

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|-----|----|
| (i) unrelated organizations | Yes | No |
| (ii) related organizations | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,866,849	797,340	1,069,509
d Equipment		2,824,287	1,719,814	1,104,473
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				2,173,982

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)		

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

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

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

(a) Description	(b) Book value
(1) INTANGIBLE ASSET - UNAMORTIZABLE GOODWILL	10,479,623
(2) DEFERRED COSTS	842,209
(3) DEFERRED COMPENSATION INVESTMENTS	929,881
(4) DUE TO RELATED ENTITIES	11,109
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	12,262,822

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
DEFERRED COMPENSATION	929,881
DEFERRED RENT	1,871,005
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	2,800,886

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements	1	79,446,548
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-2,743,503
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	3,568,243
e	Add lines 2a through 2d	2e	824,740
3	Subtract line 2e from line 1	3	78,621,808
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	117,778
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	117,778
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	78,739,586

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements	1	76,847,871
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	3,675,494
e	Add lines 2a through 2d	2e	3,675,494
3	Subtract line 2e from line 1	3	73,172,377
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	117,778
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	117,778
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	73,290,155

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 13-1142150

Name: PACKAGING MACHINERY MANUFACTURERS
INSTITUTE

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	<p>THE INSTITUTE IS EXEMPT FROM THE PAYMENT OF INCOME TAXES UNDER SECTION 501(C)(6) OF THE INTERNAL REVENUE CODE. HOWEVER, THE INSTITUTE IS SUBJECT TO INCOME TAX ON ITS UNRELATED BUSINESS ACTIVITIES, SUCH AS PRINT AND ONLINE ADVERTISING AND, AS A RESULT OF ADVERTISING COSTS, THE INSTITUTE HAS NO TAXABLE INCOME RESULTING FROM ITS ADVERTISING REVENUE. THE INSTITUTE IS ALSO SUBJECT TO A 5% WITHHOLDING TAX ON DIVIDEND DISTRIBUTIONS RECEIVED FROM EXPO PACK. THE INSTITUTE HAS GENERATED NET OPERATING LOSS CARRY-FORWARDS FROM ACTIVITIES OF PRIOR YEARS, WHICH WERE UNRELATED TO THE INSTITUTE'S EXEMPT PURPOSE AND SUBJECT TO INCOME TAX. THE NET OPERATING LOSS CARRY-FORWARDS, WHICH MAY BE APPLIED AGAINST FUTURE YEARS' TAXABLE INCOME, TOTALED \$8,812,552 AT JANUARY 1, 2018. THE NET OPERATING LOSS CARRY-FORWARDS WILL EXPIRE AT VARIOUS DATES STARTING IN 2020 THROUGH 2035. HOWEVER, A 100% VALUATION ALLOWANCE AGAINST THE DEFERRED TAX ASSET HAS BEEN RECOGNIZED DUE TO THE UNCERTAINTY OF REALIZING A BENEFIT FROM THE NET OPERATING LOSS CARRY-FORWARDS. THEREFORE, THE DEFERRED TAX ASSET, NET OF VALUATION ALLOWANCE, TOTALED \$0 AT DECEMBER 31, 2018 AND 2017. ON DECEMBER 22, 2017, THE PRESIDENT OF THE UNITED STATES SIGNED INTO LAW THE TAX CUTS AND JOBS ACT (TCJA) TAX REFORM LEGISLATION. THIS LEGISLATION MAKES SIGNIFICANT CHANGES IN U.S. TAX LAW INCLUDING A REDUCTION IN THE CORPORATE TAX RATES, CHANGES TO NET OPERATING LOSS CARRYFORWARDS AND CARRYBACKS, AND A REPEAL OF THE CORPORATE ALTERNATIVE MINIMUM TAX. THE PROVISIONS OF THE TCJA DID NOT HAVE A MATERIAL IMPACT ON THE 2018 AND 2017 FINANCIAL STATEMENTS. MANAGEMENT EVALUATED THE INSTITUTE'S TAX POSITIONS AND CONCLUDED THAT THE INSTITUTE HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE.</p>

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	REALIZED GAIN ON FOREIGN CURRENCY EXCHANGE 539 EXPOPACK REVENUE INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS 6,765,566 EPASE REVENUE INCLUDED IN CONSOLIDATED FINANCIAL STATEMENT S 431,597 PMMI FOUNDATION REVENUE INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS 123,225 CONSOLIDATED AUDIT INTERCOMPANY ELIMINATIONS -3,752,684

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	EXPOPACK EXPENSES INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS 4,530,372 EPASE EXPENSES INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS 424,608 PMMI FOUNDATION EXPENSES INCLUDED I N CONSOLIDATED FINANCIAL STATEMENTS 231,015 CONSOLIDATED AUDIT INTERCOMPANY ELIMINATIONS -1,510,501

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
PACKAGING MACHINERY MANUFACTURERS
INSTITUTE

Employer identification number

13-1142150

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
NORTH AMERICA	0	0	INVESTMENTS IN REGION		2,287,958
3a Sub-total	0	0			2,287,958
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)	0	0			2,287,958

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

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

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 3	THE ORGANIZATION USES GAAP TO REPORT EXPENDITURES IN FOREIGN REGIONS

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization PACKAGING MACHINERY MANUFACTURERS INSTITUTE

Employer identification number 13-1142150

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Row 1: PMMI EDUCATION AND TRAINING FOUNDATION, 54-1820667, 501(C)(3), 82,559, OPERATIONS.

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

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

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	GRANTS ARE MADE TO PMMI EDUCATION & TRAINING FOUNDATION, A RELATED SUPPORTING ORGANIZATION, AND ARE RESTRICTED TO USES THAT SUPPORT THE CHARITABLE AIMS OF PMMI PMMI MAINTAINS OVERSIGHT OF EXPENDITURES MADE BY THE FOUNDATION

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
PACKAGING MACHINERY MANUFACTURERS
INSTITUTE

Employer identification number
13-1142150

Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	1b		No		
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2	Yes			
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee			
<input type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a		No		
	4b		No		
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a				
	5b				
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a				
	6b				
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7				
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8				
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

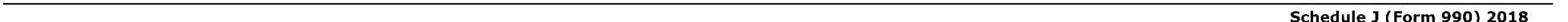
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CHARLES YUSKA PAST PRESIDENT & CEO	(i)	364,640	118,233	339,467	43,020	9,071	874,431	0
	(ii)	19,192	6,223	17,867	2,264	477	46,023	0
2 JAMES PITTAS PRESIDENT & CEO	(i)	509,287	72,580	97,825	43,016	26,436	749,144	0
	(ii)	26,805	3,820	5,147	2,264	1,391	39,427	0
3 CRAIG SILVERIO VP, FINANCE	(i)	322,788	32,935	3,355	43,016	18,583	420,677	0
	(ii)	16,989	1,733	177	2,264	978	22,141	0
4 JOSEPH ANGEL PRESIDENT/PUBLISHER	(i)	382,911	18,200	14,289	45,280	20,171	480,851	0
	(ii)	0	0	0	0	0	0	0
5 WENDY SAWTELL VP SALES	(i)	237,050	205,870	9,631	44,056	28,351	524,958	0
	(ii)	0	0	0	0	0	0	0
6 GLEN LONG SENIOR VP, INDUSTRY SERVICES	(i)	341,154	34,035	3,124	44,356	12,387	435,056	0
	(ii)	0	0	0	0	0	0	0
7 JAMES CHRZAN VP, CONTENT & BRAND STRATEGY	(i)	320,412	31,364	10,731	45,280	28,143	435,930	0
	(ii)	0	0	0	0	0	0	0
8 DAVID NEWCORN SVP, DIGITAL & DATA	(i)	324,809	30,500	2,572	45,280	28,448	431,609	0
	(ii)	0	0	0	0	0	0	0
9 THOMAS EGAN VP, INDUSTRY SERVICES	(i)	300,898	29,325	5,111	45,280	19,635	400,249	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 1A	PMMI REIMBURSED CERTAIN STAFF MEMBERS FOR SPOUSAL TRAVEL. EACH INDIVIDUAL WAS APPRISED OF THE TAXABLE NATURE OF SUCH REIMBURSEMENT BY WAY OF A FORM W-2 ADDITION TO COMPENSATION. -CHARLES YUSKA \$1,977 -JAMES PITTAS \$2,062 -JOSEPH ANGEL \$869. PMMI PAID FOR A SOCIAL CLUB MEMBERSHIP OF \$4,388 AND A TAX GROSS UP OF \$327,359 FOR ITS PAST PRESIDENT AND CEO DURING 2018. IN ADDITION PMMI PAID A TAX GROSS UP OF \$83,152 FOR ITS PRESIDENT AND CEO DURING 2018. ALL AMOUNTS ARE PROPERLY REPORTED ON FORM W-2 AND IN FORM 990, PART VII AND ON FORM 990, SCHEDULE J, PART II.

Return Reference	Explanation
PART I, LINE 1B	PMMI HAS WRITTEN POLICIES ON EVERYTHING EXCEPT FOR SPOUSAL TRAVEL PMMI'S SPOUSAL TRAVEL POLICY IS NOT EXPLICITLY WRITTEN OUT, BUT IS AN OFFICIAL POLICY AND IS CARRIED OUT CONSISTENTLY



Additional Data

Software ID:
Software Version:

EIN: 13-1142150

Name: PACKAGING MACHINERY MANUFACTURERS
INSTITUTE

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
CHARLES YUSKA PAST PRESIDENT & CEO	(i)	364,640	118,233	339,467	43,020	9,071	874,431	0
	(ii)	19,192	6,223	17,867	2,264	477	46,023	0
JAMES PITTAS PRESIDENT & CEO	(i)	509,287	72,580	97,825	43,016	26,436	749,144	0
	(ii)	26,805	3,820	5,147	2,264	1,391	39,427	0
CRAIG SILVERIO VP, FINANCE	(i)	322,788	32,935	3,355	43,016	18,583	420,677	0
	(ii)	16,989	1,733	177	2,264	978	22,141	0
JOSEPH ANGEL PRESIDENT/PUBLISHER	(i)	382,911	18,200	14,289	45,280	20,171	480,851	0
	(ii)	0	0	0	0	0	0	0
WENDY SAWTELL VP SALES	(i)	237,050	205,870	9,631	44,056	28,351	524,958	0
	(ii)	0	0	0	0	0	0	0
GLEN LONG SENIOR VP, INDUSTRY SERVICES	(i)	341,154	34,035	3,124	44,356	12,387	435,056	0
	(ii)	0	0	0	0	0	0	0
JAMES CHRZAN VP, CONTENT & BRAND STRATEGY	(i)	320,412	31,364	10,731	45,280	28,143	435,930	0
	(ii)	0	0	0	0	0	0	0
DAVID NEWCORN SVP, DIGITAL & DATA	(i)	324,809	30,500	2,572	45,280	28,448	431,609	0
	(ii)	0	0	0	0	0	0	0
THOMAS EGAN VP, INDUSTRY SERVICES	(i)	300,898	29,325	5,111	45,280	19,635	400,249	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

PACKAGING MACHINERY MANUFACTURERS
INSTITUTE

Employer identification number

13-1142150

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	PMMI HAS AN EXECUTIVE COMMITTEE COMPOSED OF THE OFFICERS OF THE INSTITUTE THE EXECUTIVE COMMITTEE EXERCISES ALL OF THE POWERS OF THE BOARD IN BETWEEN MEETINGS OF THE FULL BOARD, EXCEPT AS LIMITED BY LAW THE EXECUTIVE COMMITTEE KEEPS MINUTES OF ITS MEETINGS AND REPORTS ITS ACTIONS TO THE FULL BOARD AT THE FIRST BOARD MEETING FOLLOWING ANY ACTIONS TAKEN

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART VI, SECTION A, LINE 6</p>	<p>THE MEMBERSHIP OF PMMI IS DIVIDED INTO EIGHT (8) CLASSES: CHARTER, GENERAL (VOTING), HONORARY, SUPPLIER, MATERIALS, PROCESSING, ASSOCIATE, AND AFFILIATED SUPPLIER. CHARTER MEMBERS: ALL APPLICANTS WHO JOINED DURING 1933 WERE CHARTER MEMBERS. GENERAL MEMBERS: ANY LEGAL ENTITY, FIRM OR CORPORATION OR SUBSIDIARY OR DIVISION THEREOF MAINTAINING OFFICES AND MANUFACTURING FACILITIES IN THE UNITED STATES, CANADA OR MEXICO SHALL BE ELIGIBLE FOR MEMBERSHIP IN THE INSTITUTE PROVIDED: 1. THEY ARE ENGAGED IN THE MANUFACTURING OF PACKAGING MACHINERY, OR PACKAGING-RELATED CONVERTING EQUIPMENT, OR PROCESSING MACHINERY AS DEFINED IN PMMI'S BYLAWS; 2. HAVE BEEN ENGAGED IN THIS ACTIVITY IN THE U.S., CANADA OR MEXICO FOR A PERIOD OF TWO YEARS PRIOR TO APPLICATION; 3. HAVE APPLIED FOR SUCH MEMBERSHIP AND FOR ALL SERVICES AND PRIVILEGES OF MEMBERSHIP AND HAVE BEEN ELECTED BY THE AFFIRMATIVE VOTE OF THE MAJORITY OF THE BOARD OF DIRECTORS TO SUCH MEMBERSHIP; 4. HAVE AGREED TO PAY ALL FEES, DUES, AND ASSESSMENTS REQUIRED TO MEET THE EXPENSES OF THE INSTITUTE, AND 5. AGREE TO ABIDE BY PMMI'S BYLAWS. HONORARY MEMBERS: ANY INDIVIDUAL WHO HAS RENDERED DISTINGUISHED SERVICE TO THE INSTITUTE OR TO THE PACKAGING MACHINERY INDUSTRY, MAY BE ELECTED TO HONORARY MEMBERSHIP IN THE INSTITUTE, BY THE BOARD AND BY THE MEMBERSHIP. SUPPLIER MEMBERS: ANY LEGAL ENTITY, FIRM OR CORPORATION OR SUBSIDIARY OR DIVISION THEREOF THAT IS ENGAGED IN THE MANUFACTURING OF COMMERCIALY AVAILABLE PACKAGING MACHINERY COMPONENTS AND THAT IS NOT ENGAGED IN THE MANUFACTURING OF PACKAGING MACHINERY, OR PACKAGING-RELATED CONVERTING EQUIPMENT, OR PROCESSING MACHINERY AS DEFINED IN THE BYLAWS, MAY APPLY FOR MEMBERSHIP IN THE INSTITUTE AS A SUPPLIER MEMBER. MATERIALS MEMBERS: ANY LEGAL, FIRM OR CORPORATION OR SUBSIDIARY OR DIVISION THEREOF THAT IS ENGAGED IN THE MANUFACTURING OF COMMERCIALY AVAILABLE PACKAGING MATERIALS AND CONTAINERS AND THAT IS NOT ENGAGED IN THE MANUFACTURING OF PACKAGING MACHINERY, OR PACKAGING-RELATED CONVERTING EQUIPMENT, OR PROCESSING MACHINERY AS DEFINED IN PMMI'S BYLAWS, MAY APPLY FOR MEMBERSHIP IN THE INSTITUTE AS A MATERIALS MEMBER. ASSOCIATE MEMBER: ANY LEGAL ENTITY, FIRM OR CORPORATION OR SUBSIDIARY OR DIVISION THEREOF ENGAGED IN THE MANUFACTURING OF PACKAGING MACHINERY OR PACKAGING-RELATED CONVERTING EQUIPMENT OR PROCESSING MACHINERY AND THAT HAS A PRESENCE, AS DETERMINED BY THE BOARD OF DIRECTORS, IN THE UNITED STATES, CANADA, OR MEXICO, BUT DOES NOT MEET THE REQUIREMENTS OF GENERAL MEMBERSHIP, MAY APPLY FOR MEMBERSHIP IN THE INSTITUTE AS AN ASSOCIATE MEMBER. AFFILIATED SUPPLIER MEMBER: ANY LEGAL ENTITY, FIRM OR CORPORATION OR SUBSIDIARY OR DIVISION THEREOF THAT IS ENGAGED IN THE PROVISION OF SERVICES TO THE PACKAGING OR PROCESSING INDUSTRIES, BUT IS NOT ENGAGED IN THE MANUFACTURING OF PACKAGING OR PROCESSING MACHINERY COMPONENTS, PACKAGING MATERIALS OR CONTAINERS, OR PACKAGING MACHINERY OR PACKAGING-RELATED CONVERTING EQUIPMENT OR PROCESSING MACHINERY AS DEFINED IN SECTIONS 3(A</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6) AND 3(B) OF THIS ARTICLE, MAY APPLY FOR MEMBERSHIP IN THE INSTITUTE AS AN AFFILIATED SUPPLIER MEMBER

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	DIRECTORS SHALL BE ELECTED BY THE MEMBERSHIP THE ELECTION OF NEW DIRECTORS BY MEMBERS SHALL BE HELD THE FIRST DAY OF THE ANNUAL MEETING AT LEAST TWENTY DAYS PRIOR TO THE ANNUAL MEETING THE NOMINATING COMMITTEE - CONSISTING OF THE IMMEDIATE PAST CHAIRMAN, WHO SHALL SERVE AS THE CHAIRMAN OF THE NOMINATING COMMITTEE, CHAIRMAN OF THE BOARD, AND VICE CHAIRMAN - SHALL MEET TO SELECT A SLATE OF CANDIDATES TO FILL ANY FULL FOUR (4) YEAR TERM, OR ANY VACANCY FOR A SHORTER TERM SHOULD THE NEED ARISE IN SELECTING THE SLATE OF QUALIFIED NOMINEES TO BE PRESENTED TO THE MEMBERSHIP, THE NOMINATING COMMITTEE SHALL TAKE INTO CONSIDERATION THE OVERALL COMPANY SIZE AND GEOGRAPHIC MAKE UP OF THE EXISTING BOARD AND SHALL, TO THE EXTENT PRACTICABLE, SELECT NOMINEES THAT WILL MAINTAIN A WELL-BALANCED BOARD, REFLECTING THE INSTITUTE'S MEMBERSHIP NO EXECUTIVE REPRESENTATIVE OF A MEMBER IN AN AFFILIATED GROUP, AS DEFINED IN SECTION 3(C) OF ARTICLE II OF THESE BYLAWS, SHALL BE ELIGIBLE FOR NOMINATION IF ANOTHER MEMBER IS ALREADY A MEMBER OF THE CURRENT BOARD ONLY ONE NOMINATION FROM AN AFFILIATED GROUP CAN BE CONSIDERED BY THE NOMINATING COMMITTEE TEN (10) DAYS PRIOR TO THE ANNUAL MEETING, THE PRESIDENT SHALL NOTIFY THE MEMBERS IN WRITING OF THE SLATE OF NOMINEES FOR THE BOARD OF DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	ALTERATIONS OR AMENDMENTS OF THESE BYLAWS MAY BE PROPOSED BY THE BOARD OF DIRECTORS OR BY PETITION SIGNED BY AT LEAST TWENTY PERCENT (20%) OF THE GENERAL MEMBERS OF THE INSTITUTE BYLAWS MAY BE ALTERED OR AMENDED BY A MAJORITY VOTE OF THE GENERAL MEMBERS PRESENT AND VOTING AT ANY MEETING OF THE INSTITUTE AT WHICH A QUORUM IS PRESENT PROVIDED THAT NOTICE OF SUCH ALTERATION OR AMENDMENT SHALL HAVE BEEN GIVEN TO THE MEMBERS IN WRITING NOT LESS THAN FOURTEEN (14) DAYS PRIOR TO THE DATE OF THE MEETING AT WHICH SUCH MATTER IS TO BE VOTED UPON GENERAL MEMBERS MAY ALSO CHOOSE TO VOTE BY BALLOT BALLOTS MUST BE RECEIVED BY THE VICE-CHAIRMAN, OR HIS OR HER DESIGNEE, TWENTY-FOUR (24) HOURS BEFORE THE MEETING VOTE, THE BOARD OF DIRECTORS MAY, ON ITS OWN AUTHORITY, EFFECT AMENDMENTS TO THESE BYLAWS THAT ARE EDITORIAL IN NATURE AND DO NOT AFFECT THE SUBSTANCE OF ANY PROVISION HONORARY PMMI MEMBERS, AS PREVIOUSLY DESCRIBED, ARE INITIALLY SELECTED BY UNANIMOUS VOTE OF THE BOARD OF DIRECTORS PRESENT AT ANY BOARD MEETING, AND BY TWO-THIRDS VOTE OF THE MEMBERS PRESENT AT A SUBSEQUENT GENERAL MEMBERSHIP MEETING THE BOARD OF DIRECTORS, AS EMPOWERED BY AN AFFIRMATIVE VOTE OF TWO-THIRDS OF ALL PMMI MEMBERS, MAY SUSPEND OR EXPEL A MEMBER FOR CAUSE AFTER PROVIDING THE MEMBER WITH REASONABLE NOTICE AND OPPORTUNITY TO ANSWER THE CHARGES AGAINST IT AND AN APPROPRIATE HEARING THE BOARD OF DIRECTORS SHALL HAVE POWER TO ESTABLISH DIVISIONS OF PMMI UNDER SUCH REGULATIONS AS MAY BE VOTED BY THE MEMBERSHIP THE BOARD OF DIRECTORS SHALL ALSO HAVE POWER TO ESTABLISH DIVISIONS TENTATIVELY, SUBJECT TO RATIFICATION BY THE MEMBERSHIP

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE PMMI 990 IS REVIEWED BY MEMBERS OF THE EXECUTIVE COMMITTEE AND APPROPRIATE STAFF PERSONS PRIOR TO FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	PMMI REQUIRES ANNUAL DISCLOSURES BY ALL BOARD MEMBERS, AND SUCH DISCLOSURES ARE REVIEWED FOR COMPLIANCE AND TO ENSURE RECUSAL OR OTHER APPROPRIATE CONDUCT BY ANY CONFLICTED DIRECTOR

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>THE RESPONSIBILITY FOR ASSESSING THE PRESIDENT AND CEO'S ANNUAL PERFORMANCE AND DETERMINING HIS ANNUAL PAY CHANGE IS THAT OF THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS (THE COMMITTEE). THE COMMITTEE USES A COMBINATION OF GOAL SETTING AND COMPETENCIES TO EVALUATE PERFORMANCE. THE ANNUAL PERFORMANCE CYCLE IS 12 MONTHS WITH TWO FORMAL MEETINGS EACH YEAR - PERFORMANCE FEEDBACK /PLANNING MEETING AND A MID CYCLE REVIEW. THE PERFORMANCE CYCLE COVERS A 12-MONTH PERIOD BEGINNING ON THE EMPLOYMENT ANNIVERSARY DATE EACH YEAR. THE CYCLE PROVIDES A CONTEXT FOR ALL WORK-RELATED PERFORMANCE AND BEHAVIOR. THE ACTIVITIES THAT OCCUR WITHIN THE CYCLE - PLANNING, OBSERVING AND REVIEWING PERFORMANCE, AND PROVIDING FEEDBACK - ARE ONGOING. THE PRESIDENT AND CEO DEVELOPS A PERFORMANCE PLAN WHICH IS SUBMITTED TO THE COMMITTEE FOR REVIEW AND APPROVAL. THE CHAIR OF THE EXECUTIVE COMMITTEE (THE CHAIR) COMMUNICATES WITH THE PRESIDENT AND CEO PERIODICALLY THROUGHOUT THE PERFORMANCE PERIOD TO DISCUSS THE ORGANIZATION'S RESULTS AND ADJUST THE PLAN AS NECESSARY. THE FORMAL EVALUATION BETWEEN THE PRESIDENT AND CEO AND THE COMMITTEE OCCURS AT THE END OF THE ANNUAL CYCLE. THE CHAIR IS RESPONSIBLE FOR MEETING WITH THE PRESIDENT AND CEO TO REVIEW HIS PERFORMANCE RESULTS AFTER COLLABORATION WITH THE COMMITTEE. THE FORMAL EVALUATION INCLUDES SUMMARIZING AND DOCUMENTING THE PRESIDENT AND CEO'S PERFORMANCE OVER THE PAST 12 MONTHS. THE COMMITTEE ACCESSES RESOURCES TO REVIEW THE EXTERNAL COMPETITIVENESS OF THE PRESIDENT/CEO'S COMPENSATION PACKAGE IN THE CONTEXT OF THOSE PROVIDED TO EXECUTIVES IN COMPARABLE TRADE ASSOCIATIONS BASED ON INDUSTRY TYPE AND ANNUAL OPERATING BUDGETS. DATA IS COLLECTED REGULARLY TO ASSESS THE EXTERNAL COMPETITIVENESS OF COMPENSATION FOR THE KEY EMPLOYEE POSITIONS. THIS DATA INCLUDES ANALYZING JOB CONTENT AND BENCHMARKING COMPENSATION FOR EXECUTIVE TALENT. THIS INFORMATION IS UTILIZED TO OBTAIN CURRENT MARKET PAY DATA ACROSS THESE MARKETS FOR USE IN ESTABLISHING THE INTERNAL COMPENSATION STRUCTURE. ADDITIONAL BENCHMARKING DATA IS AVAILABLE TO THE COMMITTEE FROM OTHER SOURCES THAT HAVE COMPLETED A MARKET ANALYSIS BASED ON SURVEY RESULTS FROM DATA FROM COMPARABLE ORGANIZATIONS IN THE TRADE ASSOCIATION INDUSTRY. KEY EMPLOYEES. THE RESPONSIBILITY FOR ASSESSING THE ANNUAL PERFORMANCE AND PAY CHANGES FOR KEY EMPLOYEES IS THAT OF THE PRESIDENT AND CEO. THE PROCESS INCLUDES A COMBINATION OF GOAL SETTING AND COMPETENCIES TO EVALUATE PERFORMANCE. THE PERFORMANCE CYCLE COVERS A 12-MONTH PERIOD BEGINNING ON THE EMPLOYMENT ANNIVERSARY DATE EACH YEAR. IN ADDITION, EACH CALENDAR YEAR, INDIVIDUAL GOAL SETTING OCCURS AFTER THE PRIORITY GOALS FOR THE ORGANIZATION HAVE BEEN DOCUMENTED. THE GOALS OF THE KEY EMPLOYEES ARE IN SUPPORT OF THE OVERALL GOALS OF THE ORGANIZATION. COLLECTIVELY, THESE TWO PROCESSES PROVIDE THE CONTEXT FOR ALL WORK-RELATED PERFORMANCE AND BEHAVIOR. THE ACTIVITIES THAT OCCUR</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	WITHIN THESE CYCLES - PLANNING, OBSERVING AND REVIEWING PERFORMANCE AND PROVIDING FEEDBACK ARE ONGOING THE PERFORMANCE PLAN FOR KEY EMPLOYEES IS ADDRESSED BOTH IN THE PERFORMANCE APPRAISAL DOCUMENT AND DURING THE GOAL SETTING PROCESS AS APPROPRIATE AND ARE REVIEWED AND APPROVED BY THE CEO FORMAL EVALUATION BETWEEN THE KEY EMPLOYEES AND THE PRESIDENT/CEO OCCURS BOTH AT THE END OF THE ANNUAL CYCLE AND THE CALENDAR YEAR CYCLE AND INCLUDES SUMMARIZING AND DOCUMENTING THE KEY EMPLOYEES' PERFORMANCE OVER EACH 12 MONTH PERIOD

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	PMMI DOES NOT GENERALLY MAKE THESE DOCUMENTS AVAILABLE TO THE PUBLIC

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	CONSULTING FEES 1,333,181 OTHER PROFESSIONAL FEES 29,248,120

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	REALIZED GAIN ON FOREIGN CURRENCY EXCHANGE 539

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THAT AUDITED THE FINANCIAL STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
PACKAGING MACHINERY MANUFACTURERS
INSTITUTE

Employer identification number

13-1142150

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) PACK EXPO SERVICES LLC 11911 FREEDOM DR STE 600 RESTON, VA 20190 77-0603356	EXHIBITOR CONTRACTOR SERVICES	VA	24,089,631	10,690,476	PMMI

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) PMMI EDUCATION AND TRAINING FOUNDATION 11911 FREEDOM DR STE 600 RESTON, VA 20190 54-1820667	PERFORMS THE CHARITABLE, EDUCATIONAL, & SCIENTIFIC FUNCTIONS OF PMMI	VA	501(C)(3)	LINE 12B, II	PMMI	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) EXPO PACK MEXICO SA DE CV HOMERO NO 418 PISO 7 COL CHAPULTEPEC MORALES D F 11570 MX	TRADE SHOW	MX	PMMI	C	6,765,566	5,143,990	100 000 %	Yes	
(2) EP ADMINISTRACION Y SERVICIOS PARA EXPOSICIONES SA DE CV HOMERO NO 418 PISO 3 COL CHAPULTEPEC MORALES D F 11570 MX	ORGANIZATIONAL AND PERSONNEL SERVICES FOR EXPO PACK MEXICO	MX	PMMI	C	431,597	167,621	100 000 %	Yes	

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

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

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)PMMI EDUCATION AND TRAINING FOUNDATION	B	82,559	CASH
(2)EXPO PACK MEXICO SA DE CV	S	500,000	CASH
(3)EXPO PACK MEXICO SA DE CV	R	2,274,887	CASH
(4)EXPO PACK MEXICO SA DE CV	S	571,281	SALES COMMISSION

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

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

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

Part VII **Supplemental Information**

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

Return Reference	Explanation