PUBLIC INSPECTION COPY

Short Form Return of Organization Exempt From Income Tax

2016

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

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A	For the	e 2016 calenda	year, or tax year beginning , 2016, and	ending	22	, 20
	Check if ap		Name of organization		D Emp	oloyer identification number
Γ	Addres	ss change				
	_	-0.50 Te. 7 A Oct. 2 Dec. 2	VALIDATION TRAINING INSTITUTE, INC		34-1	1406307
1	Initial r		Number and street (or P.O. box, if mail is not delivered to street address) Room.	/suite	E Tele	ephone number
-		17 P	P.O. BOX 2243		(543	1) 521-2411
-		ded return	City or town, state or province, country, and ZIP or foreign postal code		F Gro	up Exemption
H			JASPER, OR 97438		Nur	mber ▶
G		cation pariating	Cash Accrual Other (specify)	H Check		if the organization is not
			VALIDATION.ORG			tach Schedule B
			ne) - X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527	97778500 * 770600		0-EZ, or 990-PF).
-			Corporation Trust Association Other	1 (-,		
			to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or	if total assi	ets	
			are \$500,000 or more, file Form 990 instead of Form 990-EZ			117,274.
CONTRACT			penses, and Changes in Net Assets or Fund Balances (
	art I	Check if the	organization used Schedule O to respond to any question in this	Part I	เอแนบแ	ons for Part i)
					1	82,852.
	1 2		gifts, grants, and similar amounts receivederevenue including government fees and contracts		2	34,422.
				1	3	
	3		es and assessments		4	
	4		ome			
	5 a		Tem care of access care and are an are a care and a care a	0.		
	b		The basis and sales expenses		5c	
	C		rom sale of assets other than inventory (Subtract line 5b from line 5a)	• • • • • •	30	
	6		ndraising events		State Co. M.	
d	a		from gaming (attach Schedule G if greater than		a de la companya de l	
Rovenile	<u> </u>		from fundraising events (not including \$ of contributions			
970			, , , , , , , , , , , , , , , , , , , ,		Company of the Compan	
Ω	۲		g events reported on line 1) (attach Schedule G if the		in Great Head	
		NOTAL DESIGNATION CONTRACTOR OF CO.	oss income and contributions exceeds \$15,000) 6b		n in the second	
	C	Less: direct ex	Serioes from gaming and fariationing events	a v bitanat	100 M	
	d		(loss) from gaming and fundraising events (add lines 6a and 6b and		6d	
	_		13.13.13.13.13.13.13.13.13.13.13.13.13.1		ou	THE WAS ARREST THE STATE OF THE
	1		inventory, less returns and allowances	0.		
	b		3003 3010		7c	
	C	W. W. 100520 M	(loss) from sales of inventory (Subtract line 7b from line 7a)	20 1000 10 10 10 10	8	
	8		(describe in Schedule O).		9	117,274.
	9		e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	100	10	11/2/11
	10		nilar amounts paid (list in Schedule O)	10	11	4
	11		o or for members		12	A SHARE THE SHAR
			compensation, and employee benefits		13	19,447.
2	13 14 14		es and other payments to independent contractors		14	/
5	2 14 X		nt, utilities, and maintenance		15	
	15		rations, postage, and shipping			87,044.
	16		s (describe in Schedule O)		16	106,491.
	17		es. Add lines 10 through 16		17	100,491.
4	្ឋ 18	T102-0030899000000 - 0000 - 13600000000	cit) for the year (Subtract line 17 from line 9)	1240 20 to 51m // 9	18	10,705.
9	9 19		fund balances at beginning of year (from line 27, column (A)) (must ag		40	127,145.
<	19 19 20 1		ure reported on prior year's return)		19	121,143.
2	20		in net assets or fund balances (explain in Schedule O)		20	137,928.
	171	Not accate or t	fund balances at end of year. Combine lines 18 through 20	100 NO NO.	71	101,040.

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2016)

Form 990-EZ (2016)						Page 2
	e the instructions for Part II)					Parameter V
Check if the organiz	zation used Schedule O to res	spond to any quest	ion in this Part II			
			(A) Beginning of year		(B) E	nd of year
22 Cash, savings, and investment	ts ATTAÇHMENT 2 .		127,145.	22		137,928.
23 Land and buildings			0.	20		0.
24 Other assets (describe in Sche	edule O)		0.	24		0.
25 Total assets			127,145.	25		137,928.
	chedule O)		0.	26		0.
27 Net assets or fund balances	(line 27 of column (B) must agree wi	th line 21)	127,145.	27		137,928.
	ram Service Accomplishme			_	Ex	penses
Check if the organiz	ation used Schedule O to respon	ond to any question	in this Part III			r section
What is the organization's primary e	exempt purpose? <u>ATTACHMEN</u>	NT 3				d 501(c)(4)
Describe the organization's prog	gram service accomplishments for	or each of its three la	rgest program service			s; optional for
	clear and concise manner, des		rovided, the number of	of other	'S.)	
persons benefited, and other rel	evant information for each progr	am title.				
28 ATTACHMENT 4						
80/20070 - 100 C						
(Grants \$) If this amount include:	s foreign grants, check h	nere >	28a		106,491.
29						
(Grants \$) If this amount include:	s foreign grants, check h	nere	29a		
30						
(Grants \$) If this amount include:	s foreign grants, check h	nere >	30a	23290200000000000	
31 Other program services (describ	pe in Schedule O)					
(Grants \$) If this amount include			31a		
32 Total program service expe	enses (add lines 28a through 31a)		********	▶ 32		106,491.
	ectors, Trustees, and Key Emplo				he instru	ctions for Part IV)
	ation used Schedule O to respon					
		(b) Average	(c) Reportable	(d) Health		(0) 5 5 1 1 1 1 1 1
(a) Nam	e and title	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	contributions benefit pla		(e) Estimated amount of other compensation
		devoted to position	(if not paid, enter -0-)	deferred con	npensation	
NAOMI FEIL						
DIRECTOR		1.00	0.		0.	0.
RITA ALMAN						2
DIRECTOR		1.00	0.		0.	0.
FRAN BULLOFF		Jacob Malandari				
PRESIDENT		1.00	0.		0.	0.
KEVIN CARLIN						
TREASURER		1.00	0.	ete composite con in a	0.	0.
ED FEIL						
DIRECTOR		1.00	0.	and the results of the second state of the sec	0.	0.
VICKI DE KLERK-RUBIN						
SECRETARY		1.00	0.		0.	0.
STEPHEN KLOTZ						
DIRECTOR		1.00	0.		0.	0.
WAYNE OLSON	A CONTRACTOR OF THE STATE OF TH				Western Comment	
DIRECTOR		1.00	0.		0.	0.
HEDWIG NEU	- Control of the Cont	Constant in Constant		/- E-11-3-11-11-3-11-3-11-3-11-3-11-3-11-		
DIRECTOR		1.00	0.		0.	0.
HARVEY STERNS						
DIRECTOR		1.00	0.		0.	0.
CHARLES DE VILMORIN	· · · · · · · · · · · · · · · · · · ·		 			-
DIRECTOR		1.00	0.		0.	0.
DINECTON		1.00			0.	1
VILLED WAS A TOTAL OF THE STREET		J	1			
			4			
JSA						Form 990-EZ (2016)

Part \	Other Information (Note the Schedule A and personal benefit contract statement requirements i	n the		
- are	instructions for Part V) Check if the organization used Schedule O to respond to any question in this F	Part V		
•			T	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		X
34	detailed description of each activity in Schedule O			Х
25.0	change on Schedule O (see instructions)	34		
35 a	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
100.000	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a	37b		X
b	Did the organization file Form 1120-POL for this year?	3/0		
38 a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
•	section 4911 ► ; section 4912 ► ; section 4955 ► ; section 4912 ► ; section 4955 ►			
b	Section $501(c)(3)$, $501(c)(4)$, and $501(c)(29)$ organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			Her Line
	4955, and 4958		22.4	
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line	12.00		
	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	Baudens.	X
41	List the states with which a copy of this return is filed	100		
42a	The organization's books are in care of ▶VICKI DE KLERK-RUBIN Telephone no. ▶ 541-523	1-24	L1	
0001201050	Located at ▶ P.O. BOX 2243 JASPER, OR ZIP+4 ▶ 97438		eranikus 2000	***************************************
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	r	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Х	
	If "Yes," enter the name of the foreign country: ▶ NETHERLANDS See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	DV.	4	
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c	ALTHOUGH CO.	X
875	If "Yes," enter the name of the foreign country: ▶	L		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		▶	
	and enter the amount of tax-exempt interest received or accrued during the tax year			1
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			Х
h	completed instead of Form 990-EZ	44a		1
b	completed instead of Form 990-EZ	44b		X
С	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	E		
	explanation in Schedule O	44d		
45a		45a		Х
b				
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	AFL		X
	Form 990-EZ (see instructions)	45b		1

All section 501 (c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI	16 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Nes" complete Schedule C, Part I. 17 All section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. 18 Check if the organization used Schedule O to respond to any question in this Part VI. 19 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax 19 Ves No. 20 July 19	Form 99	90-EZ (2016)					Page 4
to candidates for public office? If "Yes," complete Schedule C, Part I. All section 501(c)(3) organizations only	to candidates for public office? If "Yes," complete Schedule C, Part I. Part VI Sction 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization engage in lobbing activities or have a socion 501(b) election in effect during the tax Yes No year? If "Yes," complete Schedule C, Part I. To bid the organization a school as described in section 170(b)(1)(N)(9)? If "Yes," complete Schedule C, Part II. Tyes No year? If "Yes," complete Schedule C, Part II. Tyes No year? If "Yes," complete Schedule C, Part II. Tyes No year? If "Yes," complete Schedule C, Part II. Tyes No year? If "Yes," complete Schedule C, Part II. Tyes No year? If "Yes," was the related organization a section 507 (organization? Tyes," was the related organization a section 527 (organization? Tyes," was the related organization a section 527 (organization? Tyes," was the related organization a section 500 (0.00 or compensated employees (other than officers, directors, trustess, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." Tyes of the organization of the part of the organizations from the organization. If there is none, enter "None." Tyes of the organization of the organization from the organization. If there is none, enter "None." Type of the organization of the organization from the organization of the organization						Yes	No
Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax 48 Is the organization make any transfers to an exempt non-charitable related organization? 49 Did the organization make any transfers to an exempt non-charitable related organization? 49 Lift Yes, "was the related organization a section 527 organization? 50 Complete this table for the organizations five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" (a) Name and title of each employees paid over \$100,000. NONE 1 Total number of other employees paid over \$100,000. A total number of other employees paid over \$100,000. A total number of other employees paid over \$100,000. A total number of other employees paid over \$100,000. A total number of other employees paid over \$100,000. A total number of other employees paid over \$100,000. A total number of other employees paid over \$100,000. A total number of other employees paid over \$100,000. A total number of other employees paid over \$100,000. A total number of other employees paid over \$100,000. A total number of other employees paid over \$100,000. A total number of other employees paid over \$100,000. A total number of other employees paid over \$100,000. A total number of other independent contractors each receiving over \$100,000. B total number of other employees paid over \$100,000. B total number of other employees paid over \$100,000. B total number of other employees paid over \$100,000. B total number of other employees paid over \$100,000. B total number of other employees paid over \$100,000. B total number of other employees paid over \$100,000	Section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI	46						V
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If VFes, "complete Schedule C, Part II & X 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If Yes, "complete Schedule E & 48 IX 49 Did the organization a school as described in section 170(b)(1)(A)(iii)? If Yes, "complete Schedule E & 48 IX 49 Did the organization a school as described in section 170(b)(1)(A)(iii)? If Yes, "complete Schedule E & 48 IX 49 Did the organization the organization is on a exempt non-charlable related organization." 50 Complete this table for the organizations five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." NONE 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 2 Did the organization from the organization is five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization is five its none, enter "None." 1 Oon to compete this table for the organizations five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization is five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization from the organization is five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization from the organization is five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization from the	All section 501(c)(3) organization smust answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI	Dout			* * * * * * * * * * * *	. 40	<u> </u>	
Check if the organization used Schedule O to respond to any question in this Part VI Check if the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule E	Check if the organization used Schedule O to respond to any question in this Part VI The organization are grape in lobbying activities or have a section 501(h) election in effect during the tax yes? If "Yes," complete Schedule C. Part II Is the organization as complete Schedule C. Part II Is the organization as considered in section 170(b)(1)(A)(8)? If "Yes," complete Schedule E	rait	All section 501(c)(3) organizations must answer question	ons 47-49b and 52, a	and complete the ta	ables fo	or line	es
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax 47 48	A7 Did the organization engage in Irobbying activities or have a section 501(h) election in effect during the tax 47 48 48 48 48 48 48 48		50 and 51.					
A	A		Check if the organization used Schedule O to respond to	any question in this	Part VI			\Box
year? If "Yes," complete Schedule C, Part II 48 Is the organization as chool as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 Is the organization make any transfers to an exempt non-charitable related organization? 49 If "Yes," was the related organization's section \$27 organization? 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization from the organization of the end of the organization of the organization from the organization of organizatio	year? If "Yes," complete Schedule C, Part III Is the organization as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 Is but the organization make any transfers to an exempt non-charitable related organization? 49 If "Yes," was the related organization as section 527 organization? 50 Complete this table for the organization's five highest compensated employees (other than offices, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization of there is none, enter "None." (a) Name and title of each employee f Total number of other employees paid over \$100,000 of compensation of the compensation o	47	Did the organization engage in lobbying activities or have a secti	on 501(h) election in	effect during the tax	х	Yes	
1	Did the organization make any transfers to an exempt non-charitable related organization? 49a		vear? If "Yes." complete Schedule C. Part II			. 41	Name and W	
b If "Yes," was the related organization a section 527 organization? Complete this table for the organization is the highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and title of each employee None	b If "Yes," was the related organization a section 527 organization?		Is the organization a school as described in section 170(b)(1)(A)(ii)?	If "Yes," complete Sch	edule E	48		9800
Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and title of each employee (b) Average hours per week devoted to position (c) Feorotratic compensation (c) Feorotratic compensation (d) Froms W-2/1099-MISC) (e) Estimated amount of chert compensation from the organization is true highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation (c) Compensation (c) Compensation (e) Compensation (e) Compensation (ii) Name and business address of each independent contractor (iii) Name and business address of each independent contractor (iii) Name and business address of each independent contractor (iii) Name and business address of each independent contractor (iii) Name and business address of each independent contractor (iii) Name and business address of each independent contractor (iii) Name and business address of each independent contractor (iii) Name and business address of each independent contractor (iii) Name and business address of each independent contractor (iii) Name and business address of each independent contractor (iii) Name and business address of each independent contractor (iii) Name and business address of each independent contractor (iii) Name and business address of each independent contractor (iii) Name and business address of each independent contractor (iii) Name and business address of each independent contractor (iii) Name and business address of each independent contractors each receiving over \$100,000 (iii) Value of each and business address of each independent contractors each receiving over \$100,000 (iii) Value of each and business address of each independent cont	Complete this table for the organization is five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and title of each employee	20	If "Yes," was the related organization a section 527 organization?	e related organization?.				21
employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." A Name and title of each employee (a) Reparable compensation from the organization. If there is none, enter "None." (b) Estimated amount of their compensation. If the compensation devoted to position if come W-Z/1099-MISC) (b) Total number of other employees paid over \$100,000	employees) who each received more than \$100,000 of compensation from the organization. Di Average (c) Reportable (d)		Complete this table for the organization's five highest compensate	d employees (other th	an officers, directors	-	es, ar	nd key
(a) Name and title of each employee (b) Avarage hours per week devoted to position (c) Reportable configuration of the properties of the compensation of the compens	(a) Name and title of each employee (b) Average hours per week devoted to position Forms W-2/1099-MISC) Total number of other employees paid over \$100,000 Total number of other employees paid over \$100,000 Complete this table for the organizations five highest compensated independent contractors who each received more than \$100,000 of compensation from the organizations five highest compensated independent contractors who each received more than \$100,000 of compensation from the organizations five highest compensated independent contractors who each received more than \$100,000 of compensation from the organizations five highest compensated independent contractors who each received more than \$100,000 of compensation from the organizations five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization should be added to the organization complete Schedule A Note: All section 501(c)(3) organizations must attach a completed Schedule A Completed Schedule A Note: All section 501(c)(3) organizations must attach a complete Schedule A Note: All section 501(c)(3) organizations must attach a complete Schedule A Note: All section 501(c)(3) organizations must attach a complete Schedule A Note: All section 501(c)(3) organizations must attach a complete Schedule A Note: All section 501(c)(3) organizations must attach a complete Schedule A Note: All section 501(c)(3) organizations must attach a complete Schedule A Note: All section 501(c)(3) organizations must attach a Note organization organizatio	30	employees) who each received more than \$100,000 of compensati	on from the organizati	on. If there is none, e	nter "N	one."	
NONE	MONE Total number of other employees paid over \$100,000		(b) Average	(c) Reportable	(d) Health benefits, contributions to employee	(e) Estim	ated an	
f Total number of other employees paid over \$100,000	f Total number of other employees paid over \$100,000		(a) Name and title of each employee flours per week devoted to position		benefit plans, and deferred compensation	other c	ompens	sation
f Total number of other employees paid over \$100,000	f Total number of other employees paid over \$100,000	William Artists Acc						
\$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation NONE d Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A. Note: All section 501(c)(3) organizations must attach a completed Schedule A. Note: All section 501(c)(3) organizations must attach a complete 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 Firm's name Preparer significant. Executive Schedule A. Preparer's significant. Preparer Use Only Firm's name PHW & CO. Preparer's significant. Firm's name PHW & CO. Prepare	Signature of officer Was Bignature of Officer Signature of Officer Vise Only Firm's address ▶ 23240 CHAGRIN BLVD., SUITE 700 May the IRS discuss this return with the preparer shown above? See instructions (c) Compensation independent contractors who each receiving over \$100,000 ▶ (c) Compensation (d) Total number of other independent contractors each receiving over \$100,000 ▶ (e) Compensation (b) Type of service (c) Compensation (b) Type of service (c) Compensation (c) Compensation (c) Compensation (d) Total number of other independent contractors each receiving over \$100,000 ▶ (e) Compensation (f) Type of service (c) Compensation (b) Type of service (c) Compensation (c) Compensation (c) Compensation (c) Compensation (d) Total number of other independent contractors each receiving over \$100,000 ▶ (e) Compensation (e) Compensation (c) Compensation (e) C	NC	DNE				maring r- o	
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Use Only Firm's name HW&CO Firm's EIN 34-1663137	Use Only Firm's name ► HW&CO Firm's EIN ► 34-1663137 Firm's address ► 23240 CHAGRIN BLVD., SUITE 700 Phone no. 216 831-1200 CLEVELAND, OH 44122-5450 May the IRS discuss this return with the preparer shown above? See instructions		MACHELLAND	tale CPa 2/241	/ .	P000	6906	6
USE OTHY 22240 CHACRIN DIVID CHITTE 700 216 831-1200	Firm's address 23240 CHAGRIN BLVD., SUITE 700 CLEVELAND, OH 44122-5450 May the IRS discuss this return with the preparer shown above? See instructions		Only Firm's name HW&CO	, , , , , , , , , , , , , , , , , , , ,	T IIIII 3 LIIV			
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SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2016
Open to Public Inspection

Employer identification number Name of the organization VALIDATION TRAINING INSTITUTE, INC 34-1406307 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. g Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see instructions) instructions) above (see instructions)) document? Yes No (A)

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

Schedule A (Form 990 or 990-EZ) 2016

(B)

(C)

(D)

(E)

Total

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

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

Sect	ion A. Public Support						
FRAME COUNTY	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						and the second second second
4	Total. Add lines 1 through 3			made some section .			
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount				Grand and American		
	shown on line 11, column (f)		SERVICE SERVIC		ch macy position in a	A STATE OF THE STA	
6	Public support. Subtract line 5 from line 4.	E Plasson - Ha			A STATE OF THE STA		
	tion B. Total Support	(-) 0040	(h) 0042	(a) 2014	(d) 2015	(e) 2016	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(u) 2013	(e) 2010	(i) Total
8	Amounts from line 4						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (
13	First five years. If the Form 990 is organization, check this box and stop here		<u> </u>	nd, third, fourth	, or fifth tax y	ear as a section	501(c)(3) ▶
Sec	tion C. Computation of Public Sup					Total Control	
14	Public support percentage for 2016 (I	ine 6, column ((f) divided by line	e 11, column (f))	14	%
15	Public support percentage from 2015	Schedule A, P	art II, line 14			. 15	%
16a	331/3% support test - 2016. If the	organization di	a not check the	box on line 13	o, and line 14	18 331/3 % 01 1110	ie, check
	this box and stop here. The organizat 331/3% support test - 2015. If the	on qualifies as	a publicly support	on ed organizati	or 16a and lir	ne 15 is 331/2%	or more
b	check this box and stop here. The org	organization quali	fies as a nublich	supported ora	anization	10 10 00 1/3 /0	▶ □
172	10%-facts-and-circumstances test -	2016 If the o	raanization did	not check a bo	x on line 13. 1	6a. or 16b. and l	ine 14 is
114	10% or more, and if the organizatio	n meets the "f	acts-and-circum	stances" test. c	heck this box	and stop here. E	Explain in
	Part VI how the organization meets	the "facts-and	-circumstances"	test. The organ	nization qualifie	s as a publicly s	upported
	organization						▶ _
b	10%-facts-and-circumstances test -	2015. If the o	rganization did	not check a bo	x on line 13, 1	6a, 16b, or 17a	and line
A-10-1	15 is 10% or more, and if the org	anization mee	ts the "facts-a	nd-circumstance	s" test, check	this box and st	op here.
	Explain in Part VI how the organization	ion meets the	"facts-and-circu	ımstances" test	. The organizat	tion qualifies as	a publicly ►
18	Private foundation. If the organizatio	n did not check	a box on line 1	3, 16a, 16b, 17	a, or 17b, chec	k this box and se	e
me2.53	instructions						
-						Schedule A (Form	

Part III

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	ion A. Public Support				T		
Calend	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	0.	0.	0.	25,300.	82,852.	108,152.
2	Gross receipts from admissions, merchandise	wasan — Wiff		1			
	sold or services performed, or facilities			1			
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						0.
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .				34,506.	34,422.	68,928.
4	Tax revenues levied for the		A				
	organization's benefit and either paid						
	to or expended on its behalf						0.
	The value of services or facilities						
	furnished by a governmental unit to the					94	
	organization without charge			_		_	0.
	Total. Add lines 1 through 5		ALL STREET, ST		59,806.	117,274.	177,080.
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons					8,650.	8,650.
	Amounts included on lines 2 and 3						VA
	received from other than disqualified					1	
	persons that exceed the greater of \$5,000					46,427.	46,427.
	or 1% of the amount on line 13 for the year					55,077.	55,077.
	Add lines 7a and 7b	707 (A. C.					
8	Public support. (Subtract line 7c from	The rest of				more and the second of	122,003.
C4	line 6.)		25 Table 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		A specific control of the control of		1117,000.
Section 1	tion B. Total Support	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2012	(5) 2010	(0) 20 1 1	59,806.	117,274.	177,080.
	Amounts from line 6						
	rents, royalties and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						0
	acquired after June 30, 1975						0.
С	Add lines 10a and 10b						3
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly					1	20
	carried on		2				0.
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)		700				
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)				59,806.	117,274.	177,080.
14	First five years. If the Form 990 is for	or the organiza	ition's first, seco	ond, third, fourth	i, or fifth tax ye	ear as a section	501(c)(3)
	organization, check this box and stop here.						▶
Sec	tion C. Computation of Public Sup	port Percent	age				
15	Public support percentage for 2016 (line 8,	column (f) divid	ed by line 13, colu	mn (f))		15	68.90%
16	Public support percentage from 2015 Sche	dule A, Part III, li	ne 15			16	100.00%
Sec	tion D. Computation of Investmen	nt Income Per	rcentage			Della Control Control Control Control	
17	Investment income percentage for 2016 (lin			13, column (f))		17	%
18	Investment income percentage from 2015					18	%
19 a	331/3% support tests - 2016. If the org	ganization did r	ot check the bo	x on line 14, an	d line 15 is mor	e than 331/3%,	and line
	17 is not more than 331/3%, check th	is box and sto	p here. The ord	anization qualifie	es as a publicly	supported organ	ization > X
h	331/3% support tests - 2015. If the orga	anization did not	check a box on	line 14 or line 1	9a, and line 16 i	s more than 331/	3 %, and
b	line 18 is not more than 331/3%, check	this box and	stop here. The o	rganization gualif	ies as a publicly	supported organ	ization >
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19	b, check this be	ox and see inst	ructions >
20 ISA	r iivate iouiiuation. Ii tile organization	a.d not officer				Schedule A (Form	990 or 990-EZ) 2016

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A and D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part	V.)	-	
Section	on A. All Supporting Organizations	Т	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	at the	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b 5c	NACES I	action of
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?			
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10 a	the second of continu	10a		
h	Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to	2010000		

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determine whether the organization had excess business holdings.)

 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide deta Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the pow regularly appoint or elect at least a majority of the organization's directors or trustees at all times tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervicentrolled the organization's activities. If the organization had more than one supported organization describe how the powers to appoint and/or remove directors or trustees were allocated among the organizations and what conditions or restrictions, if any, applied to such powers during the tax year 2 Did the organization operate for the benefit of any supported organization other than the supporte organization(s) that operated, supervised, or controlled the supported organization(s) that operate supervised, or controlled the supported	eer to s during the ised, or on, e supported		No
 a A person who directly or indirectly controls, either alone or together with persons described in (b below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide deta Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the pow regularly appoint or elect at least a majority of the organization's directors or trustees at all times tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervice controlled the organization's activities. If the organization had more than one supported organization describe how the powers to appoint and/or remove directors or trustees were allocated among the organizations and what conditions or restrictions, if any, applied to such powers during the tax year 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization(s) that operate supervised, or controlled the supported organization(s) that operate supervised, or controlled the supporting organization. 	eer to s during the ised, or on, e supported		No
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 b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide deta Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the powregularly appoint or elect at least a majority of the organization's directors or trustees at all times tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervictontrolled the organization's activities. If the organization had more than one supported organization describe how the powers to appoint and/or remove directors or trustees were allocated among the organizations and what conditions or restrictions, if any, applied to such powers during the tax year 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explay VI how providing such benefit carried out the purposes of the supported organization(s) that operated supervised, or controlled the supporting organization. 	eer to s during the ised, or on, e supported		No
 c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detains. 1 Did the directors, trustees, or membership of one or more supported organizations have the power regularly appoint or elect at least a majority of the organization's directors or trustees at all times tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervice controlled the organization's activities. If the organization had more than one supported organization describe how the powers to appoint and/or remove directors or trustees were allocated among the organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supported organization? If "Yes," explain VI how providing such benefit carried out the purposes of the supported organization(s) that operated supervised, or controlled the supporting organization. 	eer to s during the ised, or on, e supported		No
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regularly appoint or elect at least a majority of the organization's directors or trustees at all times tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervice controlled the organization's activities. If the organization had more than one supported organization describe how the powers to appoint and/or remove directors or trustees were allocated among the organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supported organization? If "Yes," explain VI how providing such benefit carried out the purposes of the supported organization(s) that operate supervised, or controlled the supporting organization.	s during the ised, or on, e supported	Yes	No
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organizations and what conditions or restrictions, if any, applied to such powers during the tax year Did the organization operate for the benefit of any supported organization other than the supporte organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain VI how providing such benefit carried out the purposes of the supported organization(s) that operate supervised, or controlled the supporting organization.	15 6		Total Control
Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explay VI how providing such benefit carried out the purposes of the supported organization(s) that operate supervised, or controlled the supporting organization.		10000000	1841/150/A
organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain VI how providing such benefit carried out the purposes of the supported organization(s) that operate supervised, or controlled the supporting organization.	- LA 6545		- Librarian
supervised, or controlled the supporting organization.			
The Control of the Co	ted,	A Self Inflated in	
	2		
Section C. Type II Supporting Organizations		Tv.	TN
		Yes	No
Were a majority of the organization's directors or trustees during the tax year also a majority of the or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how			
or management of the supporting organization was vested in the same persons that controlled or n			
the supported organization(s).	1		100000000000000000000000000000000000000
Section D. All Type III Supporting Organizations			
		Yes	No
Did the organization provide to each of its supported organizations, by the last day of the fifth mo organization's tax year, (i) a written notice describing the type and amount of support provided organization.			Annesenti) Annesenti
tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, an	d (iii) copies of		and the second
the organization's governing documents in effect on the date of notification, to the extent not pre- provided?			
Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the	e supported		10000
organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in			man.
the organization maintained a close and continuous working relationship with the supported organi	ization(s). 2		
3 By reason of the relationship described in (2), did the organization's supported organizations have	e a		
significant voice in the organization's investment policies and in directing the use of the organization			April 198
income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organizate supported organizations played in this regard.	Page 1		
Section E. Type III Functionally Integrated Supporting Organizations	3		
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during	the year (see instruc	tions)	-20-11-11-1
a The organization satisfied the Activities Test. Complete line 2 below.	the year (See Insu de	uons).	
b The organization is the parent of each of its supported organizations. Complete line 3 below	N.		
c The organization supported a governmental entity. Describe in Part VI how you supported a governmental	ernment entity (see instr	uctions)).
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt	nurnoses of	1,000	4230
the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI ic	dentify	1100	Par so
those supported organizations and explain how these activities directly furthered their exempt purp			
how the organization was responsive to those supported organizations, and how the organization of that these activities constituted substantially all of its activities.	determined 2a	eri Kamining en V	
b Did the activities described in (a) constitute activities that, but for the organization's involvement of the organization's supported organization(s) would have been engaged in? If "Yes," explain in F			erciesia Propertie
reasons for the organization's position that its supported organization(s) would have engaged in the			
activities but for the organization's involvement.	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.	54, 576		
a Did the organization have the power to regularly appoint or elect a majority of the officers, direct	70		The Section
trustees of each of the supported organizations? Provide details in Part VI.	3a		1192111
b Did the organization exercise a substantial degree of direction over the policies, programs, and a of its supported organizations? If "Yes," describe in Part VI the role played by the organization in th		ra (tyle es)	
or no supported organizations: if res, describe in rait of the follopidyed by the organization in the	Schedule A (Form 990	THE RESERVE OF THE PERSON NAMED IN	

6E1230 1.000

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations	3	
Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.		and the second s	The state of the s
Section A - Adjusted Net Income	ations ii	(A) Prior Year	(B) Current Year
1 Net short-term capital gain	1		(optional)
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or	+-		
collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			Little 1800 Australia President
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		100 (100) 1027 100 1010 100
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	n de la participa de la compaña de la compañ	
4 Enter greater of line 2 or line 3.	4		e a
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		and the second s
7 Check here if the current year is the organization's first as a non-functional instructions).	ly integra	ated Type III supporting	g organization (see

Schedule A (Form 990 or 990-EZ) 2016

Part	V Type III Non-Functionally Integrated 509(a)(3) \$	Supporting Organizat	ions (continued)				
Secti	on D - Distributions	real dynamics		Current Year			
1	Amounts paid to supported organizations to accomplish ex						
2	Amounts paid to perform activity that directly furthers exem	npt purposes of supporte	ed				
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpo	Wash and the state of the state					
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which	the organization is resp	onsive				
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2016 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount						
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016			
1	Distributable amount for 2016 from Section C, line 6						
	Underdistributions, if any, for years prior to 2016						
2	(reasonable cause required-explain in Part VI). See	English and the second		THE REST OF SECTION			
	instructions.		15 FM	100 mm (100 mm)			
3	Excess distributions carryover, if any, to 2016:						
a							
b	CONTROL OF THE CONTRO		E STATE TO SERVICE AND SERVICE	A STREET OF THE PROPERTY OF TH			
С	From 2013	A PROPERTY OF THE STATE OF THE	Tasues				
d	From 2014						
е	From 2015	1000000		A CONTRACTOR OF THE PROPERTY O			
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years	TO THE RESERVE TO THE					
h	Applied to 2016 distributable amount		State Control of the				
i	Carryover from 2011 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2016 from						
S. 	Section D, line 7:	The second secon					
a	Applied to underdistributions of prior years						
b	Applied to 2016 distributable amount						
С	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2016, if			Service of the Control of the Control			
	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2016. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in		Parties and the second				
	Part VI. See instructions.	The state of the s	The second secon	_			
7	Excess distributions carry over to 2017. Add lines 3j						
	and 4c.		The second secon				
8	Breakdown of line 7:			No. of the second secon			
a			A North Control of the Control of th				
a	Excess from 2013			ALAKAMAN AND THE TAXABLE PROPERTY OF THE PROPE			
	Excess from 2014						
d	Excess from 2015	A Marie Committee of the Committee of th		The second secon			
u	Excess from 2016	The state of the s		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			

Schedule A (Form 990 or 990-EZ) 2016

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Name of the organization		Employer identification number
VALIDATION TRAINING	G INSTITUTE, INC	34-1406307
Organization type (check or	ne):	34 1400307
Filers of:	Section:	
riiers of.	00.000000000000000000000000000000000000	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a priv	ate foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private	foundation
	501(c)(3) taxable private foundation	
Check if your organization in Note: Only a section 501(c) instructions.	is covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule	and a Special Rule. See
General Rule		
X For an organizati or more (in mone contributor's tota	on filing Form 990, 990-EZ, or 990-PF that received, during the year, or property) from any one contributor. Complete Parts I and II. See in I contributions.	contributions totaling \$5,000 nstructions for determining a
Special Rules		
regulations under 13, 16a, or 16b,	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (For and that received from any one contributor, during the year, total contributor of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, li	rm 990 or 990-EZ), Part II, line ributions of the greater of (1)
contributor, durir	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-Eng the year, total contributions of more than \$1,000 exclusively for religuitional purposes, or for the prevention of cruelty to children or animals.	ious, charitable, scientific,
contributor, during contributions total during the year for totaling \$5,000 contributions.	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-Eng the year, contributions exclusively for religious, charitable, etc., purposeled more than \$1,000. If this box is checked, enter here the total control or an exclusively religious, charitable, etc., purpose. Don't complete any plies to this organization because it received nonexclusively religious, char more during the year	oses, but no such ributions that were received y of the parts unless the naritable, etc., contributions \$
Caution: An organization the 990-EZ, or 990-PF), but it r	hat isn't covered by the General Rule and/or the Special Rules doesn't must answer "No" on Part IV, line 2, of its Form 990; or check the box	file Schedule B (Form 990, on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Employer identification number 34-1406307

(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
1		\$\$ 26,427.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
3		\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 34-1406307

Part II Nonc	ash Property (See instructions). Use duplicate copies	of Part II if additional space is ne	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	2
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_ =		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	

Name of organization VALIDATION TRAINING INSTITUTE, INC

Employer identification number

34-1406307

	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) are the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, et contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$Use duplicate copies of Part III if additional space is needed.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
	Transferee's name, address, and a	ZIP + 4 R	delationship of transferor to transferee			
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee			
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
	(e) Transfer of gift					
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee			

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

VALIDATION TRAINING INSTITUTE, INC

Employer identification number 34-1406307

	ATTACHMENT 1	
ORM 990EZ, PART I - OTHER EXPENSES		
DMINISTRATIVE FEES	27,000.	
ANK CHARGES	2,268.	
EBSITE MAINTENANCE	10,947.	
ROFESSIONAL COURSES	16,682.	
RANSLATION FEES	10,878.	
EVELOPMENT EXPENSES	184.	
EGAL AND TRADEMARK EXPENSES	19,085.	
COTAL	87,044.	

	ATTACHM	NT 2
FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
CASH	127,145.	137,928.
TOTALS	127,145.	137,928.

ATTACHMENT 3

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO ENHANCE RESPECT AND COMMUNICATION BETWEEN PEOPLE LIVING WITH DEMENTIA AND THEIR CARGIVERS WHILE BRINGING THEM TOGETHER THROUGH BETTER COMMUNICATION.

ATTACHMENT 4

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAM SERVICE ACCOMPLISHMENT 1

- -DEVELOPMENT OF TRAINING CENTERS THAT OFFER VALIDATION TRAINING AND EINFORMATION.
- -DEVELOP AND MAINTAIN QUALITY STANDARDS FOR CURRICULA, TRAINING MATERIALS AND THE SPREADING OF VALIDATION INFORMATION.
- -DEVELOP CURRICULA AND TRAINING MATERIALS ON THE VALIDATION

Page 2

Name of the organization VALIDATION TRAINING INSTITUTE, INC

Employer identification number

ATTACHMENT 4 (CONT'D)

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

METHOD.

- -TRANSLATION OF ALL MATERIALS INTO LANGUAGES SERVED BY TRAINING CENTERS.
- -SUPPORT TRAINING CENTERS AND CERTIFIED INDIVIDUALS.
- -MAINTAIN INTERNET BASED INFORMATION AND COMMUNICATION AMONG PEOPLE INSTERESTED IN VALIDATION.