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.

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

OMB No. 1545-0047 Open to Public Inspection

AF	or th	e 202	<u>o caienda</u>	r year, or ta	ax ye	ar begi	nning			, 2020	, and	a enain	<u> 9</u>			, 2	U	
B ch	neck if ap	oplicable:		organization) 7\ T \ T	TNC	Monto	יייייי	TNC					D Employer	identi	fication nun	nber	
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	return	า		SANT HILI				TILL D	,	OK DUDIN	т.			G Gross rece				,267.
	pendi			·						RK-RUBIN	N			H(a) Is this a g subordinat	es?	_	Yes	X No
				BOX 871,										H(b) Are all sub-			Yes	No
		empt st		501(c)(3)		501(c) () ◀	(insert	no.)	4947(a)(1)	or	527				list. (see instru	ctions)	
_			1	VALIDATI(_		H(c) Group exe				
			ization: X	Corporation	Т	rust	Associati	on	Other	<u> </u>		L Year of	formatio	on: 1984 N	I Sta	te of legal do	omicile:	OR
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	1			he organizati												LIDATI		
ce		TRA	INING T	O CAREGI	VER	S OF	OLDER	ADUL	TS LI	VING WIT	TH I	FORMS	OF D	DEMENTIA				
nar																		
Governance				► if the	0				•	•					1			
				g members of														11.
Activities &				endent voting														11.
itie	5	Total	number of	individuals en	nploye	ed in cal	endar yea	ar 2020	(Part V, Ii	ne 2a)					5			0.
cţi	6	Total	number of	volunteers (es	timate	if neces	ssary)								6			12.
Ă	7a	Total	unrelated b	usiness rever	nue fro	m Part \	/III, colun	nn (C), l	line 12						7a	ı		0
				siness taxabl											7b			0
														Prior Year		Cur	rent Y	ear
a)	8	Contri	butions and	d grants (Part	VIII, li	ne 1h)								514,7	795.		137	7,505
ňu	9	Progra	am service	revenue (Part	VIII, li	ne 2g)				COP	Y FO	R		41,8	369.		35	726
Revenue	10	Invest	ment incon	ne (Part VIII,	colum	n (A), lin	es 3, 4, a	nd 7d)		PUBLIC IN	NSPE	CTION		8,6	67.		14	1,036
~				Part VIII, colui											0.			0
				add lines 8 thi										565,3	331.		187	7,267
				ar amounts pa											0.			0
				or for member											0.			0
s															0.			0
Expenses			ries, other compensation, employee benefits (Part IX, column (A), lines 5-10) essional fundraising fees (Part IX, column (A), line 11e) If fundraising expenses (Part IX, column (D), line 25) ▶).		0				
bel	b	Total																
Û	17	Other	er expenses (Part IX, column (A), lines 11a-11d, 11f-24e)									124,2	213.		85	5,359		
				Add lines 13-										124,2				5,359
	19			penses. Subtr										441,1				.,908
or		110101	140 1000 04	ponoco. Cubii	dot iii	10 10 110	11 11110 12						Beginn	ing of Curren	t Year	Enc	d of Yea	
Net Assets or Fund Balances	20	Total	assets (Part	t X, line 16)										645,6	529.			5,488
Ass Bal	21		•	Part X, line 26)											010.			,140
und	22		,	nd balances.		act line 2	1 from lin	_ 20			• •			643,6				1,348
	rt II		nature B		Oublic	dot iii ic 2	1 110111 1111	0 20.		<u> </u>								
				declare that I ha	ave ex	amined th	nis return.	includin	a accomp	anving schedu	ules a	nd statem	nents, an	nd to the best	of my	/ knowledge	and be	elief. it is
true	, corre	ct, and	complete. De	eclaration of pre	eparer	(other tha	n officer) i	s based	on all infor	mation of whi	ich pr	eparer has	s any kno	owledge.				
Sig	n		Signature of	f officer										Date				
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Prep	oarer			HW&CO	, (CIA						00/02			•	-16631		
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Mari	tho !!		-	23240 CHAGE eturn with the							J			Phone no.	<u> </u>	-		—
					<u> </u>			•	istructions	9/							es OO	No
For	Paper	rwork	Reduction	Act Notice, s	see the	e separa	ite instru	ctions.								For	m 99 ((2020)

Pa	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: TO ENHANCE RESPECT AND COMMUNICATION BETWEEN PEOPLE LIVING WITH										
	DEMENTIA AND THEIR CARGIVERS WHILE BRINGING THEM TOGETHER THROUGH										
	BETTER COMMUNICATION.										
	DETTER COMMONICATION.										
	Did the organization undertake any significant program services during the year which were not listed on the										
2		X No									
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	140									
3	Did the organization cease conducting, or make significant changes in how it conducts, any program										
3	services?										
	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 to the organization of the complishments for each of its three largest program services, as measured to the complishment of th	ured 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 \$ 33,859. including grants of \$) (Revenue \$ 35,726.)										
	-DEVELOPMENT OF TRAINING CENTERS THAT OFFER VALIDATION TRAINING										
	AND INFORMATION.										
	-DEVELOP AND MAINTAIN QUALITY STANDARDS FOR CURRICULA, TRAINING										
	MATERIALS AND THE SPREADING OF VALIDATION INFORMATION.										
	-DEVELOP CURRICULA AND TRAINING MATERIALS ON THE VALIDATION										
	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.										
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)										
	, <u> </u>										
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)										
40	(Code) (Expenses \$) (Revenue \$)										
4d	Other program services (Describe on Schedule O.)										
	(Expenses \$ including grants of \$) (Revenue \$)										
4e	Total program service expenses ► 33,859.										

4e Total program service expenses ► JSA 0E1020 1.000 92673S K369

Part	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		Х
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,	Ė		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
Ū	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	-		
U	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
J	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
. •	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	l		3.5
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			37
4.0	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	4.		v
00	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	24		Х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		

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Part	IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			37
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	22		Х
242	employees? If "Yes," complete Schedule J	23		- 21
2 4 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			37
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		X
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		
34	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	000		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38		X
Part				
	Check if Schedule O contains a response or note to any line in this Part V			ليا
	Estable contact and the Book of Four 1999 Fig. 1999		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Fermi W Ze moldade in line 14. Enter of infect applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
		່ . ບ		

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) No 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. . 2b 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)...... X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?...... b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, Χ 4a a financial account in a foreign country (such as a bank account, securities account, or other financial account)?... **b** If "Yes," enter the name of the foreign country ▶ NETHERLANDS See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Χ 5a **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?........ Χ b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Χ 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b 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 7a Χ **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was X 7с 7e X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Х f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7g g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?... Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 Sponsoring organizations maintaining donor advised funds. 9a a Did the sponsoring organization make any taxable distributions under section 4966? 9b **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?...... 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: **b** Gross income from other sources (Do not net amounts due or paid to other sources 12a 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 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 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. **b** Enter the amount of reserves the organization is required to maintain by the states in which Χ 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Χ excess parachute payment(s) during the year?............. 15 If "Yes," see instructions and file Form 4720, Schedule N. Χ Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.

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

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 11			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		v	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Λ	
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 on Schedule O	9		Х
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40.	v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	426	Х	
	rise to conflicts?	12b	Λ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	Х	
40	describe in Schedule O how this was done	13		X
13	Did the organization have a written whistleblower policy?	14		X
14	Did the organization have a written document retention and destruction policy?	17		
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?			
а	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		X
	with a taxable entity during the year?	Iva		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
<u>C1</u>	organization's exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed	T (C =	4:	(04/-)
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website	I (Sec	tion 5	01(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	of inter	est p	olicy,
20	and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and record VICKI DE KLERK-RUBIN P.O. BOX 871 PLEASANT HILL, OR 97455	ds ▶		

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, unless person is both ar officer and a director/trustee employee employee or director in dividual trust			an	(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	
(1)NAOMI FEIL	1.00								
DIRECTOR	0.	Х					0.	0.	0.
(2)RITA ALTMAN	1.00								
DIRECTOR	0.	Х					0.	0.	0.
(3) FRAN BULLOFF	1.00								
PRESIDENT	0.	Х		Х			0.	0.	0.
(4)KEVIN CARLIN	1.00								
TREASURER	0.	Х		Х			0.	0.	0.
(5)ED FEIL	1.00								
SECRETARY	0.	Х		Х			0.	0.	0.
(6) MOLLY BALUNEK	1.00								
DIRECTOR	0.	Х					0.	0.	0.
(7) HEDWIG NEU	1.00								
DIRECTOR	0.	X					0.	0.	0.
(8) HARVEY STERNS	1.00								
CHAIR OF RESEARCH COMMITTEE	0.	Х		Х			0.	0.	0.
(9) CHARLES DE VILMORIN	1.00								
DIRECTOR	0.	Х					0.	0.	0.
(10) MARISKA PRAKTIEK	1.00								
DIRECTOR	0.	Х					0.	0.	0.
(11) RUDOLF RODENBURG	1.00								
DIRECTOR	0.	X					0.	0.	0.
(12) VICKI DE KLERK-RUBIN	10.00								
EXECUTIVE DIRECTOR	0.			Χ			0.	0.	0.
(13)									_
(14)									

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_	art VII Section A. Officers, Directors, Tru	istees Ke	v Fn	nnlo)Ve	26	and F	lia	hest Compensat	ed Employ		continued) Page o
	hours p week (list			Average hours per week (list any hours for Average (do not ch box, unlest officer and					(D) Reportable compensation from the	(E) Reportable compensation from related organizations		(I Estin amo	r) nated unt of ner nsation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-		from organ and r	the
1b	Sub-total							>	0.		0.		0.
	Total from continuation sheets to Part VII, S	-						>	0.		0.		0.
	Total (add lines 1b and 1c)	limited to t						re	0 . eceived more than	\$100,000 c	0 . of		0.
	reportable compensation from the organization	n ▶	0	•									es No
3	Did the organization list any former offic												X
4	employee on line 1a? If "Yes," complete Schede For any individual listed on line 1a, is the	sum of rep	oortab	ole d	com	pen	satior	n ai	nd other compens	sation from	the	3	A
	organization and related organizations graindividual											4	Х
5 	Did any person listed on line 1a receive or for services rendered to the organization? If "You											5	Х
	ection B. Independent Contractors												
1	Complete this table for your five highest comcompensation from the organization. Report of year.	pensated i compensati	ndepe on fo	the	ent o	lenc	tracto	rs t ar e	that received more ending with or with	than \$100 nin the orga	,000 c nizatio	n's tax	
	(A) Name and business add	dress							(B) Description of se	ervices	C	(C) Compensa	tion
								+					

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0. JSA 0E1055 1.000 92673S K369

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Part VIII Statement of Revenue

		Check if Schedule O contains a response or note	to any line in this Part \	/III		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b				
۵ٌق	С	Fundraising events 1c				
fts	d	Related organizations 1d				
Ω≅	е	Government grants (contributions) 1e				
Sin	f	All other contributions, gifts, grants,				
rtio er		and similar amounts not included above . 1f 137,	505.			
ĕĔ	g	Noncash contributions included in				
d t	"	lines 1a-1f 1g \$				
S E	h		137,505.			
		Business Co	ode			
9	2a	PROGRAM REVENUES	35,726.	35,726.		
ه چَا	b					
Program Service Revenue	C					
am	d					
PS	e					
P		All other program service revenue				
	f g	Total. Add lines 2a-2f	> 35,726.			
	3	Investment income (including dividends, interest, a				
		other similar amounts)				14,036.
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(i) Real (ii) Person				
	6a	Gross rents 6a				
	b	Less: rental expenses 6b				
	c	Rental income or (loss) 6c				
	d	Net rental income or (loss)) 0.			
	7a	Gross amount from (i) Securities (ii) Other				
		sales of assets				
		other than inventory 7a				
Φ	b	Less: cost or other basis				
nu		and sales expenses 7b				
evenue	c	Gain or (loss) 7c				
\simeq	d	Net gain or (loss)	0.			
Other	8a	Gross income from fundraising				
ō	ou	events (not including \$				
		of contributions reported on line				
		1c). See Part IV, line 18 8a	0.			
	b	Less: direct expenses 8b	0.			
	C	Net income or (loss) from fundraising events) 0.			
	9a	Gross income from gaming				
		activities. See Part IV, line 19 9a	0.			
	b	Less: direct expenses 9b	0.			
	c	Net income or (loss) from gaming activities) 0.			
	10a	Gross sales of inventory, less				
		returns and allowances	0.			
	b	Less: cost of goods sold	0.			
_	c	Net income or (loss) from sales of inventory) 0.			
S		Business Co				
Miscellaneous Revenue	11a					
ane	b					
eve	c					
is R	d	All other revenue				
≥		Total. Add lines 11a-11d) 0.			
	12	Total revenue. See instructions	1 87,267.	35,726.		14,036.
JSA 0E105	1 1 000					Form 990 (2020)
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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										
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21	0.									
2	Grants and other assistance to domestic										
	individuals. See Part IV, line 22	0.									
3	Grants and other assistance to foreign										
	organizations, foreign governments, and										
	foreign individuals. See Part IV, lines 15 and 16	0.									
	Benefits paid to or for members	0.									
5	Compensation of current officers, directors,										
	trustees, and key employees	0.									
6	Compensation not included above to disqualified										
	persons (as defined under section 4958(f)(1)) and	0									
	persons described in section 4958(c)(3)(B)	0.									
7	Other salaries and wages	0.									
8	Pension plan accruals and contributions (include	0.									
	section 401(k) and 403(b) employer contributions)	0.									
9	Other employee benefits	0.									
10	Payroll taxes	0.									
	Fees for services (nonemployees):	0.									
	Management	11,016.	11,016.								
	Legal	0.	11/010.								
	Accounting	0.									
	Lobbying Professional fundraising services. See Part IV, line 17	0.									
	Investment management fees	0.									
	Other. (If line 11g amount exceeds 10% of line 25, column										
9	(A) amount, list line 11g expenses on Schedule (A).	51,500.		27,500.	24,000.						
12	Advertising and promotion	4,938.	4,938.								
13	Office expenses	916.	916.								
14	Information technology	9,431.	9,431.								
15	Royalties	0.									
16	Occupancy	0.									
17	Travel	0.									
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials	0.									
19	Conferences, conventions, and meetings	0.									
20	Interest	0.									
21		0.									
22	Depreciation, depletion, and amortization	0.									
	Insurance	0.									
24	Other expenses. Itemize expenses not covered										
	above (List miscellaneous expenses on line 24e. If										
	line 24e amount exceeds 10% of line 25, column										
	(A) amount, list line 24e expenses on Schedule O.) TRANSLATIONS	339.	339.								
- 4	INTERNET WORKER COURSE	6,709.	6,709.								
	DISTRIBUTION EXPENSES	510.	510.								
		510.	310.								
d											
	All other expenses Add lines 1 through 24e	85,359.	33,859.	27,500.	24,000.						
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	23,333.	23,033.	2.,555.							
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	0.									

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	121,892.	1	109,822.
	2	Savings and temporary cash investments	0.	2	0.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	4,062.	4	107,502.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
Ś	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
As	9	Prepaid expenses and deferred charges	0.	9	0.
	_	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b	0.	10c	0.
	11	Investments - publicly traded securities	519,675.	11	608,164.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11.	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	0.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	645,629.	16	825,488.
	17	Accounts payable and accrued expenses	2,010.	17	1,067.
	18	Grants payable	0.	18	0.
	19		0.	19	0.
	20	Deferred revenue	0.	20	0.
	21	Tax-exempt bond liabilities	0.	21	0.
"	22	_ · · · · · · · · · · · · · · · · · · ·	<u> </u>	21	0.
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
ij			0.		0.
Lial	22	controlled entity or family member of any of these persons	0.	22	0.
	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	0.		73.
	00	of Schedule D	2,010.	25	1,140.
	26	Total liabilities. Add lines 17 through 25	2,010.	26	1,140.
Ses		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	123,944.	27	216,184.
Bal	28	Net assets with donor restrictions.	519,675.	28	608,164.
힏	20		319,073.	28	000,104.
r Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
Assets or	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net /	32	Total net assets or fund balances	643,619.	32	824,348.
Z	33	Total liabilities and net assets/fund balances	645,629.	33	825,488.
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orm 98	0 (2020)				Pa	ge IZ			
Part	XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI					X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			87,2				
2	Total expenses (must equal Part IX, column (A), line 25)	2			85,3	359.			
3	Revenue less expenses. Subtract line 2 from line 1	3		1	01,9	908.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			43,6				
5	Net unrealized gains (losses) on investments	5			74,4	153.			
6									
7	Investment expenses	7				0.			
8	Prior period adjustments	8			1,1	L30.			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			3,2	238.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line								
	32, column (B))	10		8	24,3	348.			
Part									
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			X			
					Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in						
	Schedule O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	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?			2b		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ted o	ı a						
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersigh	of						
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?		2c					
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on						
	Schedule O.								
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the						
	Single Audit Act and OMB Circular A-133?			3a					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	•							
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		3b					

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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

VAI	IDAT	ION TRAINING INST	ITUTE, INC				34-14063	07
Pai	t I	Reason for Public Cha	rity Status. (All	organizations must	complet	te this p	art.) See instructions	3.
		zation is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1	ΠA	church, convention of chu	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2	Па	school described in section	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)	
3		hospital or a cooperative		•				
4	-	medical research organiz	-	_				(iii). Enter the
		ospital's name, city, and st	=	, , , , , , , , , , , , , , , , , , ,				
5		n organization operated f		a college or universit	v owned	d or ope	rated by a governme	ental unit described in
•		ection 170(b)(1)(A)(iv). (C		a conego or armorem	.,	. О. Оро	.a.ca 2, a geree	
6		federal, state, or local go		rnmental unit describe	d in sect	ion 170(h)(1)(Δ)(v)	
7	_	n organization that norma	•				, , , , , , ,	om the general nubli
•		escribed in section 170(b)	-	•	ipport iiv	om a go	verninental unit of the	om the general public
8		community trust describe			Dort II \			
9		n agricultural research org				oporator	Lin conjunction with a	land-grant college
9		university or a non-land-	=			-	=	
			grant conege or ag	friculture (see iristruct	.ioris). Li	ilei liie	name, city, and state of	i the college of
10		niversity: n organization that norma	lly receives (1) me	aro than 221/20/ of its	cupport	from cou	atributions momborsh	in food, and grace
10	re	ceipts from activities rela	ted to its exempt f	unctions, subject to c	ertain ex	ceptions	s; and (2) no more thar	n 331/3 % of its
		ipport from gross investmodured by the organization						businesses
11		n organization organized	•		. , . , .		,	
12		n organization organized	-		-			earry out the nurnoses
12		one or more publicly su		•	-			
		heck the box in lines 12a t						
_			•	* *			•	
а		Type I. A supporting orga	•	•	•		• , , ,	
		the supported organization				ajority of	the directors of truste	es or the
L		supporting organization.	-			. with ito	aupported organization	on(a) by baying
b		Type II. A supporting org	•					
		control or management o	· · · -	-	the sam	e persor	is that control of man	age the supported
_		organization(s). You must			.4			
С		Type III functionally integ						ny integrated with,
		its supported organization		•				to al annoncination (a)
d		Type III non-functionally						= ::
		that is not functionally inte	-	-	-		· ·	an attentiveness
		requirement (see instructi		-				L T III
е		Check this box if the orga						i, Type iii
		functionally integrated, or the number of supported				organizai	ion.	
'		de the following information						
		e of supported organization	(ii) EIN		(iv) to the	iti	(v) Amount of monetary	(vi) Amount of
	(I) Name	e or supported organization	(11) EIIN	(iii) Type of organization (described on lines 1-10	, ,	organization ur governing	support (see	(vi) Amount of other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(C)								
(D)								
(E)								
Tota	ıl							

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	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						
4	Total. Add lines 1 through 3						
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 shown on line 11, column (f).						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support				T	T	
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
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. (s	ee instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here.						
Sec	tion C. Computation of Public Sup	oort Percenta	ge				
14	Public support percentage for 2020 (lin	ne 6, column (f), divided by line	e 11, column (f))		<u></u>
15	Public support percentage from 2019						<u>%</u>
16a	331/3% support test - 2020. If the org	ganization did r	ot check the bo	ox on line 13, a	nd line 14 is 33	1/3 % or more, c	heck this
	box and stop here. The organization qu						
b	331/3% support test - 2019. If the org	janization did n	ot check a box	on line 13 or 16	Sa, and line 15 i	s 331/3 % or mo	re, check
	this box and stop here. The organization			_			
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in						
	Part VI how the organization meets	the facts-and-o	circumstances te	est. The organi	zation qualifies	as a publicly s	upported
	organization						▶ □
b	10%-facts-and-circumstances test - 2	2019. If the org	ganization did r	ot check a box	on line 13, 16	a, 16b, or 17a	and line
	15 is 10% or more, and if the organization					_	•
	in Part VI how the organization meets	the facts-and	-circumstances	test. The organ	ization qualifies	as a publicly s	upported
	organization						
18	Private foundation. If the organization						
	instructions						▶ ∟

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Schedule A (Form 990 or 990-EZ) 2020 Page **3**

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.)

<u></u>	tion A Dublic Support	any ander the	TOOLO HOLOGI DO	Tow, produce co	mpioto i ait ii.	,	
	tion A. Public Support	(a) 2016	(b) 2017	(a) 2019	(4) 2010	(a) 2020	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	82,852.	24,735.	53,329.	514,795.	137,505.	813,216.
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	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	34,422.	32,978.	59,621.	41,869.	35,726.	204,616.
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						0.
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0.
6	Total. Add lines 1 through 5	117,274.	57,713.	112,950.	556,664.	173,231.	1,017,832.
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	35,077.	12,800.	25,556.	501,800.	3,830.	579,063.
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
С	Add lines 7a and 7b	35,077.	12,800.	25,556.	501,800.	3,830.	579,063.
8	Public support. (Subtract line 7c from						
	line 6.)						438,769.
Sec	tion B. Total Support		'				
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	117,274.	57,713.	112,950.	556,664.	173,231.	1,017,832.
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources.				8,667.	14,036.	22,703.
b	Unrelated business taxable income (less				·		
~	section 511 taxes) from businesses						
	acquired after June 30, 1975						0.
_	Add lines 10a and 10b				8,667.	14,036.	22,703.
11	Net income from unrelated business				0,007.	11,0501	22,703.
••	activities not included in line 10b, whether						
	or not the business is regularly carried on.						0.
	,						<u></u>
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
12	Total support. (Add lines 9, 10c, 11,						
13	and 12.)	117,274.	57,713.	112,950.	565,331.	187,267.	1,040,535.
1.1							
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here							
500	tion C. Computation of Public Supp						
15	<u> </u>		-	nn (f))		45	42.17%
	26.05						
16 Sec	tion D. Computation of Investment					16	30.05 70
	•			2 column (f))	I	17	2.18%
17	Investment income percentage for 2020 (lin	,					.95%
18	Investment income percentage from 2019 \$				_	18	
19 a	331/3% support tests - 2020. If the or	-					
_	17 is not more than 331/3%, check this	<u>-</u>	•	•			
b	331/3% support tests - 2019. If the orga						
	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

JSA 0E1221 1.000 92673S K369 Schedule A (Form 990 or 990-EZ) 2020 Page 4

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
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).

- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes." explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- 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.
- 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 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).
- 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.
 - 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.
- c 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No 1 2 3a 3b 3с 4a 4b 4c 5a 5b 6 7 8 9a 9b 9c 10a 10b

JSA 0E1229 1.010

Schedule A (Form 990 or 990-EZ) 2020

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				- 3
Part	Supporting Organizations (continued)		V	NIa
4.4	Here the consequentian accounted a wife or contribution from any of the following property.		Yes	NO
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and	11a		
h	11c below, the governing body of a supported organization? A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide</i>	110		
C	detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations	110		
ocotii	71 D. Type I Supporting Significations		Yes	No
			103	110
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s)</i>			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously	_		
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
•				
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations	<u> </u>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons)	
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instr	ructions	s).
			Yes	
2	Activities Test. Answer lines 2a and 2b below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
D	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3h		1

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizations	5	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (expla	in in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organi	zations n	nust complete Sectio	ns A through E.
Se	ction A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
_8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Se	ection 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		
_е	Discount claimed for blockage or other factors (explain in detail in Part VI):	1e		
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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ection C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integra	ted Type III supporting	g organization
	(see instructions).			· =

Schedule A (Form 990 or 990-EZ) 2020

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Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)				
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpo	zations	3		
4	4 Amounts paid to acquire exempt-use assets				
5	5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)				
6	6 Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.		7		
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.		8		
9	9 Distributable amount for 2020 from Section C, line 6				
10	10 Line 8 amount divided by line 9 amount				
			(iii)		

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2020			
а	From 2015			
b	From 2016			
С	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2016			
b	Excess from 2017			
С	Excess from 2018			
d	Excess from 2019			
e	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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

or 990-PF)
Department of the Treasury
Internal Revenue Service

Attach to Form 990, Form 990-EZ, or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Employer identification number Name of the organization VALIDATION TRAINING INSTITUTE, INC 34-1406307 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private 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 is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** $\lfloor exttt{X}
floor$ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

Schedule of Contributors

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) (2020)

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box 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).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization VALIDATION TRAINING INSTITUTE, INC

Employer identification number 34-1406307

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$100,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$6,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	\$15,425.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		s	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Name of organization VALIDATION TRAINING INSTITUTE, INC

Employer identification number 34-1406307

Part II	Noncash Property	(see instructions).	. Use duplicate	copies of Par	t II if additional	space is needed.

Part II	Noncash Property (see instructions). Use duplicate copies	oi Part ii ii addilionai space is ne	eueu.
(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
(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 Part III 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) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., 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. from (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 (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. from (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. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

SCHEDULE D (Form 990)

Department of the Treasury

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 instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number VALIDATION TRAINING INSTITUTE, INC 34-1406307 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 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a а 2b 2c Number of conservation easements on a certified historic structure included in (a) С Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- If the organization elected, as permitted under FASB 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.
- If the organization elected, as permitted under FASB 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:
- 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 FASB ASC 958 relating to these items: ▶ \$

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

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): а Public exhibition Loan or exchange program Scholarly research b Other Preservation for future generations C Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 4 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 **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. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1c Distributions during the year 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V **Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (c) Two years back (a) Current year (b) Prior year (d) Three years back (e) Four years back 519,675. 1a Beginning of year balance 500,000. c Net investment earnings, gains, 88,489. 19,675. d Grants or scholarships Other expenditures for facilities f Administrative expenses 608,164. 519,675. g End of year balance 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 ▶ 100.0000 % Term 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 Yes No organization by: 3a(i) Χ 3a(ii) Χ b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?......... Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment. Part VI 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 (b) Cost or other basis (c) Accumulated (d) Book value depreciation (investment) (other)

Schedule D (Form 990) 2020

b Buildings

c Leasehold improvements......d Equipment.....

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

Schedule D (Form 990) 2020	Dogo. 4
Schedule D (Folili 990) 2020	Page •

Part VII	Investments - Other Securities.	ed "Yes" on Form 990	Page \$ 0, 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) Financia	derivatives		
(2) Closely h	neld equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	(h) must a must Farm 000 Part V and (D) line 40)		
	(b) must equal Form 990, Part X, col. (B) line 12.) . Investments - Program Related.	•	
Part VIII	Complete if the organization answere		O, 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
(4)			Oost of one of your market value
(1)			
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(9)			
	(b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.	'	
	Complete if the organization answere	ed "Yes" on Form 990	0, Part IV, line 11d. See Form 990, Part X, line 15.
	(a) [Description	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	(h) (5 000 Bart V (7) line 45)	
Part X	mn (b) must equal Form 990, Part X, col. (B) IIITie 15.)	
Part A		ed "Yes" on Form 990	0, Part IV, line 11e or 11f. See Form 990, Part X,
1.		ription of liability	(b) Book value
	Il income taxes	inplion of hability	(b) Book value
	T CARD PAYABLE		73.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 25	5.)	73.
			the organization's financial statements that reports the

JSA 0E1270 1.000 92673S K369 Schedule D (Form 990) 2020

083700 PAGE 26 Schedule D (Form 990) 2020 Page 4

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
	Net unrealized gains (losses) on investments	
a	Donated services and use of facilities	
b	Donated Services and use of Identities 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	
C	Recoveries of prior year grants	
d	Add lines 2a through 2d	2e
	Subtract line 2e from line 1	3
3 4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
	Investment expenses not included on Form 990, Part VIII, line 7b4a	
a b	Other (Describe in Part XIII.)	
	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part		ırn.
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
– a	Donated services and use of facilities	
b	Prior year adjustments	
c	Other losses	
d	Other (Describe in Part XIII.)	
	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5
	XIII Supplemental Information.	
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	

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

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

VALIDATION TRAINING INSTITUTE, INC

34-1406307

FORM 990, PART I, LINE 1

THE VALIDATION TRAINING INSTITUTE IS A NOT FOR PROFIT ORGANIZATION THAT

ADVANCES KNOWLEDGE, VALUES, EDUCATION AND RESEARCH ROOTED IN THE

VALIDATION METHOD. ITS ULTIMATE OBJECTIVE IS TO NURTURE RESPECT, DIGNITY

AND WELL BEING IN THE LIVES OF OLDER ADULTS EXPERIENCING AGE RELATED

COGNITIVE DECLINE AND THEIR CAREGIVERS.

FORM 990, PART VI, SECTION B, #11B

FORM 990 REVIEW PROCESS: THE 990 IS REVIEWED AND APPROVED BY THE

EXECUTIVE COMMITTEE. A COPY OF THE RETURN IS THEN PROVIDED TO THE FULL

BOARD FOR COMMENTS.

FORM 990, PART VI, SECTION B, #12C

MONITOR AND ENFORCE CONFLICT OF INTEREST POLICY: EACH BOARD MEMBER,

PRINCIPAL OFFICER, AND MEMBER OF A COMMITTEE WITH BOARD DELEGATED POWERS

IS REQUIRED TO SIGN A CONFLICT INTEREST STATEMENT. IN ADDITION, EACH

MEMBER OF THE BOARD IS RESPONSIBLE FOR IDENTIFYING POTENTIAL CONFLICT OF

INTEREST. THE EXECUTIVE COMMITTEE REGULARLY AND CONSISTENTLY MONITOR AND

ENFORCE COMPLIANCE WITH THIS POLICY BY REVIEWING STATEMENTS ON AN ANNUAL

BASIS AND TAKING SUCH OTHER ACTIONS AS ARE NECESSARY FOR EFFECTIVE

OVERSIGHT.

FORM 990, PART XI, LINE 9

EXCHANGE RATE ADJUSTMENT.....\$5,290

Name of the organization	Employer identification number
VALIDATION TRAINING INSTITUTE, INC	34-1406307

RESTATING PRIOR YEAR BALANCE SHEET TO ACCRUAL BASIS......(\$2,052)

FORM 990, PART VI, SECTION A, LINE 2

NAOMI FEIL (DIRECTOR) IS THE MOTHER OF ED FEIL (SECRETARY AND OFFICER)

AND VICKI DE KLERK-RUBIN (EXECUTIVE DIRECTOR AND OFFICER).

ATTACHMENT 1

FORM 990, PART IX - OTHER FEES

	(A) TOTAL	(B) PROGRAM	(C) MANAGEMENT	(D) FUNDRAISING
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES
PROFESSIONAL FEES	51,500.		27,500.	24,000.
TOTALS	51,500.		27,500.	24,000.

ATTACHMENT 2

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

ENDING BOOK VALUE

ENDOWMENT FUND 608,164.

> TOTALS 608,164.

DESCRIPTION