Department of the Treasury Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047

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.

Open to Public Inspection

A F	or th	e 202	1 calendar year, or tax year begin	ning		and en	ding							
_			C Name of organization					D Employer id	entification	on num	ber			
R C	heck if ap	oplicable:	VALIDATION TRAINING IN	STITUTE, INC										
	Addre		Doing Business As					34-1406	5307					
	Name	change	Number and street (or P.O. box if mail is	not delivered to street address	s)	Room/suit	е	E Telephone n	umber					
	Initial	return	P.O. BOX 871					(541)521-2411						
	Term	inated	City or town, state or province, country, a	ind ZIP or foreign postal code										
	Amen		PLEASANT HILL, OR 9745	55				<b>G</b> Gross receip	ots \$		221	,020.		
	Applie pendi	cation	F Name and address of principal officer:	VICKI DE KLEF	RK-RUBI	.N		H(a) Is this a gro subordinates		or	Yes	X No		
	·		P.O. BOX 871, PLEASANT	HILL, OR 97455				H(b) Are all subord		ed?	Yes	No		
ī	Tax-ex	empt st	atus: X 501(c)(3) 501(c) (	) <b>(</b> insert no.)	4947(a)(1)	or	527	If "No," atta	ch a list. (se	ee instruc	tions)			
J	Websi	te: 🕨	WWW.VFVALIDATION.ORG					H(c) Group exem	ption numb	er 🕨				
K	Form	of organ	nization: X Corporation Trust	Association Other		L Yea	r of format	tion: 1984 <b>M</b>	State of I	egal do	micile:	OR		
P	art I	Sui	mmary			·								
	1	Briefly	y describe the organization's mission or	r most significant activities	: VTI I	PROVIDE	S HIG	H-QUALITY	VALI	DATI	ON			
ė		TRA	INING TO CAREGIVERS OF C	LDER ADULTS LIV	ING WI	TH FORM	IS OF	DEMENTIA						
au														
Governance	2	Check	k this box ▶ if the organization di	scontinued its operation	s or dispos	ed of more	than 25%	6 of its net asset	s.					
Ó	3	Numb	per of voting members of the governing	body (Part VI, line 1a)					3			10		
	4	Numb	per of independent voting members of t	he governing body (Part V	/I, line 1b)				4			10		
ties	5		number of individuals employed in cale						5			NONE		
ctivities &	6		number of volunteers (estimate if necess						6			11		
ĕ	7a	Total	unrelated business revenue from Part V	III, column (C), line 12					7a					
			nrelated business taxable income from I						7b					
								Prior Year		Curr	ent Ye	ar		
ø	8	Contri	ibutions and grants (Part VIII, line 1h)				┑Ĺ	137,50	05.		130	,519.		
nue	9		am service revenue (Part VIII, line 2g)		COP	PY FOR NSPECTIO		35,7	26.		36	,062.		
Revenue	10		tment income (Part VIII, column (A), line		PUBLIC	NSPECTIO	<u> </u>	14,0	36.		18	,695.		
Ľ	11	Other	revenue (Part VIII, column (A), lines 5,	6d, 8c, 9c, 10c, and 11e)				N	ONE			NONE		
	12	Total	revenue - add lines 8 through 11 (must	equal Part VIII, column (A	A), line 12) .			187,20	57.		185	,276.		
	13	Grant	s and similar amounts paid (Part IX, colu	ımn (A), lines 1-3)				N	ONE			NONE		
	14	Benef	its paid to or for members (Part IX, colu	mn (A), line 4)				N	ONE			NONE		
es	15		es, other compensation, employee bene			N	ONE	NO						
Expenses	16a	Profes	ssional fundraising fees (Part IX, column	(A), line 11e)		N	ONE	NON						
ă	b	Total	fundraising expenses (Part IX, column (I	D), line 25) ▶	24,000	·								
			expenses (Part IX, column (A), lines 11					85,3	59.		73	,366.		
	18	Total	expenses. Add lines 13-17 (must equal	Part IX, column (A), line 2	25)			85,3	59.		73	,366.		
	19	Rever	nue less expenses. Subtract line 18 from	line 12	<u>.</u>	<u>.</u>		101,9	38.		111	<u>,910.</u>		
s or							F-	nning of Current	rear	End	of Yea	ır		
Net Assets or Fund Balances	20		assets (Part X, line 16)					825,48	38.		975	<u>,586.</u>		
nd B	21		liabilities (Part X, line 26)					1,1	_			,001.		
			ssets or fund balances. Subtract line 21	from line 20				824,3	18.		<u>971</u>	<u>,585.</u>		
	rt II		gnature Block											
			of perjury, I declare that I have examined thi complete. Declaration of preparer (other than						f my knov	wledge	and be	∍lief, it is		
				·										
Sig	n		Signature of officer					Date						
He			Signature of officer					Date						
			Time or wrint name and title											
			Type or print name and title  (Type preparer's name	Preparer's signature		Date			if PTIN	J				
Paid	i			i repaisi s signatule		Date		Check	ן יִי נ					
	parer		ID M REAPE, CPA					self-employ	1 1 0	0068				
	Only		s name HW&CO					Firm's EIN		1663				
N 4	, +h - '			SUITE 700 CLEVELAND,		-5450		Phone no.		-831				
<u> </u>			cuss this return with the preparer show	,	<i>.</i>				<u> L</u>	X Ye		No (2021)		
ror	rape	I WOLK	Reduction Act Notice, see the separat	e mstructions.						⊢ orr	π 罗罗し	J (2021)		

Pa	Part III Statement of Program Service Accomplishments	
1	Check if Schedule O contains a response or note to any line in this Part III  1 Briefly describe the organization's mission:	х
•	TO ENHANCE RESPECT AND COMMUNICATION BETWEEN PEOPLE LIVING WITH	
	DEMENTIA AND THEIR CARGIVERS WHILE BRINGING THEM TOGETHER THROUGH	
	BETTER COMMUNICATION.	
2	2 Did the organization undertake any significant program services during the year which were not listed o	
	prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.	
3	3 Did the organization cease conducting, or make significant changes in how it conducts, any proservices?	-
4		
4a	4a (Code:) (Expenses \$35,596. including grants of \$) (Revenue \$	36,062.
	-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	
	METHODTRANSLATION OF ALL MATERIALS INTO LANGUAGES SERVED BY	
	TRAINING CENTERSSUPPORT TRAINING CENTERS AND CERTIFIED	
	INDIVIDUALS.	
	-MAINTAIN INTERNET BASED INFORMATION AND COMMUNICATION AMONG	
	PEOPLE INTERESTED IN VALIDATION.	
4b	<b>4b</b> (Code:) (Expenses \$including grants of \$) (Revenue \$	)
4c	<b>4c</b> (Code:) (Expenses \$including grants of \$) (Revenue \$	)
4d	4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )	
40	As Total program conting evening systems of 1000	

**4e** Total program service expenses ►

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Part	Checklist of Required Schedules			- 0 -
			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		X
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,			
	assessments, or similar amounts as defined in Rev. Proc. 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			
	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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_		
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	v	
11	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
• • •	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,"			
u	complete Schedule D, Part VI	11a		Х
h	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	· · · ·		- 21
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
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		Х
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		Х
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		Х
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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	l		
	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	4.5		3.7
4.0	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	16		37
17	assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		X
17	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			X
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		Λ
13	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX. column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		x

Form 9	90 (2021)		F	Page 4
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			
	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		· v
24.0	employees? If "Yes," complete Schedule J	23		X
24 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
h	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	240		
·	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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		Х
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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		Х
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 the 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? If			
	"Yes," complete Schedule L, Part IV	28a		X
	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 line 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			
0.4	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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	20		3.5
22	complete Schedule N, Part II	32		X
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		v
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	55		X
<b>5</b> 4	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	-		
	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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a NONE			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

m 990 (2021)

Form	990 (2021)			age 3
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	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 2a NONE			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.	_		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	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,	40	v	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
D	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).			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7.		37
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
†	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
Ŭ	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	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 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
40.	against amounts due or received from them.)	12a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IZa		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	<b>Note:</b> 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			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			_
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.	4.0		37
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
.,	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Voe " complete Form 6060			

Form **990** (2021) 8

JSA 1E1040 1.000 92673S K369 083701 Form 990 (2021) Page **6** 

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				
	non ru oo rommig Dody and managomone			Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year   1a	10 [			
Ia	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				
b	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent	10			
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 d				
	supervision of officers, directors, trustees, or key employees to a management company or other person?	I	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		X
6	Did the organization have members or stockholders?	I	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app				
	one or more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) meml				
-	stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken du				
_	the year by the following:	9			
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached				
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Rev	enue C	Code	.)	
		_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	<u>L</u>	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chap				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form	I	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could				
	rise to conflicts?		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	"Yes,"			
	describe on Schedule O how this was done	🗀	12c	Х	
13	Did the organization have a written whistleblower policy?		13		X
14	Did the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review and approve	al by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decis	sion?			
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 on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements				
	with a taxable entity during the year?	🏻	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard				
	organization's exempt status with respect to such arrangements?		16b		
Sect	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website Another's website Upon request Other (explain on Schedule O)		(sect	ion 5	01(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con and financial statements available to the public during the tax year.	nflict of	inter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and VICKI DE KLERK-RUBIN P.O. BOX 871 PLEASANT HILL, OR 97455	records	<b>•</b>		

541-521-2411

# 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s
- 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 the 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, office or direct	unles	Pos neck ss pe	rson	e than o is both or/trust employee	an	(D)  Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) NAOMI FEIL	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(2) RITA ALTMAN	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(3) FRAN BULLOFF	1.00									
PRESIDENT	NONE	Х		Х				NONE	NONE	NONE
(4) KEVIN CARLIN	1.00									
SECRETARY	NONE	X		Х				NONE	NONE	NONE
(5) ED FEIL	1.00									
TREASURER	NONE	X		Χ				NONE	NONE	NONE
(6) MOLLY BALUNEK	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(7) HARVEY STERNS	1.00									
CHAIR OF RESEARCH COMMITTEE	NONE	X		Χ				NONE	NONE	NONE
(8) CHARLES DE VILMORIN	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(9) MARISKA PRAKTIEK	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(10) RUDOLF RODENBURG	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(11) VICKI DE KLERK-RUBIN	10.00									
EXECUTIVE DIRECTOR	NONE			X				NONE	NONE	NONE
<u>(12)</u>										
(13)										
(14)										
								l .		

Form **990** (2021)

_	n 990 (2021) Int VII Section A. Officers, Directors, Tru	ietone Ko	v En	nlo		26	and L	Jia	host Component	od Employ	1005 (0	ontinuo		age <b>o</b>
ГС	, ,		y	ipic			anu i	iig		(E)		onunue		
	(A) Name and title	Average hours per week (list any hours for	box,	unles	Pos heck ss pe	more erson	e than o is both or/trusto	an	(D) Reportable compensation from the	Reportable compensation for related organizations		am	(F) timated tount of other pensation	f
		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-		fro orga and	om the anizatio d related anization	on d
1b	Sub-total							$\blacktriangleright$	NONE		NONE			NON
	Total from continuation sheets to Part VII, Se	-						<b>&gt;</b>	NONE		NONE			NONI
	Total (add lines 1b and 1c)							<u> </u>	NONE		NONE			NONI
2	Total number of individuals (including but not		hose	liste			•	o re	eceived more than	\$100,000 d	)f			
	reportable compensation from the organization					NO	NE						Vaa	N <sub>a</sub>
3	Did the organization list any former offic	er. directo	or. or	trı	ıste	e. I	kev e	eme	olovee, or highes	t compens	ated		Yes	No
	employee on line 1a? If "Yes," complete Schedu											3		Х
4	For any individual listed on line 1a, is the sorganization and related organizations greated individual.	eater than	\$15	0,0	00?	<sup>l</sup> If	"Yes	3, "				4		X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	sati	on 1	fron	n any	un				5		Х
Se	ction B. Independent Contractors													
1	Complete this table for your five highest com compensation from the organization. Report c year.													
	(A) Name and business add	Iress							(B) Description of se	ervices	С	(C)	ation	

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 ► NONE

Form **990** (2021)

# Part VIII Statement of Revenue

		Check if Schedule C	) соі	ntains a r	espor	nse or note to ar	ny line in this Part V	/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					
۵ٌڲ	С	Fundraising events		[	1c	10,187.				
ifts ar A	d	Related organizations		[	1d					
٦	е	Government grants (cont			1e					
Sin	f	All other contributions, gi		·						
e E		and similar amounts not incl		- 1	1f	120,332.				
들된	g	Noncash contributions in	rclud	ed in						
a E		lines 1a-1f			1g 5	\$				
နှင့်	h	Total. Add lines 1a-1f		_			130,519.			
						Business Code				
မွ	2a	PROGRAM REVENUES					36,062.	36,062.		
<u>ĕ</u> <u>₹</u>							,	,		
Se	b									
an Se	C									
200	d									
Program Service Revenue	e	All other program consise								
	f g	All other program service <b>Total.</b> Add lines 2a-2f				<b></b>	36,062.			
	3	Investment income (in-					,			
	"	other similar amounts).				interest, and	13,805.			13,805.
	4	Income from investment				proceeds	NONE			
	5	Royalties		•		•	NONE			
			Ī	(i) Rea		(ii) Personal				
	6a	Gross rents 6	Sa -							
	b		Sb S							
			SC SC		NONE	NONE				
	d	Net rental income or (loss					NONE			
	7a	Gross amount from	,, 	(i) Securi		(ii) Other	1,01,2			
	l 'a	sales of assets	H	(.) 0000		() Gare				
			7a	4.0	0,634.					
40		Less: cost or other basis	а	- 10	3,031.					
evenue	b		,	31	5,744.					
Ş			7b		4,890.					
∝	١.	·	7c				4,890.			4 990
Other	d					<u></u>	4,050.			4,890.
₹	8a	Gross income from	tu	indraising						
		events (not including \$								
		of contributions report			0-	NONE				
	.	1c). See Part IV, line 18			8a 8b	NONE				
	b	Less: direct expenses					NONE			
	C	Net income or (loss) from		_	venis	<del>-</del>	NONE			
	9a	Gross income from activities. See Part IV, line		gaming	00	NONE				
						NONE				
		Less: direct expenses			9b		NONE			
	C	Net income or (loss) from	_	-	villes .		NONE			
	10a	Gross sales of inverses		•	10-	NONE				
	.	returns and allowances				NONE				
		Less: cost of goods sold .  Net income or (loss) from					NONE			
		1401 11001116 01 (1033) 110111	Jait	Jo or anvent	loi y	Business Code	NONE			
Snc						Dualiteas Code				
Miscellaneous Revenue	11a									+
ila ver	b									+
Sce	C	A.I								+
Ĭ	d	All other revenue								
	e	Total. Add lines 11a-11d					NONE	,		
	12	Total revenue. See instru	uction	15		<u> </u>	185,276.	36,062.		18,695.

# 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).

	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
	Grants and other assistance to domestic organizations		5/p5/1000	general expenses	0.4P011000
•	and domestic governments. See Part IV, line 21	NONE			
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22	NONE			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
	Compensation of current officers, directors,				
	trustees, and key employees	NONE			
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	NONE			
	Pension plan accruals and contributions (include	NONE			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	NONE			
10	Payroll taxes	NONE			
11	Fees for services (nonemployees):				
а	Management	NONE			
	Legal	8,231.	8,231.		
С	Accounting	NONE			
d	Lobbying	NONE			
	Professional fundraising services. See Part IV, line 17.	NONE			
f	Investment management fees	NONE			
g	Other. (If line 11g amount exceeds 10% of line 25, column	SEE SCHE O			
	(A), amount, list line 11g expenses on Schedule O.)	37,770.		13,770.	24,000
12	Advertising and promotion	7,132.	7,132.		
13	Office expenses	2,813.	2,813.		
14	Information technology	6,914.	6,914.		
15	Royalties	NONE			
16	Occupancy	NONE			
17	Travel	NONE			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	NONE			
20	Interest	NONE			
21	Payments to affiliates	NONE			
22	Depreciation, depletion, and amortization	NONE			
23	Insurance	NONE			
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.)				
	INTERNET WORKER COURSES	9,623.	9,623.		
	MISCELLANEOUS EXPENSES	526.	526.		
С	DISTRIBUTION EXPENSES	357.	357.		
d					
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	73,366.	35,596.	13,770.	24,000
∠6	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

# 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	109,822.	1	104,830.
	2	Savings and temporary cash investments	NONE	2	NONE
	3	Pledges and grants receivable, net	NONE	3	NONE
	4	Accounts receivable, net	107,502.	4	2,737.
	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	NONE	5	NONE
	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)	NONE	6	NONE
ts	7	Notes and loans receivable, net	NONE	7	NONE
Assets	8	Inventories for sale or use	NONE	8	NONE
Ä	9	Prepaid expenses and deferred charges	NONE	9	NONE
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation	NONE	10c	
	11	Investments - publicly traded securities SEE SCHEDULE .O	608,164.	11	868,019.
	12	Investments - other securities. See Part IV, line 11	NONE	12	NONE
	13	Investments - program-related. See Part IV, line 11	NONE	13	NONE
	14	Intangible assets	NONE	14	NONE
	15	Other assets. See Part IV, line 11	NONE	15	NONE
	16	Total assets. Add lines 1 through 15 (must equal line 33)	825,488.	16	975,586.
	17	Accounts payable and accrued expenses	1,067.	17	3,954.
	18	Grants payable	NONE	18	NONE
	19	Deferred revenue	NONE	19	NONE
	20	Tax-exempt bond liabilities	NONE	20	NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
jabi		controlled entity or family member of any of these persons	NONE	22	NONE
	23	Secured mortgages and notes payable to unrelated third parties	NONE	23	NONE
	24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	73.		<u>47.</u>
	26	Total liabilities. Add lines 17 through 25	1,140.	26	4,001.
nces		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
alai	27	Net assets without donor restrictions	216,184.	27	103,566.
B	28	Net assets with donor restrictions	608,164.	28	868,019.
<b>Assets or Fund Balances</b>		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
iets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
4 SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net /	32	Total net assets or fund balances	824,348.	32	971,585.
ž	33	Total liabilities and net assets/fund balances	825,488.	33	975,586.
		***************************************	223, 2301		Form <b>990</b> (2021)

Page **12** 

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				<u> 276</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2				<u> 366</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		1	<u>11,</u>	<u>910</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		8	24,	<u>348</u>
5	Net unrealized gains (losses) on investments	5			41,	<u> 161</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			-5,	<u>834</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		9	71,	<u> 585</u>
Part	· · ·					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on			
	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 com-	piled	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		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed o	n 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	rsigh	t 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, ex	plain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th 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 au	idits .		3b	000	
				Form	990	(2021)

92673S K369 083701 15

### SCHEDULE A (Form 990)

# **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.

INC

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

OMB No. 1545-0047

2021

Open to Public Inspection

34-1406307

Department of the Treasury Internal Revenue Service

Name of the organization

VALIDATION TRAINING INSTITUTE,

Employer identification number

Pa	rt 📗	Reason for Public Cha	rity Status. (All o	organizations must	comple	te this p	art.) See instructions	5
The	org	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	neck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in <b>s</b>	section 1	70(b)(1)(A)(i).	
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)						
3		A hospital or a cooperative	hospital service o	rganization described	in <b>sectio</b>	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed i	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	tate:					
5		An organization operated		a college or universit	y owne	d or ope	erated by a governme	ental unit described in
_		section 170(b)(1)(A)(iv). (C						
6		A federal, state, or local go	•					
7		An organization that norma	-	·	ipport fr	om a go	vernmental unit or fro	om the general public
_		described in section 170(b)		•				
8		A community trust describe			-			
9		An agricultural research org	=			-		-
		or university or a non-land-	grant college of ag	griculture (see instruct	tions). E	nter the	name, city, and state o	f the college or
		university:						
10	_ X	An organization that norma receipts from activities rela support from gross investm acquired by the organization	ited to its exempt finent income and upon after June 30, 1	unctions, subject to c nrelated business tax 975. See <b>section 509</b>	ertain ex able inco (a)(2). (0	xceptions ome (les Complete	s; and (2) no more thar s section 511 tax) from e Part III.)	1 331/3 % of its
11		An organization organized	and operated excl	usively to test for publi	c safety.	See sec	ction 509(a)(4).	
12		An organization organized a	•	•				• • •
		one or more publicly suppo	rted organizations	described in <b>section 5</b>	09(a)(1)	or sect	ion 509(a)(2). See sec	tion 509(a)(3). Check
	_	the box on lines 12a throug	ıh 12d that describ	es the type of suppor	ting org	anization	and complete lines 1	2e, 12f, and 12g.
а			anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	on(s) the power to	regularly appoint or e	lect a m	ajority of	f the directors or truste	es of the
	_	_ supporting organization. <b>`</b>	You must complet	e Part IV, Sections A	and B.			
b			anization supervise	ed or controlled in co	nnectior	n with its	supported organizati	on(s), by having
		control or management of	of the supporting o	rganization vested in	the sam	e persor	ns that control or man	age the supported
		organization(s). <b>You must</b>	complete Part IV	, Sections A and C.				
С		$oxedsymbol{oxed}$ Type III functionally integ	<b>grated.</b> A supporti	ng organization opera	ated in c	onnectio	n with, and functiona	ly integrated with,
		$\_$ its supported organizatior	n(s) (see instruction	is). <b>You must comple</b>	te Part I	V, Section	ons A, D, and E.	
d			integrated. A sup	porting organization of	perated	in conn	ection with its suppor	ted organization(s)
		that is not functionally inte	•	•	-		•	d an attentiveness
		$\_$ requirement (see instruct	•	-				
е		Check this box if the orga					•••	I, Type III
	_	functionally integrated, or					tion.	
f		ter the number of supported						
<u>g</u>		ovide the following information					I	
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(C)								
(D)								
(E)								
Tota	ai .							

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

Schedule A (Form 990) 2021

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.)

<u>Sec</u>	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(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						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> 8	Amounts from line 4 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.	<u></u>					
Sec	tion C. Computation of Public Supp		•				
14	Public support percentage for 2021 (lin	•					%
15	Public support percentage from 2020 \$						<u>%</u>
16a	331/3% support test - 2021. If the org						
	box and <b>stop here</b> . The organization qu						
b	<b>33</b> 1/3% <b>support test - 2020.</b> If the org						
	this box and <b>stop here.</b> The organization	-		-			
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization					-	•
	Part VI how the organization meets t			=	· ·		
L	organization						
D	10%-facts-and-circumstances test - 2		=				
	15 is 10% or more, and if the organization made					_	-
	in Part VI how the organization meets			•	•		
10	organization. If the organization						
18	-						
	instructions						

# 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.)

800	tion A Public Support	<u> </u>		•		,	
	tion A. Public Support	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	ndar year (or fiscal year beginning in)		(5) 2010	(6) 2013	(u) 2020	(6) 2021	(i) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	24,735.	53,329.	514,795.	137,505.	130,519.	860,883.
2	Gross receipts from admissions, merchandise	24,733.	33,329.	314,793.	137,303.	130,319.	800,883.
-	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						NONE
3	Gross receipts from activities that are not an						IVOINE
3	unrelated trade or business under section 513	32,978.	59,621.	41,869.	35,726.	36,062.	206,256.
4	Tax revenues levied for the	32,370.	33,021.	11,005.	33,720.	30,002.	200,230.
7	organization's benefit and either paid to						
	or expended on its behalf						NONE
5	The value of services or facilities						
·	furnished by a governmental unit to the						
	organization without charge						NONE
6	Total. Add lines 1 through 5	57,713.	112,950.	556,664.	173,231.	166,581.	1,067,139.
	Amounts included on lines 1, 2, and 3	31,1201			2.0,2021		
ı a	received from disqualified persons	12,800.	25,556.	501,800.	3,830.	1,602.	545,588.
b	Amounts included on lines 2 and 3		20,000		2,222	2,002.	
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						NONE
_	Add lines 7a and 7b	12,800.	25,556.	501,800.	3,830.	1,602.	545,588.
8	Public support. (Subtract line 7c from		20,000	332,3333	2,2221	2,002.	
	line 6.)						521,551.
Sec	tion B. Total Support		l l				
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	57,713.	112,950.	556,664.	173,231.	166,581.	1,067,139.
10 a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources			8,667.	14,036.	13,805.	36,508.
b	Unrelated business taxable income (less						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
b	,						NONE
	section 511 taxes) from businesses			8,667.	14,036.	13,805.	NONE 36,508.
	section 511 taxes) from businesses acquired after June 30, 1975			8,667.	14,036.	13,805.	
С	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b			8,667.	14,036.	13,805.	
С	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business			8,667.	14,036.	13,805.	
С	section 511 taxes) from businesses acquired after June 30, 1975			8,667.	14,036.	13,805.	36,508.
c 11	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether			8,667.	14,036.	13,805.	36,508.
c 11	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b			8,667.	14,036.	13,805.	36,508.
c 11	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b			8,667.	14,036.	13,805.	36,508. NONE
c 11	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	57,713.	112,950.	8,667. 565,331.	14,036. 187,267.	13,805.	36,508. NONE
c 11	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b			565,331.	187,267.	180,386.	36,508.  NONE  NONE  1,103,647.
c 11 12	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	r the organization	on's first, second	565,331. d, third, fourth,	187,267. or fifth tax yea	180,386. Ir as a section	36,508.  NONE  NONE  1,103,647.  501(c)(3)
c 11 12 13	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	r the organization	on's first, second	565,331. d, third, fourth,	187,267. or fifth tax yea	180,386. Ir as a section	36,508.  NONE  NONE  1,103,647.  501(c)(3)
c 11 12 13	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	r the organization	on's first, second	565,331. d, third, fourth,	187,267. or fifth tax yea	180,386. Ir as a section	36,508.  NONE  NONE  1,103,647.  501(c)(3)
11 12 13 14 Sec	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	r the organization	on's first, second ge ed by line 13, colur	565,331. d, third, fourth,	187,267. or fifth tax yea	180,386. Ir as a section	NONE  1,103,647.  501(c)(3)
11 12 13 14 Sec 15 16	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	r the organization  port Percenta  , column (f), divided  edule A, Part III, lin	ge ed by line 13, colur	565,331. d, third, fourth,	187,267. or fifth tax yea	180,386. In as a section	36,508.  NONE  1,103,647.  501(c)(3)  47.26%
11 12 13 14 Sec 15 16	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	port Percenta, column (f), dividedule A, Part III, linut Income Percenta (ne 10c, column (f)	ge ed by line 13, colur e 15	565,331. d, third, fourth, mn (f))	187,267. or fifth tax yea	180,386. In as a section	36,508.  NONE  1,103,647.  501(c)(3)  47.26%
11 12 13 14 Sec 15 16 Sec 17 18	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	port Percenta, column (f), dividedule A, Part III, linut Income Percenta 10c, column (f) Schedule A, Part	ge ed by line 13, colur e 15 entage i), divided by line 1	565,331. d, third, fourth, mn (f))	187,267. or fifth tax yea	180,386. If as a section  15 16 17 18	36,508.  NONE  1,103,647.  501(c)(3)  47.26% 42.17%  3.31% 2.18%
11 12 13 14 Sec 15 16 Sec 17 18	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	port Percenta, column (f), dividedule A, Part III, linut Income Percenta 10c, column (f) Schedule A, Part	ge ed by line 13, colur e 15 entage i), divided by line 1	565,331. d, third, fourth, mn (f))	187,267. or fifth tax yea	180,386. If as a section  15 16 17 18	36,508.  NONE  1,103,647.  501(c)(3)  47.26% 42.17%  3.31% 2.18%
11 12 13 14 Sec 15 16 Sec 17 18	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	port Percenta, , column (f), dividedule A, Part III, lin it Income Perc ne 10c, column (f) Schedule A, Part rganization did n	ge ed by line 13, colur e 15 entage i), divided by line 1 III, line 17 ot check the box	565,331.  In third, fourth, (mn (f))	187,267. or fifth tax yea	180,386.  If as a section  15  16  17  18  If the section of the s	36,508.  NONE  1,103,647.  501(c)(3)  47.26% 42.17%  3.31% 2.18%  and line
11 12 13 14 Sec 15 16 Sec 17 18 19 a	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	port Percenta, , column (f), dividedule A, Part III, lin at Income Perc ne 10c, column (f) Schedule A, Part rganization did n s box and stop	ge ed by line 13, colur e 15 entage f), divided by line 1 III, line 17 ot check the bookere. The organ	565,331.  In third, fourth, fo	187,267.  or fifth tax yea	180,386.  Ir as a section  15 16  17 18  Ire than 331/3%, poported organizat	36,508.  NONE  1,103,647.  501(c)(3)  47.26% 42.17%  3.31% 2.18%  and line ion ▶ X
11 12 13 14 Sec 15 16 Sec 17 18 19 a	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	port Percenta, column (f), divide edule A, Part III, lin at Income Percenta 10c, column (f) Schedule A, Part rganization did not a this box and stop anization did not a this box and st	ge ed by line 13, colur e 15 entage i), divided by line 1 III, line 17 ot check the box here. The organ check a box on op here. The org	565,331.  In third, fourth,  Inn (f))  3, column (f))  x on line 14, and ization qualifies a line 14 or line 15 ganization qualifies.	187,267.  or fifth tax yea	180,386.  Ir as a section  15  16  17  18  Ire than 331/3%, opported organizat s more than 331/3 supported organizat supported organizat supported organizat organizat supported organizat organizat supported organizat	36,508.  NONE  1,103,647.  501(c)(3)  47.26% 42.17%  3.31% 2.18% and line ion . ▶   x 3%, and ation ▶

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18

# 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

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> 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 <b>Part VI</b> 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 lines 3b and 3c below.	3a		
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 <b>Part VI</b> 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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	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.	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 <b>Part VI</b> 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 <b>Part VI</b> 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		5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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? <i>If "Yes," provide detail in Part VI.</i>	6		
7	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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	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			

b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.** 

described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.

c Did a disqualified person (as defined on 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.** 

10 a 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.

**b** 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.)

| 10b | | | Schedule A (Form 990) 2021

9a

9b

9c

10a

Part I	V Supporting Organizations (continued)			
			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in <b>Part VI</b> .	11c		
Section	on B. Type I Supporting Organizations		1	
			Yes	No
	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? If "No," describe in <b>Part VI</b> how the supported organization(s) 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		
	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 <b>Part</b>			
	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? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on 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			
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).	
а	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 (see	e instr		r –
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
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	20		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If  "Yos " explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	"Yes," explain in <b>Part VI</b> 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		
2				
	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> 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 <b>Part VI.</b>	3a		
	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 <b>Part VI</b> the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2021 JSA 1E1230 1.000 92673S K369 20 083701

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	s	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			
	instructions. All other Type III non-functionally integrated supporting organ	nizations r	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		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Se	ction 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	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 <b>Part VI</b> ):			
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	ction C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	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-functiona	Ily integra	ited Type III supporting	g organization
	(see instructions).	, ,		- <del>-</del>

Schedule A (Form 990) 2021

Part Sect	Type III Non-Functionally Integrated 509(a)(3) ion D - Distributions	Capporting Organizat	iono (continuou)		Current Year
30001					Current rear
1	Amounts paid to supported organizations to accomplish e			1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)				
6	Other distributions (describe in Part VI). See instructions.	6			
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	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(3)	(ii)		(iii)

Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
C	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
C	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

### Schedule B (Form 990)

**Schedule of Contributors** 

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Name of the organization Employer identification nu							
VALIDATION TRAINING IN	NSTITUTE, INC	34-1406307					
Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private fou	ındation					
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundary	tion					
	501(c)(3) taxable private foundation						
Check if your organization is cov	vered by the <b>General Rule</b> or a <b>Special Rule</b> .						
<b>Note:</b> Only a section 501(c)(7), instructions.	(8), or (10) organization can check boxes for both the General Rule and a S	Special Rule. See					
General Rule							
	ing Form 990, 990-EZ, or 990-PF that received, during the year, contribution property) from any one contributor. Complete Parts I and II. See instruction tributions.						
Special Rules							
regulations under sect 16b, and that received	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1 tions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990) of from any one contributor, during the year, total contributions of the great on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Pa	), Part II, line 13, 16a, or tter of <b>(1)</b> \$5,000; or					
contributor, during the literary, or educationa	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.						
contributor, during the contributions totaled n during the year for an <b>General Rule</b> applies t	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that respect to the section sect	at no such s that were received parts unless the e, etc., contributions					
=	n't covered by the General Rule and/or the Special Rules doesn't file School 2, of its Form 990; or check the box on line H of its Form 990-EZ or on						

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Employer identification number

	VALIDATION TRAINING INSTITUTE,	INC	34-1406307
Part I	Contributors (see instructions). Use duplicate cop	pies of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$	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	\$9,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			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.)
(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.)

### SCHEDULE D (Form 990)

# 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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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: 

 Schedule D (Form 990) 2021
 Page 2

Pa	rt III Organizations Maintaini	ng Collections of	Art, Histori	cal Tre	asures,	or Other	Similar Assets	(continue	ed)	=
3	Using the organization's acquisition									— ts
	collection items (check all that appl			,	,			,		
а	Public exhibition	,	d	Loan c	r exchar	nge progra	m			
b	Scholarly research		e	Other		.9-  9				
С	Preservation for future gene	rations								-
4	Provide a description of the organ		and explair	n how t	hev furth	ner the or	ganization's exem	pt purpos	e in Pa	ırt
-	XIII.				,		g	F. F F		
5	During the year, did the organization	on solicit or receive o	donations of	art. histo	orical tre	asures. or	other similar			
•	assets to be sold to raise funds rath							Yes	□ N	lo
Pa	rt IV Escrow and Custodial A				3					_
	Complete if the organiza		es" on Form	990, P	art IV, li	ne 9, or r	eported an amo	unt on Fo	rm	
	990, Part X, line 21.			,	,	,	•			
1a	Is the organization an agent, trus	tee, custodian or o	ther interme	diary fo	r contrib	outions or	other assets not			_
	included on Form 990, Part X?							Yes	N	lo
b	If "Yes," explain the arrangement in	n Part XIII and comp	olete the follo	wing tab	ole:					
	, 1	·		J			Amoui	nt		_
С	Beginning balance					1c				_
d	Additions during the year				_	1d				_
е	Distributions during the year				_	1e				_
f	Ending balance					lf				_
2a						custodial	account liability?	Yes	N	lo
b	If "Yes," explain the arrangement in						•		. 🗖	
	rt V Endowment Funds.									_
	Complete if the organiza	ition answered "Ye	es" on Form	990, F	art IV, I	ine 10.				
		(a) Current year	(b) Prior y	/ear	(c) Two	years back	(d) Three years back	(e) Four	years back	— k
1a	Beginning of year balance	608,164.	519	,675.						_
b	Contributions	200,000.			50	0,000.				_
c	Net investment earnings, gains,									_
Ŭ	and losses	59,855.	88	,489.	1	9,675.				
d	Grants or scholarships									_
e	Other expenditures for facilities									_
·	and programs									
f	Administrative expenses									_
g g	End of year balance	868,019.	608	,164.	51	9,675.				_
2	Provide the estimated percentage	of the current year	end halance	(line 1a	column (	a)) held as				_
a	Board designated or quasi-endown		%	(iiio ig,	oolallii (	a)) Hola ac	·•			
b	Permanent endowment ▶ 100.0	000 %	_							
С	Term endowment ▶	%								
	The percentages on lines 2a, 2b, a	ind 2c should equal	100%.							
3a	Are there endowment funds not in	the possession of th	ne organizati	on that	are held	and admir	nistered for the			
	organization by:							[	Yes No	<u> </u>
	(i) Unrelated organizations							3a(i)	Х	_
	(ii) Related organizations							3a(ii)	Х	_
b	If "Yes" on line 3a(ii), are the relate	ed organizations liste	d as required	on Sch	edule R?			3b		_
4	Describe in Part XIII the intended u		tion's endow	ment fur	nds.				·	
Pa	rt VI Land, Buildings, and Equ	ipment.				: 11- ·	000 5000 5	)	- 10	_
	Complete if the organization of property	(a) Cost or			or other bas			'art 入, IIn( (d) Book val		—
	Description of property		tment)		ther)		reciation	(u) BOOK Val	ue	
1 a	Land									_
b	Buildings									_
С	Leasehold improvements									_
d	Equipment									_
е	Other									_
	I. Add lines 1a through 1e. (Column		n 990, Part X	, columr	(B), line	10c.)				_

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021		Page <b>3</b>
Part VII Investments - Other Securities.  Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		

	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11b. See Form 990	, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1) Financia	al derivatives			
(2) Closely	held equity interests			
(3) Other _				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	(b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11c. See Form 990	, Part X, line 13.
	(a) Description of investment	(b) Book value	<b>(c)</b> Method of valuat Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.		5 . 11 / 1 / 2 5	5
	Complete if the organization answered	"Yes" on Form 990 scription	, Part IV, line 11d. See Form 990	, Part X, line 15.  (b) Book value
(1)	(a) 50	oonphon		(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) l	ine 15.)		
Part X	Other Liabilities. Complete if the organization answered line 25.			m 990, Part X,
1.		tion of liability		(b) Book value
	al income taxes	tion of habinty		(D) Book value
	CARD PAYABLE			47
(3)				1,
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
\ ' /				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

JSA 1E1270 1.000 Schedule D (Form 990) 2021

Part 2	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
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
	Net unrealized gains (losses) on investments	
	Donated services and use of facilities	
	Recoveries of prior year grants	
	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 VIII, line 12, 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 revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part 2	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	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:	
а	Donated services and use of facilities	
b	Prior year adjustments	
С	Other losses	
d	Other (Describe in Part XIII.)	
е	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:	
	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
	Other (Describe in Part XIII.)	
_ C	Add lines 4a and 4b	4c
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5
	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	Part V line 1: Part X line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	

# **SCHEDULE 0** (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

34-1406307

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.

Employer identification number

#### FORM 990, PART I, LINE 1

VALIDATION TRAINING INSTITUTE, INC

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.....(\$5,834)

#### FORM 990, PART VI, SECTION A, LINE 2

NAOMI FEIL (DIRECTOR) IS THE MOTHER OF ED FEIL (TREASURER AND OFFICER) AND VICKI DE KLERK-RUBIN (EXECUTIVE DIRECTOR AND OFFICER).

#### FORM 990, PART III, LINE 2

# 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

2021

Open to Public Inspection

**Employer identification number** 

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.

DEVELOPED NEW ONLINE TRAINING PROGRAMS: SKILL BUILDING BLOCKS, PRACTICAL

VALIDATION TRAINING, AND HOW TO TEACH VALIDATION ONLINE.

JSA 1E1227 2.000

Name of the organization	Employer identification	n number						
VALIDATION TRAINING IN	STITUTE, INC		34-1406307	<u>'</u>				
FORM 990, PART IX - OTHER FEES								
=======================================								
	(A)	(B)	(C)	(D)				
	TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING				
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES				
PROFESSIONAL FEES	37,770.		13,770.	24,000.				
TOTALS								
	37,770.		13,770.	24,000.				

Name of the organization

VALIDATION TRAINING INSTITUTE, INC

Semployer identification number

34-1406307

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION BOOK VALUE OR FMV

ENDOWMENT FUND 868,019. FMV

TOTALS 868,019.