Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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

▶ Do not enter Social Security numbers on this form as it may be made public.

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

OMB No. 1545-0047 Inspection

A F	or th	I U 202	2 calendar year, or tax year begin	ming		and endin	9				
P	h		C Name of organization					D Employer ide	ntificat	ion number	
D C	heck if ap		VALIDATION TRAINING	INSTITUTE, INC							
	Addre chang		Doing Business As					34-	1406	307	
	Name	change	Number and street (or P.O. box if mail is	not delivered to street address	s) F	Room/suite		E Telephone nu	ımber		
	Initial	return	P.O. BOX 871					(54	1)52	21-2411	
	Termi	inated	City or town, state or province, country, a	and ZIP or foreign postal code							
	Amen return		PLEASANT HILL, OR 974	455				G Gross receipt	s \$	502,5	78.
	Applic pendi	cation	F Name and address of principal officer:	VICKI DE KLEI	RK-RUBIN			H(a) Is this a grou subordinates?	p return f	or Yes	X No
		Ü	P.O. BOX 871, PLEASAN	NT HILL, OR 974!	55			H(b) Are all subordin		ded? Yes	No.
ı	Tax-ex	empt st	atus: X 501(c)(3) 501(c) () ◀ (insert no.)	4947(a)(1) or	527	•	If "No," attacl	n a list. (s	see instructions)	
J	Websi	ite: 🕨	WWW.VFVALIDATION.ORG					H(c) Group exemp	tion num	ber >	
K	Form o	of orgar	nization: X Corporation Trust	Association Other		L Year of	formati	on: 1984 M :	State of	legal domicile:	OR
P	art I	Sui	mmary								
	1	Briefly	y describe the organization's mission o	r most significant activities	: VTI PR	ROVIDES	HIGH	H-QUALITY	VALI	DATION	
ė			INING TO CAREGIVERS OF C								
au											
/er	2	Check	k this box	iscontinued its operation	s or disposed	of more tha	–––– n 25%	of its net assets			
Governance	3	Numb	per of voting members of the governing	body (Part VI, line 1a)	•				3		10
			per of independent voting members of t						4		10
Activities &			number of individuals employed in cale						5		NONE
ţΞ			number of volunteers (estimate if necess					I	6		11
Ac			unrelated business revenue from Part V						7a		
			nrelated business taxable income from						7b		
				,				Prior Year		Current Y	ear
•	8	Contri	ibutions and grants (Part VIII, line 1h)					130,51	9.	196	5,352.
nue	9	Progra	am service revenue (Part VIII, line 2g)		COPY	FOR		36,06	_		1,931.
Revenue	10	Invest	tment income (Part VIII, column (A), line	es 3, 4, and 7d)	PUBLIC INS	SPECTION		18,69			794.
ď			revenue (Part VIII, column (A), lines 5,					-)NE		NONE
			revenue - add lines 8 through 11 (must			I I		185,27	$\overline{}$	182	2,489.
_			s and similar amounts paid (Part IX, colu)NE		NONE
			its paid to or for members (Part IX, colu						NE		NONE
"	4.5		es, other compensation, employee bene						NE		NONE
Expenses	16a		ssional fundraising fees (Part IX, column						NE		NONE
ber	b		fundraising expenses (Part IX, column (I					110	7112		110111
ш	17		expenses (Part IX, column (A), lines 11					73,36	6	50	,717.
			expenses. Add lines 13-17 (must equal					73,36			9,7 <u>17.</u> 9,717.
	19		nue less expenses. Subtract line 18 from			l l		111,91			2,772.
or		110101	Table 1000 experioes. Cabilder line 10 from	111110 12			Begini	ning of Current Y		End of Ye	·
ets	20	Total	assets (Part X, line 16)					975,58	_	971	,219.
Net Assets or Fund Balances	21		liabilities (Part X, line 26)					4,00	_		574.
Liet The	22		ssets or fund balances. Subtract line 21	from line 20				971,58	_	970	645.
	rt II		gnature Block		<u> </u>			3.2733	<u> </u>		70101
Und	der per	nalties o	of perjury, I declare that I have examined th	is return, including accompa	anying schedule	es and statem	ents, a	nd to the best of	my kno	wledge and b	elief, it is
true	e, corre	ect, and	complete. Declaration of preparer (other than	officer) is based on all infor	mation of which	n preparer has	any kn	owledge.			
Sig	ın		Signature of officer					Date			
He	re										
			Type or print name and title								
			Type preparer's name	Preparer's signature		Date		Check	if PTI	N	
Paic	t		ID M REAPE, CPA					self-employe	".	00068117	
	parer			I		1	T		1 .	-1663157	
Use	Only			, SUITE 700 CLEVELAND,	OU 44122			Firm's EIN		5-831-12	
May	/ the II		s address 23240 CHAGRIN BLVD.					Phone no.	Z10	X Yes	$\overline{}$
			Reduction Act Notice, see the separat	•	<u>,</u>			<u> </u>		Form 99	No (2022)
1 01	rapel	WUIK	neudonon activolice, see the separat	.cอน นบนิบิเวิ.						FOIII 33	(∠∪∠∠)

Pa	Statement of Program Service		+ 111	
1	Briefly describe the organization's mission	a response or note to any line in this Par		
•	TO ENHANCE RESPECT AND COM		TUING WITH	
	DEMENTIA AND THEIR CARGIVER			
	BETTER COMMUNICATION.	WITTE BRIDGING THEFT TOOL	THERE THROUGH	
	2211211 00111101111111111			
2	Did the organization undertake any sign	nificant program services during the ye	ear which were not listed on the	ne
	prior Form 990 or 990-EZ?			Yes X No
	If "Yes," describe these new services on	Schedule O.		
3	Did the organization cease conducting			
	services?			. Yes X No
4	If "Yes," describe these changes on Sche		ito these legest program com	با المحمد معمد المحمد
4	Describe the organization's program sexpenses. Section 501(c)(3) and 501(c)			
	the total expenses, and revenue, if any, for		or the amount of grants and	i anocations to others
		, ,		
4a	(Code:) (Expenses \$	38,747. including grants of \$) (Revenue \$	24,931.)
	-DEVELOPMENT OF TRAINING CI		ON TRAINING	 ,
	AND INFORMATION.			
	-DEVELOP AND MAINTAIN QUAL	ITY STANDARDS FOR CURRICUL	A, TRAINING	
	MATERIALS AND THE SPREADING	G OF VALIDATION INFORMATION	Ι.	
	-DEVELOP CURRICULA AND TRA	INING MATERIALS ON THE VALI	DATION	
	METHODTRANSLATION OF ALI	L MATERIALS INTO LANGUAGES	SERVED BY	
	TRAINING CENTERSSUPPORT	TRAINING CENTERS AND CERTI	FIED	
	INDIVIDUALS.			
	-MAINTAIN INTERNET BASED IN		ON AMONG	
	PEOPLE INTERESTED IN VALIDA	ATION.		
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	, (2.4.2		, (
4-	(Code:) (Fire areas 6	in all dia a sucesta of fi) (Davidania (f	\
4C	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe on Sci			
	(Expenses \$ including g	rants of \$) (Revenue	e \$)	
46	Total program service expenses	38 747		

 4e Total program service expenses
 38,747.

 JSA 2E1020 1.000
 Form 990 (2022)

 92673S K369
 083701
 6

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		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		X
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,	_		3.5
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		X
8	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	-		Λ.
Ū	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
له ت	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
a	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
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	Λ
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116	Λ	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	· · · ·		
	Schedule D, Parts XI and XII.	12a		Х
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		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	4.0		3.5
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	''		Λ.
	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?			
-	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		Х

Form 9	90 (2022)		F	Page 4
Part	V 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	270		
·	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,"	22		· v
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		
5 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? Note: 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	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	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		

Form 990 (2022) Page **5**

1 011111	000 (2022)			age •
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		
	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		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b	If "Yes," enter the name of the foreign country NETHERLANDS			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	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?	5с		
	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
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
q	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources			
	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?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Form 990 (2022) 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					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	lations	ship with			
	any other officer, director, trustee, or key employee?		-	2	Х	
3	Did the organization delegate control over management duties customarily performed by or un					
	supervision of officers, directors, trustees, or key employees to a management company or other	person	?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi	led?.		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?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to e	ect o	appoint			
	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) n	nembers,			
	stockholders, or persons other than the governing body?			7b		_X
8	Did the organization contemporaneously document the meetings held or written actions und	ertake	n during			
	the year by the following:			_		
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i> .			9		Х
Secti	ion B. Policies (This Section B requests information about policies not required by the Inte	ernal	Revenue	Code		
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of		-			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt p	•		10b	37	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before for	ling th	e form? .	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			12a	77	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			ıza	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests			12b	Х	
	rise to conflicts?			120	Λ	
С	Did the organization regularly and consistently monitor and enforce compliance with the p	-		12c	Х	
40	describe on Schedule O how this was done			13	21	
13	Did the organization have a written whistleblower policy?			14		X
14 15	Did the process for determining compensation of the following persons include a review ar					
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation		-			
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	r arra	ngement			
	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 eva	aluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?	safeg	juard the	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 990-1	(sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap X Own website Another's website Upon request Other (explain on So	ply.		,		` '
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents	nents,	conflict o	f inter	est p	olicy,
	and financial statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's VICKL DE KLERK-RUBIN P.O. BOX 871 PLEASANT HILL. OR 97455	oooks	and record	S		

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

Check if Schedule O contains a response or note to any line in this Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

- 1					
- 1	Observed to the form of the second to the second				ficer, director, or trustee.
- 1	I DACK THIS DOV IT HAITHA	ir tha araanizatian har ai	NV raiatad Ardanizatian car	nnancatad anv currant at	TICAL MILACTOL OF THISTAL

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos neck ss pe	rson	e than of is both or/trust Highest compensated 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	Х						NONE	NONE	NONE
(3) FRAN BULLOFF	1.00									
PRESIDENT	NONE	Х		Х				NONE	NONE	NONE
(4) KEVIN CARLIN	1.00									
SECRETARY	NONE	Х		Х				NONE	NONE	NONE
(5) ED FEIL	1.00									
TREASURER	NONE	Х		Х				NONE	NONE	NONE
(6) MOLLY BALUNEK	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(7) HARVEY STERNS	1.00									
CHAIR OF RESEARCH COMMITTEE	NONE	Х		Х				NONE	NONE	NONE
(8) CHARLES DE VILMORIN	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(9) MARISKA PRAKTIEK	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(10) RUDOLF RODENBURG	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(11) VICKI DE KLERK-RUBIN	10.00									
EXECUTIVE DIRECTOR	NONE			X				NONE	NONE	NONE
<u>(12)</u>										
(13)										
(14)										

_	art VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es, a	and F	lig	hest Compensat	ed Employe	ees (co	ontinue	ed)	age C
	(A)	(B)	ĺ			C)			(D)	(E)			(F)	
	Name and title	Average hours per	,		Pos neck	sition more	than o		Reportable compensation	Reportab compensation			timated	
		week (list any					is both or/trust		from	related			other	on
		hours for related				_			the organization	organization (W-2/1099-N			pensati om the	
		organizations	dividual director	stitu	Officer	y er	ghes	Former	(W-2/1099-MISC)	(**-2/1033-1	/1100)	_	anizatio	
		below dotted line)	ual t	tiona	,	Key employee	st co /ee	~					d relateo nizatio	
			Individual trustee or director	Institutional truste		yee	mpe					orgo	mzauo	110
			96	stee			Highest compensated employee							
		<u> </u>												
			-											
			-											
	Out total								NONE		NONE			NONE
	Sub-total Total from continuation sheets to Part VII, S			• •					NONE		NONE			NONE
	I Total (add lines 1b and 1c)	-						•	NONE		NONE			NONE
	Total number of individuals (including but not reportable compensation from the organization	limited to t		liste			•	o re	1					
	reportable compensation from the organization					NOI	NE						Yes	No
3	Did the organization list any former office	or directo	r or	tri	ıcto	ا م	20V 0	mr	olovoo or highos	t compones	tod		163	NO
3	employee on line 1a? If "Yes," complete Schedu											3		Х
4	For any individual listed on line 1a, is the organization and related organizations graindividual.	eater than	\$15	50,0	00?	. If	"Yes	s,"	complete Schedu			4		Х
5	Did any person listed on line 1a receive or									on or individ	ual	-		
	for services rendered to the organization? If "Ye											5		Х
Se	ction B. Independent Contractors													
1	Complete this table for your five highest comcompensation from the organization. Report of year.													
_	(A)							Τ	(B)			(C)		
	Name and business add	dress							Description of se	ervices	Co	ompens	ation	

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 (2022) Part VIII Statement of Revenue

		Check if Schedule (Осс	ontains a r	espor	nse or note to ar	y 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		Г	1b					
פֿק	С	Fundraising events		Г	1c	20,995.				
fts, ir A	d	Related organizations .		Г	1d					
ية≓	e	Government grants (con		Г	1e					
ns, Sir	f	All other contributions, g		´ [
er (-	and similar amounts not inc	_	-	1f	175,357.				
ğŤ	g	Noncash contributions in		F						
dr	"	lines 1a-1f			1g 5	\$				
a S	h	Total. Add lines 1a-1f		-			196,352.			
		Totali / Ga ililoo Ta Ti T				Business Code	,			
e	2a	PROGRAM REVENUES					24,931.	24,931.		
٦							,,,,,	,		
Se	b									
am	C									
Re	d									
Program Service Revenue	e f	All other program service	0 101	(enuc						
	g	Total. Add lines 2a-2f					24,931.			
	3	Investment income (in								
	•	other similar amounts).		-			16,442.			16,442.
	4	Income from investment					NONE			
	5	Royalties				•	NONE			
				(i) Rea		(ii) Personal				
	6a	Gross rents	6a							
	b		6b							
	C		6c		NONE	NONE				
	d	Net rental income or (los					NONE			
	7a	Gross amount from	, <u>.</u>	(i) Secur		(ii) Other				
		sales of assets								
			7a	264	4,853.					
Ð	b	Less: cost or other basis								
evenue	_		7b	320	0,089.					
eve	С		7c		5,236.					
∝	d	` '					-55,236.			-55,236.
Other	8a	Gross income from		undraising						
ŏ	O a	events (not including \$ _		20,995.						
		of contributions repo	rtod	on line						
		1c). See Part IV, line 18			8a	NONE				
	b	Less: direct expenses				NONE				
	C	Net income or (loss) from					NONE			
	9a		om	gaming						
	Ju	activities. See Part IV, lin		0 0	9a	NONE				
	b	Less: direct expenses				NONE				
	C	Net income or (loss) fro					NONE			
	10a	Gross sales of inv	·			-				
	. va	returns and allowances		•	10a	NONE				
	b	Less: cost of goods sold				NONE				
		Net income or (loss) from					NONE			
s		• •				Business Code				
Miscellaneous Revenue	11a									
ane	b									
eve	C									
isc R	d	All other revenue								
Σ	e	Total. Add lines 11a-11c					NONE			
	12	Total revenue. See instr					182,489.	24,931.		-38,794.

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).

Dο	Check if Schedule O contains a response include amounts reported on lines 6b, 7b,		(B)	(C)	(D)
	9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	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			
5	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			
8	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	8,040.	8,040.		
	Accounting	NONE			
d	Lobbying	NONE			
	Professional fundraising services. See Part IV, line 17.	NONE			
1	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.)	20,970.		20,970.	
12	Advertising and promotion	19,731.	19,731.		
13	Office expenses	1,107.	1,107.		
14	Information technology	5,304.	5,304.		
15	Royalties	NONE			
16	Occupancy	NONE			
	Travel	NONE			
	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			
	Insurance	NONE			
	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.)				
а	INTERNET WORKER COURSES	3,975.	3,975.		
b	DISTRIBUTION EXPENSES	590.	590.		
c	:				
d					
е	All other expenses				
	Total functional expenses. Add lines 1 through 24e	59,717.	38,747.	20,970.	NONE
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	104,830.	1	156,827.
2	Savings and temporary cash investments	NONE	2	NON
3	Pledges and grants receivable, net	NONE	3	NON:
4	Accounts receivable, net	2,737.	4	4,321
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	NON
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	NON
7 <u>ک</u>	Notes and loans receivable, net	NONE	7	NON
Assets 8 8	Inventories for sale or use	NONE	8	NON
9 ≯	Prepaid expenses and deferred charges	NONE	9	NON
10 a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a			
k	Less: accumulated depreciation 10b	NONE	10c	
11	Investments - publicly traded securities SEE SCHEDULE .O	868,019.	11	810,071.
12	Investments - other securities. See Part IV, line 11	NONE	12	NON
13	Investments - program-related. See Part IV, line 11	NONE	13	NON
14	Intangible assets	NONE	14	NON
15	Other assets. See Part IV, line 11	NONE	15	NON
16	Total assets. Add lines 1 through 15 (must equal line 33)	975,586.	16	971,219.
17	Accounts payable and accrued expenses	3,954.	17	508
18	Grants payable	NONE	18	NON
19	Deferred revenue	NONE	19	NON
20	Tax-exempt bond liabilities	NONE	20	NON
21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NON
ဖ္ထု 22	Loans and other payables to any current or former officer, director,			
≝∣	trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities	controlled entity or family member of any of these persons	NONE	22	NONI
ם 23	Secured mortgages and notes payable to unrelated third parties	NONE	23	NON
24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NON
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	47.	25	66
26	Total liabilities. Add lines 17 through 25	4,001.	26	574
Section	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
<u>ह</u> 27	Net assets without donor restrictions	103,566.	27	160,574.
28	Net assets with donor restrictions	868,019.	28	810,071.
Fund Balances 22 8 82	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
Assets or 29 30 31	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
전 32 2 32	Total net assets or fund balances	971,585.	32	970,645.
ž 33	Total liabilities and net assets/fund balances	975,586.	33	971,219.
		2 / 2 / 2 2 0 4		Form 990 (2022)

Page **12**

Part						
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1	82,	<u>489</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2				<u>717</u>
3	Revenue less expenses. Subtract line 2 from line 1	3				<u>772</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				<u>585</u>
5	Net unrealized gains (losses) on investments	5		-1	19,	<u> 155</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			<u>-4,</u>	<u>557</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	70,	<u>645</u>
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					Ш
					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 con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accounts			2c		
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on			
-	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo			20		
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo such a required audit or audits explain why on Schedule O and describe any steps taken to undergo such a	•		3b		
	-reconrectation of accuss excisin why on acheodie Cland describe any steps taken to underdo such al	IUIIIS -		JU		

92673S K369 083701 16

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 trus Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 തെമ

Department of the Treasury Internal Revenue Service Name of the organization

empt charitable trust.	202Z			
	Open to Public			
on.	Inspection			
Employer identification number				

VAI	VALIDATION TRAINING INSTITUTE, INC 34-1406307								
Pa	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.								
The	he organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)								
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90).)			
3		A hospital or a cooperative	hospital service o	rganization described i	in sectio	n 170(b)	(1)(A)(iii).		
4		A medical research organiz	ation operated in	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the	
		hospital's name, city, and st							
5		An organization operated t		a college or universit	y owner	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	-	•	pport fro	om a go	vernmental unit or fr	om the general public	
•		described in section 170(b)			D(II)				
8		A community trust describe					l in	land mant callana	
9		An agricultural research org	=			-		-	
		or university or a non-land- university:	grant college of ag	griculture (see instruct	ions). Ei	nter the i	name, city, and state o	i the college of	
10	77	An organization that norma	Ily receives (1) me	oro than 331/2 % of ite	cupport	from cor	atributions mambareh	in face and gross	
10		receipts from activities rela support from gross investm	ted to its exempt facent income and un	unctions, subject to c nrelated business tax	ertain ex able inco	ceptions me (les	s; and (2) no more than s section 511 tax) from	n 331/3 % of its	
11		acquired by the organization							
11 12		An organization organized an organization organized a		•	•			ry out the nurneese of	
12		one or more publicly suppo	•	•				• • •	
		the box on lines 12a through	_			-			
а	Г	Type I. A supporting orga					•	_	
а	_	the supported organization	•	•	•		• , ,		
		supporting organization.	• •	• • • •		ajointy of	the directors of tracte	000 01 1110	
b		Type II. A supporting org	-			with its	supported organizati	on(s), by having	
		control or management of	•						
		organization(s). You must						0 11	
С		Type III functionally integ	grated. A supporti	ng organization opera	ited in co	onnectio	n with, and functiona	lly integrated with,	
	_	_ its supported organization	n(s) (see instruction	s). You must comple	te Part I	V, Sectio	ons A, D, and E.		
d		Type III non-functionally	integrated. A sup	porting organization o	perated	in conne	ection with its suppor	ted organization(s)	
		that is not functionally inte	egrated. The organ	nization generally mus	t satisfy	a distrib	oution requirement and	d an attentiveness	
	_	requirement (see instruct	ions). You must co	omplete Part IV, Sect	ions A a	nd D, an	d Part V.		
е	L	$oxedsymbol{ox}$ Check this box if the orga						II, Type III	
	_	functionally integrated, or			porting o	organizat	tion.		
T		ter the number of supported	-					• • • • • • • • • • • • • • • • • • • •	
<u>g</u>		ovide the following information			God Land		(A) A == 0	(vi) Amount of	
	(I) IN	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)									
(D)									
(E)									
Tota	al								
							I	1	

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support		1		I	T	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 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.						
Sec	tion C. Computation of Public Supp					T T	
14	Public support percentage for 2022 (lin	•				14	<u>%</u>
15	Public support percentage from 2021 S					15	<u>%</u>
16a	331/3% support test - 2022. If the org						
_	box and stop here. The organization qu	•		•			
b	331/3% support test - 2021. If the org						
47-	this box and stop here. The organization	-		_			
17a	a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported						
b	organization	021. If the org	ganization did r	not check a box	on line 13, 16	a, 16b, or 17a	, and line
	15 is 10% or more, and if the organiz in Part VI how the organization meets organization	the facts-and	-circumstances	test. The organ	ization qualifies	as a publicly s	supported
18	Private foundation. If the organization instructions	n did not ched	ck a box on lin	e 13, 16a, 16b	, 17a, or 17b,	check this box	and see
							A (Form 990) 2022

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.)

Ocation A But the Compact							
	tion A. Public Support	(-) 0040	(1-) 0040	(-) 0000	(4) 0004	(-) 0000	(A) T-4-1
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	53,329.	514,795.	137,505.	130,519.	196,352.	1,032,500.
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						NONE
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	59,621.	41,869.	35,726.	36,062.	24,931.	198,209.
4	Tax revenues levied for the						
	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	112,950.	556,664.	173,231.	166,581.	221,283.	1,230,709.
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	25,556.	501,800.	3,830.	1,602.		532,788.
b	Amounts included on lines 2 and 3		·				<u> </u>
	received from other than disqualified						
	persons that exceed the greater of \$5,000						NONE
_	or 1% of the amount on line 13 for the year. Add lines 7a and 7b	25,556.	501,800.	3,830.	1,602.		532,788.
8	Public support. (Subtract line 7c from	23,330.	301,000.	3,030.	1,002.		3327700.
Ū							697,921.
Sec	tion B. Total Support						057,521.
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
		112,950.	556,664.	173,231.	166,581.	221,283.	1,230,709.
9 10 a	Amounts from line 6. Gross income from interest, dividends,	112,930.	330,004.	173,231.	100,381.	221,203.	1,230,709.
	payments received on securities loans,						
	rents, royalties, and income from similar		0.667	14 026	12.005	16 442	F2 0F0
	Sources		8,667.	14,036.	13,805.	16,442.	52,950.
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						NONE
	Add lines 10a and 10b		8,667.	14,036.	13,805.	16,442.	52,950.
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on.						NONE
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						NONE
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	112,950.	565,331.	187,267.	180,386.	237,725.	1,283,659.
14	First 5 years. If the Form 990 is for	the organization	on's first, second	l, third, fourth,	or fifth tax yea	r as a section	501(c)(3)
	organization, check this box and stop here						
Sec	tion C. Computation of Public Supp	oort Percenta	ge				
15	Public support percentage for 2022 (line 8,	column (f), divid	ed by line 13, colur	nn (f))		15	54.37%
16	Public support percentage from 2021 Sche	dule A, Part III, lin	e 15			16	47.26%
Sec	tion D. Computation of Investment	Income Perc	entage				
17	Investment income percentage for 2022 (lin	ne 10c, column (f), divided by line 1	3, column (f))		17	4.12%
18	Investment income percentage from 2021	Schedule A, Part	III, line 17			18	3.31%
	331/3% support tests - 2022. If the or				_		
	17 is not more than 331/3%, check this	_					
h	331/3% support tests - 2021. If the orga	-	-	•			
~	line 18 is not more than 331/3 %, check						
20	·		•	•			
	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

JSA 2E1221 1.000

19

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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 Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 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 Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	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 Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
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)*.
 B 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).

9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.

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.**

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) 2022

7

8

9a

9b

9c

10a

Page 5 Schedule A (Form 990) 2022

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,			
Cootie	provide detail in Part VI.	11c		
Secui	on B. Type I Supporting Organizations		Yes	No
			163	NO
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI 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		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	_		
Soction	on D. All Type III Supporting Organizations	1		
Secur	D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	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 Part VI 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		
	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).	
a b	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr	ructions	s)
		o mou	Yes	ľ
2	Activities Test. Answer lines 2a and 2b below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described 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			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If</i> "Yes," <i>describe in</i> Part VI <i>the role played by the organization in this regard.</i>	3b		

Schedule A (Form 990) 2022 JSA 2E1230 1.000 92673S K369 083701 21

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations	 S	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 (expla	
	instructions. All other Type III non-functionally integrated supporting organ	nizations n	nust complete Sectio	
Sec	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		
Sec	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		
	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 Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
Sec	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		
	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	lly integra	ted Type III supporting	g organization
	(see instructions).	,		

Schedule A (Form 990) 2022

 Schedule A (Form 990) 2022
 Page 7

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)		
Sect	ion D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported		
	organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
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 responsive		
	(provide details in Part VI). See instructions.	8	
9	Distributable amount for 2022 from Section C, line 6		
10	Line 8 amount divided by line 9 amount		

Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
_3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
С	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
C	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022

Schedule B (Form 990)

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

2022

Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service **Employer identification number** Name of the organization VALIDATION TRAINING INSTITUTE, 34-1406307 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

Name of organization VALIDATION TRAINING INSTITUTE, INC

Employer identification number 34-1406307

Part I	Contributors (see instructions).	Use duplicate copies of Part	I if additional space is needed.
--------	----------------------------------	------------------------------	----------------------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$100,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

	VALIDATION	TRAINING	INSTITUTE,	INC	34-1406307
Part Noncas	h Property (see	instructions) Use dunlicat	e copies of Part II if additional s	space is needed

		1-1	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
- =		 \$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_ _		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_ _			
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization Employer identification number VALIDATION TRAINING INSTITUTE, INC 34-1406307 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Schedule B (Form 990) (2022)

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.

OMB No. 1545-0047

Open to Public Inspection

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 Preservation of a certified historic structure Protection of natural habitat 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 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after July 25, 2006, and not on 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 5 violations, and enforcement of the conservation easements it holds? 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 7 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: (ii) Assets included in Form 990, Part X.....\$_ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

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

Schedule D (Form 990) 2022

Page 2

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

Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its

	Organizations Maintain					•				<u>, </u>
3	Using the organization's acquisition		other reco	ds, chec	k any of	the follo	wing that ma	ike sigi	nificant us	se of its
	collection items (check all that app	ly):	_	- .						
а	Public exhibition		d	=		nge progra	am			
b	Scholarly research		e	Other						
С	Preservation for future gene	rations								
4	Provide a description of the organ	nization's collection	s and expl	ain how	they furt	her the o	rganization's	exemp	t purpose	in Part
	XIII.									
5	During the year, did the organization	n solicit or receive	donations of	of art, hist	orical tre	easures, or	other similar			
	assets to be sold to raise funds rath							_	Yes	No
Pa	rt IV Escrow and Custodial A	rrangements.						<u>-</u>		
	Complete if the organiza 990, Part X, line 21.	tion answered "Y					·		nt on For	m
1a	Is the organization an agent, trus	tee, custodian or	other intern	nediary f	or contr	butions o	r other asset	s not		
	included on Form 990, Part X?							[Yes	No
b	If "Yes," explain the arrangement in									
	, 1		•	Ü			Δ	mount		
С	Beginning balance					1c				
	Additions during the year					1d				
e	Distributions during the year					1e				
f	Ending balance				_	1f				
	Did the organization include an am						Laccount liabi	lity (2	Yes	No
	•									
	If "Yes," explain the arrangement in	n Part XIII. Check i	iere ii trie e	xpianatior	i nas bee	en provided	on Part XIII			<u> </u>
Pa	rt V Endowment Funds.	ution on outered "V	'aa" an Far	000 I	70rt I\/	lina 10				
	Complete if the organiza		1							
		(a) Current year	(b) Prid	or year	(c) Iwo	years back	(d) Three year	rs back	(e) Four y	ears back
1a	Beginning of year balance	868,019.	6	08,164.	5	19,675.				
b	Contributions	100,000.	2	00,000.			500,	,000.		
С	Net investment earnings, gains,									
	and losses	-157,948.		59,855.		88,489.	19.	,675.		
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
	•	810,071.	8	68,019.	6	08,164.	519	,675.		
g	End of year balance						_	,		
2 a	Provide the estimated percentage Board designated or quasi-endown		end baland %	e (line 1g	, column	(a)) neid a	S:			
b	Permanent endowment 100.00		70							
		00 %								
C	Term endowment%		4000/							
_	The percentages on lines 2a, 2b, a	•								
3a	Are there endowment funds not in	the possession of	the organiza	ation that	are held	and adm	inistered for th	ne		N-
	organization by:								-	es No
	(i) Unrelated organizations								3a(i)	X
	(ii) Related organizations								3a(ii)	X
b	If "Yes" on line 3a(ii), are the relate	ed organizations list	ed as requir	ed on Sch	nedule Rí	?			3b	
4	Describe in Part XIII the intended u		ation's endo	wment fu	nds.					
Pa	rt VI Land, Buildings, and Equ	ipment.	/aall -:: 5	000	De 1 11 /	line 44:	0	.00		10
	Complete if the organiza									
	Description of property		or other basis stment)		or other bas other)		ccumulated preciation	(0	l) Book valu	е
1a	Land	, -	7			2.01	-			
b	Buildings									
2	Leasehold improvements									
ں س	·									
d	Equipment									
<u>e</u>	Other		000 Dow	V /	(D) !:	- 10-)				

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022		Pag
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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.	d "Yes" on Form 990	, Part IV, line 11c. See Form 990, Part X, line 13. (c) Method of valuation: Cost or end-of-year market value
Part VIII Investments - Program Related. Complete if the organization answered (a) Description of investment		(c) Method of valuation:
Part VIII Investments - Program Related. Complete if the organization answered (a) Description of investment (1)		(c) Method of valuation:
Part VIII Investments - Program Related. Complete if the organization answered (a) Description of investment (1) (2)		(c) Method of valuation:
Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered (a) Description of investment (1) (2) (3)		(c) Method of valuation:
Part VIII Investments - Program Related. Complete if the organization answered (a) Description of investment (1) (2) (3) (4)		(c) Method of valuation:
Investments - Program Related. Complete if the organization answered (a) Description of investment (1) (2) (3) (4) (5)		(c) Method of valuation:
Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered (a) Description of investment (1) (2) (3) (4) (5)		(c) Method of valuation:
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered (a) Description of investment (1) (2) (3) (4) (5) (6) (7)		(c) Method of valuation:
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered (a) Description of investment (1) (2) (3) (4) (5) (6) (7) (8)		(c) Method of valuation:
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered (a) Description of investment (1) (2) (3) (4) (5) (6) (7) (8) (9)		(c) Method of valuation:
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered (a) Description of investment (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.	(b) Book value	(c) Method of valuation:
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered (a) Description of investment (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered (a) Description of investment (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered	(b) Book value	(c) Method of valuation: Cost or end-of-year market value

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total, (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

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

1. (a)	Description of liability	(b) Book value
(1) Federal income taxes		
(2)CREDIT CARD PAYABLE		40.
(3)OTHER LIABILITIES		26.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B)	line 25.)	66.

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 2E1270 1.000 Schedule D (Form 990) 2022

083701

Page 4 Schedule D (Form 990) 2022

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	
С	Recoveries of prior year grants	
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 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.)	
С	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	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	T T
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:	
а	Investment expenses not included on Form 990, Part VIII, line 7b	-
b	Other (Describe in Part XIII.)	4.0
	Add lines 4a and 4b	4c
5 Part	XIII Supplemental Information.	5
	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 4: Part X. line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	

31

Part XIII Supplemental Information (continued)

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Internal Revenue Service Name of the organization Employer identification number VALIDATION TRAINING INSTITUTE, INC Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C g In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col. (i) Yes No 1 2 3 6 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990) 2022 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events FALL FUNDRAISER (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue 1 Gross receipts 20,995. 20,995. 2 Less: Contributions 20,995. 20,995. 3 Gross income (line 1 minus 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo bingo/progressive bingo col. (a) through col. (c)) Direct Expenses 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses _____ Yes Yes Yes 6 Volunteer labor No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) _______ Enter the state(s) in which the organization conducts gaming activities: 9 Is the organization licensed to conduct gaming activities in each of these states? а If "No," explain: b

Schedule G (Form 990) 2022

If "Yes," explain:

10a

Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

	lule G (Form 990 or 990-EZ) 2022		Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		_
	formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address ►		
15 a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the		
	amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party:		
	Name ▶		
	Address ►		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ► \$		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
ı,	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
а		Yes	No
L	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations	165 [NO
D	or spent in the organization's own exempt activities during the tax year > \$		
Par		v and	
r ai	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional inform (see instructions).		

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

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

FORM 990, PART I, LINE 1

THE VALIDATION TRAINING INSTITUTE IS A NOT FOR PROFIT ORGANIZATION THAT

ADVANCES KNOWLEDGE, VALUES, EDUCATION AND RESEARCH ROOTED IN THE

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

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

COGNITIVE DECLINE AND THEIR CAREGIVERS.

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

FORM 990 REVIEW PROCESS: THE 990 IS REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE. A COPY OF THE RETURN IS THEN PROVIDED TO THE FULL BOARD FOR COMMENTS.

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

MONITOR AND ENFORCE CONFLICT OF INTEREST POLICY: EACH BOARD

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

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

EACH MEMBER OF THE BOARD IS RESPONSIBLE FOR IDENTIFYING POTENTIAL

CONFLICT OF INTEREST. THE EXECUTIVE COMMITTEE REGULARLY AND CONSISTENTLY

MONITOR AND ENFORCE COMPLIANCE WITH THIS POLICY BY REVIEWING STATEMENTS

ON AN ANNUAL BASIS AND TAKING SUCH OTHER ACTIONS AS ARE NECESSARY FOR

EFFECTIVE OVERSIGHT.

FORM 990, PART XI, LINE 9

EXCHANGE RATE ADJUSTMENT.....(\$4,557)

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).

Name of the organization				Employer identification number			
VALIDATION TRAINING INSTITUTE, INC				34-1406307			
FORM 990, PART IX - OTHER FEES							
=======================================	===						
	(A)	(B)	(C)	(D)			
	TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING			
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES			
PROFESSIONAL FEES	20,970.		20,970.				
TOTALS							
	20,970.		20,970.				

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 810,071. FMV

TOTALS 810,071.