

# Michele Cox

michele@dvinepath.org

Submitter

Michele Cox

Submission Date

Feb 23, 2024 9:59 AM

Tax Exempt Status

YES

Service Area

Bonsall

De Luz

Fallbrook

Rainbow

Will no less than 80% of the program recipients live within the communities of Fallbrook, Rainbow, Bonsall or De Luz?

YES

Collaborative/Joint Application

NO

## Organization Information

Legal Name

DVINE PATH INC

DBA (if Applicable)

DVINE PATH INC

## Contact Information

Contact Name

Michele Cox

Title

Director of Fundraising

Primary Contact Phone

9163807739

Email Address

michele@dvinepath.org

## Organization Physical Address

4735 Olive Hill Rd

Fallbrook, CA, 92028

## Board of Directors



2024 DVP Board of Directors.pdf

153.12 KB

## Financial Documents - Audit



2022BalanceSheet.pdf

37.84 KB



17\_2023BalanceSheet\_4489.pdf

38.53 KB



DVP - 2022 ProfitandLoss.pdf

62.37 KB



17\_DVP - 2023 ProfitandLoss\_7550.pdf

62.99 KB

Financial Documents - P&L and Balance Sheet



2023BalanceSheet.pdf

38.53 KB



DVP - 2023 ProfitandLoss.pdf

62.99 KB

Financial Documents - 990



DVP 990 2021.pdf

2.06 MB

Organization's Mission Statement

D'Vine Path's mission is to provide a dynamic and comprehensive program for neurodiverse adults that offers life skills and vocational training in the agriculture, hospitality, and arts industries.

Organization's Vision Statement

To create a community where people with neurodiversity feel essential.

Organization History & Accomplishments

D'Vine Path: Nurturing Progress

2019: Foundation and Recognition

501(c)3 Status: Achieved official nonprofit status, laying the foundation for its mission-driven initiatives. Senatorial and Assembly Recognition: Acknowledged by Senator Joel Anderson and Assemblywoman Marie Waldron, strengthening its community standing. State and Educational Endorsements: Recognized by the California Department of Apprenticeship Standards and approved by the Los Angeles Unified School District as the standard for viticulture training for individuals with disabilities. Regional Collaboration: Approved as a vendor for the San Diego Regional Center, fostering regional partnerships.

2020: Growth and Accolades

Department of Rehabilitation Vendor: Became an approved vendor, enhancing

its capacity to serve individuals with disabilities. Chamber Recognition: Named Non-Profit of the Year by Fallbrook's Chamber of Commerce, showcasing its local impact.

2021: Artistic Ventures and Skill Enhancement

Artistic Program Launch: Introduced "D'Vine Path Art Studios" to nurture artists and promote vocational goals. Social Etiquette Training: Contracted weekly Social Etiquette Training from SEEDS, enhancing social skills.

2022: Relocation and Program Expansion

Permanent Location: Relocated to 4735 Olive Hill Road in Fallbrook, CA, establishing stability. New Program Introduction: Launched D'Vine Path Culinary Journey, D'Vine Path Art Studios, and D'Vine Path Trellis Viticulture. Viticulture Commitment: Harvested 1600 pounds of grapes, bottling 78 cases of 2021 D'Vine Path Wine. Transportation: Acquired a 15-passenger van for improved participant transportation.

2023: Excellence and Advancements

Curriculum Implementation: Established annual curriculum and procedures for consistency and quality. Infrastructure Development: Constructed the Cordon Barn/Classroom, initiated a kitchen remodel, and enhanced outdoor spaces. Wine Bottling Continues: Bottled 30 cases of D'Vine Path Wine, sustaining viticulture efforts. Technology Integration: Adopted monday.com for streamlined operations.

In a brief period, D'Vine Path has become a dynamic force, recognized for impactful work and continuous growth. This journey signifies the organization's unwavering commitment to making a meaningful impact on the lives of individuals with disabilities.

Program Name/Title

Life I Can - Healthy Lifestyle 2024

Brief Program Description

The Life I Can - Healthy Lifestyles curriculum was designed to specifically target our participants' mental health, nutrition, and social skills and is integrated throughout the program.

Is this a new initiative/service or established program within your organization?

Established Program

Did this program receive FRHD CHC - Grant funding last funding cycle (FY 23.24).

NO

Describe the impact of the program to date. Briefly explain how the service/intervention has worked - include cumulative metrics from the Q1 and Q2 Impact reports.

The success of the Life I Can Healthy Lifestyle program is evident in the positive impact it has had on various aspects of our students' lives. Sign-ups for our triannual dances reveal that over 75% of our students have attended at least 2 of 3 events, showcasing significant growth in socialization, confidence, self-advocacy, and healthy self-esteem.

Two notable success stories are Kai and Marina. Kai, who joined our program in 2019 dealing with depression, immersed himself in the Healthy Life Skill Training program. Today, he is a full-time employee at his dream job in Wilson Creek Winery, has earned his driver's license, and lives independently. Despite facing a period of anxiety and isolation, Kai's re-engagement with D'Vine Path's social events has brought back a sense of social connection and engagement.

Marina, a program participant since January 2020, discovered her passion through our program. Initially shy with low self-esteem, Marina's commitment to the Life I Can Healthy Lifestyle program and regular attendance at D'Vine Path socials played a pivotal role in boosting her confidence. As a D'Vine Path Graduate, Marina secured full-time employment with Frazier Farms and relishes her newfound job satisfaction.

Both Kai and Marina actively participate in D'Vine Path events and social activities, emphasizing the program's lasting impact on their lives and the importance of maintaining connections with their peers. Their transformative journeys highlight the success of the Life I Can Healthy Lifestyle program in fostering personal and professional growth among our students.

If this program was previously funded, please provide an example of how the District's funding of this program was acknowledged.



**April 2023 Newsletter (1).pdf**

1.43 MB

Funding Amount Being Requested **51000**

Program Information - Type **Ongoing**

Projected number of residents that will directly benefit (participant/client) from this program. **38**

Target Population - Age

	Percent of program participants	Estimated number of participants
Children (infants to 12)		
Young Adults (13-17)		
Adults (18-60)	<b>100</b>	<b>38</b>
Seniors (60+)		
We do not collect this data (indicate with 100%)*		

Target Population not collected - Age **NA**

Target Population - Gender

	Percent of program participants
Female	<b>45</b>
Male	<b>55</b>
Non-binary	
Unknown*	

\*Target Population - Gender **NA**

Target Population - Income Level

	Percent of program participants
Extremely Low-Income Limits, ceiling of \$32,100	100
Very Low (50%) Income Limits, ceiling of \$53,500	
Low (80%) Income Limits, ceiling of \$85,600	
Higher Than Listed Limits	
We do not collect this data (indicate with 100%)*	

\*Target Population - Income Level

NA

What language(s) can this program accommodate:

English

What demographic group does this program predominately serve:

Special Populations

Program/Services Description - Social Determinants of Health

Economic Stability (Employment, Food Insecurity, Housing Instability, Poverty)

Education Access & Quality (Early Childhood Education and Development, Enrollment in Higher Education, High School Graduation, Language and Literacy)

Social & Community Context (Civic Participation, Discrimination, Incarceration, Social Cohesion)

Neighborhood & Built Environment (Access to Foods that Support Healthy Eating Patterns, Crime and Violence, Environmental Conditions, Quality of Housing)

Social Determinants of Health - Economic Stability

**FOOD INSECURITY:** As of June 2023, of the 3,298,634 of San Diego County’s population 25% is nutrition insecure, 138,000 of this population (38%) are living with disabilities, making it 2 out of every 5 people that are living with food insecurities. To address the SDOH of ECONOMIC STABILITY (FOOD SECURITY) D’Vine Path’s Life I Can Healthy Lifestyles curriculum provides a support structure to all of its core curriculums provided to Neurodiverse Adults. D’Vine Path’s Incorporates farm-to-table culinary workshops into the curriculum providing participants with an understanding of sustainable agriculture and local food systems. This not only broadens their knowledge but also opens potential opportunities for employment or entrepreneurship in the agriculture and food sectors. By delving into the economic aspects of local food production, participants gain insights into potential career paths related to farming, farmers' markets, or artisanal food production.

Social Determinants of Health - Education Access and Quality

**EDUCATION ACCESS AND QUALITY:** D’Vine Path’s Life I Can Healthy Lifestyles curriculum provides a support structure to all of its core curriculums provided to Neurodiverse Adults. The Life I Can Healthy Lifestyles curriculum

reinforces and helps develop the many life skills needed to allow individuals with neurodiversity to increase their odds at obtaining and maintaining gainful employment and increased independence. As these individuals gain vocational skills, they often become more independent in their daily lives. Employment provides them with a sense of purpose and accomplishment, which leads to increased self-esteem and confidence. Improved Quality of Life: Gainful employment resulting from vocational training can enhance the overall quality of life for neurodiverse adults. It provides financial stability, a sense of purpose, and opportunities for personal growth. Enhanced Communication Skills: Many vocational training programs emphasize communication skills, both verbal and non-verbal. Improved communication skills are valuable in the workplace and contribute to more effective interactions with colleagues and supervisors. Increased Self-Advocacy: Through vocational training, individuals with IDD may develop self-advocacy skills. This includes the ability to express their needs, preferences, and accommodations required for successful employment. Structured Routine: Employment provides a structured routine, which can be particularly beneficial for individuals with IDD who may thrive in environments with clear expectations and regular schedules. D'Vine Path's Farm-to-Table culinary workshops serve as educational platforms, offering insights into agriculture, food systems, and culinary arts. Participants may explore further educational opportunities or careers related to sustainable agriculture and culinary arts, contributing to long-term personal and professional growth.

Social Determinants of Health -  
Social and Community Context

D'Vine Path's Life I Can Healthy Lifestyles curriculum provides a support structure to all its core curriculums provided to Neurodiverse Adults. Throughout D'Vine Path's curriculums, social interaction and integration within the community are strongly encouraged. We at D'Vine Path have found that by collaborating with many local businesses in creating opportunities for our students that allow them to work and volunteer alongside peers without disabilities often fosters a sense of belonging, thus reducing social isolation. Community Engagement: D'Vine Path's Vocational training programs often involve community partnerships and engagement. This can lead to increased community awareness and acceptance of individuals with IDD, fostering a more inclusive society. Integration and Social Inclusion: Working alongside peers without disabilities can often foster a sense of belonging, thus reducing social isolation.

D'Vine Path's Farm-to-Table culinary workshops addresses the SDOH of Social and Community Context through Community Building. Farm-to-table workshops create a communal setting where participants collaborate in cultivating and harvesting, fostering a sense of community and shared responsibility. Sharing meals created from locally sourced ingredients promotes social connections, community engagement, and a deeper connection to the local environment.

Social Determinants of Health -  
Healthcare Access and Quality

D'Vine Path's Life I Can Healthy Lifestyles curriculum provides a support structure to all of its core curriculums provided to Neurodiverse Adults. As part of our Life I Can Healthy Lifestyles curriculum - D'Vine Path strives to partner with community establishments and subject matter experts to provide our students with necessary and relevant education and hands in regards to Healthcare Access and/or Quality. Just recently, D'Vine Path's students attended a Basic CPR training class at the Fallbrook Regional Health District a vital component to basic life saving procedures.

Social Determinants of Health -  
Neighborhood and Built Environment

D'Vine Path's Life I Can Healthy Lifestyles curriculum provides a support structure to all of its core curriculums provided to Neurodiverse Adults. As part of our Life I Can Healthy Lifestyles curriculum - D'Vine Path offers Farm-to-Table culinary workshops which address the SDOH - Neighborhood and Built Environment through Skills Development, and Empowerment and Independence. Skill Development:

Practical Skills: Participation in farm-to-table experiences equips participants

with practical skills, including sustainable farming practices, food preservation, and culinary techniques. This enhances their ability to be self-sufficient and encourages problem-solving and creativity, contributing to the development of valuable life skills.

#### Empowerment and Independence:

**Ownership of Food Production:** Involvement in the entire farm-to-table process empowers neurodivergent adults to take control of their food production and consumption, promoting autonomy and independence. Learning sustainable practices fosters a sense of responsibility towards the environment, contributing to a broader sense of empowerment.

#### Statement of Need/Problem

**TMental Health** - Anxiety and depression are two primary mental health concerns for those living with autism spectrum disorder (ASD), Asperger's syndrome, and other intellectual disabilities, an underserved and at-risk population. This problem is especially significant for young adults, who after graduating from their respective school systems, are found to be unsupported, without employment, and unenrolled in higher education. This is a societal blind spot, an issue which is not addressed in Fallbrook or the surrounding areas.

**Nutrition** - Research conducted on adults with intellectual disabilities has proven that diet affects many of the frequently reported secondary conditions: i.e., fatigue, weight problems, and constipation or diarrhea (Humphries K, Traci MA, 2009). Proper nutrition can increase the participants' quality of life by improving these conditions and preventing additional health concerns from developing. The Life I Can - Healthy Lifestyle curriculum provides 12-month educational hands-on culinary workshops facilitated by chefs and a nutritionist, educating participants on nutritional benefits and how to prepare simple, healthy meals.

**Socialization Skill Intervention** (Social and Community Context)- Research proves that adults living with intellectual disabilities struggle with impaired social skills therefore leading to increased risk of depression and social isolation. The Life I Can Healthy Lifestyle curriculum provides weekly workshops that teach social skills through behavioral modeling, role playing and twice-yearly dance socials that allow the participants to practice their newly acquired skills all within a safe environment. (Emily Moulton, 2020)

In our local communities of Fallbrook, Bonsall, Rainbow, and De Luz, the estimated population of neurodivergent adults within the target community is approximately 6,244. This estimation is based on the reported population of 52,030 (Bureau, 2022), considering the 12% disability rate of adults aged 18 or older with cognitive disabilities in California (Centers for Disease Control and Prevention).

#### Works Cited:

Emily Moulton, E. L. (2020). Social Skills Intervention. Retrieved from Science Direct: <https://www.sciencedirect.com/topics/psychology/social-skill-intervention>

Humphries K, T. M. (2009, June). Nutrition and adults with intellectual or developmental disabilities: systematic literature review results. Retrieved from PubMed: <https://pubmed.ncbi.nlm.nih.gov/19489663/>

Bureau, U. C. (2022). Census Reporter Profile page for Fallbrook CCD, San Diego County, CA. Retrieved from U.S. Census Bureau: [Census Reporter Profile](#)

Centers for Disease Control and Prevention. (n.d.). Retrieved 02/18/2024, from

National Center on Birth Defects and Developmental Disabilities, Division of Human Development and Disability. Disability and Health Data System (DHDS) Data.

How are other organizations addressing this need in the community?

D'Vine Path is currently the only program within the community that directly addresses all the Social Determinants of Health. While other organizations serve people with more severe disabilities (REINS, Care Rite Vocational Services, and Stepping Stones). D'Vine Path is the only program that is a life-skills training program for high functioning individuals with mental health disabilities, i.e., Asperger's Syndrome, autism, intellectual disabilities, and other mild learning disabilities (22+) are aging out of their prospective school systems. D'Vine Path's program provides an atmosphere where participants are able to leave behind their strife-stricken past and receive the space and encouragement needed to learn social skills, proper behavior and etiquette, healthy nutrition, physical fitness, and self-advocacy all within a safe environment. No other local organization provides the appropriate services that targets this population's cognitive level.

Program/Services Description - Program Entry & Follow Up

Recipients can learn about D'Vine Path through word of mouth, referrals from the Department of Rehabilitation, the San Diego Regional Center, social media, D'Vine Path's website. Recipients can enter the program several different ways: Contacting their counselor at the Department of Rehabilitation  
Contacting their Service Coordinator at the San Diego Regional Center  
Applying directly through D'Vine Path for independent enrollment. After expressing interest then, the following steps occur:

Site & Program Tour is scheduled If student expresses interest, then a program application would be required. Individual interview is held with the applicant and family. Student participates in a one-week trial period for the Administrator, Student, and Family to assess if any of the curriculums at D'Vine Path are fit for the student. Once a decision is made, appropriate funding will be applied. Private Pay, or through Department of Rehabilitation, or the San Diego Regional Center if the student qualifies for their program. Students are considered enrolled in D'Vine Path's program after trial period and funding is complete.

Program/Services Description - Program Activities

D'Vine Path's Farm-to-Table Culinary Workshop is a comprehensive program designed to empower neurodiverse adults aged twenty-two and older by integrating sustainable agriculture, culinary skills, and community engagement. This hands-on workshop aims to enhance various aspects of participants' lives, including skill development, independence, social inclusion, mental well-being, nutritional awareness, and exploration of potential employment opportunities in related fields.

Key Components:

Sustainable Agriculture Training:

Participants will receive instruction on sustainable farming practices, including planting, cultivating, and harvesting. Practical activities will involve hands-on experiences in a farm setting, providing a unique and therapeutic connection to nature.

Culinary Skills Development:

Certified chefs and nutritionists will conduct educational culinary workshops, teaching participants how to prepare nutritious meals using locally sourced produce. Emphasis on diverse and balanced diets, encouraging participants to make healthier food choices.

Independence and Autonomy Building:

The program is designed to empower neurodiverse adults to independently



manage aspects of the farm-to-table process, promoting autonomy in daily living. Participants will actively contribute to the cultivation, harvesting, and preparation of meals, fostering a sense of accomplishment.

**Social Inclusion and Community Engagement:**

Collaborative farming tasks and shared cooking experiences will create a communal setting, promoting socialization and community engagement. Weekly workshops and triannual social events will provide opportunities for participants to practice and enhance social skills in a supportive environment.

**Mental Well-being Enhancement:**

The therapeutic benefits of engaging in the farm-to-table process will be emphasized, aiming to reduce stress and enhance overall mental well-being. Regular assessments will monitor participants' stress levels and mental well-being, with interventions tailored to individual needs.

**Nutritional Awareness and Healthy Eating:**

Participants will gain knowledge of the nutritional value of locally sourced produce, encouraging healthier food choices. Nutritional workshops and demonstrations will highlight the importance of a well-balanced diet.

**Exploration of Employment Opportunities:**

The program will introduce participants to potential employment opportunities or entrepreneurial ventures in sustainable agriculture, farmers' markets, or culinary arts. Career exploration sessions will provide insights into various paths within related fields.

D'Vine Path's Farm-to-Table Culinary Workshops for neurodiverse adults is committed to creating a supportive and inclusive environment that fosters skill development, independence, and overall well-being. Through a holistic approach, the program aims to empower participants to lead healthier, more fulfilling lives while contributing to their community.

**Program Goal**

The goal of the Farm-to-Table Culinary workshop at D'Vine Path is to empower participants with an understanding of the nutritional benefits of cooking and consuming healthy foods and to equip them with the skills needed to prepare simple, nutritious meals, promoting a healthier lifestyle and addressing symptoms such as fatigue, weight issues, and digestive concerns. The workshop also emphasizes skill development, social inclusion, and explores potential employment opportunities in sustainable agriculture and culinary arts. Continuous assessments and adjustments will be implemented to enhance program effectiveness, meet individual needs, and foster autonomy and community engagement

**Program Objectives & Measurable Outcomes**

**D'Vine Path's Life I Can Healthy Lifestyles Program Objectives**

**Skill Development:**

**Objective:** Enhance participants' skills in sustainable agriculture, food preparation, and culinary techniques.

**Outcome:** Participants will demonstrate improved competence in planting, cultivating, harvesting, and cooking with locally sourced produce.

**Independence and Autonomy:**

**Objective:** Empower neurodiverse adults to independently manage aspects of food production, fostering autonomy.

Outcome: Measure the level of independence in participants' ability to contribute to the farm-to-table process, from planting seeds to preparing meals.

Social Inclusion:

Objective: Promote socialization and community engagement through collaborative farm-to-table activities.

Outcome: Evaluate participants' increased participation in communal farming tasks and shared cooking experiences, demonstrating improved social connections.

Mental Well-being:

Objective: Utilize the therapeutic aspects of the farm-to-table process to reduce stress and enhance mental well-being.

Outcome: Conduct pre- and post-program assessments of participants' stress levels and mental well-being, aiming for positive shifts.

Nutritional Awareness:

Objective: Foster an understanding of nutrition and encourage the incorporation of locally sourced, nutritious foods into daily diets.

Outcome: Participants will demonstrate increased knowledge of the nutritional value of fresh produce and make healthier food choices.

Community Connection:

Objective: Establish a sense of community and connection among neurodiverse adults through shared farm-to-table experiences.

Outcome: Measure participants' reported sense of community, evaluating the impact of the program on their social connections.

Measurable Outcomes:

Participation Rates:

Metric: Percentage of neurodiverse adults attending each farm-to-table workshop session.

Target: Achieve a minimum of 75% attendance for each session.

Skill Proficiency Assessment:

Metric: Assess participants' hands-on skills through practical demonstrations and activities.

Target: 80% or more participants demonstrating proficiency in key skills by the end of the program.

Level of Independence Tracking:

Metric: Track participants' independent contributions to the farm-to-table process.

Target: 70% or more participants demonstrating increased independence in various aspects, such as planting, harvesting, and meal preparation.

Social Inclusion Survey:

Metric: Participants' perceptions of social inclusion and community engagement.

Target: 70% or more participants reporting an increased sense of social connection.

Mental Well-being Assessments:

Metric: Pre- and post-program assessments of participants' stress levels and mental well-being.

Target: A 15% reduction in reported stress levels and an increase in positive mental well-being indicators.

Nutritional Knowledge Survey:

Metric: Changes in participants' reported knowledge of nutrition and dietary habits.

Target: 20% improvement in participants making healthier food choices post-program.

Community Connection Feedback:

Metric: Feedback on participants' sense of community and connection.

Target: 65% or more participants reporting a positive impact on their social connections.

Organization Collaborations

D'Vine Path Community Collaborations and Opportunities

D'Vine Path actively engages in partnerships with various businesses and organizations in our community, providing valuable hands-on experiences for our students through volunteer and work co-ops.

Job Opportunities:

Rib Shack Batali Ranch D'Vine Path D'Vine Petal Florals Madd Potter

Volunteer Opportunities:

Wild Wonders Gathered Oaks Food Pantry

Community Collaborations:

Nancy The Health Coach North Coast Church, Valentine's Dance Jack Greene, Yoga Master Mission Resource District, Pollination Garden Kauai West Sun, Ukelele Collaboration Gathered Oaks, Student Pen Pals and Farm Animal Collaborations Pacific Sotheby's, Open House Catering and Presentation Cafe De Artiste, Art Installation Fallbrook Art Center, Art Installation Fred Finch Organization, Social Skills Workshops and Speed Mingling Events Ariel Dance Studio, Dance Performance Collaboration Albertsons, Field Collaboration SDG&E, Energy Collaboration Bonsall Rotary, Wine Brews and Blues Event Bonsall Chamber, Catering Opportunity Fallbrook Women's Club, Catering Opportunity AAUW, Catering Opportunity Wilson Creek Winery Adobe Hill Winery The Mill Marshall Stuart Vineyard and Winery Jackie Hyneman, Scarecrow Days Rancho Santa Fe Rotary Club Fallbrook Village Rotary Club

These collaborations not only offer job and volunteer opportunities but also enrich our students' experiences by providing a diverse range of engagements, from social events to skill-building workshops and community projects. D'Vine Path values these partnerships as they contribute to the holistic development and inclusion of our students in the wider community.

Anticipated Acknowledgment

Social Media Postings

Print Materials to Service Recipients

Website Display

Other

Anticipated Acknowledgment

The District's logo will be promoted in our Monthly Parent Newsletters, Quarterly D'Vine Path Newsletters, Social Media Platforms (Facebook & Instagram)

Funding History

NO

Program Budget



24\_25 FRHD CHC Program Budget Form (... .xlsx)  
54.32 KB

Terms and Conditions

Accepted

Authorized Signature



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## 2024 Board of Directors

- **Tom Olmstead**  
*Board President*  
Grossmont College – Retired Professor
- **Naomi Monthei**  
*Board Secretary*  
Fallbrook Union School District – Administrative Assistant
- **Brent Batali**  
*Board Treasurer*  
Batali Ranch – Owner/CEO
- **Ben McCoy**  
Board Member  
Sotheby's Real Estate – Real Estate Agent
- **Howard Salmon**  
*Board Member*  
Hospital Administrator / Consultant – Retired
- **Tracy Largent**  
*Board Member*  
Port Authority of San Diego – CPA Chief Financial Officer and Treasurer



# D'Vine Path

## Profit and Loss

January - December 2022

	TOTAL
<b>Revenue</b>	
Income	
Donations and Grants	
Donations	168,516.17
Donations-Farmers' Market	0.00
Government Grants	10,950.00
Non-Government Grants	40,549.00
Special Events Fundraising	20,791.50
<b>Total Donations and Grants</b>	<b>240,806.67</b>
Program Income	
Art Studios Program Tuition	103,753.73
Cordon Program Tuition	175,175.58
Culinary Arts Program Tuition	88,572.20
LEAFF Program Tuition	477,927.06
Student Transportation	25,248.74
Trellis Program Tuition	48,549.50
<b>Total Program Income</b>	<b>919,226.81</b>
<b>Total Income</b>	<b>1,160,033.48</b>
Sales	0.00
<b>Total Revenue</b>	<b>\$1,160,033.48</b>
Cost of Goods Sold	
Event Cost	
Fundraising	18,057.06
Student Events Costs	15,883.62
<b>Total Event Cost</b>	<b>33,940.68</b>
Program Costs	
Agricultural Program	4,625.32
Art Program Expense	11,524.72
Culinary Program Cost	4,482.10
Expenses-Farmers' Market	1,323.20
Field Trips Costs	458.80
Floral Department	2,273.92
General Program Costs	12,414.84
Guest Speaker	3,429.64
LEAFF Program Cost	1,105.40
Nutrition and Fitness	200.00
Programs, Facilities & Equip.	15,555.41
Student Appreciation	679.42



# D'Vine Path

## Profit and Loss

January - December 2022

	TOTAL
Transportation Expenses	8,365.30
<b>Total Program Costs</b>	<b>66,438.07</b>
<b>Total Cost of Goods Sold</b>	<b>\$100,378.75</b>
<b>GROSS PROFIT</b>	<b>\$1,059,654.73</b>
Expenditures	
7000 Payroll Expenses	207,375.80
7001 Admin Wages and Salaries	72,000.65
7002 Art Program Wages and Salaries	15,433.34
7003 Cordon Program Wages and Salaries	66,804.69
7004 Culinary Program Wages and Salaries	14,536.94
7005 Employee Benefits	2,166.52
7006 LEAFF Program Wages and Salaries	38,880.49
7007 Payroll Taxes	29,130.81
7011 Viniculture Program Wages and Salaries	2,880.00
7012 Workers Compensation Insurance	12,351.53
<b>Total 7000 Payroll Expenses</b>	<b>461,560.77</b>
Advertising and Marketing	6,651.26
Bank Service Fees	107.06
Merchant Service Fees	244.82
<b>Total Bank Service Fees</b>	<b>351.88</b>
Depreciation Expense	13,075.00
Dues and Subscriptions	4,528.77
Gifts Expense	83.54
Insurance	2,980.43
Interest Expense	51.17
Meals Expense	1,120.68
Office Expenses	11,629.09
Computer and Software	2,399.29
Staff Appreciation	5,846.62
Staff Development	8,906.71
Staff Uniforms	3,811.00
<b>Total Office Expenses</b>	<b>32,592.71</b>
Olive Hill Rent	120,714.08
Outside Services	
PROFESSIONAL FEES	14,854.97
<b>Total Outside Services</b>	<b>14,854.97</b>
Program Operational Supplies	60,152.59
REPAIRS AND MAINTENANCE	143,549.14
Team Appreciation	100.00



# D'Vine Path

## Profit and Loss

January - December 2022

	TOTAL
Travel	1,623.12
Utilities Expense	12,311.57
Telephone and Internet Expense	552.84
<b>Total Utilities Expense</b>	<b>12,864.41</b>
Vineyard Maintenance	12,346.77
Wine Making	3,136.22
<b>Total Expenditures</b>	<b>\$892,337.51</b>
NET OPERATING REVENUE	<b>\$167,317.22</b>
Other Revenue	
Interest Income	153.14
<b>Total Other Revenue</b>	<b>\$153.14</b>
Other Expenditures	
Reconciliation Discrepancies	0.00
<b>Total Other Expenditures</b>	<b>\$0.00</b>
NET OTHER REVENUE	<b>\$153.14</b>
NET REVENUE	<b>\$167,470.36</b>





# D'Vine Path

## Profit and Loss

January - December 2023

	TOTAL
<b>Revenue</b>	
Income	
Donations and Grants	0.00
Donation-Grape Stomp	42,260.42
Donations	162,935.71
Donations-Farmers' Market	1,389.19
Floral Department Donations	10,996.00
Non-Government Grants	49,634.11
Special Events Fundraising	9,757.50
<b>Total Donations and Grants</b>	<b>276,972.93</b>
Program Income	
Art Studios Program Tuition	78,547.85
Cordon Program Tuition	236,002.88
Culinary Arts Program Tuition	125,354.34
LEAFF Program Tuition	487,497.12
Student Transportation	88,277.98
Tailored Day Service	23,826.20
Trellis Program Tuition	114,721.00
<b>Total Program Income</b>	<b>1,154,227.37</b>
<b>Total Income</b>	<b>1,431,200.30</b>
Other Income	35,627.95
Sales of Product Income	0.00
Uncategorized Income	0.00
<b>Total Revenue</b>	<b>\$1,466,828.25</b>
Cost of Goods Sold	
Event Cost	17,834.21
Student Events Costs	30,822.34
<b>Total Event Cost</b>	<b>48,656.55</b>
Program Costs	
Agricultural Program	5,634.68
Art Program Expense	6,697.28
Cordon Program-Cost	5,874.61
Culinary Program Cost	21,055.81
Expenses-Farmers' Market	943.16
Floral Department	9,663.06
General Program Costs	42,143.67
Guest Speaker	2,420.72
LEAFF Program Cost	4,054.32
Programs, Facilities & Equip.	609.65



# D'Vine Path

## Profit and Loss

January - December 2023

	TOTAL
Student Appreciation	2,614.08
Transportation Expenses	26,526.10
<b>Total Program Costs</b>	<b>128,237.14</b>
<b>Total Cost of Goods Sold</b>	<b>\$176,893.69</b>
<b>GROSS PROFIT</b>	<b>\$1,289,934.56</b>
<b>Expenditures</b>	
7000 Payroll Expenses	
7001 Admin Wages and Salaries	148,428.09
7002 Art Program Wages and Salaries	67,950.50
7003 Cordon Program Wages and Salaries	64,704.39
7004 Culinary Program Wages and Salaries	60,070.11
7005 Employee Benefits	8,806.72
7006 LEAFF Program Wages and Salaries	164,709.61
7007 Payroll Taxes	47,143.06
7009 Transportation Wages and Salaries	2,380.00
7011 Viniculture Program Wages and Salaries	64,847.33
7012 Workers Compensation Insurance	19,908.99
<b>Total 7000 Payroll Expenses</b>	<b>648,948.80</b>
Advertising and Marketing	13,370.90
Bank Service Fees	15.00
Melio Service Fees	284.48
Merchant Service Fees	365.48
Square Fees	186.77
<b>Total Bank Service Fees</b>	<b>851.73</b>
Dues and Subscriptions	6,292.74
Insurance	11,322.33
Interest Expense	134.86
Office Expenses	2,257.81
Computer and Software	2,969.33
Other Office Expenses	5,479.42
Postage and Delivery	184.97
Staff Appreciation	8,264.76
Staff Development	18,713.00
Staff Uniforms	4,157.93
<b>Total Office Expenses</b>	<b>42,027.22</b>
Outside Services	4,881.60
PROFESSIONAL FEES	41,440.67
<b>Total Outside Services</b>	<b>46,322.27</b>
Program Operational Supplies	278.49



# D'Vine Path

## Profit and Loss

January - December 2023

	TOTAL
RENT EXPENSE	144,000.00
Repairs & Maintenance-Landscaping	16,920.58
REPAIRS AND MAINTENANCE	81,772.29
Travel	1,881.27
Uncategorized Expense	11.83
Utilities Expense	
Portable Restrooms	10,188.89
Power and Electricity Expense	10,030.16
Telephone and Internet Expense	5,823.15
Waste Recycling Expense	1,915.75
Water Expenses	4,039.30
<b>Total Utilities Expense</b>	<b>31,997.25</b>
Wine Making	113.16
<b>Total Expenditures</b>	<b>\$1,046,245.72</b>
NET OPERATING REVENUE	<b>\$243,688.84</b>
Other Revenue	
Interest Income	18.60
<b>Total Other Revenue</b>	<b>\$18.60</b>
NET OTHER REVENUE	<b>\$18.60</b>
NET REVENUE	<b>\$243,707.44</b>

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2021

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation.) Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection



Department of the Treasury Internal Revenue Service

A For the 2021 calendar year, or tax year beginning 01-01-2021, and ending 12-31-2021

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

C Name of organization DVine Path Inc, Doing business as, Number and street (or P.O. box if mail is not delivered to street address) Room/suite, City or town, state or province, country, and ZIP or foreign postal code, F Name and address of principal officer: Brent Batali, 1374 S Mission Road 415, Fallbrook, CA 92028

D Employer identification number 83-0790460, E Telephone number (760) 468-3712, G Gross receipts \$ 680,413

I Tax-exempt status: 501(c)(3), J Website: www.dvinepath.org

H(a) Is this a group return for subordinates? Yes No, H(b) Are all subordinates included? Yes No, H(c) Group exemption number

K Form of organization: Corporation, L Year of formation: 2018, M State of legal domicile: CA

Part I Summary

Table with 4 main sections: Activities & Governance, Revenue, Expenses, Net Assets or Fund Balances. Includes rows for mission, members, employees, volunteers, revenue, expenses, and assets.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here: Signature of officer Brent Batali Treasurer, Date 2022-11-10

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Firm's name R Greene & Associates Inc, Firm's address 5256 S Mission Rd Suite 205, Bonsall, CA 92003

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

D'Vine Path is a comprehensive program providing vocational and life skills training to people with disabilities in agriculture, hospitality and the arts.

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

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

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

If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ 222,294 including grants of \$ 19,710 ) (Revenue \$ 354,473 )  
Train students to graft and tend grape vines, perform catering duties.

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

**4e** Total program service expenses **222,294**

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding tax-exempt bond issues, excess benefit transactions, and related party transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and gaming winnings.

**Part V Statements Regarding Other IRS Filings and Tax Compliance** (continued)

<p><b>2a</b> 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 . . . . .</p>	<p><b>2a</b> 0</p>	
<p><b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.</p>		<p><b>2b</b></p>
<p><b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .</p>		<p><b>3a</b> No</p>
<p><b>b</b> If "Yes," has it filed a Form 990-T for this year?<i>If "No" to line 3b, provide an explanation in Schedule O</i> . . . . .</p>		<p><b>3b</b></p>
<p><b>4a</b> 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)?</p>		<p><b>4a</b> No</p>
<p><b>b</b> <i>Access</i> Enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</p>		
<p><b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .</p>		<p><b>5a</b> No</p>
<p><b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>		<p><b>5b</b> No</p>
<p><b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .</p>		<p><b>5c</b></p>
<p><b>6a</b> 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? . . . . .</p>		<p><b>6a</b> No</p>
<p><b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .</p>		<p><b>6b</b></p>
<p><b>7 Organizations that may receive deductible contributions under section 170(c).</b></p>		
<p><b>a</b> 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? . . . . .</p>		<p><b>7a</b> No</p>
<p><b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .</p>		<p><b>7b</b></p>
<p><b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .</p>		<p><b>7c</b> No</p>
<p><b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .</p>	<p><b>7d</b> 0</p>	
<p><b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>		<p><b>7e</b> No</p>
<p><b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>		<p><b>7f</b> No</p>
<p><b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .</p>		<p><b>7g</b> No</p>
<p><b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .</p>		<p><b>7h</b> No</p>
<p><b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>		<p><b>8</b></p>
<p><b>9 Sponsoring organizations maintaining donor advised funds.</b></p>		
<p><b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?</p>		<p><b>9a</b></p>
<p><b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .</p>		<p><b>9b</b></p>
<p><b>10 Section 501(c)(7) organizations.</b> Enter:</p>		
<p><b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .</p>	<p><b>10a</b></p>	
<p><b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .</p>	<p><b>10b</b></p>	
<p><b>11 Section 501(c)(12) organizations.</b> Enter:</p>		
<p><b>a</b> Gross income from members or shareholders . . . . .</p>	<p><b>11a</b></p>	
<p><b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .</p>	<p><b>11b</b></p>	
<p><b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?</p>		
<p><b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.</p>	<p><b>12b</b></p>	
<p><b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b></p>		
<p><b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . .</p>		<p><b>13a</b></p>
<p><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.</p>		
<p><b>b</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 . . . . .</p>	<p><b>13b</b></p>	
<p><b>c</b> Enter the amount of reserves on hand . . . . .</p>	<p><b>13c</b></p>	
<p><b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .</p>		<p><b>14a</b> No</p>
<p><b>b</b> If "Yes," has it filed a Form 720 to report these payments?<i>If "No," provide an explanation in Schedule O</i> . . . . .</p>		<p><b>14b</b></p>
<p><b>15</b> 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? . . . . .</p>		<p><b>15</b> No</p>
<p><b>16</b> If the organization is a trust, did it file Form 720, Schedule E, to report the section 4968 excise tax on net investment income? . . . . .</p>		<p><b>16</b> No</p>
<p>If "Yes," complete Form 4720, Schedule O.</p>		
<p><b>17 Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . . .</p>		<p><b>17</b></p>
<p>If "Yes," complete Form 6069.</p>		



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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? 8b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization 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 arrangement with a taxable entity during the year? 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
Own website Another's website Upon request Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:
Lenila Batali 1374 S Mission Road 415 Fallbrook, CA 92028 (949) 233-6515

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Randy Anderson ..... President	5.00 ..... 0.00			X				0	0	0
(2) Naomi Monthei ..... Secretary	3.00 ..... 0.00			X				0	0	0
(3) Brent Batali ..... Treasurer	3.00 ..... 0.00			X				0	0	0
(4) Tom Olmstead ..... Vice President	2.00 ..... 0.00			X				0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Gifts, Grants, and Other Amt Similar Amounts, and a Total row for lines 1a-1f.

Table for Program Service Revenue with columns for Business Code and revenue amounts. Rows include lines 2a through 2f and a Total row for lines 2a-2f.

Main table for Other Revenue with multiple columns for sub-categories and revenue amounts. Rows include Investment income, Income from investment of tax-exempt bond proceeds, Royalties, Rental income, Net gain or loss from sales of assets, Gross income from fundraising events, Gross income from gaming activities, and Gross sales of inventory.

**Part IX Statement of Functional Expenses**

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

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
<b>4</b> Benefits paid to or for members	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees	0			
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
<b>7</b> Other salaries and wages	209,378	137,820	71,558	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
<b>9</b> Other employee benefits	0			
<b>10</b> Payroll taxes	28,042	18,458	9,584	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management	0			
<b>b</b> Legal	0			
<b>c</b> Accounting	0			
<b>d</b> Lobbying	0			
<b>e</b> Professional fundraising services. See Part IV, line 17	0			
<b>f</b> Investment management fees	0			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	825	575	250	
<b>12</b> Advertising and promotion	8,970	7,565		1,405
<b>13</b> Office expenses	8,595	1,500	6,095	1,000
<b>14</b> Information technology	912	10	902	
<b>15</b> Royalties	0			
<b>16</b> Occupancy	16,500	3,000	12,500	1,000
<b>17</b> Travel	138		138	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
<b>19</b> Conferences, conventions, and meetings	0			
<b>20</b> Interest	0			
<b>21</b> Payments to affiliates	0			
<b>22</b> Depreciation, depletion, and amortization	412	412		
<b>23</b> Insurance	2,246	1,039	1,207	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> Fundraising Expenses	20,372			20,372
<b>b</b> Program Supplies	10,969	10,969		
<b>c</b> Misc. Program Expenses	9,098	9,098		
<b>d</b> Program Expenses	8,798	8,798		
<b>e</b> All other expenses	25,998	23,050	2,496	452
<b>25</b> Total functional expenses. Add lines 1 through 24e	351,253	222,294	104,730	24,229
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash-non-interest-bearing . . . . .	90,692	<b>1</b>	425,952
	<b>2</b> Savings and temporary cash investments		<b>2</b>	0
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	0
	<b>4</b> Accounts receivable, net . . . . .	-480	<b>4</b>	3,403
	<b>5</b> 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		<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>	0
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,682		
	<b>b</b> Less: accumulated depreciation	652	1,442	1,030
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	0
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	0
	<b>14</b> Intangible assets . . . . .		<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11		<b>15</b>	0
<b>16 Total assets:</b> Add lines 1 through 15 (must equal line 33) . . . . .	91,654	<b>16</b>	430,385	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .		<b>17</b>	
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other 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		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
<b>25</b> 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	3,360	<b>25</b>	8,986	
<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	3,360	<b>26</b>	8,986	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	87,094	<b>27</b>	420,199
	<b>28</b> Net assets with donor restrictions	1,200	<b>28</b>	1,200
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>32</b> Total net assets or fund balances	88,294	<b>32</b>	421,399
<b>33</b> Total liabilities and net assets/fund balances	91,654	<b>33</b>	430,385	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	680,413
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	351,253
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	329,160
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	88,294
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	3,945
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	<b>10</b>	421,399

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>2c</b>	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

**Additional Data**

[Return to Form](#)

**Software ID:** 21013475

**Software Version:** 2021v4.0

**Form 990, Special Condition Description:**

**Special Condition Description**



**Public Charity Status and Public Support**

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**Name of the organization**  
DVine Path Inc

**Employer identification number**  
83-0790460

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

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- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . . \_\_\_\_\_
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .		16,188	54,192	117,557	680,402	868,339
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..						0
<b>4 Total.</b> Add lines 1 through 3		16,188	54,192	117,557	680,402	868,339
<b>5</b> 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) . . . . .						0
<b>6 Public support.</b> Subtract line 5 from line 4.						868,339

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4. . . . .		16,188	54,192	117,557	680,402	868,339
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .			1,456	2,530	11	3,997
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .		2				2
<b>11 Total support.</b> Add lines 7 through 10						872,338

**12** Gross receipts from related activities, etc. (see instructions) . . . . . **12**

**13 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

**14** Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) . . . . . **14** 0 %

**15** Public support percentage for 2020 Schedule A, Part II, line 14 . . . . . **15**

**16a 33 1/3% support test—2021.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support test—2020.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**17a 10%-facts-and-circumstances test—2021.** 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 organization . . . . .

**b 10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 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 organization . . . . .

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
<b>c</b> Add lines 7a and 7b. .						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6. . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . .						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support tests—2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
<b>b</b>	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b>	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.		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b>	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
<b>5a</b>	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 <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b>	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990) .		
<b>8</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).		
<b>9a</b>	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 <b>Part VI</b> .		
<b>b</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 <b>Part VI</b> .		
<b>c</b>	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 <b>Part VI</b> .		
<b>10a</b>	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>b</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).		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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?		
<b>b</b>	A family member of a person described on 11a above?		
<b>c</b>	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b>	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? <i>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.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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)? <i>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).</i>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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?		
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section 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 instructions**):

- a**  The organization satisfied the Activities Test. Complete **line 2** below.
- b**  The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c**  The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

**2** Activities Test. **Answer lines 2a and 2b below.**

		Yes	No
<b>a</b>	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? <i>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.</i>		
<b>b</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? <i>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.</i>		
<b>3</b>	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>		
<b>a</b>	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? <i>If "Yes" or "No", provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI. the role played by the organization in this regard.</i>		

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

**Section A - Adjusted Net Income**

(A) Prior Year

(B) Current Year  
(optional)

<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>		

**Section B - Minimum Asset Amount**

(A) Prior Year

(B) Current Year  
(optional)

<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>		
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by 0.035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

**Section C - Distributable Amount**

Current Year

<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b> Enter 85% of line 1	<b>2</b>	
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b> Income tax imposed in prior year	<b>5</b>	
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	

- 7**  Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

(continued)

Section D - Distributions		Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - provide details in <b>Part VI</b> )	<b>5</b>	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	<b>6</b>	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	<b>8</b>	
<b>9</b> Distributable amount for 2021 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by Line 9 amount	<b>10</b>	

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

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

### Facts And Circumstances Test

Return Reference	Explanation



## **Additional Data**

**Return to Form**

**Software ID:** 21013475

**Software Version:** 2021v4.0

Supplemental Financial Statements

2021

Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization DVine Path Inc

Employer identification number

83-0790460

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor/donor advisor notification.

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Year. Rows include purpose(s) of conservation easements, total number, acreage, and number of easements on historic structures, and questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include questions about reporting art, historical treasures, or other similar assets held for public exhibition, education, or research.

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

**Part V Endowment Funds.**

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
  - a** Board designated or quasi-endowment ▶ .....
  - b** Permanent endowment ▶ .....
  - c** Term endowment ▶ .....

The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
 

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

  - (i)** Unrelated organizations . . . . .
  - (ii)** Related organizations . . . . .
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .				
<b>e</b> Other . . . . .		1,682	652	1,030
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,030

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (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	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	8,986

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	

**Part XIII Supplemental Information**

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

Return Reference	Explanation

## Additional Data

[Return to Form](#)

**Software ID:** 21013475

**Software Version:** 2021v4.0

**SCHEDULE O**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021****Open to Public  
Inspection**Name of the organization  
DVine Path Inc

Employer identification number

83-0790460

Return Reference	Explanation
Form 990, Part VI, Line 11b: Form 990 Review Process	No review was or will be conducted.
Form 990, Part VI, Line 19: Other Organization Documents Publicly Available	No documents available to the public.
Other Changes In Net Assets Or Fund Balances - Other Increases	Conversion from Cash to Accrual = \$3945

## **Additional Data**

**Return to Form**

**Software ID:** 21013475

**Software Version:** 2021v4.0



# D'Vine Path

## 2023 Balance Sheet

As of December 31, 2023

	TOTAL
<b>ASSETS</b>	
Current Assets	
Bank Accounts	
Bank Accounts	
Capital 6910 / US Bank Checking	244,114.09
CHASE BUS PREM SAV (3271) - 2	30,001.78
Checking (1012)	90,605.72
Legacy Endowment Community Foun	19,936.22
Petty Cash Fund	1,486.00
PLAT BUS CHECKING (3618) - 2	70,897.26
US Bank Savings 6196	4,457.98
<b>Total Bank Accounts</b>	<b>461,499.05</b>
PAYPAL Clearing Account Account	0.00
SQUARE Clearing Account	0.00
VENMO Clearing Account	0.00
WIX POS Clearing Account	0.00
<b>Total Bank Accounts</b>	<b>\$461,499.05</b>
Accounts Receivable	
Accounts Receivable	160,432.51
<b>Total Accounts Receivable</b>	<b>\$160,432.51</b>
Other Current Assets	
Prepaid Expenditures	21,662.50
Uncategorized Asset	-1,705.86
Undeposited Funds	0.00
<b>Total Other Current Assets</b>	<b>\$19,956.64</b>
<b>Total Current Assets</b>	<b>\$641,888.20</b>
Fixed Assets	
Accumulated Depreciation	-14,379.00
Building and Property Improvements	124,267.97
Equipment (Fixed Asset)	81,057.09
Furnitures and Fixtures	34,200.17
<b>Total Fixed Assets</b>	<b>\$225,146.23</b>
<b>TOTAL ASSETS</b>	<b>\$867,034.43</b>

# D'Vine Path

## 2023 Balance Sheet

As of December 31, 2023

	TOTAL
<b>LIABILITIES AND EQUITY</b>	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	6,472.59
<b>Total Accounts Payable</b>	<b>\$6,472.59</b>
Credit Cards	
1004 B of A Credit Card 0420	0.00
Chase CC	-80,089.38
C. HUBER (Chase CC)	15,415.30
C. Miller (4568)	12,520.11
D. BRANCHE (1063) - 3	10,713.30
E. JOHNSON (3317) - 3	5,407.95
L. BATALI (8061) - 3	47,103.82
N. MONTHEI (9407) - 3	1,923.45
S. BATALI (9788) - 3	8,587.27
<b>Total Chase CC</b>	<b>21,581.82</b>
US Bank CC 0271	0.00
US Bank CC 3286	0.00
US Bank CC 7265	286.42
US Bank CC JO 6955	184.00
US Bank CC LB 5848	3,241.51
US Bank CC SB 4928	10.99
<b>Total Credit Cards</b>	<b>\$25,304.74</b>
Other Current Liabilities	
9001 Payroll Liabilities	4,633.26
<b>Total Other Current Liabilities</b>	<b>\$4,633.26</b>
<b>Total Current Liabilities</b>	<b>\$36,410.59</b>
<b>Total Liabilities</b>	<b>\$36,410.59</b>
Equity	
Opening Balance Equity	371.44
Owner Due To/From	0.00
Unrestricted Net Assets	586,544.96
Net Revenue	243,707.44
<b>Total Equity</b>	<b>\$830,623.84</b>
<b>TOTAL LIABILITIES AND EQUITY</b>	<b>\$867,034.43</b>

# D'Vine Path

## 2022 Balance Sheet

As of December 31, 2022

	TOTAL
<b>ASSETS</b>	
Current Assets	
Bank Accounts	
Bank Accounts	
Capital 6910 / US Bank Checking	268,610.67
Checking (1012)	111,513.84
Legacy Endowment Community Foun	19,936.22
US Bank Savings 6196	4,457.98
<b>Total Bank Accounts</b>	<b>404,518.71</b>
PAYPAL Clearing Account Account	0.00
VENMO Clearing Account	0.00
WIX POS Clearing Account	0.00
<b>Total Bank Accounts</b>	<b>\$404,518.71</b>
Accounts Receivable	
Accounts Receivable	95,293.09
<b>Total Accounts Receivable</b>	<b>\$95,293.09</b>
Other Current Assets	
Uncategorized Asset	-1,705.86
Undeposited Funds	2,431.76
<b>Total Other Current Assets</b>	<b>\$725.90</b>
<b>Total Current Assets</b>	<b>\$500,537.70</b>
Fixed Assets	
Accumulated Depreciation	-14,379.00
Building and Property Improvements	63,672.79
Equipment (Fixed Asset)	41,813.78
Furnitures and Fixtures	11,486.11
<b>Total Fixed Assets</b>	<b>\$102,593.68</b>
<b>TOTAL ASSETS</b>	<b>\$603,131.38</b>

# D'Vine Path

## 2022 Balance Sheet

As of December 31, 2022

	TOTAL
<b>LIABILITIES AND EQUITY</b>	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	3,110.00
<b>Total Accounts Payable</b>	<b>\$3,110.00</b>
Credit Cards	
1004 B of A Credit Card 0420	0.00
US Bank CC 0271	1,211.47
US Bank CC 3286	1,920.96
US Bank CC 7265	2,483.86
US Bank CC JO 6955	665.80
US Bank CC LB 5848	2,523.19
US Bank CC SB 4928	0.00
<b>Total Credit Cards</b>	<b>\$8,805.28</b>
Other Current Liabilities	
9001 Payroll Liabilities	4,633.26
<b>Total Other Current Liabilities</b>	<b>\$4,633.26</b>
<b>Total Current Liabilities</b>	<b>\$16,548.54</b>
<b>Total Liabilities</b>	<b>\$16,548.54</b>
Equity	
Opening Balance Equity	37.88
Owner Due To/From	0.00
Unrestricted Net Assets	419,074.60
Net Revenue	167,470.36
<b>Total Equity</b>	<b>\$586,582.84</b>
<b>TOTAL LIABILITIES AND EQUITY</b>	<b>\$603,131.38</b>



# D'Vine Path

## Profit and Loss

January - December 2023

	TOTAL
<b>Revenue</b>	
Income	
Donations and Grants	0.00
Donation-Grape Stomp	42,260.42
Donations	162,935.71
Donations-Farmers' Market	1,389.19
Floral Department Donations	10,996.00
Non-Government Grants	49,634.11
Special Events Fundraising	9,757.50
<b>Total Donations and Grants</b>	<b>276,972.93</b>
Program Income	
Art Studios Program Tuition	78,547.85
Cordon Program Tuition	236,002.88
Culinary Arts Program Tuition	125,354.34
LEAFF Program Tuition	487,497.12
Student Transportation	88,277.98
Tailored Day Service	23,826.20
Trellis Program Tuition	114,721.00
<b>Total Program Income</b>	<b>1,154,227.37</b>
<b>Total Income</b>	<b>1,431,200.30</b>
Other Income	35,627.95
Sales of Product Income	0.00
Uncategorized Income	0.00
<b>Total Revenue</b>	<b>\$1,466,828.25</b>
Cost of Goods Sold	
Event Cost	17,834.21
Student Events Costs	30,822.34
<b>Total Event Cost</b>	<b>48,656.55</b>
Program Costs	
Agricultural Program	5,634.68
Art Program Expense	6,697.28
Cordon Program-Cost	5,874.61
Culinary Program Cost	21,055.81
Expenses-Farmers' Market	943.16
Floral Department	9,663.06
General Program Costs	42,143.67
Guest Speaker	2,420.72
LEAFF Program Cost	4,054.32
Programs, Facilities & Equip.	609.65



# D'Vine Path

## Profit and Loss

January - December 2023

	TOTAL
Student Appreciation	2,614.08
Transportation Expenses	26,526.10
<b>Total Program Costs</b>	<b>128,237.14</b>
<b>Total Cost of Goods Sold</b>	<b>\$176,893.69</b>
<b>GROSS PROFIT</b>	<b>\$1,289,934.56</b>
<b>Expenditures</b>	
7000 Payroll Expenses	
7001 Admin Wages and Salaries	148,428.09
7002 Art Program Wages and Salaries	67,950.50
7003 Cordon Program Wages and Salaries	64,704.39
7004 Culinary Program Wages and Salaries	60,070.11
7005 Employee Benefits	8,806.72
7006 LEAFF Program Wages and Salaries	164,709.61
7007 Payroll Taxes	47,143.06
7009 Transportation Wages and Salaries	2,380.00
7011 Viniculture Program Wages and Salaries	64,847.33
7012 Workers Compensation Insurance	19,908.99
<b>Total 7000 Payroll Expenses</b>	<b>648,948.80</b>
Advertising and Marketing	13,370.90
Bank Service Fees	15.00
Melio Service Fees	284.48
Merchant Service Fees	365.48
Square Fees	186.77
<b>Total Bank Service Fees</b>	<b>851.73</b>
Dues and Subscriptions	6,292.74
Insurance	11,322.33
Interest Expense	134.86
Office Expenses	2,257.81
Computer and Software	2,969.33
Other Office Expenses	5,479.42
Postage and Delivery	184.97
Staff Appreciation	8,264.76
Staff Development	18,713.00
Staff Uniforms	4,157.93
<b>Total Office Expenses</b>	<b>42,027.22</b>
Outside Services	4,881.60
PROFESSIONAL FEES	41,440.67
<b>Total Outside Services</b>	<b>46,322.27</b>
Program Operational Supplies	278.49



# D'Vine Path

## Profit and Loss

January - December 2023

	TOTAL
RENT EXPENSE	144,000.00
Repairs & Maintenance-Landscaping	16,920.58
REPAIRS AND MAINTENANCE	81,772.29
Travel	1,881.27
Uncategorized Expense	11.83
Utilities Expense	
Portable Restrooms	10,188.89
Power and Electricity Expense	10,030.16
Telephone and Internet Expense	5,823.15
Waste Recycling Expense	1,915.75
Water Expenses	4,039.30
<b>Total Utilities Expense</b>	<b>31,997.25</b>
Wine Making	113.16
<b>Total Expenditures</b>	<b>\$1,046,245.72</b>
NET OPERATING REVENUE	<b>\$243,688.84</b>
Other Revenue	
Interest Income	18.60
<b>Total Other Revenue</b>	<b>\$18.60</b>
NET OTHER REVENUE	<b>\$18.60</b>
NET REVENUE	<b>\$243,707.44</b>

# D'Vine Path

## 2023 Balance Sheet

As of December 31, 2023

	TOTAL
<b>ASSETS</b>	
Current Assets	
Bank Accounts	
Bank Accounts	
Capital 6910 / US Bank Checking	244,114.09
CHASE BUS PREM SAV (3271) - 2	30,001.78
Checking (1012)	90,605.72
Legacy Endowment Community Foun	19,936.22
Petty Cash Fund	1,486.00
PLAT BUS CHECKING (3618) - 2	70,897.26
US Bank Savings 6196	4,457.98
<b>Total Bank Accounts</b>	<b>461,499.05</b>
PAYPAL Clearing Account Account	0.00
SQUARE Clearing Account	0.00
VENMO Clearing Account	0.00
WIX POS Clearing Account	0.00
<b>Total Bank Accounts</b>	<b>\$461,499.05</b>
Accounts Receivable	
Accounts Receivable	160,432.51
<b>Total Accounts Receivable</b>	<b>\$160,432.51</b>
Other Current Assets	
Prepaid Expenditures	21,662.50
Uncategorized Asset	-1,705.86
Undeposited Funds	0.00
<b>Total Other Current Assets</b>	<b>\$19,956.64</b>
<b>Total Current Assets</b>	<b>\$641,888.20</b>
Fixed Assets	
Accumulated Depreciation	-14,379.00
Building and Property Improvements	124,267.97
Equipment (Fixed Asset)	81,057.09
Furnitures and Fixtures	34,200.17
<b>Total Fixed Assets</b>	<b>\$225,146.23</b>
<b>TOTAL ASSETS</b>	<b>\$867,034.43</b>



# D'Vine Path

## 2023 Balance Sheet

As of December 31, 2023

	TOTAL
<b>LIABILITIES AND EQUITY</b>	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	6,472.59
<b>Total Accounts Payable</b>	<b>\$6,472.59</b>
Credit Cards	
1004 B of A Credit Card 0420	0.00
Chase CC	-80,089.38
C. HUBER (Chase CC)	15,415.30
C. Miller (4568)	12,520.11
D. BRANCHE (1063) - 3	10,713.30
E. JOHNSON (3317) - 3	5,407.95
L. BATALI (8061) - 3	47,103.82
N. MONTHEI (9407) - 3	1,923.45
S. BATALI (9788) - 3	8,587.27
<b>Total Chase CC</b>	<b>21,581.82</b>
US Bank CC 0271	0.00
US Bank CC 3286	0.00
US Bank CC 7265	286.42
US Bank CC JO 6955	184.00
US Bank CC LB 5848	3,241.51
US Bank CC SB 4928	10.99
<b>Total Credit Cards</b>	<b>\$25,304.74</b>
Other Current Liabilities	
9001 Payroll Liabilities	4,633.26
<b>Total Other Current Liabilities</b>	<b>\$4,633.26</b>
<b>Total Current Liabilities</b>	<b>\$36,410.59</b>
<b>Total Liabilities</b>	<b>\$36,410.59</b>
Equity	
Opening Balance Equity	371.44
Owner Due To/From	0.00
Unrestricted Net Assets	586,544.96
Net Revenue	243,707.44
<b>Total Equity</b>	<b>\$830,623.84</b>
<b>TOTAL LIABILITIES AND EQUITY</b>	<b>\$867,034.43</b>

**FRHD CHC GRANT BUDGET FORM**

 Agency Name: **D'Vine Path** PROGRAM NAME: **Life I Can Healthy Lifestyles 2024**

Not all line items will correspond with your program budget. If the item does not fully align either leave it blank or group it in the best category possible. However, be sure your program budget is fully itemized.

1) A	INDIRECT EXPENSES:	PROGRAM COST	APPLYING ORGANIZATION	OTHER FUNDERS	REQUESTED FROM FRHD
A1	Administrative Support	150,000.00	145,000.00		5,000.00
A2	General Insurance (not program specific)	11,322.33	11,322.33		
A3	Accounting & audit expenses	33,981.47	33,981.47		
A4	Consultant/Contractor Fees	41,440.67	41,440.67	5,000.00	
A5	Physical Assets (Rent, Facility Costs)	245,000.00	240,000.00		5,000.00
A6	Utilities	27,000.00	26,000.00		1,000.00
A7	IT & Internet	9,000.00	3,000.00	4,000.00	2,000.00
A8	Marketing & Communications	12,000.00	6,000.00	5,000.00	1,000.00
A9	Office Supplies	2,257.61	2,257.61		
A10	Training & Education	18,713.00	18,713.00	5,000.00	5,000.00
A11	Other: specify				
<b>TOTAL INDIRECT EXPENSE</b>		<b>550,715.08</b>	<b>527,715.08</b>	<b>19,000.00</b>	<b>19,000.00</b>

B	PERSONNEL EXPENSES - PROGRAM SPECIFIC	PROGRAM COST	APPLYING ORGANIZATION	OTHER FUNDERS	REQUESTED FROM FRHD
B1	Program Manager	66,500.00	51,500.00	10,000.00	4,000.00
B2	Curriculum Directors x4	153,088.00	140,088.00	10,000.00	3,000.00
B3	Facilitator x 9	344,448.00	323,605.93	15,842.07	5,000.00
B4	Uniforms	4,157.93	4,157.93	4,157.93	
B5					
B6	Payroll Expenses (WC, taxes)	67,051.85			
B7	Benefits	8,806.72			
<b>TOTAL PERSONNEL EXPENSE</b>		<b>644,052.50</b>	<b>519,351.86</b>	<b>40,000.00</b>	<b>12,000.00</b>

C	DIRECT PROGRAM EXPENSES	PROGRAM COST	APPLYING ORGANIZATION	OTHER FUNDERS	REQUESTED FROM FRHD
C1	Equipment	40,000.00	25,000.00	15,000.00	
C2	Program/Project Supplies	60,592.00	41,465.66	14,126.34	5,000.00
C3	Printing/Duplicating	2,000.00	1,000.00	1,000.00	
C4	Travel/Mileage	27,000.00	17,000.00	5,000.00	5,000.00
C5	Program Specific Insurance				
C6	Student Events	30,000.00	25,000.00		5,000.00
C7	Guest Speakers	5,000.00			5,000.00
C8					
C9					
C10					
C11					
C12					
C13					
C14					
C15					
<b>TOTAL OTHER EXPENSES</b>		<b>164,592.00</b>	<b>109,465.66</b>	<b>35,126.34</b>	<b>20,000.00</b>

D	TOTAL ALL EXPENSES	PROGRAM COST	% REQUESTED FROM FRHD
		<b>\$ 1,359,359.58</b>	<b>4%</b>

**2) FUNDING SOURCES**

E	FUNDS FOR PROGRAM	
E1	APPLYING ORGANIZATION	<b>X</b> 1,156,532.60
E2	OTHER FUNDERS	<b>Y</b> 94,126.34
E3	REQUESTED FROM FRHD	<b>Z</b> 51,000.00
<b>TOTAL FUNDING SOURCES</b>		<b>\$ 1,301,658.94</b>

NOTE: THIS AMOUNT SHOULD BE EQUAL TO YOUR PROJECT COST.

**3) % OF AGENCY BUDGET**

F	CALCULATE % of Total Agency budget that this Program represents.	\$ 1,466,828.25	\$ 1,359,359.58	93%
		AGENCY BUDGET**	PROGRAM COST	% of AGENCY BUDGET

\*\* Agency budget is your agency's entire budget for the year. Fill in the amount.



# APRIL NEWSLETTER



"TO PLANT A GARDEN IN THE SPRING  
IS TO BELIEVE IN TOMORROW."

-AUDREY HEPBURN

## STUDENT OF THE MONTH: ANDREA SALDANA

We are proud to announce April's student of the month, Andrea Saldana! She won the "Newfound Confidence and Self Expression" award for discovering her ability to confidently share her beautiful voice, opinions, and conversation with the world. Andrea is known for her gentle heart, her ability to courageously learn unfamiliar tasks around the vineyard, garden, and our therapy animals. We are thrilled to see Andrea's inspirational growth at D'Vine Path. Congratulations!



# WHAT'S NEW ON THE PROPERTY

North Coast Church has been hard at work preparing the property for their big volunteer days, "Serve Your City" on April 29 & 30. They poured a concrete foundation for our new Horticulture, Farming, Viticulture & Life Skills gazebo space. A special thanks to Brent McFarland for overseeing this impactful project and to Thunder Jones Concrete for the donation!



# SPONSOR OF THE MONTH: FALLBROOK REGIONAL HEALTH DISTRICT



With funds from Fallbrook Regional Health District's Grant, our students learn how to integrate physical, nutritional and mental wellness into their daily routines. Throughout the week, they practice a blend of strength training, stretching, meditation, and breathing exercises to emphasize the importance of building healthy habits, and how integrate these skills into their lives outside of D'Vine Path.

# THANK YOU TO OUR SPONSORS!



BATALI RANCH, INC.

Fallbrook Regional  
HEALTH DISTRICT



RS Growers Supply, Inc.



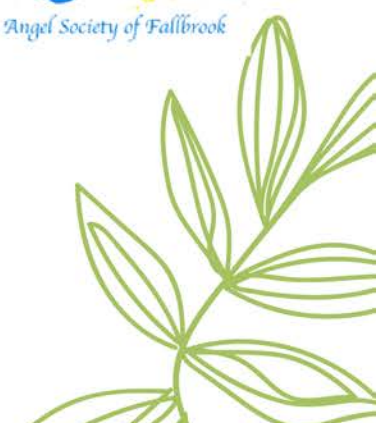
Bonsall Woman's Club



MASCO



PAUL & TERRI SCHAAKE  
GENE & BRENDA BATALI  
MIKE SIRKIN & JANICE PHOENIX  
JIM AND JEN VAMPOLA



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D'VINE PATH PROGRAM