

Organization Information

Legal Name

DVINE PATH INC

DBA (if Applicable)DVINE PATH INC

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.



Funding Amount Being Requested

51000

Program Information - Type

Ongoing

Target Population - Age

	Percent of program participants	Estimated number of participants
Children (infants to 12)		
Young Adults (13-17)		
Adults (18-60)	100	38
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	45
Male	55
Non-binary	
Unknown*	

*Target Population - Gender

ΝΔ

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

NΑ

What language(s) can this program accommodate:

English

Special Populations

Social Determinants of Health (SDOH)

The Fallbrook Regional Health District has identified several Social Determinants of Health that demonstrate a significant impact on the long term health and well being of our community. The following questions address how your program and/or services address these concerns.

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 it's 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 it's 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 f 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

Please describe how the Fallbrook Regional Health District's investment in this program will be acknowledged. This includes all print and electronic materials, press releases, website references, and any other form of written and verbal publicity that relates to the funded program.

Anticipated Acknowledgment	Social Media Postings	
	Print Materials to Service Recipients	Website Display
	Other	

Anticipated Acknowledgment

Authorized Signature

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

Financial Reporting & Budget

Funding History	NO	
Terms and Conditions	Ассер	ted



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



Profit and Loss

	TOTAL
Revenue	
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
Total Donations and Grants	240,806.67
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
Total Program Income	919,226.81
Total Income	1,160,033.48
Sales	0.00
Total Revenue	\$1,160,033.48
Cost of Goods Sold	
Event Cost	
Fundraising	18,057.06
Student Events Costs	15,883.62
Total Event Cost	33,940.68
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
achorai i rogiam costs	
Guest Speaker	3,429.64
	3,429.64 1,105.40
Guest Speaker	3,429.64 1,105.40 200.00
Guest Speaker LEAFF Program Cost	1,105.40



Profit and Loss

	TOTAL
Transportation Expenses	8,365.30
Total Program Costs	66,438.07
Total Cost of Goods Sold	\$100,378.75
GROSS PROFIT	\$1,059,654.73
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
Total 7000 Payroll Expenses	461,560.77
Advertising and Marketing	6,651.26
Bank Service Fees	107.06
Merchant Service Fees	244.82
Total Bank Service Fees	351.88
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
Total Office Expenses	32,592.71
Olive Hill Rent	120,714.08
Outside Services	
PROFESSIONAL FEES	14,854.97
Total Outside Services	14,854.97
Program Operational Supplies	60,152.59
REPAIRS AND MAINTENANCE	143,549.14
Team Appreciation	100.00



Profit and Loss

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



Profit and Loss

	TOTAL
Revenue	
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
Total Donations and Grants	276,972.93
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
Total Program Income	1,154,227.37
Total Income	1,431,200.30
Other Income	35,627.95
Sales of Product Income	0.00
Uncategorized Income	0.00
Total Revenue	\$1,466,828.25
Cost of Goods Sold	
Event Cost	17,834.21
Student Events Costs	30,822.34
Total Event Cost	48,656.55
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



Profit and Loss

	TOTAL
Student Appreciation	2,614.08
Transportation Expenses	26,526.10
Total Program Costs	128,237.14
Total Cost of Goods Sold	\$176,893.69
GROSS PROFIT	\$1,289,934.56
Expenditures	
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
Total 7000 Payroll Expenses	648,948.80
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
Total Bank Service Fees	851.73
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
Total Office Expenses	42,027.22
Outside Services	4,881.60
PROFESSIONAL FEES	41,440.67
Total Outside Services	46,322.27
Program Operational Supplies	278.49



Profit and Loss

	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
Total Utilities Expense	31,997.25
Wine Making	113.16
Total Expenditures	\$1,046,245.72
NET OPERATING REVENUE	\$243,688.84
Other Revenue	
Interest Income	18.60
Total Other Revenue	\$18.60
NET OTHER REVENUE	\$18.60
NET REVENUE	\$243,707.44

990 S

Return of Organization Exempt From Income Tax

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.

2021

OMB No. 1545-

			► Go to <u>www.irs.g</u>	ov/Form990 for instructions and the	latest in	ioi illatioli.		Open to Public
		the Treasury						Inspection
		ue Service	lendar year, or tax year beginnir	ng 01-01-2021 , and ending 12-31-20	121			
			C Name of organization	ig 01-01-2021 , and ending 12-31-20	21	D Employe	er identi	ification number
		applicable: change	DVine Path Inc					meation namber
— _{Na}	me ch	hange				83-079	90460	
	tial ret	turn	Doing business as					
Fin- returi	al n/termi	inated				E Telephon	e number	
— An	nende	d return		nail is not delivered to street address) Room/s	uite	L Telephon	e mumber	
— Ap	plicati	ion pending	1374 S Mission Road 415			(760)	468-37	12
			City or town, state or province, cou	ntry, and ZIP or foreign postal code				
			Fallbrook, CA 92028			G Gross red	ceipts \$ 6	80,413
			F Name and address of princip	oal officer:	H(a)	Is this a group re	turn for	r
			Brent Batali			subordinates?		🗌 Yes 🔽 No
			1374 S Mission Road 415 Fallbrook, C A 92028			Are all subordina	ites	Yes No
T Tax	x-exer	mpt status:				included? If "No," attach a	list So	a instructions
			₩ 501(c)(3)	insert no.) 4947(a)(1) or 527		Group exemption		
J W	ebsit	te: 🕨 ww	w.dvinepath.org		(0)	Group exemption	Hullibe	
					1. 1/	2010	Maria	
K Forn	n of o	rganization	: 🔽 Corporation 🦳 Trust 🦳 Associat	tion Other	L Year o	f formation: 2018	M State	of legal domicile: CA
		_						
Pa	art I		mary					
		,	scribe the organization's missio and vocational training.	n or most significant activities:				
9	<u> </u>	Piografii d	and vocational training.					
ě	_							
Ē	-							
Š	2	Check th	is box 📭 if the organization o	discontinued its operations or disposed	of more	than 25% of its	net asse	ets.
J	3	Number	of voting members of the govern	ing body (Part VI, line 1a) · · ·			3	4
×8	4	Number	of independent voting members	of the governing body (Part VI, line 1b)			4	0
Activities & Governance	5	Total nui	mber of individuals employed in	calendar year 2021 (Part V, line 2a)			5	0
≧				necessary) · · · · · · ·			6	
AC.			•	eart VIII, column (C), line 12			7a	0
							-	
	b	Net unre	lated business taxable income f	rom Form 990-T, Part I, line 11	· · ·		7b	
						Prior Year		Current Year
9			tions and grants (Part VIII, line 1	•		120,3	48	680,402
9	9	Program	service revenue (Part VIII, line 2	2g)				(
Revenue	10	Investme	ent income (Part VIII, column (A)), lines 3, 4, and 7d) • • • •		2,5	30	1 :
	11	Other re	venue (Part VIII. column (A), line	es 5, 6d, 8c, 9c, 10c, and 11e)				(
			, , , , , , , , , , , , , , , , , , , ,		2)			
		Total rev		nust equal Part VIII, column (A), line 1	2)	122,8	78	680,413
	12		enue—add lines 8 through 11 (r	must equal Part VIII, column (A), line 1.	2)	122,8	78	680,413
	12 13	Grants a	enue—add lines 8 through 11 (r nd similar amounts paid (Part IX	, column (A), lines 1-3)	2)	122,8	78	680,413
**	12 13 14	Grants a Benefits	enue—add lines 8 through 11 (r nd similar amounts paid (Part IX paid to or for members (Part IX,	column (A), lines 1-3) column (A), line 4)				(
ses	12 13 14 15	Grants a Benefits Salaries,	enue—add lines 8 through 11 (r nd similar amounts paid (Part IX paid to or for members (Part IX, other compensation, employee	column (A), lines 1-3) column (A), line 4) benefits (Part IX, column (A), lines 5-		49,0		237,420
enses	12 13 14 15 16a	Grants a Benefits Salaries, Profession	enue—add lines 8 through 11 (r nd similar amounts paid (Part IX paid to or for members (Part IX, other compensation, employee onal fundraising fees (Part IX, co	column (A), lines 1-3) column (A), line 4) benefits (Part IX, column (A), lines 5- blumn (A), line 11e)				(
sasue de	12 13 14 15 16a b	Grants a Benefits Salaries, Profession	enue—add lines 8 through 11 (r nd similar amounts paid (Part IX paid to or for members (Part IX, other compensation, employee onal fundraising fees (Part IX, co raising expenses (Part IX, column (D),	column (A), lines 1-3) column (A), line 4) benefits (Part IX, column (A), lines 5- clumn (A), line 11e) line 25) 24,229		49,0	71	237,420
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	12 13 14 15 16a b 17 18	Grants a Benefits Salaries, Profession Total funding Other ex	renue—add lines 8 through 11 (rand similar amounts paid (Part IX) paid to or for members (Part IX), other compensation, employee anal fundraising fees (Part IX, column (D), penses (Part IX, column (A), linguenses. Add lines 13–17 (must	column (A), lines 1-3) column (A), line 4) benefits (Part IX, column (A), lines 5- column (A), line 11e) line 25) 24,229 nes 11a-11d, 11f-24e)		49,0	71 75 46	237,420 (113,83
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May the IRS discuss this return with the preparer shown above? (see instructions)

Form	990 (2021)			Page 3
Pai	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🧐	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D,Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 3	10		No

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII,

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of

its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🐯 c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of

its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🐿 d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets

reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🥦 e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

Did the organization's separate or consolidated financial statements for the tax year include a footnote that

12a ប៊ីលើវិទាទ ទល្បានខែង និក្សានាមែន និក្សានាខែង និក្សានាខែង និក្សានាខេង និក្សានេះ និក្សានិក្សាននិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្ស

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🐒

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for

b Was the organization included in consolidated, independent audited financial statements for the tax year?

14a Did the organization maintain an office, employees, or agents outside of the United States?

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions. Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

any foreign organization? If "Yes," complete Schedule F, Parts II and IV

VIII, IX, or X, as applicable.

15

16

17

Yes

Yes

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Νo

Nο

Νo

Νo

Νo

Nο

Nο

Nο

Nο

Form 990 (2021)

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

20a

20b

21

Form 990 (2021) Page 4 **Checklist of Required Schedules** (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Νo Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's Νo 23 current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d Νo 24a

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . .

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If

Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or

former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled

뜘네사육은 어떤데이탈리용다 아마나 오늘다니다 or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member,

or to a 35% controlled entity (including an employee thereof) or family member of any of these persons?

b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . .

Was the organization a party to a business transaction with one of the following parties (see the Schedule L,

c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes,"

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Hid He Granketation field to Me, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete

เพื่อรัฐโลย Complete Schedule R, Part II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

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

Statements Regarding Other IRS Filings and Tax Compliance

a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes,"

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

Part IV instructions for applicable filing thresholds, conditions, and exceptions):

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable

b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable

"Yes," complete Schedule L, Part I

If "Yes," completeSchedule L,Part III

conservation contributions?

and Part V, line 1

sections 301.7701-2 and 301.7701-3?

30

Part V

entity or family member of any of these persons?

24b

24c

24d

25a

25b

26

27

28a

28b

28c

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35a

35b

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1a

1b

Yes

Form **990** (2021)

Νo

Νo

Νo Nο Νo

Νo

Nο

Nο

Νo

Νo

Νo

Νo

Nο

Νo

Nο

Νo

No

Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a	No
b	BCCOMMIT Denter the name of the foreign country:		
5a	WESARN e organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	Νo
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c	Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as		
	required?	7 g	No
n	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	No
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12		
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b		
11	Section 501(c)(12) organizations. Enter:		
а	Gross income from members or shareholders		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	
	Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . 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?	14b 15	Νο
16		16	Νο
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17	

13 14

18

apply.

Section C. Disclosure

гопп	990 (2021)					Page	Ç
Pa	Governance, Management, and Disclosure. For each "Yes" response to lines 2 thr. 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule Check if Schedule O contains a response or note to any line in this Part VI.			respons	se to line	es . 🔽	
Se	ction A. Governing Body and Management						
					Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax	1a	4	ļ			ĺ
	Yethere are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent	1b	C				
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?						
3	3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .						_
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was						Νo	
5	5 blad the organization become aware during the year of a significant diversion of the organization's assets?						

	or similar committee, explain in Schedule o.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business other officer, director, trustee, or key employee?		2	N
3	Did the organization delegate control over management duties customarily performed by o supervision of officers, directors or trustees, or key employees to a management company		3	N
4	Did the organization make any significant changes to its governing documents since the p	rior Form 990 was	4	N
5	Bladthe organization become aware during the year of a significant diversion of the organization	ation's assets? .	5	N
6	Did the organization have members or stockholders?		6	N
- -	Did the annualization have recorded at all helders are at all helders.			

	or ominar committee, explain in concause or					
b	Enter the number of voting members included in line 1a, above, who are independent	1b		0		
2	Did any officer, director, trustee, or key employee have a family relationship or a but other officer, director, trustee, or key employee?			•	2	Νo
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co				3	No
4	Did the organization make any significant changes to its governing documents since	the p	orior Form 9	90 was	4	Νo
5	600 d $^{\circ}$ organization become aware during the year of a significant diversion of the $^{\circ}$	organi	zation's asse	ets? .	5	Νo
6	Did the organization have members or stockholders?				6	Νo
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?				7a	N o
b	Are any governance decisions of the organization reserved to (or subject to approve or persons other than the governing body?		•	·	7b	No

2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Νo
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3	Νo
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	4	Νo
5	600 dr. organization become aware during the year of a significant diversion of the organization's assets? .	5	Νo
6	Did the organization have members or stockholders?	6	Νo
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
а	The governing body?	8a	Νo

3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	4	No
5	60° organization become aware during the year of a significant diversion of the organization's assets? .	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
а	The governing body?	8a	No
b	Each committee with authority to act on behalf of the governing body?	8b	No
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	9	No

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters,

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?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

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

State the name, address, and telephone number of the person who possesses the organization's books and records:

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

a The organization's CEO, Executive Director, or top management official

b Other officers or key employees of the organization

Own website Another's website Upon request Other (explain in Schedule O)

interest policy, and financial statements available to the public during the tax year.

Lenila Batali 1374 S Mission Road 415 Fallbrook, C A 92028 (949) 233-6515

b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13

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

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe

10a Did the organization have local chapters, branches, or affiliates?

Did the organization have a written whistleblower policy?

Did the organization have a written document retention and destruction policy? .

If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.

List the states with which a copy of this Form 990 is required to be filed

Yes

10a

10b

11a

12a

12b

12c

13

14

15a

15b

16a

16b

No

Νo

Nο

Νo

Νo

Nο

Nο

Νo

Νo

Form 990 (2021)

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 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 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)	more perso	than on is	one bot ecto	not bo: h ar or/ti	office rustee	ess er	(D) Reportable compensation from the organization (W-2/1099- MISC/1099- NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099- NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Randy Anderson	5.00									
President	0.00			Х				0	0	0
(2) Naomi Monthei	3.00							0	0	
Secretary	0.00			Х				0	0	0
(3) Brent Batali	3.00			Х				0	0	0
Treasurer	0.00			^				· ·		
(4) Tom Olmstead	2.00			Х				0	0	0
Vice President	0.00			^				· ·		
										,
-										
										Form 990 (2021)

hours per week (list person is both an officer any hours for and a director/trustee) hours per wore than one box, unless compensation compensation from relation and a director/trustee organization (W- organization (W- 2/109)							(E) Reportable compensatio from related organization	n I	(F) Estima amount of compens	ated of other sation			
	related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC	099- /1099- EC)	(W-2/1099 MISC/1099 NEC)		organizat relat organiza	ed
1b Sub-Total						•							
c Total from continuation sheets to Pa	art VII, Section A	٠				•							
d Total (add lines 1b and 1c)	ing but not limit			liata	4 5 6	. (2012)		wa a a i wa d	mara the				
Total number of individuals (includ \$100,000 of reportable compensat					u at	ove)	WIIO	received	more the	111			
												Yes	No
3 Did the organization list any forme on line 1a? <i>If "Yes," complete Sche</i>							e, o •	r highest	compens	sated employee	3		Νο
4 For any individual listed on line 1a													140
organization and related organizat individual	ions greater tha	an \$150	,000	: IT	res	, com	ıµıet	.е эспеаи	ie i for su	CII	4		Νο
5 Did any person listed on line 1a re	ceive or accrue	compen	• satio	n fr	• om a	• • any ur	• nrela	• • ated orga	nization	• • or individual for			
services rendered to the organizat	ion? <i>If "Yes," con</i>							_			5		Νo
Section B. Independent Control Complete this table for your five h		ated in	depe	nder	nt co	ontrac	tors	that rec	eived mo	re than \$100,00	0 of		
compensation from the organizatio	n. Report compe									hin the organiza			
Name	(A) and business addre	ess							Desc	(B) cription of services		Comper	

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 \triangleright 0

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

	990 (2021)							Page 9
Part	VIII Statement of Revenue Check if Schedule O contains a res	nonse or no	ta ta	any line in this Pa	rt VIII			
	Circle in Schedule of Contains a res	ponde or no		(A) Total revenue	(B) Related exem function reven	l or pt on	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contr	butions, Gifts, Grants, and OtherAmt Simi	ar Amounts	1a	Federated campaig		1a		
			b	Membership dues		1b	354,473	
				Fundraising events		1c		
				Related organization Government grants (co		1d 1e	19,710	
			f	All other contributions,	gifts, grants,	16	15/, 10	
				and similar amounts no above		1f	306,219	
			g	Noncash contributions i lines 1a - 1f:\$	ncluded in	1g		
			h i	Total. Add lines 1a	-1f		<u></u>	680,402
		Business (Code					
	2a							
nue								
Se ve	ь							
es	с							
Program Service Revenue								
8	d							
ogra	e							
ď								
	f All other program service revenue.							
	9 Total. Add lines 2a-2f	:-tt) <u> </u>	T			T
	3 Investment income (including dividends other				11			11
	49inebareafftoអ្នកសែestment of tax-exempt	bond procee	eds İ	•	0			
	5 Royalties	· · ·	<u> </u>	•	0			
	(i) Real	(ii) Perso	onai	_				
	6a Gross rents 6a							
	b Less: rental expenses 6b							
	c Rental							
	income or 6c d (Ness) ental income or (loss)			_	0			
	(i) Securities	(ii) Oth	ner >					
	7a Gross amount from sales of assets other	(11)	-					
	than inventory b Less: cost or other basis and 7b							
	sales expenses							
	c Gain or (loss) 7c 7c 8 Net gain or (loss)		•		0			
	8a Gross income from fundraising events		_					
Other Revenue	(not including \$ of contributions reported on line 1c). See Part IV, line 18 8a							
Sev.	b Less: direct expenses							
er	c Net income or (loss) from fundraising (events			0			
otho	9a Gross income from gaming							
	activities. See Part IV, line 19 b Less: direct expenses 9a 9b							
	c Net income or (loss) from gaming activ	/ities	•		0			
	10a Gross sales of inventory, less returns and allowances 10a							
	b Less: cost of goods sold 10b							
	c Net income or (loss) from sales of inve	ntory			0			
		,	•					
	Miscellaneous Revenue	Business	Code					
	11a							
	b							
	с							
	d All other revenue							
	e Total. Add lines 11a-11d		۰		0			
	12 Total revenue. See instructions		•	680,4	13			11

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must	st complete all colum	ons All other organ	izations must comple	ate column (A)
Check if Schedule O contains a response or note to	<u>.</u>		<u> </u>	ete column (A).
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
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0	СХРСПЭСЭ	general expenses	схрепосо
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	209,378	137,820	71,558	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	0	1		
10 Payroll taxes	28,042	18,458	9,584	
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	0			
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)	825	575	250	
12 Advertising and promotion	8,970	7,565		1,405
13 Office expenses	8,595	1,500	6,095	1,000
14 Information technology	912	10	902	
15 Royalties	0			
16 Occupancy	16,500	3,000	12,500	1,000
17 Travel	138		138	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	412	412		
23 Insurance 24 Other expenses. Itemize expenses not covered above	2,246	1,039	1,207	
(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.)				
a Fundraising Expenses	20,372			20,372
b Program Supplies	10,969	10,969		
c Misc. Program Expenses	9,098	9,098		
d Program Expenses	8,798	8,798		
e All other expenses	25,998	23,050	2,496	452
25 Total functional expenses. Add lines 1 through 24e	351,253	222,294	104,730	24,229
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720).				

	n 990 art X	Balance Sheet					Page 11
ГС	ait A	_		5			_
		Check if Schedule O contains a response or n	ote to any line in	this Part IX .	(A)	• •	
					(A) Beginning of year		(B) End of year
-	1	Cash-non-interest-bearing			90,692	1	425,952
	2	Savings and temporary cash investments		<u> </u>		2	0
	3	Pledges and grants receivable, net				3	0
	4	Accounts receivable, net			-480	4	3,403
	5	Loans and other receivables from any current of		irector,			
		trustee, key employee, creator or founder, sub controlled entity or family member of any of th		r, or 35%		5	0
	6	Loans and other receivables from other disqua	•	defined			
		under section $4958(f)(1)$), and persons descri	bed in section 49!	58(c)(3)(B)		6	0
S	7	Notes and loans receivable, net				7	0
Assets	8	Inventories for sale or use				8	0
As	9	Prepaid expenses and deferred charges				9	0
	10 a	Land, buildings, and equipment: cost or	105	1,682			
		other basis. Complete Part VI of Schedule D	10a		4 440		4 000
	ь	Less: accumulated depreciation	10b	652	1,442	10c	1,030
	11	Investments—publicly traded securities . Investments—other securities. See Part IV, lir	. 11			11	0
	12	Investments—program-related. See Part IV, III	•		12	0	
	13 14	Intangible assets	le II			14	0
	15	Other assets. See Part IV, line 11				15	0
	16	Total assets. Add lines 1 through 15 (must eq	ual line 33)		91,654	16	430,385
	17	Accounts payable and accrued expenses .	•	31,004	17	400,000	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
"	21	Escrow or custodial account liability. Complete		le D		21	
Liabilities	22	Loans and other payables to any current or for					
=	22	key employee, creator or founder, substantial	·				
ā		controlled entity or family member of any of the	iese persons			22	
_	23	Secured mortgages and notes payable to unre	lated third parties			23	
	24	Unsecured notes and loans payable to unrelate	ed third parties .			24	
	25	Other liabilities (including federal income tax,		d third	3,360	25	8,986
		parties, and other liabilities not included on lin Complete Part X of Schedule D	les 17 - 24).				
	26	Total liabilities. Add lines 17 through 25 .	•		3,360	26	8,986
es		Organizations that follow FASB ASC 958, chec	k here 🕨 🔽 and o	complete			
anc	27	lines 27, 28, 32, and 33.			87,094	27	420,199
Sali	27	Net assets without donor restrictions			07,094	21	420,199
Fund Balances	28	Net assets with donor restrictions		1,200	28	1,200	
Fur		Organizations that do not follow FASB ASC 95	8, check here 🕨 🛚	and			
		complete lines 29 through 33.					
\$	29	Capital stock or trust principal, or current func		•		29	
Assets or	30	Paid-in or capital surplus, or land, building or e	· ·		30		
t A	31	Retained earnings, endowment, accumulated in	icome, or other ful	ius	88,294	31 32	421,399
Net	32 33	Total liabilities and het assets/fund balances		91,654	33	430,385	
	J J	· · · · · · · · · · · · · · · · · · ·			31,004	J J	Form 990 (2021)

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.

3b

Form 990 (2021) **Additional Data** Return to Form **Software ID:** 21013475 **Software Version:** 2021v4.0 Form 990, Special Condition Description: **Special Condition Description**

(Form 990) Department of the Treasury

Internal Revenue Service

SCHEDULE A

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 for instructions and the latest information.

Schedule A (Form 990) 2021

Inspection

OMB No. 1545-0047

Name of the organization DVine Path Inc						Employer identification number		
DVIIIC	r deri II						83-0790460	
	rt I	Reason for Publi						ns.
	organii —	zation is not a private fo		•		,	,	
1		A church, convention	•			•))(1)(A)(I).	
2		A school described in			·			
3		A hospital or a cooper	·	_				
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:). Enter the
5		An organization operat			versity owned o	r operated by a	a governmental unit d	escribed in section
6		A federal, state, or loc	al government	or governmental unit	described in se	ction 170(b)(1)(A)(v).	
7	V	An organization that no described in section 1		·		m a governmei	ntal unit or from the g	general public
8		A community trust des	scribed in secti	on 170(b)(1)(A)(vi).	(Complete Part	: II.)		
9		An agricultural researd university or a non-lan						
10		An organization that normally receives: (1) more than 331/3% 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	L	An organization organi	zed and opera	ted exclusively to test	for public safe	ty. 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.						1 509(a)(3). Check
а		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.						
С		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.						ype III functionally
f	Ente	r the number of support	ed organizatior	ns			<u> </u>	
g		Provide the following in					T	T
	(i) Name of supported organization		organization	(iii) Type of organization (described on lines	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				1- 10 above (see instructions))	Yes	No		,
			l					
Tota	I							

Schedule A (Form 990) 2021 Page 2 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 (a) 2017 **(b)** 2018 (c) 2019 (e) 2021 (f) Total (d) 2020 (or fiscal year beginning in) Gifts, grants, contributions, and 16,188 54,192 117,557 680,402 868,339 membership fees received. (Do not include any "unusual grant.") . . 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge... 16,188 54,192 117,557 680,402 868,339 Total. Add lines 1 through 3 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) **Public support.** Subtract line 5 from 868,339 line 4. Section B. Total Support Calendar year (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total (or fiscal year beginning in) 16,188 54,192 117,557 680,402 868,339 Amounts from line 4. . Gross income from interest, dividends, payments received on 1,456 2,530 11 3,997 securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . Total support. Add lines 7 through 872,338 12

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 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

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

h 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 $\ldots\ldots\ldots\ldots\ldots\ldots$

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

Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))

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

Section C. Computation of Public Support Percentage

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,

Schedule A (Form 990) 2021

14

15

Sche	dule A (Form 990) 2021						Page 3
P	art IIII Support Schedule f	or Organiza	tions Descr	ibed in Section	on 509(a)(2)		
	(Complete only if you						alify under Part
- 54	II. If the organization ection A. Public Support	rans to quan	iy under the	tests listed bei	ow, piease com	ipiete Part II.)	
	endar year	() 2247	4122242	() 2010	(1) 2022	() 2021	(6) =
(or fiscal year beginning in)		(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
-	include any "unusual grants.") . Gross receipts from admissions,		+				
2	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose		_				
3	Gross receipts from activities that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified persons						
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. Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
Se	ection B. Total Support						
Cale	ndar year	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
-	fiscal year beginning in) 🟲	(d) 2017	(6) 2010	(6) 2013	(u) 2020	(6) 2021	(i) rotar
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30,						
	1975.						
С	Add lines 10a and 10b.						
11	Net income from unrelated						
	business activities not included on						
	line 10b, whether or not the						
12	business is regularly carried on. Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c,						
	11, and 12.) First 5 years. If the Form 990 is for	the organization	le firet coccid	third former	r fifth tay year ==	2 coction F01(-)	(2) organization
14	check this box and stop here						
							🕶 🗀
	Public support percentage for 2021			no 13 column /f	:))		
15	i donc support percentage for 2021 ((mie o, columni	(1) divided by II	HE TO' COMMINI (I	//	· · 15	

Public support percentage from 2020 Schedule A, Part III, line 15 16

Section D. Computation of Investment Income Percentage

Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f)) Investment income percentage from **2020** Schedule A, Part III, line 17

more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

19a 331/3% 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

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

17

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

За

3b

3с

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b Schedule A (Form 990) 2021

Page 4

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

Section A. All Supporting Organizations

implete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you mplete Sections A and D, and complete Part V.)

checked	box 12b, of Part I, co
checked box	12d, of Part I, cor

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,		
	describe the designation. If historic and continuing relationship, explain.	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization		
	was described in section 509(a)(1) or (2).	2	

amendment to the organizing document).

organization's organizing document?

"Yes," complete Part I of Schedule L (Form 990).

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

organizations)? If "Yes," answer line 10b below.

whether the organization had excess business holdings).

3b and 3c below.

made the determination.

or supervised by or in connection with its supported organizations.

all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

Substitutions only. Was the substitution the result of an event beyond the organization's control?

the filing organization's supported organizations? If "Yes," provide detail in Part VI.

regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

supporting organization had an interest? If "Yes," provide detail in Part VI.

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.

b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines

b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that

Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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

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

Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If

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)

b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting

assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from,

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine

Supporting Organizations (continued)

2a

2b

За

3b Schedule A (Form 990) 2021

Page **5**

11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?			
	. A family manufact for a superior described on 11- about 2	11a	+	
b	, , , , , , , , , , , , , , , , , , , ,	detail in 11b		
С	: A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide of Part VI.	jetali in 110		
S	Section B. Type I Supporting Organizations			
			Yes	No
1	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? 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.			
2	Did the organization operate for the benefit of any supported organization other than the supported organization	on(s)		
	that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.			
S	Section C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or			
	trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the suppor	ted 1		
_	Section 20. All Type III Supporting Organizations	teu		
	bection D. Air Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prio year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of t	he		
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the			
	organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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	e or		
	assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organization and the second organization as the second organization and the second organization and the second organization are supported organization.	izations 3		
	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 instructi	ons):	
	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.			
	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	nt entity (see		
2	Activities Test. Answer lines 2a and 2b below.		Ves	No

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.

constituted substantially all of its activities. b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the

Parent of Supported Organizations. Answer lines 3a and 3b below.

each of the supported organizations? If "Yes" or "No", provide details in Part VI.

organization's involvement.

Page **6**

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See

Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 2

3 3

Minimum asset amount for prior year (from Section B, line 8, Column A) 4

Enter greater of line 2 or line 3 Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)

7 Total annual distributions. Add lines 1 through 6.	/ lotal annual distributions. Add lines 1 through 6.				
8 Distributions to attentive supported organizations to (provide details in Part VI). See instructions	which the organization is re	sponsive	8		
9 Distributable amount for 2021 from Section C, line 6			9		
10 Line 8 amount divided by Line 9 amount			10		
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdis	ii) tribut 2021	ions	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6					

,			
9 Distributable amount for 2021 from Section C, line 6		9	-
10 Line 8 amount divided by Line 9 amount		10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021:			
a From 2016			

		_	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required explain in Part VI).			
See instructions.			
3 Excess distributions carryover, if any, to 2021:			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			

Schedule A (Form 990) (2021)

j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, line 7:

a Applied to underdistributions of prior years **b** Applied to 2021 distributable amount

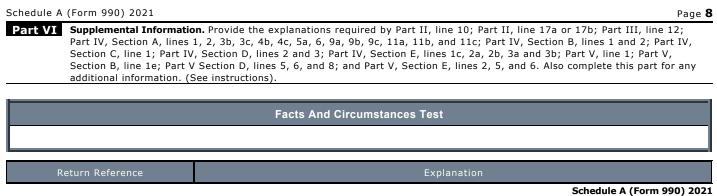
See instructions.

c Excess from 2019. d Excess from 2020. e Excess from 2021. . .

3j and 4c. 8 Breakdown of line 7: a Excess from 2017. . . **b** Excess from 2018. . . .

c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in ${\it Part~VI}$

6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service **Supplemental Financial Statements**

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

► Attach to Form 990.

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

2021

Open to Public Inspection

	me of the organization		Employer identification number
וועט	ne Path Inc		83-0790460
Pa	rt I Organizations Maintaining Donor A		•
	Complete if the organization answered '		(1) 5 l l l
	Total number at end of year	(a) Donor advised funds	(b) Funds and other accounts
1 2	Aggregate value of contributions to (during year)		
3	Aggregate value of contributions to (during year) Aggregate value of grants from (during year)		
3 4	Aggregate value at end of year		
5	Did the organization inform all donors and donor adv the organization's property, subject to the organizat	_	
6	Did the organization inform all grantees, donors, and charitable purposes and not for the benefit of the dor impermissible private benefit?	or or donor advisor, or for any other purpos	se conferring
Pa	t II Conservation Easements. Complete if the organization answered '	Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the o Preservation of land for public use (e.g., recreati	,	historically important land area
	Protection of natural habitat	Preservation of a c	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization hel easement on the last day of the tax year.	d a qualified conservation contribution in th	ne form of a conservation Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified his	toric structure included in (a)	2c
d	Number of conservation easements included in (c) ad historic structure listed in the National Register	•	2d
3	Number of conservation easements modified, transfetax year		by the organization during the
4	Number of states where property subject to conserv	ation easement is located	
5	Does the organization have a written policy regarding		ling of
_	violations, and enforcement of the conservation eas	ements it holds?	☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, ins year	pecting, handling of violations, and enforci	ng conservation easements during the
7	Amount of expenses incurred in monitoring, inspecti • \$	ng, handling of violations, and enforcing co	nservation easements during the year
8	Does each conservation easement reported on line $(B)(i)$ and section $170(h)(4)(B)(ii)$?		
9	In Part XIII, describe how the organization reports of balance sheet, and include, if applicable, the text of		·
Par	the organization's accounting for conservation easest TIII Organizations Maintaining Collection	ments.	
	Complete if the organization answered '		
1a	If the organization elected, as permitted under FASE of art, historical treasures, or other similar assets he service, provide, in Part XIII, the text of the footnot	eld for public exhibition, education, or resea	arch in furtherance of public
b	If the organization elected, as permitted under FASE art, historical treasures, or other similar assets held provide the following amounts relating to these item	for public exhibition, education, or research	
(i) Revenue included on Form 990, Part VIII, line 1		· · · · > \$
	i) Assets included in Form 990, Part X · · · · · ·		
2	If the organization received or held works of art, his following amounts required to be reported under FA	corical treasures, or other similar assets for	
а	Revenue included on Form 990, Part VIII, line 1 · ·	•	> \$
b	Assets included in Form 990, Part X · · · · ·		

Pai	t IIII Organizations Maintaining	Collection	ns of Art, I	Historical	Treasu	ires, or	Other Sin	nilar Asse	ts (co	ntinued)
3	Using the organization's acquisition, acces	ssion, and ot	her records,	check any of	the follo	owing tha	t are a signif	icant use of	its	
_	collection items (check all that apply):			i 🗆 Loan						
а	Public exhibition		•	Loui		ange pro	-			
b	Scholarly research		•	Othe	er					
c	Preservation for future generations									
4	Provide a description of the organization's Part XIII.	collections	and explain h	ow they furth	ner the o	organizati	on's exempt	purpose in		
5	During the year, did the organization solid assets to be sold to raise funds rather tha							☐ Yes	No	
Pa	rt IV Escrow and Custodial Arrac Complete if the organization a Part X, line 21.			n 990, Part	IV, line	9, or re	eported an	amount on	Form	n 990,
1a	Is the organization an agent, trustee, cust included on Form 990, Part X?			•				Yes	No	
L	If "Yes," explain the arrangement in Part	VIII and con	anlata tha fall	lowing tables			Λ	mount		_
b c	, ,		•			1c		mount		_
	Beginning balance					1d				_
d	Additions during the year									_
e	Distributions during the year					1e 1f				_
f	Ending balance									_
2a	Did the organization include an amount or	n Form 990,	Part X, line 2	21, for escrov	or cust	odial acc	ount liability?	Yes	No	
b	If "Yes," explain the arrangement in Part	XIII. Check	here if the ex	planation ha	s been p	rovided i	n Part XIII .	🗀		
Pā	art V Endowment Funds.									
	Complete if the organization a						1. (d) Thurs	hl. (-)		
12	Beginning of year balance	(a) Curr	ent year ((b) Prior year	(C) 1W	o years bac	k (d) Three ye	ars back (e)	rour yea	ars Dack
	Contributions									
		_								
C	Net investment earnings, gains, and losses									
d	Grants or scholarships				ĺ					
е	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the c	urrent year	end balance (line 1g, colur	nn (a))	held as:				
а	Board designated or quasi-endowment									
b	Permanent endowment		•••••							
С	Term endowment									
	The percentages on lines 2a, 2b, and 2c	should equa	100%.							
3a	Are there endowment funds not in the pos	session of th	ne organizatio	n that are he	ld and a	dminister	ed for the			
	organization by:								Yes	No
	(i) Unrelated organizations					•		3a(i)		
b	(ii) Related organizations							3a(ii) 3b		
	· · · · · · · · ·	ations nateu	as required o	in Schedule is				35		
4	Describe in Part XIII the intended uses of	the organiz	ation's endov	ment funds.						
Pa	rt VI Land, Buildings, and Equip		–		· · ·	44 6				
	Complete if the organization at Description of property (a) Cost or o (investry)	ther basis		n 990, Part her basis (other			depreciation		ook valu	
	Land									
	Buildings									
С	Leasehold improvements									
d	Equipment			1.60			(5)			

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

1,030

	(Form 990) 2021				Page 3
Part VII	Investments - Other Securities. Complete if the organization answered "Yes" on Form 99				
	(a) Description of security or category (including name of security)	(b) Boo			of valuation: year market value
(2) Closely	al derivatives				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
		•			
Part VIII	Investments - Program Related. Complete if the organization answered 'Yes' on Form 99	90, Part	IV, line 11c. Se	e Form 99	90, Part X, line 13.
	(a) Description of investment		(b) Book value		Method of valuation: end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(9)					
	(1) 15 000 0 17 1/01/5 12				
Part IX	Other Assets.				
	Complete if the organization answered 'Yes' on Form 99 (a) Description	0, Part .	IV, line 11d. See	Form 990,	, Part X, line 15. (b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(9)					
	(h) must squal Form 000 Part V sel (R) line 1F				
Part X	mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 990 See Form 990, Part X, line 25.	0, Part 1	IV, line 11e or 1	1f.	
1.	(a) Description of liability				(b) Book value
(1) Federal (3)	income taxes				
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
2. Liability f	on (b) must equal Form 990, Part X, col.(B) line 25.) for uncertain tax positions. In Part XIII, provide the text of the fon's liability for uncertain tax positions under FIN 48 (ASC 740). C				

Return.

Page 4

	Complete if the organization answered 'Yes' on Form 990, P	Part I	V, line 12a.		_
1	Total revenue, gains, and other support per audited financial statements $\ \ .$			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
			•		
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	2.)		5	
Par	TXII Reconciliation of Expenses per Audited Financial State Complete if the organization answered 'Yes' on Form 990, F			s per	Return.
1	Total expenses and losses per audited financial statements		v, iiie 12d.	1	
1				1	
	Total expenses and losses per audited financial statements			1	
2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities		v, iiie 12u.	1	
2 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	 2a	v, inte 12u.	1	
2 a b	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	 2a 2b	v, inte 12u.	1	
a b c	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	 2a 2b 2c	v, iiie 12u.	1	
a b c	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	 2a 2b 2c	v, iiie 12u.	2e	
a b c d	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	 2a 2b 2c	· · · · · · · · · · · · · · · · · · ·		
a b c d	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	 2a 2b 2c	· · · · · · · · · · · · · · · · · · ·		
2 a b c d	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	 2a 2b 2c	· · · · · ·		
2 a b c d e 3	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b 2c 2d	· · · · · · · · · · · · · · · · · · ·		
2 a b c d e 3	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b 2c 2d			
2 a b c d e 3 4 a b	Total expenses and losses per audited financial statements	2a 2b 2c 2d	· · · · · · · · · · · · · · · · · · ·	2e 3	
2 a b c d e 3 4 a b	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b 2c 2d			

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.

Explanation

SCHEDULE O (Form 990)

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.

2021 Open to Public Inspection **Employer identification number**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for the latest information. Name of the organization DVine Path Inc

83-0790460 Return Explanation Reference Form 990. No review was or will be conducted. Part VI. Line 11b: Form 990 Review **Process** Form 990. No documents available to the public. Part VI. Line 19: Other Organization **Documents** Publicly Available Other Conversion from Cash to Accrual = \$3945 Changes In Net Assets Or Fund

Balances -Other Increases

2023 Balance Sheet

	TOTAL
ASSETS	
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
Total Bank Accounts	461,499.05
PAYPAL Clearing Account Account	0.00
SQUARE Clearing Account	0.00
VENMO Clearing Account	0.00
WIX POS Clearing Account	0.00
Total Bank Accounts	\$461,499.05
Accounts Receivable	
Accounts Receivable	160,432.51
Total Accounts Receivable	\$160,432.51
Other Current Assets	
Prepaid Expenditures	21,662.50
Uncategorized Asset	-1,705.86
Undeposited Funds	0.00
Total Other Current Assets	\$19,956.64
Total Current Assets	\$641,888.20
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
Total Fixed Assets	\$225,146.23
TOTAL ASSETS	\$867,034.43

2023 Balance Sheet

	TOTAL
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	6,472.59
Total Accounts Payable	\$6,472.59
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
Total Chase CC	21,581.82
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
Total Credit Cards	\$25,304.74
Other Current Liabilities	
9001 Payroll Liabilities	4,633.26
Total Other Current Liabilities	\$4,633.26
Total Current Liabilities	\$36,410.59
Total Liabilities	\$36,410.59
Equity	
Opening Balance Equity	371.44
Owner Due To/From	0.00
Unrestricted Net Assets	586,544.96
Net Revenue	243,707.44
Total Equity	\$830,623.84
OTAL LIABILITIES AND EQUITY	\$867,034.43

2022 Balance Sheet

	TOTAL
ASSETS	
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
Total Bank Accounts	404,518.71
PAYPAL Clearing Account Account	0.00
VENMO Clearing Account	0.00
WIX POS Clearing Account	0.00
Total Bank Accounts	\$404,518.71
Accounts Receivable	
Accounts Receivable	95,293.09
Total Accounts Receivable	\$95,293.09
Other Current Assets	
Uncategorized Asset	-1,705.86
Undeposited Funds	2,431.76
Total Other Current Assets	\$725.90
Total Current Assets	\$500,537.70
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
Total Fixed Assets	\$102,593.68
TOTAL ASSETS	\$603,131.38

2022 Balance Sheet

	TOTAL
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	3,110.00
Total Accounts Payable	\$3,110.00
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
Total Credit Cards	\$8,805.28
Other Current Liabilities	
9001 Payroll Liabilities	4,633.26
Total Other Current Liabilities	\$4,633.26
Total Current Liabilities	\$16,548.54
Total Liabilities	\$16,548.54
Equity	
Opening Balance Equity	37.88
Owner Due To/From	0.00
Unrestricted Net Assets	419,074.60
Net Revenue	167,470.36
Total Equity	\$586,582.84
TOTAL LIABILITIES AND EQUITY	\$603,131.38



Profit and Loss

January - December 2023

	TOTAL
Revenue	
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
Total Donations and Grants	276,972.93
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
Total Program Income	1,154,227.37
Total Income	1,431,200.30
Other Income	35,627.95
Sales of Product Income	0.00
Uncategorized Income	0.00
Total Revenue	\$1,466,828.25
Cost of Goods Sold	
Event Cost	17,834.21
Student Events Costs	30,822.34
Total Event Cost	48,656.55
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



Profit and Loss

January - December 2023

	TOTAL
Student Appreciation	2,614.08
Transportation Expenses	26,526.10
Total Program Costs	128,237.14
Total Cost of Goods Sold	\$176,893.69
GROSS PROFIT	\$1,289,934.56
Expenditures	
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
Total 7000 Payroll Expenses	648,948.80
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
Total Bank Service Fees	851.73
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
Total Office Expenses	42,027.22
Outside Services	4,881.60
PROFESSIONAL FEES	41,440.67
Total Outside Services	46,322.27
Program Operational Supplies	278.49



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
Total Utilities Expense	31,997.25
Wine Making	113.16
Total Expenditures	\$1,046,245.72
NET OPERATING REVENUE	\$243,688.84
Other Revenue	
Interest Income	18.60
Total Other Revenue	\$18.60
NET OTHER REVENUE	\$18.60
NET REVENUE	\$243,707.44

2023 Balance Sheet

	TOTAL
ASSETS	
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
Total Bank Accounts	461,499.05
PAYPAL Clearing Account Account	0.00
SQUARE Clearing Account	0.00
VENMO Clearing Account	0.00
WIX POS Clearing Account	0.00
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Accounts Receivable	160,432.51
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Uncategorized Asset	-1,705.86
Undeposited Funds	0.00
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US Bank CC 7265	286.42
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Opening Balance Equity	371.44
Owner Due To/From	0.00
Unrestricted Net Assets	586,544.96
Net Revenue	243,707.44
Total Equity	\$830,623.84
OTAL LIABILITIES AND EQUITY	\$867,034.43



FRHD CHC GRANT BUDGET FORM

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

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

Α	INDIRECT EXPENSES:	PROGRAM COST	APPLYING ORGANIZATION	OTHER FUNDERS	REQUESTED FROM
A1	Administrative Support	150,000.00	145,000.00		FRHD 5,000.00
A2	General Insurance (not program specific	11,322.33	11,322.33		5,5555
А3	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		5,000.0
A6	Utilities	27,000.00	26,000.00		1,000.0
A7	IT & Internet	9,000.00	3,000.00	4,000.00	2,000.0
A8	Marketing & Communications	12,000.00	6,000.00	5,000.00	1,000.0
A9	Office Supplies	2,257.61	2,257.61		
A10	Training & Education	18,713.00	18,713.00	5,000.00	5,000.0
A11	Other: specify				
	TOTAL INDIRECT EXPENSE	550,715.08	527,715.08	19,000.00	19,000.0
В	PERSONNEL EXPENSES - PROGRAM SPECIFIC	PROGRAM COST	APPLYING ORGANIZATION	OTHER FUNDERS	REQUESTED FRO FRHD
B1	Program Manager	66,500.00	51,500.00	10,000.00	4,000.0
B2	Curriculum Directors x4	153,088.00	140,088.00	10,000.00	3,000.0
В3	Facilitator x 9	344,448.00	323,605.93	15,842.07	5,000.0
B4	Uniforms	4,157.93	4,157.93	4,157.93	
B5					
В6	Payroll Expenses (WC, taxes)	67,051.85			
В		07,001.00			
B7	Benefits	8,806.72			
		+	519,351.86	40,000.00	12,000.0
	Benefits	8,806.72	519,351.86 APPLYING ORGANIZATION	40,000.00 OTHER FUNDERS	•
C C1	Benefits TOTAL PERSONNEL EXPENSE DIRECT PROGRAM EXPENSES Equipment	8,806.72 644,052.50 PROGRAM COST 40,000.00	APPLYING ORGANIZATION 25,000.00	OTHER FUNDERS 15,000.00	REQUESTED FRO FRHD
C C1 C2	Benefits TOTAL PERSONNEL EXPENSE DIRECT PROGRAM EXPENSES	8,806.72 644,052.50 PROGRAM COST 40,000.00 60,592.00	APPLYING ORGANIZATION 25,000.00 41,465.66	OTHER FUNDERS 15,000.00 14,126.34	REQUESTED FRO
C C1 C2 C3	Benefits TOTAL PERSONNEL EXPENSE DIRECT PROGRAM EXPENSES Equipment	8,806.72 644,052.50 PROGRAM COST 40,000.00	APPLYING ORGANIZATION 25,000.00	OTHER FUNDERS 15,000.00	REQUESTED FRO FRHD
C C1 C2	Benefits TOTAL PERSONNEL EXPENSE DIRECT PROGRAM EXPENSES Equipment Program/Project Supplies	8,806.72 644,052.50 PROGRAM COST 40,000.00 60,592.00	APPLYING ORGANIZATION 25,000.00 41,465.66	OTHER FUNDERS 15,000.00 14,126.34	REQUESTED FRO FRHD 5,000.0
C C1 C2 C3 C4 C5	Benefits TOTAL PERSONNEL EXPENSE DIRECT PROGRAM EXPENSES Equipment Program/Project Supplies Printing/Duplicating Travel/Mileage Program Specific Insurance	8,806.72 644,052.50 PROGRAM COST 40,000.00 60,592.00 2,000.00 27,000.00	APPLYING ORGANIZATION 25,000.00 41,465.66 1,000.00 17,000.00	OTHER FUNDERS 15,000.00 14,126.34 1,000.00	REQUESTED FRO FRHD 5,000.0
C C1 C2 C3 C4 C5 C6	Benefits TOTAL PERSONNEL EXPENSE DIRECT PROGRAM EXPENSES Equipment Program/Project Supplies Printing/Duplicating Travel/Mileage	8,806.72 644,052.50 PROGRAM COST 40,000.00 60,592.00 2,000.00 27,000.00 30,000.00	APPLYING ORGANIZATION 25,000.00 41,465.66 1,000.00	OTHER FUNDERS 15,000.00 14,126.34 1,000.00	FRHD 5,000.0 5,000.0 5,000.0
C1 C2 C3 C4 C5 C6 C7	Benefits TOTAL PERSONNEL EXPENSE DIRECT PROGRAM EXPENSES Equipment Program/Project Supplies Printing/Duplicating Travel/Mileage Program Specific Insurance	8,806.72 644,052.50 PROGRAM COST 40,000.00 60,592.00 2,000.00 27,000.00	APPLYING ORGANIZATION 25,000.00 41,465.66 1,000.00 17,000.00	OTHER FUNDERS 15,000.00 14,126.34 1,000.00	FRHD 5,000.0 5,000.0 5,000.0
C C1 C2 C3 C4 C5 C6 C7 C8	Benefits TOTAL PERSONNEL EXPENSE DIRECT PROGRAM EXPENSES Equipment Program/Project Supplies Printing/Duplicating Travel/Mileage Program Specific Insurance Student Events	8,806.72 644,052.50 PROGRAM COST 40,000.00 60,592.00 2,000.00 27,000.00 30,000.00	APPLYING ORGANIZATION 25,000.00 41,465.66 1,000.00 17,000.00	OTHER FUNDERS 15,000.00 14,126.34 1,000.00	REQUESTED FRO FRHD 5,000.0 5,000.0
C C1 C2 C3 C4 C5 C6 C7 C8 C9	Benefits TOTAL PERSONNEL EXPENSE DIRECT PROGRAM EXPENSES Equipment Program/Project Supplies Printing/Duplicating Travel/Mileage Program Specific Insurance Student Events	8,806.72 644,052.50 PROGRAM COST 40,000.00 60,592.00 2,000.00 27,000.00 30,000.00	APPLYING ORGANIZATION 25,000.00 41,465.66 1,000.00 17,000.00	OTHER FUNDERS 15,000.00 14,126.34 1,000.00	REQUESTED FRO FRHD 5,000.0 5,000.0
C C1 C2 C3 C4 C5 C6 C7 C8 C9 C10	Benefits TOTAL PERSONNEL EXPENSE DIRECT PROGRAM EXPENSES Equipment Program/Project Supplies Printing/Duplicating Travel/Mileage Program Specific Insurance Student Events	8,806.72 644,052.50 PROGRAM COST 40,000.00 60,592.00 2,000.00 27,000.00 30,000.00	APPLYING ORGANIZATION 25,000.00 41,465.66 1,000.00 17,000.00	OTHER FUNDERS 15,000.00 14,126.34 1,000.00	REQUESTED FRO FRHD 5,000.0 5,000.0
C1 C2 C3 C4 C5 C6 C7 C8 C9 C10 C11	Benefits TOTAL PERSONNEL EXPENSE DIRECT PROGRAM EXPENSES Equipment Program/Project Supplies Printing/Duplicating Travel/Mileage Program Specific Insurance Student Events	8,806.72 644,052.50 PROGRAM COST 40,000.00 60,592.00 2,000.00 27,000.00 30,000.00	APPLYING ORGANIZATION 25,000.00 41,465.66 1,000.00 17,000.00	OTHER FUNDERS 15,000.00 14,126.34 1,000.00	REQUESTED FRO FRHD 5,000.0 5,000.0
C C1 C2 C3 C4 C5 C6 C7 C8 C9 C10 C11 C12	Benefits TOTAL PERSONNEL EXPENSE DIRECT PROGRAM EXPENSES Equipment Program/Project Supplies Printing/Duplicating Travel/Mileage Program Specific Insurance Student Events	8,806.72 644,052.50 PROGRAM COST 40,000.00 60,592.00 2,000.00 27,000.00 30,000.00	APPLYING ORGANIZATION 25,000.00 41,465.66 1,000.00 17,000.00	OTHER FUNDERS 15,000.00 14,126.34 1,000.00	REQUESTED FRO FRHD 5,000.0 5,000.0
C1 C2 C3 C4 C5 C6 C7 C8 C9 C10 C11 C12 C13	Benefits TOTAL PERSONNEL EXPENSE DIRECT PROGRAM EXPENSES Equipment Program/Project Supplies Printing/Duplicating Travel/Mileage Program Specific Insurance Student Events	8,806.72 644,052.50 PROGRAM COST 40,000.00 60,592.00 2,000.00 27,000.00 30,000.00	APPLYING ORGANIZATION 25,000.00 41,465.66 1,000.00 17,000.00	OTHER FUNDERS 15,000.00 14,126.34 1,000.00	5,000.0 5,000.0
C1 C2 C3 C4 C5 C6 C7 C8 C9 C10 C11 C12 C13 C14	Benefits TOTAL PERSONNEL EXPENSE DIRECT PROGRAM EXPENSES Equipment Program/Project Supplies Printing/Duplicating Travel/Mileage Program Specific Insurance Student Events	8,806.72 644,052.50 PROGRAM COST 40,000.00 60,592.00 2,000.00 27,000.00 30,000.00	APPLYING ORGANIZATION 25,000.00 41,465.66 1,000.00 17,000.00	OTHER FUNDERS 15,000.00 14,126.34 1,000.00	5,000.0 5,000.0
C1 C2 C3 C4 C5 C6 C7 C8 C9 C10 C11 C12 C13	Benefits TOTAL PERSONNEL EXPENSE DIRECT PROGRAM EXPENSES Equipment Program/Project Supplies Printing/Duplicating Travel/Mileage Program Specific Insurance Student Events Guest Speakers	8,806.72 644,052.50 PROGRAM COST 40,000.00 60,592.00 2,000.00 27,000.00 30,000.00 5,000.00	APPLYING ORGANIZATION 25,000.00 41,465.66 1,000.00 17,000.00	OTHER FUNDERS 15,000.00 14,126.34 1,000.00 5,000.00	5,000.0 5,000.0 5,000.0
C1 C2 C3 C4 C5 C6 C7 C8 C9 C10 C11 C12 C13 C14	Benefits TOTAL PERSONNEL EXPENSE DIRECT PROGRAM EXPENSES Equipment Program/Project Supplies Printing/Duplicating Travel/Mileage Program Specific Insurance Student Events	8,806.72 644,052.50 PROGRAM COST 40,000.00 60,592.00 2,000.00 27,000.00 5,000.00	APPLYING ORGANIZATION 25,000.00 41,465.66 1,000.00 17,000.00 25,000.00	OTHER FUNDERS 15,000.00 14,126.34 1,000.00 5,000.00	\$,000.00 \$5,000.00 \$5,000.00 \$5,000.00 \$5,000.00
C1 C2 C3 C4 C5 C6 C7 C8 C9 C10 C11 C12 C13 C14	Benefits TOTAL PERSONNEL EXPENSE DIRECT PROGRAM EXPENSES Equipment Program/Project Supplies Printing/Duplicating Travel/Mileage Program Specific Insurance Student Events Guest Speakers	8,806.72 644,052.50 PROGRAM COST 40,000.00 60,592.00 2,000.00 27,000.00 30,000.00 5,000.00	APPLYING ORGANIZATION 25,000.00 41,465.66 1,000.00 17,000.00	OTHER FUNDERS 15,000.00 14,126.34 1,000.00 5,000.00	12,000.00 REQUESTED FROM FRHD 5,000.00 5,000.00 5,000.00 20,000.00 Z

\$ 1,359,359.58

2) FUNDING SOURCES

Е	FUNDS FOR PROGRAM		
E1	APPLYING ORGANIZATION X	1,156,532.60	
E2	OTHER FUNDERS Y	94,126.34	
E3	REQUESTED FROM FRHD Z	51,000.00	
	TOTAL FUNDING SOURCES	\$ 1,301,658.94	NOTE: THIS AMOUNT SHOULD BE EQUAL TO YOUR PROJECT COST

3) % OF AGENCY BUDGET

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

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





APRIL NEWSLETTER



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!







































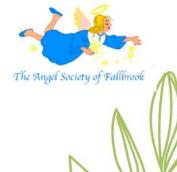












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