

ARPA Support to Go Solar and Purchase Truck

ARPA Nonprofit Capital Project Fund - Small Purchases

Divine Bliss International

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Application Form

Organization Information

If you would like to complete this application in Word first and copy your answers over later, use the following link: [Download Application](#)

The evaluation rubric that will be used to score your request is now available here: [Download Rubric](#)

Please pay attention to character limits while working on your draft. These limits include spaces.

Organization Name*

Divine Bliss International Inc

Proposal Name*

Please choose a short name to identify this project within the grant portal:

ARPA Support to Go Solar and Purchase Truck

EIN*

45-3784877

Incorporation Year*

What year did your organization incorporate? This will be the year listed on your determination letter from the Internal Revenue Service.

2013

Organizational Mission Statement*

What is your organization's mission statement? This should be no longer than one or two sentences.

We assist people to open the light within themselves for healthy, positive and fulfilling lives.

Unique Entity ID (SAM)

Please provide your organization's Unique Entity ID number. This is a specific number used by the federal government to identify your organization. **This is different from a DUNS number, which the federal government no longer uses.**

If you do not have a Unique Entity ID number, you can create an account on SAM.gov and apply for one here (it is free and may take 3-4 days for approval): <https://sam.gov/content/home>

This field is optional as to not stop a qualifying organization from applying. **However**, a Unique Entity ID number will be required if your organization is approved for a grant. Your organization should apply for a number now if it does not yet have one.

Character Limit: 12

Annual Operating Budget Size*

Please provide the amount of your annual operating budget, (expenditures only) for your entire organization.

\$258,768.00

Amount Requested*

The maximum grant amount is \$199,999.

\$150,000.00

Parent Non-Profit/Subsidiaries*

If your organization has a parent non-profit that has multiple subsidiaries, will multiple subsidiaries be applying in this process?

Example

Better Tomorrow is the parent non-profit of three organizations. Two of those organizations want to apply in this process. Both would select "Yes" on this question.

No

Request Specifics

Organization Programmatic Background*

Please describe the programming your organization offers to the community and the length of time it has been doing so. What does your organization **do** and **how long** has it been doing it?

The origin and our founder:

Divine Bliss International (DBI) was founded and is under the leadership of Sarva Loka Maa Her Holiness Sri Sri Sri 1008 Guruji Poonamji (lovingly known as "Guruji"). Guruji was born and raised in India and comes from a highly spiritual family with a long established history of healing. Her spiritual lineage descends from Sri Sri Sri 1008 Baba Neem Karoliji Maharaj who was widely known as 'The Healing Saint of Northern India'.

Guruji has been assisting people to heal from physical and mental disorders for more than 40 years. Guruji has done ground breaking work with the Indian and Australian Government on using natural ingredients from the earth to heal ailments and illnesses. Her ultimate goal is to help individuals heal their lives by expanding the intellect of mankind to regain balance.

In 2010, Guruji was invited by the community members in Pinellas county to run workshops and healings. There was a huge demand for Guruji to expand her work to support the local community. Eventually Guruji established DBI in Clearwater in 2012 and has been based here since 2014.

DBI's program

We are facing an epidemic of sickness - mental disorders, cancer, diabetes etc. The current health services are not effective in addressing the root causes of many such health issues. Under the leadership of Guruji, DBI guides individuals mentally, intellectually and logically to understand life in its totality. Our programme includes:

MIND - Mental Wellness Workshop to help people to heal from mental stress and trauma
 MIND - Innovative Meditation Practice such as garden meditation, candle meditation, chanting meditation
 BODY - Provide alternative healing treatment to people with significant diseases (diabetes, cancer etc)
 BODY - Provide nutritious and healthy vegetarian meals to those who are sick and homeless
 BODY - Educate people through experiential learning, how to connect to mother nature using garden grown herbs and vegetables

Community Need*

Please describe the community need that exists for your programming. If you are able to cite quantitative, local data, that will strengthen your proposal.

Pinellas County faces significant health challenges especially in comparison to statewide data and nation wide trends.

It's shocking to know that 47 percent of Pinellas county residents are one paycheck away from becoming homeless. Pinellas County ranks in the top 10 (meaning among the nation's worst for a mid-sized city) in terms of homelessness. Sadly, BIPOC, LGBTQ+ and neurodiverse / physically disabled communities are facing much higher risks (e.g. the average with 40% of homeless being LGBTQ kids). Such population of homeless generally do not have access to nutritious food and this led to severe health issue. Data source: Pinellas County Homeless Leadership Board

Pinellas County had much higher cases of mental disorder, cancer and diabetes compared state and national figures. Compared to the Florida average figure, the hospitalization rate for mental disorder cases in Pinellas County is 30% higher, cancer rate is 35% higher. Further, the BIPOC population faces higher challenges than the rest. For example, the diabetes rate among non-Hispanic black is 15% higher than that of non-Hispanic white population. Data source: Florida Department of Health

All these health data called for demand for effective and affordable service to heal. Unlike the traditional medical treatment, we provide a holistic mind and body healing. Our Food service, meditation, workshop are provided for FREE.

During COVID, the demand increased further especially from the BIPOC and LGBTQ groups. Here is one example: Rachel has had a rare form of arthritis since she was 9 years old. The doctors put her on tons of meds, causing her depression on top of her debilitating joint pain. She came multiple times in the week spending time in the garden and was served special healthy food to heal and revive. What at first seemed impossible she was now doing 4-6hours of gardening because it brought her joy and bliss. Instead of the gardening hurting her body, it helped and healed instead.

Negative Economic Impact on Organization*

The following question is the keystone of a strong application in this process. If your organization cannot demonstrate a negative economic impact from the pandemic, your application will not qualify for committee review. If you are uncertain about what constitutes negative economic impact or how to demonstrate it, please contact PCF staff for technical assistance.

Describe your organization's negative economic impact arising from the COVID-19 pandemic. Examples could include:

- A reduction in revenue from 2019 to 2020
- Inflationary pressures
- Increases in demand for services that have not been compensated for through new revenue
- The use of reserves for unbudgeted expenses since the onset of the pandemic, and such use of reserves has prevented the purchase of capital assets
- A need for capital assets to offset community need for which your organization does not have the resources to purchase due to the negative economic harm from the pandemic
- A need for additional capital assets to adapt operations to accommodate health and safety guidelines by the CDC
- Growth in restricted pandemic-related revenue that does not permit capital asset acquisition

You have the option to upload supporting documentation regarding negative economic impact. However, please limit your upload to no more than five pages.

Note: If you are applying for both a Small Purchase and Large Project, you may reuse the answer for this question PROVIDED THAT the negative economic impact is relevant to both requests. The Large Project Letter of Intent does not permit uploads to support the answer to this question.

Supporting Evidence of Price Increase.pdf

Negative Financial Impact (estimated at reduction of financial resource of 200K per year)

40% reduction in donation. During Covid period, there were much less programme participants / visitors who came physically to our venue. This led to significant drop in donations. Pre-Covid period, we received an average annual donation (2016 to 2019) about \$76K and During Covid such average annual donation (2020 to 2021) is \$46K. This represents an annual reduction donation of \$30K which is about a 40% decrease.

28% cost increase due to inflation. The rising price of daily items had a significant financial impact on us. In our healthy food programme where we provide free healthy meals to our community beneficiaries, the rising cost of basic food items has hit us hard. During Covid, many can't travel so we have to deliver food to them. Such new demand means more costs to ensure food reaches the people who need it. Further, we maintain a community garden (especially in terms of rising food costs, material costs etc) The total operating costs rose from Pre-Covid average expenses (2016 to 2019) of \$60K to During-Covid average (2020 - 2021) of \$77K. This represents an annual cost increase of \$17K which is about 28%. All of the increase is due to non-salary related cost items.

Loss of committed manpower. In addition to the cash expenses, we also suffered loss of full time volunteers. Pre-Covid we had an average of 7 full time volunteers who stayed on site to serve in full time capacity without drawing any salary or allowance. Currently we have only 3 full time resident volunteers. The reduction in numbers was due Covid travel restrictions (overseas individuals could not travel to the US). This severely reduced our service capacity. The equivalent financial loss of these 4 full timers is estimated at \$160K (using average Florida NPO salary of \$40K per person, data source, ZIP recruiter).

The total quantifiable financial loss is estimated to be about \$200K per annum made of the above 3 key areas. This combined negative impact accounts for 45% of the total budget.

Proposal Description*

The American Rescue Plan Act requires a request that is reasonable and proportional to the level of economic impact your organization experienced. This means the request you describe below should not be greater than the economic harm your organization has suffered.

Please describe your purchase proposal and address the following:

- What will you be purchasing with these funds?
- What is the estimated lifespan of the purchase/improvement?
- How does it address the negative economic harm you described in the previous question?

We intend to purchase two items

1. One Truck (useful life of 5 -10 years)

For delivery purposes: we have faced increased demand from the community members who are unable to join us in the center. While it is feasible to conduct workshops via virtual classes, healthy food which used to be served at the center will need to be delivered to where the community is located. For example, we had one community user suffering stage 3 cancer. She could no longer travel and have the special healthy food for her condition at the center. This means we have to pack and deliver the food to her place. Our current 1 vehicle is not sufficient to address increased demand during Covid.

For purchase and transportation purpose: we maintain a herb and vegetable community garden. We often receive in-kind donations of garden materials such as soil, pots and plants (e.g flowers and fruit trees) to defray costs. Currently we have to rent a trailer to transport such in-kind donation items as our current vehicle can't fit them. Having a new truck can reduce unnecessary trailer / truck rental expenses each time we receive an in-kind donation.

For outreach purpose: We plan to do more outreach to spread the awareness of our work in specific locations (e.g. schools, health facilities). Hence an extra vehicle would assist us to double the capacity to move around to spread awareness.

2. Solar power system (useful life of at least 10 years)

During Covid, we experienced a cost increase of our electricity bill. For example, from May to June 2019, our monthly electricity bill was \$331. In May 2022, our electricity bill went up to \$411, which was an almost 24% increase. This was mainly due to the increased electricity unit cost from 12.9 cents per kwh to 15.2 cents per kwh (12% increase). To mitigate further increase in price, we propose to adopt a solar power system. After implementation, there will be no monthly electricity cost. It is estimated that we can generate a cost saving of 225K over the useful life of the solar panels.

Going solar has significant environmental benefits too. This is inline with our program to connect to mother nature. Once operational, it can be another educational feature to share the message of respecting the environment and fully utilize the resources.

The two items will cost about 150K which is about 75% of the annual negative financial impact and about 25% of the negative impact from 2020 to 2022.

Guiding Principles - Client Impact*

The American Rescue Plan Act, which provides the funding for this grant program, aims to ensure an equitable recovery from the COVID-19 pandemic. The term “equity” is defined as:

The consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.

One of the guiding principles of this fund is that it will apply a lens of equity to ensure the needs of specified priority populations are met.

Will this purchase benefit the community members defined above that have experienced disproportionate negative impacts from the COVID-19 pandemic? If so, how?

Those community members' disproportionate negative impacts will benefit more of the above services.

First of all, many of these members do not have transportation themselves or are not mobile due to health issues. Having the truck would allow us to double our current transportation capacity for more trips to deliver the food.

Secondly, we do know some of these community members are gathered by smaller numbers and might not have much access to information of available support services. The extra vehicle would allow us to do more outreach trips to be in the community for outreach and raise the awareness that such free services exist and give them first hand experiences.

Last but not least, these community members lack financial resources to afford health services to treat chronic sickness. Hence making our services affordable is key to our mission. We are able to keep our high quality service free with the above support. For example, the additional transportation capacity helps us to save from hiring van / trailer and bring more in-kind donations. Similarly for solar, it helps us to defray the rising costs of utilities. This reduces our operating costs and helps to ensure we could continue to provide such services for free and affordable to those community members.

Number Served*

How many people will directly benefit from this capital purchase annually?

450

Unduplicated vs. Duplicated*

Is the number indicated above duplicated or unduplicated?

Duplicated: A client is counted each time they access services

Unduplicated: A client is counted once, regardless of the number of times they access services

Example: ABC Food Bank operates two mobile food pantries, one in Clearwater and one in St. Petersburg. Taylor, a Pinellas County resident, goes to both food pantries. If ABC Food Bank counts Taylor's visit TWICE, it is **duplicated**. If ABC Food Bank counts Taylor's visit ONCE, it is **unduplicated**.

Unduplicated

Other (Explanation Required)

If you selected "Other" in the previous question, please explain how your organization determined the number of clients that will benefit from the proposed capital purchase.

[Unanswered]

The American Rescue Plan Act (ARPA) prioritizes organizations that either have headquarters or carry out the majority of their operations inside Qualified Census Tracts (QCTs). QCTs are a standard method of identifying communities with a large proportion of low-income residents. The U.S. Department of Housing and Urban Development determines what areas qualify as QCT.

To assess if your organization serves or is headquartered in a QCT, use the following link:

https://www.huduser.gov/portal/sadda/sadda_qct.html

In the top right-hand corner, choose the state of Florida and Pinellas County. Then on the left-hand side of the screen, click the box next to "Color QCT Qualified Tracts." The QCT zones are denoted in purple. You can also map your address by adding it into the address box at the top to see if your location is inside the zones.

Below, please provide the location of your operations and the location of your headquarters, if different.

Headquarters Location*

Please provide your organization's headquarters address as it appears on your Sunbiz account. To check your Sunbiz registration, you may search here: <https://dos.myflorida.com/sunbiz/search/>

2319 Nursery Road, Clearwater, FL 33764

QCT Determination - Headquarters*

Is this organization headquartered in a QCT?

No

Purchase Location*

Where will the majority of the activities related to the purchase(s) take place?

Examples

- If you are proposing the purchase of a van that will deliver to multiple areas within Pinellas County, specifically mention what areas those are.
- If your purchase enables remote access to your services, such as telehealth, provide geographical data around where the majority of your clients reside (presuming they will access your services from their residence).

Solar system will be based at the current address.

Truck will be delivering to multiple locations - especially focusing on a few qualified QCT areas:

The QTC zone around highpoint area

The QTC tracks 261, 262, 263 which is

The QTC zone in St Pete near Childs Park

QCT Determination - Purchase*

Does this organization's proposed purchase benefit residents of QCTs?

No

Community Connection

This section aims to capture general demographic data about your organization and to see how you engage with and represent the community you serve. PCF has generalized the demographic data questions more than it has in other processes because of the public nature of this process. PCF understands that identity disclosure can be a sensitive matter, and wants to respect your organization's board and staff. If your organization feels comfortable sharing more detailed demographic information, it may do so in the "Community Representation and Connection" section.

Community Representation and Connection*

Describe how your organization is representative of, or has authentic connections to, the community your proposal seeks to serve. You can list other community-based organizations that work on programming with you and/or list examples of your work within this community.

A high proportion of our board and management team are from the BIPOC and LGBTQ+ community. Having such representation at the leadership level is the best way to ensure we are in touch with these communities and their needs. Our leadership has personally lived through the challenges facing the BIPOC and LGBTQ+ communities and is able to make our program / services customized to the community needs.

Health related issues can be very personal (e.g. cancer, mental disorder from LGBTQ+ youth). We respect the confidentiality and concern of such community members. Hence we rely largely on word of mouth and

personal referral from our network of members or community members who have benefited from our services.

We do receive lots of inquiries from the website / social media as well as doctor's referral for cases which they can't treat due to the patient's financial challenges. Community members' story of healing from incurable diseases without any medicine were included in the additional attachment.

On project basis, we partner different charity partners. For example, we work with Suncoast Heaven of Rest Rescue Mission to provide healthy food to homeless community members them take care. They take care of the outreach and DBI cook the food and cooking.

Leadership Demographics - Board Membership*

Do your board members consider themselves a member of one or more of the following populations? Check all that apply.

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer+)
- Neurodiverse/physically disabled

BIPOC
LGBTQ+

Leadership Demographics - Executive Level Leadership Team*

Does your executive leadership team consider themselves a member of one or more of the following populations? Check all that apply.

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer+)
- Neurodiverse/physically disabled

If your organization is volunteer-run and does not have an executive leadership team, please select "Not applicable."

BIPOC
LGBTQ+

Leadership Demographics - CEO/Executive Director*

Does your CEO/Executive Director consider themselves a member of one or more of the following populations? Check all that apply.

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ defined as Lesbian, Gay, Bisexual, Transgender, Queer+
- Neurodiverse/physically disabled

If your organization is volunteer-run and does not have an executive leader, please select "Not applicable."
BIPOC

Proposal Costs

Purchase Estimates/Bids*

You must combine all bids/estimates into one file.

Attach current verifiable bids, estimates, or price lists [from your potential vendor(s)]. Please ensure there is a date listed or when you obtained these estimates/bids, as they must be from within the past sixty (60) days.

- If your purchase is **BELOW** \$75,000, you must upload TWO verifiable bids or estimates for the proposed purchases.
- If your purchase is **EQUAL TO** or **MORE THAN** \$75,000, you must upload THREE verifiable bids or estimates for your proposed purchases.

This can be as simple as screenshots from Amazon or Best Buy (though PCF does not endorse or recommend any specific vendor) or may be from specialized vendors that sell your proposed purchase. If you have concerns regarding bids or estimates, please reach out to PCF staff.

Compilation of All Quotations.pdf

Sole Source*

In some cases, a proposed small purchase is only available from a single vendor, and as such, only one bid/estimate can be uploaded. If this is the case for your organization, please explain in the field below. Otherwise, write "N/A" below.

We have obtained 3 quotes for the solar power system and 3 quotes for the truck.

The form does not allow us to submit multiple attachments. Hence we compiled the screen shot of the price quote with the dates in one documents. Should the detailed quotation document is required, we are happy to send them through via email.

Related Parties*

Are any of the contractors/vendors that have provided bids/estimates a related party to your organization?

Examples of Related Parties

- A board member that owns the contracting company that provided a bid
- The relative of a director, officer, or executive team member owns a company that provided an estimate
- The CEO of the applying organization has a financial interest in the construction company providing a bid

If **yes**, identify the vendor and describe the relationship.

If **no**, write "No related parties below."

No related parties

Budget Summary*

Please use **THIS TEMPLATE** to indicate costs and any cash match your organization may have for the proposed purchases. Note: this spreadsheet will automatically round numbers to make it easier to read for committee members.

Please note that indirect costs are not permitted for small purchases.

If you have additional notes to add to your budget summary, you may do so in the text box below.

Budget-Template-Small-Capital-Purchases (3).xlsx

For the Solar Power System, we used the average of three quotes we received

For the Truck, we have used the average of the three quotes we received.

Other Funding Sources*

Please describe any other funding not already mentioned that your organization has applied for or obtained for this purchase.

This includes but is not limited to Community Block Development Grants (CBDG), local government grants (including Tourist Development Council funding), foundation grants, and private donors (you do not need to disclose donor identities but simply indicate the amount raised for this purchase). This includes any matching grants or in-kind contributions you may have obtained.

Please be sure these other funding sources are represented in the "Applicant Match" column in the budget summary uploaded above.

We have not received any other funding for these items yet. It is challenging to raise funds for capital related expenses hence we really appreciated the ARPA funding. However, we aim to raise 2K to 3K donations from our community members.

Changes in Operating Costs*

Please answer this question based on the descriptions below:

- If this project **increases** ongoing operational costs (programmatic, operating maintenance or other costs), how will you compensate for the difference?
- If this purchase **decreases** ongoing operating costs, how will it do so?
- If this purchase **does not affect** operating costs, please note so below.

The solar power system will help decrease ongoing operating costs. Each year the estimated saving is about \$4K to \$5K.

The truck will increase ongoing operating costs from two aspects: 1) insurance \$1,500 per year and 2) gas - depends on how much we use them.

We foresee the savings generated by the Solar system can offset the increased costs of car insurance and gas. Should more funding is required, we will cover them by our existing budget.

Organization Documentation

Please reach out to PCF staff if you have trouble uploading the files below. We are able to assist with file conversion and file compression.

Organization Budget*

Please upload your most recent, board-approved organizational budget for this fiscal year. PDF and Excel documents are accepted.

Divine Bliss International Profit and Loss 2022.pdf

Board of Directors List*

Please upload your Board of Directors list.

Excel, Word, and PDF file formats are accepted.

DBI Board Members 2022.pdf

IRS Form 990*

Please upload a PDF copy of your most recently submitted IRS Form 990.

If Form 990 from your most recent fiscal year is delayed or you have received an extension, please explain in the text space below. You may also explain if you don't have a Form 990 due to organization type. You should still upload the most recent publicly available 990.

If you file a Form 990-EZ and do not have anything to attach, please note so below.

Only PDF files are permitted.

2021 Federal Tax Return Documents (DIVINE BLISS INTERNATI).pdf

Most Recent Financial Statements*

Upload a PDF version of your most recent financial statements. If you have audited financial statements, please upload the most recently conducted audit. If you do not have a recent audit, please explain why.

Divine Bliss International Profit and Loss 2021.pdf

The financial statement is unaudited as the annual cash budget of the organization is less than 100K. Audit is not mandatory. From financial management point of view, our profit and loss took into consideration both the cash expenses and also the expenses items that are contributed in kind. The total of cash and in-kind is the true reflection of our costs of operation. However, due to the accounting rules, we only presented the cash revenue and expenses in our Form 990.

Insurance Requirements

Evidence of Insurance Coverage*

Grantees of the ARPA Nonprofit Capital Project Fund will be required to maintain appropriate insurance related to your operations and this purchase. PCF will determine whether this coverage is appropriate.

Please upload evidence of insurance.

If your organization does not have evidence of insurance coverage, please provide an explanation as to why.

Car Insurance - Invoice.pdf

Currently we have car insurance. Should we manage to obtain the ARPA funding to purchase the truck, we will buy an additional car insurance for the new truck.

Further we will purchase general insurance for insured amount of 1 million to cover the usage of the solar etc.

Insurance Requirement*

If you are awarded a contract from the ARPA Nonprofit Capital Project Fund, you will be required to list Pinellas Community Foundation as an additional insured through your general liability insurance or other appropriate coverages for the duration of the contract. If you would like to check with your insurance carrier on how to do this, here is the information about PCF you will need:

Pinellas Community Foundation
17755 US Highway 19 N
Suite 150
Clearwater, FL 33764
727-531-0058

Please check the box below to indicate that you understand and will be able to comply with this requirement if you are awarded a contract.

PCF will not ask for a certificate naming us as additional insured until the contracting stage.

Yes, I understand and will comply with this requirement if awarded a contract.

Post-Grant Requirements

Reporting Requirements Acknowledgment*

Grantees will be required to submit a pre-award agreement within two weeks of receiving an award notice. In addition, grantees will be required to submit a report within 30 days after the purchase is completed.

Financial information justifying all expenditures will also need to be provided. This includes but is not limited to:

- Invoices
- Canceled checks
- Credit card statements, along with a record of paying the credit card.

If you have any questions, please contact Rose Cervantes, ARPA Program Officer at rcervantes@pinellascf.org.

Yes, I agree to submit this grant agreement and impact report within the specified timeframes.

Additional Information

Budget Summary

NO LONGER USED, REPLACED IN APP WITH UPLOAD FIELD INCLUDED

Please use THIS TEMPLATE to indicate costs and any cash match your organization may have for the proposed purchases.

Please note that indirect costs are not permitted for small purchases.

If you have additional notes to add to your budget summary, you may do so in the text box below.

Additional Upload

If you have something to share, you can upload it here in PDF format.

Community Transformation Stories.pdf

Anything else to share?

Is there anything else that you would like Pinellas Community Foundation to know or other information your organization would like to share that isn't addressed elsewhere in this application?

The board and management team are excited and eager to have these critical small capital investment installed. Definitely have the capability to manage the solar roof project - one of our board member Rebecca is

a registered professional engineer in the State of Florida with a Bachelor of Applied Science (B.A.) from Michigan Technological University. She is working as an Environmental Manager with a well established compliance track record. Skills include Air, Waste, Storm-water, Water Treatment, and Sustainability. Further we have volunteer David who is a roof contractor who can provide project management and quality control to make the work is done time and with high quality.

Brief Project Descriptor

Please briefly describe this organization's request.

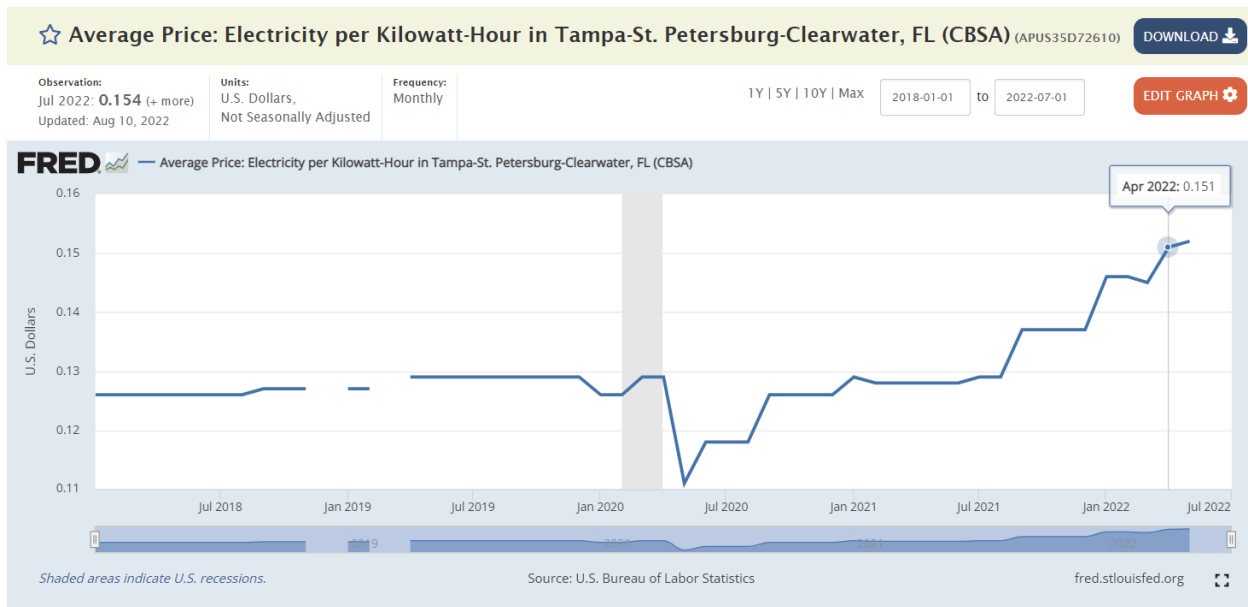
File Attachment Summary

Applicant File Uploads

- Supporting Evidence of Price Increase.pdf
- Compilation of All Quotations.pdf
- Budget-Template-Small-Capital-Purchases (3).xlsx
- Divine Bliss International Profit and Loss 2022.pdf
- DBI Board Members 2022.pdf
- 2021 Federal Tax Return Documents (DIVINE BLISS INTERNATI).pdf
- Divine Bliss International Profit and Loss 2021.pdf
- Car Insurance - Invoice.pdf
- Community Transformation Stories.pdf

Supporting Evidence of Price Increase

1. Electricity Price Increase in Tampa per US Bureau of Labor



2. Consumer Price Index in Tampa, St Pete and Clearwater per US Bureau of Labor

Year 2021 and Year 2022

Table 1. Consumer Price Index for All Urban Consumers (CPI-U): Indexes and percent changes for selected periods, Tampa-St. Petersburg-Clearwater, FL (1987=100 unless otherwise noted)

Item and Group	Indexes			Percent change from-		
	May 2022	Jun. 2022	Jul. 2022	Jul. 2021	May 2022	Jun. 2022
Expenditure category						
All Items	273.245	-	276.750	11.2	1.3	-
Food and beverages	270.625	-	277.519	7.2	2.5	-
Food	272.455	-	279.861	7.7	2.7	-
Food at home	287.173	293.278	297.740	9.3	3.7	1.5
Cereals and bakery products	295.339	-	313.297	11.8	6.1	-
Meats, poultry, fish, and eggs	308.029	-	321.034	12.2	4.2	-
Dairy and related products	271.616	-	265.174	9.0	-2.4	-
Fruits and vegetables	383.182	-	394.881	-0.2	3.1	-
Nonalcoholic beverages and beverage materials	207.063	-	208.477	1.8	0.7	-
Other food at home	220.611	-	234.508	15.2	6.3	-
Food away from home	253.651	-	257.230	5.5	1.4	-
Alcoholic beverages	232.185	-	232.643	1.0	0.2	-

Year 2020 and Year 2021

Table 1. Consumer Price Index for All Urban Consumers (CPI-U): Indexes and percent changes for selected periods, Tampa-St. Petersburg-Clearwater, FL (1987=100 unless otherwise noted) (not seasonally adjusted)

Item and Group	Indexes			Percent change from-		
	May 2021	Jun. 2021	Jul. 2021	Jul. 2020	May 2021	Jun. 2021
Expenditure category						
All Items	245.419	-	248.811	6.6	1.4	-
Food and beverages	254.798	-	258.873	4.2	1.6	-
Food	255.638	-	259.895	4.3	1.7	-
Food at home	266.464	275.673	272.522	6.0	2.3	-1.1
Cereals and bakery products	279.490	-	280.344	6.5	0.3	-
Meats, poultry, fish, and eggs	263.282	-	286.212	12.4	8.7	-
Dairy and related products	258.651	-	243.369	-0.6	-5.9	-
Fruits and vegetables	385.421	-	395.831	12.2	2.7	-
Nonalcoholic beverages and beverage materials	204.525	-	204.719	5.6	0.1	-
Other food at home	203.203	-	203.509	-2.6	0.2	-
Food away from home	241.615	-	243.719	2.2	0.9	-
Alcoholic beverages	228.639	-	230.441	2.2	0.8	-
Housing	251.466	-	254.869	5.5	1.4	-
Shelter	291.279	292.578	295.672	5.7	1.5	1.1
Rent of primary residence	296.665	297.584	299.327	4.6	0.9	0.6
Owners' equiv. rent of residences	306.278	307.662	309.734	5.4	1.1	0.7
Owners' equiv. rent of primary residence	306.278	307.662	309.734	5.4	1.1	0.7
Fuels and utilities	214.367	-	214.997	7.5	0.3	-
Household energy	165.634	165.673	166.308	9.0	0.4	0.4
Energy Services	163.286	163.286	163.851	9.0	0.3	0.3
Electricity	160.835	160.835	161.563	9.4	0.5	0.5
Utility (piped) gas service	219.833	219.844	212.674	-3.3	-3.3	-3.3

Compilation of All Quotations

Solar Power System Quote 1 - Provider: Solar Energy World



4 of 2,734 < >

Solar Energy World - Quote and Warranty External Inbox x



Garrett Luksich <gluksich@solarenergyworld.com>
to me ▾

Sep 2, 2022, 2:32 PM (4 days ago) ☆ ↶ ⋮

Hey Peter,

You'll find the quote for the solar in cash and financed attached.
The table below will give you totals for adding the roof whether financed or cash as well.

	Solar (40 panels)	Roof (59 squares)	Grand total
Cash	\$ 56,160.00	\$ 25,252.00	\$ 81,412.00
Financed	\$ 70,200.00	\$ 34,831.00	\$ 105,031.00

Feel free to let me know if you have any additional questions. And please let me know when the next board meeting is scheduled.

Stay Healthy,
-Garrett

Garrett Luksich
Field Energy Advisor
Solar Energy World



866-856-4580 | 631-374-2435
gluksich@solarenergyworld.com
www.solarenergyworld.com
201 Kelsey Lane, Tampa, FL 33619

Solar Power System Quote 2 - Provider: Solar Group Florida



Peter Yang <peter@divineblissinternational.org>

Fwd: Solar Quote for 2319 Nursery Road, Clearwater

Yang Peter <peter.zy.yang@gmail.com>

Sun, Sep 4, 2022 at 3:44 PM

To: info@divineblissinternational.org, "peter@divineblissinternational.org" <peter@divineblissinternational.org>

----- Forwarded message -----

发件人: **Patrick Roach** <patrickroach1313@gmail.com>

Date: 2022年9月4日周日 15:43

Subject: Solar Quote for 2319 Nursery Road, Clearwater

To: <Peter.zy.yang@gmail.com>

Hi Peter,

Here is the breakdown for your solar quote for [2319 Nursery Road, Clearwater, FL](#)

The roof is 15+ years old and your insurance company will be demanding you replace it soon so, I have included the roof replacement, the tree trimming, and the cost of the solar panels.

You guys will have your own energy plant on your roof, producing your own electricity.

This system should replace your entire Duke bill.

Solar system \$65,000

Trees trimming \$5,000

New Roof \$30,000

The total will be \$100,000

We will need 50% down and 50% in an escrow account which will be payable when the system is complete.

We gave you a break on the roof and the tree trimming costs by about 33% due to the large system that will be placed on the home and because you are a non-profit.

Please call me with any questions or concerns and I hope to hear from you soon.

Pat Roach
Florida Solar Group
(651) 315-3761

Solar Power System Quote 3 - Provider: Modern Brokers of America



nicolas mejia dussan

to me ▾

Sat, Sep 3, 3:41 PM (3 days ago)



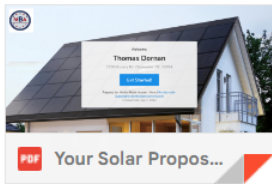
Good Afternoon,

Sorry for the late response I was waiting for the price breakdown.

Both will be done by the same company, at the same time.

The cost breakdown will be \$78,358 for the solar system and 26,743 for the roof for a total of \$105,100. After discounts and special offer. Total cash option will be \$88,782.

Let me know if you have any further questions.



Truck Quotation 1

Provider: Ford

(<https://shop.ford.com/configure/f150/config/summary/Config%5B%7CFord%7CF-150%20F-150%7C2022%7C1%7C1.%7C502A.X1E..PD4...89T.96J.SS6.86L.SCAB.AWD.998.588.779.U52.U56.%5D>)

9/6/22, 9:00 PM

Build Your F-150®



2022 F-150®
LARIAT

PAINT ⁵⁴

COLOR

Rapid Red Metallic Tinted Clearcoat | \$495

SECONDARY COLOR

No Secondary Color | **INCLUDED**

SUMMARY

<https://shop.ford.com/configure/f150/config/summary/Config%5B%7CFord%7CF-150%7C2022%7C1%7C1.%7C502A.X1E..PD4...89T.96J.SS6...> 1/9

9/6/22, 9:00 PM

Build Your F-150®

\$65,600

ESTIMATED NET PRICE ⁵⁵

\$814

PER MONTH FOR 36 MONTH LEASE ⁵⁶

PAINT ⁵⁴

Rapid Red Metallic Tinted Clearcoat	\$495
No Secondary Color	\$0

POWERTRAINS ⁵⁴

3.5L V6 EcoBoost® with Auto Start-Stop Technology Engine	\$1,540
4x4	\$0
Electronic Ten-Speed Automatic Transmission	\$0
3.31 Non-Limited Slip Axle Ratio	\$0

PACKAGES ⁵⁴

LARIAT High	\$7,345
Equipment Group LARIAT High Discount	-\$1,500
Class IV Trailer Hitch	\$0
LARIAT Chrome Appearance Package	\$0
Lariat Chrome Package Discount	\$0
Ford Co-Pilot360™ Assist 2.0	\$0

<https://shop.ford.com/configure/f150/config/summary/Config%5B%7CFord%7CF-150%7C2022%7C1%7C1.%7C502A.X1E..PD4...89T.96J.SS6...> 2/9

Truck Quotation 2

Provider: Chevrolet

chevrolet.com/trucks/silverado/limited/build-and-price/summary


Images Breakthrough Non profit tool DBS iBanking DBS Bank | Singapore Salesforce User Por... Donor-Centered N... Donate - Land For... Other bookmarks

CHEVROLET Edit Location 33701 Switch Model View Saved Message Us

1 CONFIGURATION 2 TRIMS 3 COLORS 4 PACKAGES 5 EXTERIOR 6 INTERIOR 7 ACCESSORIES 8 SUMMARY

2022 SILVERADO 1500 LTD 4WD Crew Cab, Standard Bed High Country \$62,905 Net Price ⓘ

♥ Saved



EXTERIOR ENLARGE

Standard Vehicle Price \$58,500

Selected Colors \$495 ▼

Selected Packages (2) \$2,965 ▼

Selected Options (9) -\$100 ▼

Total Vehicle and Options \$61,860
Destination Freight Charge \$1,795

Total Vehicle Price \$63,655
Total Cash Allowance[s] -\$750

Net Price \$62,905¹
Total Included Price Discounts and Cash Allowances: -\$750

Lease

\$797 Monthly for 48 months Adjust Payments

\$797 due at signing (after all offers). No security deposit required. Ultra-low mileage Lease. Mileage charge of \$0.25/mile over 40,000 miles.

Lease Details

Standard Features ▼

87°F Mostly cloudy 9:04 PM 9/6/2022

Truck Quotation 3

Provider: RAM



NET PRICE **\$59,700** FINANCE ESTIMATE **\$828** MONTHLY FOR 72 MONTHS [Standard Features](#)

Pricing provided may vary significantly between website and dealer as a result of supply chain constraints. Pricing shown is nonbinding and does not constitute an offer. Contact your dealer for updated vehicle pricing.

[Back To Top](#)

554 2022 Ram 1500 Vehicles in your area

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Profit and Loss

Divine Bliss International



2022 Budget (Approved)

Income	In Cash	In Kind	Total
Donation and Gifts	\$38,200.00		\$38,200.00
Membership	\$48,358.80		\$48,358.80
Programme Fee	\$20,000.00		\$20,000.00
Investment Income	\$0.00		\$0.00
Other Revenue	\$1,500.00	\$170,000.00	\$171,500.00
Total Revenue	\$108,058.80	\$170,000.00	\$278,058.80
Expenses			
Programme Expenses - Non Salary	\$25,000.00	\$50,000.00	\$75,000.00
Programme Expenses - Salary	\$50,000.00	\$120,000.00	\$170,000.00
Rental and Maintenance	\$6,000.00	\$0.00	\$6,000.00
Printing & Postage	\$100.00	\$0.00	\$100.00
Professional Fees	\$7,000.00	\$0.00	\$7,000.00
Donations	\$0.00	\$0.00	\$0.00
Other Expenses	\$10,000.00	\$0.00	\$10,000.00
Total Expenses	\$98,100.00	\$170,000.00	\$268,100.00
Net Surplus / (Deficit)	\$9,958.80	\$0.00	\$9,958.80

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000000207

Entity Name: DIVINE BLISS INTERNATIONAL, INC.

Current Principal Place of Business:

2319 NURSERY ROAD
CLEARWATER, FL 33764

Current Mailing Address:

2319 NURSERY ROAD
CLEARWATER, FL 33764 US

FEI Number: 45-3784877

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NORTHWEST REGISTERED AGENT LLC.
7901 4TH STREET N,
SUITE 300
ST.PETERSBURG, FL 33702 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	SECRETARY	Title	PRESIDENT, TREASURER
Name	BIGARI, REBECCA SUE	Name	UPPAL, POONAM
Address	2319 NURSERY ROAD	Address	2319 NURSERY ROAD
City-State-Zip:	CLEARWATER FL 33764	City-State-Zip:	CLEARWATER FL 33764

Title CHIEF MARKETING OFFICER
Name HOLMES, AMANDA
Address 2319 NURSERY ROAD
City-State-Zip: CLEARWATER FL 33764

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: POONAM UPPAL

PRESIDENT

04/30/2022

Electronic Signature of Signing Officer/Director Detail

Date

Short Form Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2021 calendar year, or tax year beginning _____, 2021, and ending _____, 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <div style="border: 1px solid black; padding: 2px;"> DIVINE BLISS INTERNATIONAL INC Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2319 NURSERY ROAD City or town, state or province, country, and ZIP or foreign postal code CLEARWATER, FL 33764 </div>	D Employer identification number <div style="border: 1px solid black; padding: 2px;"> 45-3784877 </div> E Telephone number <div style="border: 1px solid black; padding: 2px;"> (727) 201-7525 </div> F Group Exemption Number ▶
--	--	---

G Accounting Method: Cash Accrual Other (specify) ▶ _____

I Website: ▶ _____

J Tax-exempt status (check only one) - 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **159,327**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

	Description	Code	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	34,166
	2 Program service revenue including government fees and contracts.	2	123,877
	3 Membership dues and assessments	3	
	4 Investment income	4	2
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events:		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8	1,282	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	159,327	
Expenses	10 Grants and similar amounts paid (list in Schedule O).	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	53,350
	13 Professional fees and other payments to independent contractors	13	7,208
	14 Occupancy, rent, utilities, and maintenance	14	5,008
	15 Printing, publications, postage, and shipping	15	93
	16 Other expenses (describe in Schedule O).	16	23,109
17 Total expenses. Add lines 10 through 16 ▶	17	88,768	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	70,559
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	48,496
	20 Other changes in net assets or fund balances (explain in Schedule O).	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20. ▶	21	119,055

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	5,699	183,164
23 Land and buildings	0	0
24 Other assets (describe in Schedule O)	52,436	64,936
25 Total assets	58,135	248,100
26 Total liabilities (describe in Schedule O)	9,639	129,045
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	48,496	119,055

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? PEACE AND TRANQUILITY

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28	28a	28a
WEBINARS AND MEETINGS TO BRING ABOUT PEACE AND TRANQUILITY		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	0
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)	31a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	0

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
POONAM UPPAL PRESIDENT, CEO	0.00	0	0	0
DAVID VAN HOOSE VICE PRESIDENT	0.00	0	0	0
REBECCA BIGARI SECRETARY TREASUER	0.00	0	0	0
AMANDA HOLMES CHIEF MARKETING OFFICER	0.00	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No response boxes. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47 - 49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

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

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

	Yes	No
47		X
48		X
49a		X
49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000. ▶ _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ **REBECCA S BIGARI**
Signature of officer

▶ **REBECCA S BIGARI, TREASURER**
Type or print name and title

Date

Paid Preparer Use Only

Print/Type preparer's name LOREN C PRICE	Preparer's signature LOREN C PRICE	Date 05-16-2022	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00061407
Firm's name ▶ LCP BOOKKEEPING	Firm's EIN ▶			
Firm's address ▶ 2548 30 AVE N Saint Petersburg FL 33713	Phone no. 727-895-9589			

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.**

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization DIVINE BLISS INTERNATIONAL INC	Employer identification number 45-3784877
---	---

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

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

Section A. Public Support

Calendar year (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.")	56,359	19,156	21,760	21,039	34,166	152,480
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	56,359	19,156	21,760	21,039	34,166	152,480
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						152,480

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	56,359	19,156	21,760	21,039	34,166	152,480
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						152,480
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	100.00 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	100.00 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 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.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

- 19a 33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►
- b 33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c	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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	11a	
b A family member of a person described in line 11a above?	11b	
c A 35% controlled entity of a person described in 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2	

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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	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 instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a	
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b	
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b	

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required) - provide details in Part VI	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 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		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

**SCHEDULE O
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021**Open to Public
Inspection**

Name of the organization

DIVINE BLISS INTERNATIONAL INC

Employer identification number

45-3784877

01. Description of other revenue (Part I, line 8)

DESCRIPTION	AMOUNT
REBATE	1,282

02. Description of other expenses (Part I, line 16)

DESCRIPTION	AMOUNT
MEDICAL	1,165
COMPUTER HOSTING	276
COMPUTER WEBINAR	195
MERCHANT ACCOUNT FEES	2,205
VEHICLE EXPENSES	2,074
SMALL TOOLS AND EQUIPMENT	153
OFFICE SUPPLIES	75
VISA APPLICATION FEES	1,330
BANK SERVICE CHARGE	45
BUSINESS LICENSES & PERMIT	75
CANDLES	2,771
AUDIO/VISUAL EQUIPMENT	100
CHARITABLE DONATIONS	3,923
FIRST AID	202
FOOD	6,542
FURNITURE AND DECORATION	229
HONORING EXPENSES	22
KITCHEN SUPPLIES	1,034
REFUNDS	64

Name of the organization DIVINE BLISS INTERNATIONAL INC	Employer identification number 45-3784877
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WASTE MANAGEMENT	464
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OTHER TAXES	165
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03. Description of other assets (Part II, line 24)

CATEGORY	BEGINNING OF YEAR	END OF YEAR
CURRENT ASSETS	0	12,500
LONG TERM ASSETS	52,436	52,436

04. Description of total liabilities (Part II, line 26)

CATEGORY	BEGINNING OF YEAR	END OF YEAR
CURRENT LIABILITIES	0	119,406
LONG TERM LIABILITIES	9,639	9,639

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning _____, 2021, and ending _____, 20

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879TE for the latest information.**

2021

Name of filer

EIN or SSN

DIVINE BLISS INTERNATIONAL INC

45-3784877

Name and title of officer or person subject to tax

REBECCA S BIGARI, TREASURER

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here . . . ▶	<input type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	_____
2a	Form 990-EZ check here . . . ▶	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	159,327
3a	Form 1120-POL check here. ▶	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	_____
4a	Form 990-PF check here. . . ▶	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part V, line 5).	4b	_____
5a	Form 8868 check here . . . ▶	<input type="checkbox"/>	b	Balance due (Form 8868, line 3c).	5b	_____
6a	Form 990-T check here. . . ▶	<input type="checkbox"/>	b	Total tax (Form 990-T, Part III, line 4)	6b	_____
7a	Form 4720 check here . . . ▶	<input type="checkbox"/>	b	Total tax (Form 4720, Part III, line 1).	7b	_____
8a	Form 5227 check here . . . ▶	<input type="checkbox"/>	b	FMV of assets at end of tax year (Form 5227, Item D)	8b	_____
9a	Form 5330 check here . . . ▶	<input type="checkbox"/>	b	Tax due (Form 5330, Part II, line 19).	9b	_____
10a	Form 8038-CP check here . . ▶	<input type="checkbox"/>	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22) .	10b	_____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **LCP BOOKKEEPING** to enter my PIN **20211** as my signature
ERO firm name **Enter five numbers, but do not enter all zeros**

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶ **05-10-2022**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

500171 36963
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature ▶ **LOREN C PRICE**

Date ▶ **05-16-2022**

ERO Must Retain This Form - See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Profit and Loss

Divine Bliss International

Date Range: Jan 01, 2021 to Dec 31, 2021



ACCOUNTS

Jan 01, 2021
to Dec 31, 2021

Income	In Cash	In Kind	Total
Donation and Gifts	\$34,166.43		\$34,166.43
Membership	\$66,437.80		\$66,437.80
Programme Fee	\$57,439.41		\$57,439.41
Investment Income	\$1.74		\$1.74
Other Revenue	\$1,281.82	\$170,000.00	\$171,281.82
Total Revenue	\$159,327.20	\$170,000.00	\$329,327.20
Expenses			
Programme Expenses - Non Salary	\$13,408.64	\$50,000.00	\$63,408.64
Programme Expenses - Salary	\$50,975.88	\$120,000.00	\$170,975.88
Rental and Maintenance	\$4,202.38		\$4,202.38
Printing & Postage	\$93.10		\$93.10
Professional Fees	\$6,902.00		\$6,902.00
Donations	\$3,922.54		\$3,922.54
Other Expenses	\$9,263.46		\$9,263.46
Total Expenses	\$88,768.00	\$170,000.00	\$258,768.00
Net Surplus / (Deficit)	\$70,559.20	\$0.00	\$70,559.20

State Farm Payment Plan
PO Box 52265
Phoenix AZ 85072-2265

AT1 017420 0006 1332-9369-19 59-6288

DIVINE BLISS INTERNATIONAL INC
2319 NURSERY RD
CLEARWATER FL 33764-2746

Notice of Automated Payment

State Farm Payment Plan: 1332-9369-19
Accountholder Name: DIVINE BLISS INTERNATIONAL INC

Total Amount: \$102.66
To Be Paid On: June 7, 2022

See Important Information



Agent Craig Duncan Ins Agency Inc
2454 N Mcmln Bth Rd Ste 421
Clearwater FL 33759-1339
Phone: 727-725-3668

Important Information

- NOTE: Recurring payment of \$102.66 will be entered JUN 7, 2022 through your financial institution.
- Future notices will only be mailed if your amount due changes. Please continue to account for this amount in your financial records each month.
- Starting in June we are updating our terms & conditions as to how we contact you about your Recurring Monthly account. No action is required - visit statefarm.com/autopayterms for additional details.
- Changes and payments made after May 19, 2022 will be reflected on a subsequent billing notice.
- If you have any questions or would like to discuss other State Farm products, your agent is ready to assist you.

Thanks for letting us serve you!

TP-GNC

Our agents can now make house calls

Sometimes, meeting face to face just makes things easier. You can visit with your State Farm agent, Craig Duncan Ins Agency Inc, on Good Neighbor Connect™, our safe, online space.



Safe & Secure
personal service



Easy to use



Use this QR code to watch our video and learn more. You can contact your agent at 727-725-3668.



ST 0101-0000
1004429 143163 203 01-30-2015

Account Summary

Last Amount Billed	\$105.98
Last Amount Paid MAY 7, 2022	-105.98
Difference	0.00
Current Installment	102.66
Total Amount Due By JUN 7, 2022	\$102.66

Policy Details

Policy Number	Description	Installment & Current Changes	Amount
D85 6715-F07-59	2016 FORD	<ul style="list-style-type: none"> ▶ Monthly Installment ▶ Change in vehicle rating group for comprehensive coverage. • Rating Change • Rates have been changed. • Change of liability rating group. 	\$102.66

When you provide a check as payment, you authorize us either to use the information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic funds transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

STORIES OF COMMUNITY MEMBERS BENEFITTED

Results of our support

People with extreme, unique, health conditions that have been unable to find relief in the medical system come to change their health physically and mentally for the better.

Real people with real impact (and there BEFORE and AFTER Pictures)



James. Had heart attack. Went off pain meds through his practice with Tai Chi. Taught classes at DBI and regularly served at DBI's community garden that kept his heart managed without the medications.



Rachel has had a rare form of arthritis since she was 9 years old. The doctors put her on tons of meds, causing her depression due to her joint pain at all times. She came multiple times in the week spending time in the garden to heal and revive. Had special healthy food each time she visited. What at first seemed impossible she is now doing 4-6hours of gardening because it brought her joy and bliss. Instead of the gardening hurting her body, it helped and healed instead.



Tida had severe acne. Went through a holistic healing experience - worked through her emotions, got served special food cooked and volunteered in the activities. Her acne is completely cleared without taking any medicine or supplements.



Yogesh had kidney issues and was provided with healthy food on a daily basis. his health dramatically improved as you can see from the before and after pictures

Vickey became a widow losing her husband and couldn't cope with her grief. Started getting lots of health problems, heart issues, thyroid issues, and knee issue. Spent three months in the Divine Bliss program and the heart condition disappeared. The thyroid balanced, and the knee healed and she regained control of her life.

Amanda had severe Celiacs disease, the smell of wheat would make her nauseated, eating it would send her to the hospital. After a three month program with Divine Bliss her stomach lining was healed and she was able to eat wheat again, against the doctors diagnosis that it would be that way forever.



Dave had a rare eye disease where he was going blind. All the doctors prepared him for the worst. After going through a program at Divine Bliss he walked away healed of his eye problem.

Divine Bliss International is a place where the impossible comes true. It's still a small group that comes to the non-profit, due to lack of resources to market. However, those that come experience life changing results.

Here are more pictures of people that visited for an hour or less, the change in their face and eyes is visible.