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**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)

**2013**

**Open to Public Inspection**

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

▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**A** For the 2013 calendar year, or tax year beginning 2013, and ending 20

**B** Check if applicable:

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

**C** Name of organization  
NONPROFIT DINING KNOWLEDGE INC.

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
DIRECTION 7950 NW 53<sup>RD</sup> ST, STE 337

City or town, state or province, country, and ZIP or foreign postal code  
MIAMI FL 33166

**D** Employer identification number  
NUMBER 46-4228476

**E** Telephone number  
TELEPHONE 323 423 7803

**F** Group Exemption Number ▶

**G** Accounting Method:  Cash  Accrual Other (specify) ▶ NONE

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**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) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 0

**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

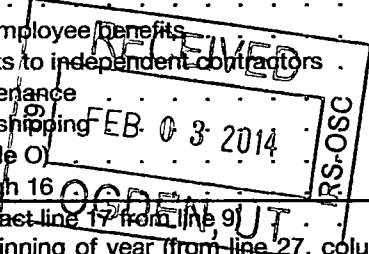
Revenue	<b>1</b>	Contributions, gifts, grants, and similar amounts received	<b>1</b>		
	<b>2</b>	Program service revenue including government fees and contracts	<b>2</b>		
	<b>3</b>	Membership dues and assessments	<b>3</b>		
	<b>4</b>	Investment income	<b>4</b>		
	<b>5a</b>	Gross amount from sale of assets other than inventory	<b>5a</b>		
	<b>b</b>	Less: cost or other basis and sales expenses	<b>5b</b>		
	<b>5c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>		
	<b>6</b>	<b>a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>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)	<b>6b</b>	
Less: direct expenses from gaming and fundraising events			<b>6c</b>		
Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			<b>6d</b>		
<b>7a</b>	<b>b</b>	Gross sales of inventory, less returns and allowances	<b>7a</b>		
		Less: cost of goods sold	<b>7b</b>		
		Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>		
<b>8</b>	Other revenue (describe in Schedule O)	<b>8</b>			
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>			
Expenses	<b>10</b>	Grants and similar amounts paid (list in Schedule O)	<b>10</b>		
	<b>11</b>	Benefits paid to or for members	<b>11</b>		
	<b>12</b>	Salaries, other compensation, and employee benefits	<b>12</b>		
	<b>13</b>	Professional fees and other payments to independent contractors	<b>13</b>		
	<b>14</b>	Occupancy, rent, utilities, and maintenance	<b>14</b>		
	<b>15</b>	Printing, publications, postage, and shipping	<b>15</b>		
	<b>16</b>	Other expenses (describe in Schedule O)	<b>16</b>		
	<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16	<b>17</b>		
Net Assets	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>		
	<b>19</b>	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)	<b>19</b>		
	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>		
	<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>		

Do Not Stamp Missing

Revenue

Expenses

Net Assets





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. Includes 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

**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 . . . . . Yes No  
47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . Yes No  
48

49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . . Yes No  
49a

b If "Yes," was the related organization a section 527 organization? . . . . . Yes No  
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)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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."

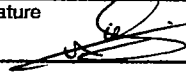
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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 and 4947(a)(1) nonexempt charitable trusts 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**  
 Signature of officer: FINMA   
 Date: FGCHA 29-01-2014  
 Type or print name and title: NOMBRE HORACIO GUAYARDO

**Paid Preparer Use Only**  
 Print/Type preparer's name: NOMBRE HORACIO GUAYARDO  
 Preparer's signature: FINMA   
 Date: FGCHA 29-01-2014  
 Check  if self-employed  
 PTIN:    
 Firm's name:    
 Firm's address:    
 Firm's EIN:    
 Phone no.:  

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





**Part III** **Supplemental Information.** Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

~~XXX~~

THIS CORPORATION DID NOT OPERATE BECAUSE OF THE RESTRICTIONS ON THE BANKS TO OPEN AN ACCOUNT FOR US. THIS REASON COULD BE A SOURCE OF MISMANAGEMENT AND MISTRANSARENCY IN OUR OPERATIONS

ATTENTION  
COUNCIL:

01/29/14

BY THIS LETTER I REQUEST  
YOU TO DISSOLVE THE EIN

NUMBER: 46 - 4228476  
FOR THE: DIVINE KNOWLEDGE INC.

THIS IS BECAUSE THE REJECTION FROM  
THE BANK INSTITUTIONS TO LET US OPEN  
AN ACCOUNT MAKE US IMPOSSIBLE  
TO HAVE A TRANSPARENCE OPERATIONS.

THANK YOU

HORACIO GUADARRAMA

