

Return of Organization Exempt From Income Tax

20 12

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2012 calendar year, or tax year beginning January 1, 2012, and ending December 31, 20 12

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization People for Guatemala, Inc.
 Doing Business As _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
400 5th Ave S. Ste 304
 City, town or post office, state, and ZIP code
Naples, FL 34102-6556

D Employer identification number
27-2550148

E Telephone number
941-244-8692

F Name and address of principal officer: Lois D. Werner
400 5th Ave S. Ste 304 Naples, FL 34102

G Gross receipts \$ 337,609

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

H(c) Group exemption number ▶ _____

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ www.peopleforguatemala.org

K Form of organization: Corporation Trust Association Other ▶ _____

L Year of formation: 2010

M State of legal domicile: FL

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>Promote human advancement by engaging the poor in rural Guatemala through health and community development to effect long term change in families and communities.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	3
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	
	6 Total number of volunteers (estimate if necessary)	6	10
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	405,986	337,173
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	324	436
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	406,310	337,609
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	252,006	313,351
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		
	16a Professional fundraising fees (Part IX, column (A), line 11e)	972	1,105
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,446	318
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	257,424	314,774
19 Revenue less expenses. Subtract line 18 from line 12	148,886	22,835	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 208,951	End of Year 231,786
	21 Total liabilities (Part X, line 26)		
	22 Net assets or fund balances. Subtract line 21 from line 20	208,951	231,786

Part II Signature Block

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

Sign Here: Signature of officer _____ Date _____
 Type or print name and title _____

Paid Preparer Use Only: Print/Type preparer's name _____ Preparer's signature _____ Date _____ Check if self-employed PTIN _____
 Firm's name ▶ _____ Firm's EIN ▶ _____
 Firm's address ▶ _____ Phone no. _____

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:
Our mission is to teach Mayans living in extreme poverty in rural Guatemala how to build their capacity to recognize and prioritize issues within their families and in their communities to create sustainable solutions regarding health and education. We require authentic participation in each project, either labor or a small financial contribution or both.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 137,158 including grants of \$ 0) (Revenue \$)
Completed 3 water projects benefiting over 600 families
Built additions to 3 rural schools
Improved 16 houses covering dirt floors with cement
Built two community centers where monthly health clinics are held

4b (Code:) (Expenses \$ 109,340 including grants of \$ 0) (Revenue \$)
Provided financial resources to support education, health, and community development in 12 rural Mayan communities in San Martin, Jilotepeque.

4c (Code:) (Expenses \$ 38,486 including grants of \$ 0) (Revenue \$)
Treated over 2,500 patients in 60 rural health clinics (consult and medicine)
Installed 421 efficient low smoke stoves improving health of over 2,500 people
Provided 872 tire gardens and taught 291 women how to plant, grow, and cook vegetables

4d Other program services (Describe in Schedule O.)
(Expenses \$ 28,367 including grants of \$ 0) (Revenue \$)

4e Total program service expenses **▶** 313,351