

Return of Organization Exempt From Income Tax

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning January 1, 2013, and ending December 31, 20 13

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 or town, state or province, country, and ZIP or foreign postal code
Naples, Florida 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 \$ 446,766

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates 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: ▶ _____

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 2010 **M** State of legal domicile: FL

Part I Summary

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)	<u>3</u>	<u>3</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<u>5</u>	<u>0</u>
	6	Total number of volunteers (estimate if necessary)	<u>6</u>	<u>10</u>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	
b	Net unrelated business taxable income from Form 990-T, line 34	<u>7b</u>		
Revenue	8	Contributions and grants (Part VIII, line 1h)	<u>337,173</u>	<u>446,388</u>
	9	Program service revenue (Part VIII, line 2g)		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>436</u>	<u>378</u>
	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)	<u>337,609</u>	<u>446,766</u>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>313,351</u>	<u>319,268</u>
	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)	<u>1,105</u>	<u>0</u>
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>318</u>	<u>638</u>
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>314,774</u>	<u>319,906</u>
19	Revenue less expenses. Subtract line 18 from line 12	<u>22,835</u>	<u>126,860</u>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	<u>231,786</u>	<u>358,646</u>
	21	Total liabilities (Part X, line 26)		
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>231,786</u>	<u>358,646</u>

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. _____

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

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 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 \$ **96,869** including grants of \$) (Revenue \$)

Community Development
Completed 2 water projects benefiting 172 families
Improved sanitation by building 24 composting latrines benefiting 144 people
Built 1 community center where health clinics are held benefiting 95 families
Built 1 school kitchen benefiting 174 students

4b (Code:) (Expenses \$ **93,226** including grants of \$) (Revenue \$)

Health
Had 3,382 patient visits in our 72 rural health clinics providing each patient with a consult and medicine if needed
Installed 354 efficient, low smoke Chapina stoves improving health for over 2,000 people, especially women and young children
Improved 16 houses by covering dirt floors with concrete thus eliminating mold and parasites for 16 families
Provided 719 tire gardens and taught 179 women how to plant, grow and cook vegetables

4c (Code:) (Expenses \$ **74,783** including grants of \$) (Revenue \$)

Guatemala Operations
Provided financial resources to support programs in Guatemala including education, health, and community development projects in San Martin, Jilotepeque.

4d Other program services (Describe in Schedule O.)
(Expenses \$ **54,390** including grants of \$) (Revenue \$)

4e Total program service expenses **319,268**