

Return of Organization Exempt From Income Tax

2014

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 2014 calendar year, or tax year beginning January 1, 2014, and ending December 31, 20 14

B Check if applicable:
 Address change
 Name change
 Initial return
 Final 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 Avenue, South 304
 City or town, state or province, country, and ZIP or foreign postal code
Naples, FL 34102

D Employer identification number
27-2550148

E Telephone number
941-244-8692

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

G Gross receipts \$ 321,886

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: ▶ 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

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 2014 (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>446,388</u>	<u>321,485</u>
	9	Program service revenue (Part VIII, line 2g)		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>378</u>	<u>400</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>446,766</u>	<u>321,886</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>319,268</u>	<u>185,475</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>0</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>638</u>	<u>624</u>
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>319,906</u>	<u>186,099</u>
19	Revenue less expenses. Subtract line 18 from line 12	<u>126,860</u>	<u>135,787</u>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	<u>358,646</u>	<u>494,433</u>
	21	Total liabilities (Part X, line 26)		
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>358,646</u>	<u>494,433</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 indigenous 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 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 \$ 60,201 including grants of \$ _____) (Revenue \$ _____)

Education:

Improved 9 schools - built school kitchens, replaced roofs, installed water and bathrooms
Built 2 classrooms at one elementary school benefiting 175 students and 6 teachers
Provided scholarships for 60 junior high and high school students
Trained 24 primary education teachers how to teach reading and math; provided learning materials for over 500 students

4b (Code: _____) (Expenses \$ 59,108 including grants of \$ _____) (Revenue \$ _____)

Community development:

Built 2 community centers where health clinics are held benefiting 230 families
Finished 3 potable water delivery systems benefiting 288 families (1,700 people)
Improved sanitation by building 10 composting latrines benefiting 60 people

4c (Code: _____) (Expenses \$ 44,966 including grants of \$ _____) (Revenue \$ _____)

Health:

Conducted 12 health clinics each month (8 in San Martin, and 4 remote clinics) providing physician's consult and medicine, if needed
Had 3,900 patient visits, treating men, women, and children from 0 - 80 years old, the majority are indigenous living in rural villages
Installed 933 efficient, low smoke Chapina stoves improving the health for over 5,600 people, especially women and children
Trained 36 traditional birth attendants, courses included emergency children birth and Helping Babies Breathe

4d Other program services (Describe in Schedule O.)

(Expenses \$ 21,200 including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses **▶ 185,475**