

Return of Organization Exempt From Income Tax

2015

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 2015 calendar year, or tax year beginning **2015**, and ending **20**

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 Ave 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 Ave South ste 304 Naples, FL 34102

G Gross receipts \$ **401,119**

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)

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**

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: Promote human advancement by engaging the poor in rural Guatemala through health and community development to effect long term change in families and communities.		
	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 2015 (Part V, line 2a)	5	0
	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)	321,485	400,582
	9	Program service revenue (Part VIII, line 2g)		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	624	538
	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)	321,288	401,119
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	185,475	409,272
	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)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	624	645
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	186,099	409,918
19	Revenue less expenses. Subtract line 18 from line 12	135,787	-8,798	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	494,433	485,635
	21	Total liabilities (Part X, line 26)		
	22	Net assets or fund balances. Subtract line 21 from line 20	494,433	485,635

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 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 \$ 209,059 including grants of \$ _____) (Revenue \$ _____)

Health

Conducted 120 health clinics and treated 3,990 patients providing physician's consult and medicine, if needed. Treated men, women, and children from 0 to 85 years old, the majority are indigenous living in rural villages in San Martin, Jilotepeque. Trained 30 traditional birth attendants. Courses included emergency child birth and Helping Babies Breathe. Treated 2,202 children and adults in remote villages in partnership with Nursing Heart, Inc., Shared Beat, Inc., Florida Atlantic University, Community Dental Care. Conduc primary care clinics, cervical cancer screenings, dental clinics, and child wellness physicals. Initated 2 new health services: 1) opened a full-service dental clinic and 2) established a partnership with Greg Haskins, Ophthalmogist from Fremont, Nebraska who is seeing patients with eye problems
Installed 1,053 low smoke, efficient vented Chapina Stoves benefiting over 6,300 people

4b (Code: _____) (Expenses \$ 88,764 including grants of \$ _____) (Revenue \$ _____)

Community development

Completed 6 potable water delivery systems benefiting 740 families (over 4,000 people)
Constructed 2 community rooms in remote villages where health clinics will be conducted
Improved 22 houses by covering dirt floors with concrete
Improved santiation in a remote village by building 85 composting latrines

4c (Code: _____) (Expenses \$ 61,152 including grants of \$ _____) (Revenue \$ _____)

Education

Improved 12 schools: built 2 classrooms, installed 5 new roofs, improved sanitation at a junior high school, built 3 kitchens, 1 retaining wall, and 1 playground.
Added 10 first grade teachers to our Teachers Helping Teachers program making a total of 57 teachers learning how to teach reading and math skills using specific learning activities
Provided 55 students with scholarships to attend junior high, high school, and college.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 50,298 including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses **409,272**