

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2016Department 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.**Open to Public
Inspection**

A For the 2016 calendar year, or tax year beginning <u>January 31</u> , 2016, and ending <u>December 31</u> , 20 <u>16</u>			
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>People for Guatemala, Inc</u>		D Employer identification number <u>27-2550148</u>
	Doing business as		E Telephone number <u>941-244-8692</u>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<u>400 5th Avenue South</u>	<u>304</u>	
	City or town, state or province, country, and ZIP or foreign postal code <u>Naples, Florida 34102</u>		G Gross receipts \$ <u>454,033</u>
	F Name and address of principal officer: <u>Lois D Werner</u> <u>400 5th Ave S Ste 304 Naples, FL 34102</u>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ <u>www.peopleforguatemala.org</u>			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: <u>2010</u> M State of legal domicile: <u>FL</u>	

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 2016 (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)	Prior Year <u>400,582</u>	Current Year <u>453,164</u>
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>538</u>	<u>869</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>401,119</u>	<u>454,033</u>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>409,272</u>	<u>420,270</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)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>645</u>	<u>1075</u>
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>409,918</u>	<u>421,345</u>
19 Revenue less expenses. Subtract line 18 from line 12	<u>-8798</u>	<u>32,688</u>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year <u>485,635</u>	End of Year <u>518,323</u>
	21 Total liabilities (Part X, line 26)	<u>0</u>	<u>0</u>
	22 Net assets or fund balances. Subtract line 21 from line 20	<u>485,635</u>	<u>518,323</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 <input type="checkbox"/> 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 AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

Our mission is to teach indigenous people 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 \$ 157,099 including grants of \$) (Revenue \$)**Health**

Completed the construction of a new health center in the rural village of Santo Domingo. Services at this health facility include primary care, dental and psychology clinics. In 2016, we logged 3,694 patient visits in our primary care clinics & assisted 56 critically ill patients with medicine, lab tests, x-rays, or life-saving surgery. 918 patients were seen at our dental clinic and 266 patient visits were logged in our psychology clinic. We hosted 12 medical groups from United States in partnership with Nursing Heart, Shared Beat, Florida Atlantic University, LAMP, and University of South Dakota. We conducted primary care clinics, cervical cancer screenings, foot care clinic, child wellness physicals, and two eye clinics. Our New Eyes program treated 313 visually impaired patients.

We installed 850 Chapina stoves benefiting over 4,800 people.

4b (Code:) (Expenses \$ 107,248 including grants of \$) (Revenue \$)**Education**

Improved 4 elementary schools - built 3 new classrooms, bathrooms, kitchens, and a computer lab. Provided 49 students with a scholarship to attend junior high, high school, and college. Implemented sewing classes for adults to teach sewing skills with the goal of creating projects the women can sell to earn income.

4c (Code:) (Expenses \$ 96,869 including grants of \$) (Revenue \$)**Community Development**

Completed 4 potable water delivery systems benefiting 1200 families. Improved sanitation in a remote village by completing 42 composting latrines. Improved 37 houses by covering dirt floors with concrete affecting almost 200 people.

4d Other program services (Describe in Schedule O.)(Expenses \$ 59,054 including grants of \$) (Revenue \$)**4e** Total program service expenses **418,850**