

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.**2017****Open to Public Inspection**Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning , 2017, and ending , 20																											
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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization People for Guatemala, Inc.</td> <td>D Employer identification number 27-2550148</td> </tr> <tr> <td colspan="2">Doing business as</td> <td rowspan="2">E Telephone number 941-244-8692</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td>400 5th Ave S</td> <td>Ste 304</td> <td></td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code Naples, FL 34102</td> <td>G Gross receipts \$ 527,883</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: Lois D Werner 400 5th Ave S Ste 304 Naples, FL 34102</td> <td> 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 ▶ </td> </tr> <tr> <td colspan="3"> 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 </td> </tr> <tr> <td colspan="3">J Website: ▶ www.peopleforguatemala.org</td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> <td>L Year of formation: 2010 M State of legal domicile: FL</td> </tr> </table>	C Name of organization People for Guatemala, Inc.		D Employer identification number 27-2550148	Doing business as		E Telephone number 941-244-8692	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, FL 34102		G Gross receipts \$ 527,883	F Name and address of principal officer: Lois D Werner 400 5th Ave S Ste 304 Naples, FL 34102		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: ▶ www.peopleforguatemala.org			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: 2010 M State of legal domicile: FL
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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, education, 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 2017 (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)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	453,164	527,281
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	869	602
	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)	453,033	527,883
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	420,270
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)	1075	647
18		Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	421,345	379,710
19	Revenue less expenses. Subtract line 18 from line 12	32,688	148,173	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	518,323	666,496
	22	Net assets or fund balances. Subtract line 21 from line 20	0	666,496

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
	Firm's name ▶	Firm's EIN ▶		PTIN
	Firm's address ▶	Phone no.		

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2017)

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 to 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 \$ 193,139 including grants of \$) (Revenue \$)**Education**Implemented Women's Learning and Empowerment Project. Components include literacy classes for women living in rural villages and teaching women sewing skills.Completed the construction of an elementary school, improved 5 schools in rural villages, and provided scholarships for 46 students attending junior high, high school, and college. 275 students in 2 elementary schools received new text books.**4b** (Code:) (Expenses \$ 135,292 including grants of \$) (Revenue \$)**Health**Continue to provide primary care and dental clinics in our health center located in Santo Domingo, a rural village outside of San Martin, in the municipality of San Martin, Jilotepeque. In 2017, our health teams logged 5,690 patient visits and another 2,437 children and adults were treated in 15 rural villages. 566 families received Chapina stoves improving the health of over 3,000 people for the next 10 years. 93 families received composting latrines improving personal sanitation and hygiene. Our health programs are complimented by visiting medical groups from the United States including 5 universities in partnership with Nursing Heart, Inc, Shared Beat and Graceland University. 388 children and adults benefited from our New Eyes program.**4c** (Code:) (Expenses \$ 50,632 including grants of \$) (Revenue \$)**Community Development**Covered dirt floors with concrete in 50 houses benefiting 276 people. Built community centers in 2 villages where health promoters can conduct health clinics. Provided Electrical service to a community and elementary school.**4d** Other program services (Describe in Schedule O.)(Expenses \$ 0 including grants of \$) (Revenue \$)**4e** Total program service expenses **379,063**