

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2018**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**Open to Public Inspection**

<b>A</b> For the 2018 calendar year, or tax year beginning , 2018, and ending , 20																										
<b>B</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"><b>C</b> Name of organization <b>People for Guatemala, Inc</b></td> <td><b>D</b> Employer identification number <b>27-2550148</b></td> </tr> <tr> <td colspan="2">Doing business as</td> <td rowspan="3"><b>E</b> Telephone number <b>941-244-8692</b></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><b>400 5th Ave S</b></td> <td><b>Ste 304</b></td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code <b>Naples, FL 34102</b></td> <td><b>G</b> Gross receipts \$ <b>768,958</b></td> </tr> <tr> <td colspan="2"><b>F</b> Name and address of principal officer: <b>Lois D Werner</b> <b>400 5th Ave S Ste 304 Naples, FL 34102</b></td> <td> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No          If "No," attach a list. (see instructions)  <b>H(c)</b> Group exemption number ▶       </td> </tr> <tr> <td colspan="3"><b>I</b> 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"><b>J</b> Website: ▶ <b>www.peopleforguatemala.org</b></td> </tr> <tr> <td colspan="2"><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> <td><b>L</b> Year of formation: <b>2010</b> <b>M</b> State of legal domicile: <b>FL</b></td> </tr> </table>	<b>C</b> Name of organization <b>People for Guatemala, Inc</b>		<b>D</b> Employer identification number <b>27-2550148</b>	Doing business as		<b>E</b> Telephone number <b>941-244-8692</b>	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>400 5th Ave S</b>	<b>Ste 304</b>	City or town, state or province, country, and ZIP or foreign postal code <b>Naples, FL 34102</b>		<b>G</b> Gross receipts \$ <b>768,958</b>	<b>F</b> Name and address of principal officer: <b>Lois D Werner</b> <b>400 5th Ave S Ste 304 Naples, FL 34102</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶	<b>I</b> 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			<b>J</b> Website: ▶ <b>www.peopleforguatemala.org</b>			<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>2010</b> <b>M</b> State of legal domicile: <b>FL</b>
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**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>Promote human advancement by engaging the poor in rural Guatemala through health, education, and community development to effect long term change</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>3</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	
	<b>5</b>	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	<b>0</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>10</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	
	<b>b</b>	Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>527,281</b>	<b>768,147</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>602</b>	<b>812</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>527,883</b>	<b>768,958</b>
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>379,063</b>	<b>536,027</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)		
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>647</b>	<b>5,479</b>
	<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>379,710</b>	<b>541,505</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>148,173</b>	<b>227,453</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>666,496</b>	<b>893,948</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>666,496</b>	<b>893,948</b>

**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.

<b>Sign Here</b>	<b>Signature of officer</b>	<b>Date</b>			
	<b>Type or print name and title</b>				
<b>Paid Preparer Use Only</b>	<b>Print/Type preparer's name</b>	<b>Preparer's signature</b>	<b>Date</b>	<b>Check <input type="checkbox"/> if self-employed</b>	<b>PTIN</b>
	<b>Firm's name ▶</b>			<b>Firm's EIN ▶</b>	
	<b>Firm's address ▶</b>			<b>Phone no.</b>	

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 ☐**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 \$ 182,586 including grants of \$ ) (Revenue \$ )**Education**

Opened our new Learning and Skills Center in February 2018. 245 students attended English, technology, sewing, baking, and cosmetology classes.

95 students attended junior high, high school, and college in our scholarship program

40 women successfully completed literacy classes in 2 remote villages through our Women's Learning and Empowerment Project

Developed technology classrooms and installed 97 computers in 5 schools benefitting 750 students and 27 teachers

**4b** (Code: ) (Expenses \$ 180,550 including grants of \$ ) (Revenue \$ )**Health**

7454 patients were treated at our primary care clinics, a 31% increase over 2017

2,800 patients received dental services

Opened a satellite clinic in El Sapito, providing primary, maternity, and dental care

1,700 men, women and children received health care in 13 rural villages in partnership with Nursing Heart, Shared Beat, and

Graceland University

31 women's lives were saved through our cervical cancer clinics and treatment

411 people benefited from our New Eyes program

489 families received a vented, safe Chapina stove benefitting over 2,900 people

**4c** (Code: ) (Expenses \$ 172,891 including grants of \$ ) (Revenue \$ )**Community Development**

Completed construction on a junior high school in Palo Blanco benefitting 40-60 students

Started construction on a junior high school in La Plazuela benefitting 40-60 students

Finished construction of a retaining wall for an elementary school

Completed construction of bathrooms and hand washing stations at 4 schools benefitting 725 students and 26 teachers

Awarded community grants to 2 schools to install new roofs at their elementary schools

**4d** Other program services (Describe in Schedule O.)(Expenses \$ 0 including grants of \$ ) (Revenue \$ )**4e** Total program service expenses **563,027**