

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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.

A For the 2019 calendar year, or tax year beginning , 2019, 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	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		
	City or town, state or province, country, and ZIP or foreign postal code Naples, Florida 34102		
F Name and address of principal officer: Lois D Werner		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
400 5th Ave S Ste 304 Naples, FL 34102		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		If "No," attach a list. (see instructions)	
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		H(c) Group exemption number ▶	
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

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, education, and community development to effect long term change.	
	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
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5
	6	Total number of volunteers (estimate if necessary)	6
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a
b	Net unrelated business taxable income from Form 990-T, line 39	7b	
Revenue	8	Contributions and grants (Part VIII, line 1h)	768,147
	9	Program service revenue (Part VIII, line 2g)	521,909
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	812
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,283
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	768,958
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	536,027
	14	Benefits paid to or for members (Part IX, column (A), line 4)	533,474
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	5479
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	3,119
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	541,505
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	536,866
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	227,453
19	Revenue less expenses. Subtract line 18 from line 12	-11,674	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	893,948
	21	Total liabilities (Part X, line 26)	882,275
	22	Net assets or fund balances. Subtract line 21 from line 20	893,948

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 to each project, either labor or a small contribution or both.
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- 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 \$ 206,771 including grants of \$ 0) (Revenue \$ 0)

Health9,071 patient visits at our primary care clinics, 30% are children under 132,821 patients received dental services1,444 men, women, and children received health care in 13 rural villages in partnership with Nursing Heart, Shared Beat and Graceland University25 women's lives were saved through our cervical cancer clinics and treatment284 people benefited from our New Eyes program590 families received a vented, safe Chapina stove benefiting over 3,500 people

4b (Code:) (Expenses \$ 218,732 including grants of \$ 0) (Revenue \$ 0)

Education230 students attended English, technology, sewing, baking, culinary, and cosmetology classes each week at our Learning and Skills Center99 students received scholarships to attend junior high, high school, and college37 women successfully completed literacy classes in 2 remote villages through our Women's Learning and Empowerment Project

4c (Code:) (Expenses \$ 108,243 including grants of \$ 0) (Revenue \$ 0)

Community Development34 families benefited from a new water delivery system in Los Mageuyes150 computers were installed in 10 elementary and junior high schools benefiting 851 students and 60 teachers15 schools received new desks, new classrooms, or new kitchens2 classrooms were added to an elementary school benefiting 165 students and 7 teachers

4d Other program services (Describe on Schedule O.)
 (Expenses \$ 3,119 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses **536,866**