

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)

2021

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning **2021**, and ending **2021**

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) 400 5th Ave S	Room/suite 304	G Gross receipts \$ 584,043
	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**
400 5th Ave S ste 304 Naples, FL 34102

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**

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	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 2021 (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, Part I, line 11	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 810,254	Current Year 582,883
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,735	433
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		727
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	811,989	584,043
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	496,370	474,578
	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)	5,871	4,393
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	502,241	478,971
19 Revenue less expenses. Subtract line 18 from line 12	309,748	105,072	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 1,191,622	End of Year 1,296,694
	21 Total liabilities (Part X, line 26)		
	22 Net assets or fund balances. Subtract line 21 from line 20	1,191,622	1,296,694

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: *Lois D Werner* Date: *April 21, 2022*

Type or print name and title: **Lois D. Werner, President**

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

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 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 \$ **307,710** including grants of \$) (Revenue \$)

Education

101 Students received scholarships to attend junior high school, high school, and college
46 students received laptops to enable them to attend virtual classes
14 students graduated from high school
135 young adults attended classes and completed vocational training in classes for sewing, baking, culinary arts, and cosmetology
Created a junior high school and 24 students attended classes at our Learning & Skills center

4b (Code:) (Expenses \$ **144,456** including grants of \$) (Revenue \$)

Health

3,106 patient visits at our 2 primary care medical clinics, 30% are children under 13
2,217 patients received dental services
18,000 vitamin packets were distributed to children under 8 year old
315 families received a healthy, safe, vented stove
1,315 bags of food were distributed to families living in extreme poverty
50 families received water filters to provide safe drinking water

4c (Code:) (Expenses \$ **22,412** including grants of \$) (Revenue \$)

Community Development

325 families received funding to build/repair a water delivery system in Chuisac Varituc

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **474,578**