Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2022

OMB No. 1545-0047

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

Α	For the	2022 calend	dar year, or tax year beginning	, 2022, and en	ung		, 20		
 В	Check if applicable:		C Name of organization People fo	r Guatemala, Inc		D Emplo	yer identification number		
Address		change	nange Doing business as			27-2550148			
Name change		-		Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telepho	E Telephone number		
Initial return		-		100 5th Ave S 304			941-244-8692		
님		nal return/terminated City or town, state or province, country, and ZIP or foreign postal code							
\exists	Amended	receipts \$ 592,05							
님			Naples, Florida 34102 F Name and address of principal offi	icer.	H(a) Is this a	roup return for	r subordinates? Yes V N		
ш	Application pending						es included? Yes N		
	Tay ayar	npt status:	√ 501(c)(3)) (insert no.) 4947(a)(1) or 52			st. See instructions.		
		·) (insure no.) [4047 (4)(1) 01 [62					
J		site: www.peopleforguatemala.org H(c) Group exemption number of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other L Year of formation: 2010 M State of legal domicile: FI							
Name and Address of the Owner, where the Owner, which is the Own				uon Other E rear or ro	madon. 2010	IN Otato (or rogar dormand.		
	art I	Summary Briefly describe the organization's mission or most significant activities: Promote human advancement by engaging the							
Governance		poor in rural Guatemala through health, education, and community development to effect long term change.							
na L	_	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.							
Ve	2	Check this	s box if the organization d	o or more than a		s net assets.			
ලි		Number of voting members of the governing body (Part VI, line 1a)				3			
රේ	4			rs of the governing body (Part VI, line	1b)	4			
ţį	5		ber of individuals employed in		5				
Activities &	6			necessary)		6			
Ac	7a		elated business revenue from			7a	2034		
	b	Net unrela	ated business taxable income	from Form 990-T, Part I, line 11 .		7b			
					Prior Ye	ar	Current Year		
an.	8	Contribution	ions and grants (Part VIII, line		582,883	590,02			
ž	9								
Revenue	10	Investmen	433	1,24					
ď	11		enue (Part VIII, column (A), line		727	78			
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)					592,0		
	13	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 584,043 592,054 Grants and similar amounts paid (Part IX, column (A), lines 1–3)							
	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)							
Ses	16a								
en		Professional fundraising fees (Part IX, column (A), line 11e)							
Expenses	b			-	4,393	11,2			
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)					367,6		
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12				478,971			
	19	Revenue I	less expenses. Subtract line	18 from line 12		105,072 Beginning of Current Year End of Y			
Net Assets or	3								
set	20		· · · · · · · · · · · · · · · · · · ·			1,296,694	1,521,1		
A A	21		ilities (Part X, line 26)		•	0			
			ts or fund balances. Subtract	1,296,694	1,521,1				
	art II	- 0	ure Block	- Lander Control of the Control of t					
U	nder pena	alties of perjur	ry, I declare that I have examined this	return, including accompanying schedules and nofficer) is based on all information of which pre	statements, and to	the best of r	my knowledge and belief, if		
tre	ue, correc	ct, and comple	ste. Declaration of preparer (other than	Torricer) is based on all information of which pre	parer rias arry rations				
		. 0	()						
Sign Here		Signetule of officer Pay 9, 2023							
		1 /aus 1 1 dog 5							
		Type of prin	nt name and title						
	- i al	Print/Typ	pe preparer's name	Preparer's signature	Date	Check [if PTIN		
Paid						self-emp	oloyed		
Prepare		Eirm'n no	ame		Firr	n's EIN			
U	se On	Firm's address Phone no.							
M	av the II	RS discuss this return with the preparer shown above? See instructions							

Door		
Page	4	

Part									
4	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 the indigenous people living in extreme poverty in rural Guatemala how to build their capicity to recognize and priortize issues within their families and their communities to create sustainable solutions regarding health and education.								
	We require authentic participation to each project, either laobr or a small contribution or both.								
	The require authorities paracipation to each project of the result of a circumstation of Seath								
2	Did the organization undertake any significant program services during the year which were not listed on the								
	prior Form 990 or 990-EZ?								
	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?								
	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.								
	the total expenses, and revenue, if any, for each program service reported.								
A -	(Code: \(\sigma\) (Function \(\phi\) 244 074 including graphs of \(\phi\)								
4a	(Code:) (Expenses \$1,071 including grants of \$) (Revenue \$)								
	Education:								
	101 scholarships awarded to students attending junior high, high school, and college 5 full-time teachers employed to work at our junior high school								
	20 students received new laptops to use to attend school (virtual/in-person classes)								
	Land Hard Officer and Araba de alexander and								
	130 young adults attended vocational classes at the Learning Center								
	Employed 5 part-time teachers at the Learning Center to teach sewing, baking, cooking, and cosmetology								
4b	(Code:) (Expenses \$118,420 including grants of \$) (Revenue \$)								
	Health:								
	3,381 patients visits at our 2 primary care medical clinics, 30% are children under 13								
	4,010 patients visits logged at our 2 dental clinics								
	223 families received a safe, vented healthy stove								
	14 families received water filters to provide safe drinking water								
4c	(Code:) (Expenses \$ 26,866 including grants of \$) (Revenue \$)								
	Community Development:								
	Built 1 community room in a village where health clinics are held								
	Improved 1 elementary school by provididing a new water tank, pipes, water filter, pila and food storage								
	Built a new school kitchen in 1 remote village								
	21 families received concrete floors to improve their living conditions								
4d	Other program services (Describe on Schedule O.)								
-70	(Expenses \$ including grants of \$) (Revenue \$								
10	Total program service expenses								