

# Return of Organization Exempt From Income Tax

**2023**

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

**A** For the 2023 calendar year, or tax year beginning 01/01/2023 and ending 12/31/2023

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization PEOPLE FOR GUATEMALA INC  
 Doing business as \_\_\_\_\_  
 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

**D** Employer identification number  
27-2550148

**E** Telephone number  
941-244-8692

**G** Gross receipts \$ 495,836

**F** Name and address of principal officer: Lois 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

Website: peopleforguatemala.org

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: 2010 **M** State of legal domicile: FL

**H(c)** Group exemption number \_\_\_\_\_

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>Promote human advancement by engaging the poor people in Guatemala through health, education, and community development to effect long term change.</u>		
	<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)	<u>3</u>	<u>3</u>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	<u>0</u>
	<b>5</b>	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	<u>5</u>	<u>0</u>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<u>6</u>	<u>3</u>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	<u>25,438</u>
<b>b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u>7b</u>	<u>25,794</u>	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year <u>590,020</u>	Current Year <u>470,042</u>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<u>0</u>	<u>0</u>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>1,249</u>	<u>25,438</u>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>785</u>	<u>356</u>
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>592,054</u>	<u>495,836</u>
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>356,357</u>	<u>285,821</u>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<u>0</u>	<u>0</u>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>0</u>	<u>0</u>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u>	<u>0</u>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25)	<u>0</u>	<u>0</u>
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>11,258</u>	<u>4,598</u>
<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>367,615</u>	<u>290,419</u>	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<u>224,439</u>	<u>205,417</u>	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year <u>1,521,133</u>	End of Year <u>1,726,550</u>
	<b>21</b>	Total liabilities (Part X, line 26)	<u>0</u>	<u>0</u>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<u>1,521,133</u>	<u>1,726,550</u>

**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 Lois Werner Signature of officer Feb. 28, 2024 Date  
Lois Werner, President Type or print name and title

<b>Paid Preparer Use Only</b>	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 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 the 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 laobr 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 \$ 155,300 including grants of \$ 0) (Revenue \$ 0)

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

Installed 162 new student desks and 20 computers in remote villages

130 young adults attended vocational classes at the learning center

Employed 4 part-time teachers at the Learning Center for sewing, baking, and cooking classes

4b (Code: \_\_\_\_\_) (Expenses \$ 122,121 including grants of \$ 0) (Revenue \$ 0)

Health:

3,227 patients visits at our 2 primary care medical clinics, 30% are children under 13

1,200 patient visits logged at our 2 dental clinics

217 families received a safe, vented healthy stove

15 families received water filters to provide safe drinking water

4c (Code: \_\_\_\_\_) (Expenses \$ 8,400 including grants of \$ 0) (Revenue \$ 0)

Community Development:

Built 2 new school kitchens in remote villages

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

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

4e Total program service expenses 285,821