

Short Form

OMB No. 1545-1150

Form 990-EZ

Return of Organization Exempt From Income Tax

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) nonexempt charitable trust

▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

1998 1999
This Form is Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 1998 calendar year, OR tax year beginning MARCH 4, 1999, and ending SEPTEMBER 30, 1999

B Check if: <input type="checkbox"/> Change of address <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return (required also for state reporting)	Please use IRS label or print or type. See Specific Instructions.	C Name of organization <u>THE WAY OF THE HEART: THE PROMOTORA INSTITUTE</u>	D Employer identification number <u>96-0951529</u>
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <u>125 E. MADISON ST</u>	E Telephone number <u>520-287-2240 </u>
		City or town, state or country, and ZIP + 4 <u>NOGALES, AZ 85621</u>	F Check <input type="checkbox"/> if exemption application is pending
			H Enter four-digit group exemption number (GEN)

G Accounting method: Cash Accrual Other (specify) ▶

I Type of organization—▶ Exempt under section 501(c)(3) ◀ (insert number) OR section 4947(a)(1) nonexempt charitable trust

Note: Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).

J Check if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, the organization should file a return without financial data. Some states require a complete return.

K Enter the organization's ¹⁹⁹⁹1998 gross receipts (add back lines 5b, 6b, and 7b, to line 9) ▶ \$ 24,612.75
If \$100,000 or more, the organization must file Form 990 instead of Form 990-EZ.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 30.)

Revenue	1	Contributions, gifts, grants, and similar amounts received (attach schedule of contributors)	1	18,953.19
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	
	6	Special events and activities (attach schedule):		
	6a	Gross revenue (not including \$ <u>984</u> of contributions reported on line 1)	6a	
	6b	Less: direct expenses other than fundraising expenses	6b	
	6c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	984.00
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less: cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	
	8	Other revenue (describe ▶ <u>LOANS AND REIMBURSEMENT OF LEGAL EXPENSE</u>)	8	4,675.56
	9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	24,612.75
	Expenses	10	Grants and similar amounts paid (attach schedule)	10
11		Benefits paid to or for members	11	
12		Salaries, other compensation, and employee benefits	12	15,314.32
13		Professional fees and other payments to independent contractors <u>LEGAL</u>	13	2,576.00
14		Occupancy, rent, utilities, and maintenance	14	0.00
15		Printing, publications, postage, and shipping	15	72.73
16		Other expenses (describe ▶ <u>SUPPLIES, TELEPHONE, TRAVEL, EQUIPMENT, OTHER</u>)	16	6,649.70
17	Total expenses (add lines 10 through 16)	17	24,612.75	
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)	18	0.00
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	0.00

Part II Balance Sheets—If total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

		(See Specific Instructions on page 34.)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments			0.00	22 0.00
23	Land and buildings			0.00	23 0.00
24	Other assets (describe ▶ <u>IRSA, COORDEN, UT.</u>)			0.00	24 0.00
25	Total assets			0.00	25 24,612.75
26	Total liabilities (describe ▶)			0.00	26 24,612.75
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)			0.00	27 0.00

For Paperwork Reduction Act Notice, see page 1 of the separate instructions.

Cat. No. 106421

Form **990-EZ** (1998)

17 MB

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 34.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
What is the organization's primary exempt purpose? <u>HEALTH EDUCATION, TRAINING, REFERRAL</u> Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		
28	HEALTH EDUCATION: 847 EDUCATIONAL ENCOUNTERS WERE PROVIDED TO LOW-INCOME WOMEN AND THEIR FAMILIES IN THE AREAS OF CARDIOVASCULAR HEALTH, CANCER, DIABETES, HIV/AIDS SUBSTANCE ABUSE, ETC. (Grants \$)	28a CANNOT BE SEPARATED OUT. ALL
29	TRAINING: 9 WOMEN WERE TRAINED IN CAR SEAT SAFETY (Grants \$)	29a 3 ACTIVITIES CAN OCCUR ON THE SAME ENCOUNTER.
30	REFERRAL: 384 REFERRALS WERE MADE FOR 290 LOW INCOME WOMEN, MEN AND CHILDREN. FOLLOW-UP WAS PROVIDED FOR ALL REFERRALS (Grants \$)	30a 22,024.25
31	Other program services (attach schedule) (Grants \$)	31a
32	Total program service expenses (add lines 28a through 31a)	32 22,024.25

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Specific Instructions on page 34.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
MARIA GOMEZ-MURPHY 77 CAMINO MURPHY RIO RICO, AZ 85648	PRESIDENT & CEO 40 HOURS / WEEK	- 0 -	- 0 -	- 0 -
ANA JONES 570 N. MACNAB DR. NOGALES, AZ 85621	VICE-PRESIDENT / EXECUTIVE ASSISTANT 40 HOURS / WEEK	\$ 5,922.40	- 0 -	100.00
NORMA CARDENAS 140 AVENIDA LIRIO RIO RICO, AZ 85648	TREASURER / PROMOTORA 40 HOURS / WEEK	\$ 5,440.00	- 0 -	100.00
ISABEL LEAL 150 W 1 ST ST. NOGALES, AZ 85621	SECRETARY / PROMOTORA 40 HOURS / WEEK	\$ 5,440.00	- 0 -	100.00

Part V Other Information (See Specific Instructions on page 35.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but NOT reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b Did the organization file Form 1120-POL for this year?		N/A
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee OR were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	X	
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved.	38b	2,087.06
39 501(c)(7) organizations.—Enter: a Initiation fees and capital contributions included on line 9	39a	N/A
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a 501(c)(3) organizations.—Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0.00 ; section 4912 ▶ 0.00 ; section 4955 ▶ 0.00		
b 501(c)(3) and (4) organizations.—Did the organization engage in any section 4958 excess benefit transaction during the year? If "Yes," attach an explanation.		X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.00
d Enter: Amount of tax on line 40c, above, reimbursed by the organization		0.00
41 List the states with which a copy of this return is filed. ▶ ARIZONA		
42 The books are in care of ▶ MARIA GOMEZ-MURPHY Telephone no. ▶ (520) 287-2240 Located at ▶ 125 E. MADISON ST. NOGALES, AZ ZIP + 4 ▶ 85621		

Form 990-EZ in lieu of Form 1041—Check here filed during the tax year . . . ▶ 43

including accompanying schedules and statements, and to the best of my knowledge (other than officer) is based on all information of which preparer has any knowledge.
MARIA GOMEZ-MURPHY

**SCHEDULE A
(Form 990)**

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information

See separate instructions.

▶ Must be completed by the above organizations and attached to their Form 990 or 990-EZ.

OMB No. 1545-0047

1998 1999

Department of the Treasury
Internal Revenue Service

Name of the organization

THE WAY OF THE HEART: THE PROMOTORA INSTITUTE

Employer identification number

86: 0951529

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions on page 1. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	NONE			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions on page 1. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	NONE	

Part III Statements About Activities

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <i>SEE PART IV FORM 990EZ</i>	X	
e Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions.		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.?		X
4a Do you have a section 403(b) annuity plan for your employees?		X
b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See instructions on page 2.)		X

Part IV Reason for Non-Private Foundation Status (See instructions on pages 2 through 4.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 4.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See instructions on page 4.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions on page 4.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 1997	(b) 1996	(c) 1995	(d) 1994	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	10,542				10,542
16 Membership fees received	0				
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	984				984
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	0				
19 Net income from unrelated business activities not included in line 18	0				
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0				
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.	0				
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	2,087				2,087
23 Total of lines 15 through 22	13,613				13,613
24 Line 23 minus line 17	12,629				12,629
25 Enter 1% of line 23	136				

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24.	26a	253
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1994 through 1997 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts.	26b	1,723
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	12,629
d Add: Amounts from column (e) for lines: 18 <u>0</u> 19 <u>0</u>	26d	3,810
22 <u>2,087.06</u> 26b <u>1,723</u>	26e	8,819
e Public support (line 26c minus line 26d total)	26f	70 %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year: **N/A**

(1997) (1996) (1995) (1994)

b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:

(1997) (1996) (1995) (1994)

c Add: Amounts from column (e) for lines: 15 _____ 16 _____	27c	
17 _____ 20 _____ 21 _____	27d	
d Add: Line 27a total _____ and line 27b total _____	27e	
e Public support (line 27c total minus line 27d total)	27f	
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)	27g	%
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27h	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1994 through 1997, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See instructions on page 4.) **\$11,000**

Part V Private School Questionnaire (See instructions on page 4.)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation.		

THE WAY OF THE HEART: THE PROMOTORA INSTITUTE
EIN: 86-0951529
Form 990 EZ (1999) Schedule Attachment

Part I, line 6a: Special events and activities
Carne Asada (Steak Fry)

Gross revenue: \$984
Less:
Direct Expenses: \$ 0
Net income: \$984

Part III, line 38b: Loan From President & CEO to The Way of the Heart: The Promotora Institute

Lender's name and title:
MARIA GOMEZ-MURPHY
PRESIDENT & CEO
Original amount:
\$1,000
Balance due:
\$1,000
Date of note:
May 13, 1999
Maturity date:
NONE
Repayment terms:
WHEN MONEY BECOMES AVAILABLE
Interest rate:
NONE
Security provide by the borrower:
GOOD FAITH
Purpose of the loan:
GENERAL OPERATING FUND - UNRESTRICTED

Lender's name and title:
MARIA GOMEZ-MURPHY
PRESIDENT & CEO
Original amount:
\$1,087.06
Balance due:
\$1,087.06
Date of note:
September 30, 1999
Maturity date:
NONE
Repayment terms:
WHEN MONEY BECOMES AVAILABLE
Interest rate:
NONE
Security provide by the borrower:
GOOD FAITH
Purpose of the loan:
GENERAL OPERATING FUND - UNRESTRICTED

THE WAY OF THE HEART: THE PROMOTORA INSTITUTE
EIN: 86-0951529
Form 990 EZ (1999) Schedule Attachment

Part IV-A, Schedule A, line 22: Other Income

Other income: loans

Loan # 1: Lender's name and title:

MARIA GOMEZ-MURPHY

PRESIDENT & CEO

Original amount:

\$1,000

Balance due:

\$1,000

Date of note:

May 13, 1999

Purpose of the loan:

GENERAL OPERATING FUND - UNRESTRICTED

Loan # 2 Lender's name and title:

MARIA GOMEZ-MURPHY

PRESIDENT & CEO

Original amount:

\$1,087.06

Balance due:

\$1,087.06

Date of note:

September 30, 1999

Purpose of the loan:

GENERAL OPERATING FUND - UNRESTRICTED