Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, 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.*

OMB No. 1545-1150

2000

Open to Public Inspection

A For the 2000 calendar year, or tax year beginning October 1, 1999 , 2000, and ending September 30 , 20 00

B Check if applicable:
- ☐ Change of address
- ☐ Change of name
- ☐ Initial return
- ☐ Final return
- ☐ Amended return

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: The Way of the Heart: The Promotora Institute

Number and street (or P.O. box, if mail is not delivered to street address) / Room/suite: 125 E. Madison St.

City or town, state or country, and ZIP + 4: Nogales, AZ 85621

D Employer identification number: 86 : 0951529

E Telephone no.: (520) 287-2240

F Check ► ☐ if application pending

G Accounting method: ☑ Cash ☐ Accrual ☐ Other (specify) ►

H Enter 4-digit group exemption no. (GEN) ►

I Organization type (check only one)— ☑ 501(c) (3) ◄(insert no.) ☐ 527 or ☐ 4947(a)(1)

• *Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).*

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, it should file a return without financial data. *Some states require a complete return.*

K Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if $100,000 or more, file Form 990 instead of Form 990-EZ . . . ► $ 83,178.37

L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) . . . ► ☑

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 34.)

Revenue	1	Contributions, gifts, grants, and similar amounts received			1	70,655.38
	2	Program service revenue including government fees and contracts			2	7,250.00
	3	Membership dues and assessments			3	
	4	Investment income			4	
	5a	Gross amount from sale of assets other than inventory	5a			
	b	Less: cost or other basis and sales expenses	5b			
	c	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):				
	a	Gross revenue (not including $ ____ of contributions reported on line 1)	6a			
	b	Less: direct expenses other than fundraising expenses	6b			
	c	Net income or (loss) from special events and activities (line 6a less line 6b)			6c	
	7a	Gross sales of inventory, less returns and allowances	7a			
	b	Less: cost of goods sold	7b			
	c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)			7c	
	8	Other revenue (describe ► Loans and reimbursements)			8	5,272.99
	9	**Total revenue** (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ►			9	83,178.37
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	63,229.15
	13	Professional fees and other payments to independent contractors			13	
	14	Occupancy, rent, utilities, and maintenance			14	1,057.00
	15	Printing, publications, postage, and shipping			15	291.88
	16	Other expenses (describe ► Transportation, Telephone, Office, Outreach, Capital Improv)			16	16,666.52
	17	**Total expenses** (add lines 10 through 16) ►			17	81,244.55
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)			18	1,933.82
	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	0.00
	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	1,933.82

RECEIVED

SCANNED MAR 05 '01

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 37.)	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	0.	22	1,933.82
23	Land and buildings	0.	23	0.
24	Other assets (describe ►)		24	
25	**Total assets**	0.	25	0.
26	**Total liabilities** (describe ►)	0.	26	0
27	**Net assets or fund balances** (line 27 of column (B) must agree with line 21)	0.	27	1,933.82

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 38.)

What is the organization's primary exempt purpose? health education, training, referral

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.

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

		Grants $		Expenses
28	health education: 6,500 educational encounters were provided to low-income women, children in the areas of cardiovascular disease, cancer, diabetes, prenatal and postpartum care, tobacco use, substance abuse prevention and fitness		28a	64,588
29	training: 52 women were trained in car seat installation and safety, 10 youth were trained in life planning, body image, eating disorders, depression /suicide, domestic violence, early pregnancy, communication skills, public outreach strategies	10,000	29a	10,000
30	referral: 1,265 referrals were made to needed services		30a	
31	Other program services (attach schedule)		31a	
32	**Total program service expenses** (add lines 28a through 31a) ▶		32	74,588

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Specific Instructions on page 38.)

(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 hrs	-0-	-0-	-0-
Ana Jones 570 N. Macnab Dr., Nogales, AZ 85621	VicePresident, 5 hrs./As	3,760.98	-0-	340.00
Norma Cardenas 140 Ave. Lirio, Rio Rico, AZ 85648	Treasurer/Promotora 40	10,693.00	-0-	340.00
Isabel Leal 150 W 1st St, Nogales, AZ 85621	Secretary/Promotora 40	7,004	-0-	340.00

Part V Other Information (See Specific Instructions on page 38 and General Instruction V on page 14.)

			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			✓
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.			✓
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?			✓
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?			
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)			✓
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?			✓
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?		✓	
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved.	38b 4,625.38		
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 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	*501(c)(3) and (4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.			✓
c	Amount of tax imposed on organization managers or disqualified persons during the year under 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

43 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041*—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ | 43 |

Please

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.

[redacted]

2/12/01 Date ▶ Maria Gomez-Murphy, President & CEO

Type or print name and title.

Date	Check if self-employed ▶ ☐	Preparer's SSN or PTIN

[redacted]

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2000

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 page 1 of the instructions. 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 . . . . ▶				

Part II **Compensation of the Five Highest Paid Independent Contractors for Professional Services**
(See page 1 of the instructions. 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		

The Way Of The Heart
The Promotora Institute
125 E. Madison Street
Nogales, Arizona 85621

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.	1		✔
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?	2a		✔
b	Lending of money or other extension of credit?	2b	✔	
c	Furnishing of goods, services, or facilities?	2c		✔
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d	✔	
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.	2e		✔
3	Does the organization make grants for scholarships, fellowships, student loans, etc.?	3		✔
4a	Do you have a section 403(b) annuity plan for your employees?	4a		✔
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 page 2 of the instructions.)			

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions.)

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 5.)

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 33⅓%** 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 33⅓%** 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 page 5 of the instructions.)

(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 page 5 of the instructions.)

The Way Of The Heart
The Promotora Institute
125 E. Madison Street
Nogales, Arizona 85621

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) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 *Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)*	70,655.38	10,542			81,197.38
16 Membership fees received	0	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	0	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	0			
19 Net income from unrelated business activities not included in line 18	0	0			
20 *Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf*	0	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	0			
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	12,522.99	2,087			14,609.99
23 Total of lines 15 through 22	83,178.37	13,613			96,791.37
24 Line 23 minus line 17	83,178.37	12,629			95,807.37
25 Enter 1% of line 23	831.78	136			

26 **Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 ▶ 26a 1,916.15

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 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts ▶ 26b 0

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ 26c 95,807.37

d Add: Amounts from column (e) for lines: 18 0 19 0 22 14,609.99 26b 0 ▶ 26d 14,609.99

e Public support (line 26c minus line 26d total) ▶ 26e 81,197.38

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f 85 %

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 (which is not open to public inspection) 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:

(1999) N/A (1998) N/A (1997) N/A (1996) N/A

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:

(1999) .... (1998) .... (1997) .... (1996) ....

c Add: Amounts from column (e) for lines: 15 ____ 16 ____ 17 ____ 20 ____ 21 ____ ▶ 27c

d Add: Line 27a total ____ and line 27b total ____ ▶ 27d

e Public support (line 27c total minus line 27d total) ▶ 27e

f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶ 27f

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ 27g %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ 27h %

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, 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 page 5 of the instructions.)*

The Way Of The Heart
The Promotora Institute
125 E. Madison Street
No...

Part V **Private School Questionnaire** (See page 5 of the instructions.)
(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?	29		
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?	30		
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?	31		

If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)

NOT APPLICABLE

			Yes	No
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		

If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)

N/A

			Yes	No
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		

If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)

			Yes	No
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		

If you answered "Yes" to either 34a or b, please explain using an attached statement.

			Yes	No
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	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 7 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check here ▶ **a** ☐ if the organization belongs to an affiliated group.
Check here ▶ **b** ☐ if you checked "a" above and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 *Other exempt purpose expenditures*	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table—			
If the amount on line 40 is— / The lobbying nontaxable amount is—			
Not over $500,000 ... 20% of the amount on line 40			
Over $500,000 but not over $1,000,000 ... $100,000 plus 15% of the excess over $500,000			
Over $1,000,000 but not over $1,500,000 ... $175,000 plus 10% of the excess over $1,000,000	41		
Over $1,500,000 but not over $17,000,000 ... $225,000 plus 5% of the excess over $1,500,000			
Over $17,000,000 ... $1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		
Caution: *If there is an amount on either line 43 or line 44, you must file Form 4720.*			

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 9 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities
(For reporting only by organizations that did not complete Part VI-A) (See page 9 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines **c** through **h.**)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines **c** through **h**)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

The Way Of The Heart
The Promotora Institute
125 E. Madison Street

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 9 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash	51a(i)		✓
(ii) Other assets	a(ii)		✓
b Other transactions:			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		✓
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		✓
(iii) Rental of facilities, equipment, or other assets	b(iii)		✓
(iv) Reimbursement arrangements	b(iv)		✓
(v) Loans or loan guarantees	b(v)		✓
(vi) *Performance of services or membership or fundraising solicitations*	b(vi)		✓
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		✓

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☑ No

b If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship

THE WAY OF THE HEART: THE PROMOTORA INSTITUTE
EIN: 86-0951529
Form 990 EZ (2000) Schedule Attachment

Part I, Line 1: Contributions, gifts, grants, etc.

Contribution - unrestricted	organization	$52,642.17

Part III, line 38b: Loans 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:
$0
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

Total amount loaned: $2,087.06
Repaid in fiscal 1999-2000: $1127.51
Loan amount remaining: $959.55

THE WAY OF THE HEART: THE PROMOTORA INSTITUTE
EIN: 86-0951529
Form 990 EZ (2000) Schedule Attachment

Lender's name and title:
MARIA GOMEZ-MURPHY
PRESIDENT & CEO
Original amount:
$310
Balance due:
$310
Date of note:
November 17, 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:
$3,355.83
Balance due:
$ 133.65
Date of note:
September 28, 2000
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

Amount owed from March 4, 1999 - September 30, 1999 after loan reimbursement
$959.55
Amount loaned from October 1, 1999 - September 30, 2000
$3665.83
TOTAL AMOUNT EXTENDED BEFORE INITIAL LOAN REIMBURSEMENT: $4,625.38

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

Other income: Loans

Lender's name and title:
MARIA GOMEZ-MURPHY

THE WAY OF THE HEART: THE PROMOTORA INSTITUTE
EIN: 86-0951529
Form 990 EZ (2000) Schedule Attachment

PRESIDENT & CEO
Original amount:
$310
Balance due:
$310
Date of note:
November 17, 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:
$3,355.83
Balance due:
$ 133.65
Date of note:
September 28, 2000
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

TOTAL AMOUNT OWED BEFORE LOAN REIMBURSEMENT: $3,665.83

Reimbursements:
Amount: $406.34
Purpose: out of pocket travel expenses
From : National Latino Children's Institute, Austin, Texas

Reimbursements:
Amount: $190.89
Purpose: pizza party for City of Nogales volunteers
From : City of Nogales, Nogales, Arizona

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EIN: 86-0951529
Form'990 EZ (2000) Schedule Attachment

Reimbursements:
Amount: $200
Purpose: out of pocket travel expenses for staff arthritis and fibromyalgia training
From : Arthritis Foundation of Southern Arizona, Tucson Branch

Reimbursements:
Amount: $100
Purpose: luncheon for Esperanca field trip, volunteers
From : Esperanca, Phoenix, Arizona

Reimbursements:
Amount: $709.93
Purpose: IRS overpayment
From : Internal Revenue Service

Total income earned in reimbursements: $1,607.16

Professional Services (grants)
Amount: $6,500
Purpose: Development of National Teen HIV Project
From : National Latino Children's Institute, Austin, Texas

Amount: $750
Purpose: Federal grant reviewer
From : IQ Solutions, Inc., Rockville, MD

Total income earned in professional services: $7,250

Other income total: $12,522.99

Part IV-A, Schedule A, line 28: unusual grants

06/11/99		10,000.00
	Contribution - unrestricted	
06/18/99		1,000.00
	Contribution - unrestricted	

Total amount: $11,000