Form

Return of Organization Exempt From Income Tax

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

benefit trust or private foundation)
have to use a copy of this return to satisfy state reporting requirements.

2003

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service The organization may have to use a copy 7/01/03 6/30/04 For the 2003 calendar year, or tax year beginning , and ending Please Check if applicable: **Employer ID number** C Name of organization use IRS Address change 22-3176344 label or WOMEN'S HEART FOUNDATION E Telephone number Name change print or type. 609-771-9600 Number and street (or P.O. box if mail is not delivered to street address) Initial return Room/suite See Accounting method: X Cash PO BOX 7827 Final return Specific City or town, state or country, and ZIP + 4 Accrual Other (specify) Amended return Instruc-W. TRENTON NJ 08628 Application pending tions. Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable H and I are not applicable to section 527 organizations. Yes X No trusts must attach a completed Schedule A (Form 990 or 990-EZ). **H(a)** Is this a group return for affiliates? Website: ▶ WOMENSHEARTFOUNDATION.ORG **H(b)** If "Yes," enter number of affiliates ▶ Organization type **H(c)** Are all affiliates included? (check only one) \blacktriangleright |X| 501(c) (3) \blacktriangleleft (insert no.) |4947(a)(1) or |527|(If "No," att. a list. See instr.) **H(d)** Is this a separate return filed by an Check here | 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 organization covered by a group ruling? Yes X Form 990 Package in the mail, it should file a return without financial data. Some states Group Exemption Number ▶ M Check ▶ if the organization is **not** required require a complete return. 217,463 Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ to attach Sch. B (Form 990, 990-EZ, or 990-PF). Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.) Part I Contributions, gifts, grants, and similar amounts received: 1 71,197 Direct public support 1a b 1b 146,200 1c 1d 217,397 d Program service revenue including government fees and contracts (from Part VII, line 93) 2 2 Membership dues and assessments 3 3 Interest on savings and temporary cash investments 66 4 4 Dividends and interest from securities 5 5 Gross rents Less: rental expenses b 6b Net rental income or (loss) (subtract line 6b from line 6a) 6c R Other investment income (describe Gross amount from sales of assets other (A) Securities (B) Other 8a than inventory Less: cost or other basis and sales expenses 8b Gain or (loss) (attach schedule) 8c Net gain or (loss) (combine line 8c, columns (A) and (B)) d 8d Special events and activities (attach schedule). If any amount is from **gaming**, check here ▶ 9 Gross revenue (not including \$ of contributions reported on line 1a) Less: direct expenses other than fundraising expenses 9b b Net income or (loss) from special events (subtract line 9b from line 9a) c 9c Gross sales of inventory, less returns and allowances 10a 10a Less: cost of goods sold Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 10c С Other revenue (from Part VII, line 103) 11 11 217,463**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 12 12 177,222 13 Program services (from line 44, column (B)) 13 Management and general (from line 44, column (C)) 14 11,086 14 Fundraising (from line 44, column (D)) 15 15 11,925 Payments to affiliates (attach schedule) 16 16 Total expenses (add lines 16 and 44, column (A)) 200,233 17 17 Excess or (deficit) for the year (subtract line 17 from line 12) 17,230 18 18 Net assets or fund balances at beginning of year (from line 73, column (A)) 8,722 19 19 Other changes in net assets or fund balances (attach explanation) 20 21 25,952

Part II All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations Functional Expenses and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.) Do not include amounts reported on line (B) Program (C) Management (A) Total (D) Fundraising 6b, 8b, 9b, 10b, or 16 of Part I. services and general 22 Grants and allocations (attach schedule) cash \$ (cash \$ 22 23 Specific assistance to individuals 23 Benefits paid to or for members 24 Compensation of officers, directors, etc. 25 25 44,077 37,465 4,408 2,204Other salaries and wages 26 26 Pension plan contributions 27 27 Other employee benefits 28 28 Payroll taxes 29 4,486 4,486 29 Professional fundraising fees 5,244 5,244 30 Accounting fees 31 31 32 Legal fees 32 42,795 42,795 Supplies 33 33 495 1,929 1,434 34 Telephone 34 7,203 7,203 Postage and shipping 35 35 6,717 6,717 36 Occupancy 36 37 600 600 Equipment rental and maintenance 37 Printing and publications 2,375 1,908 389 78 38 38 1,863 1.134 68 661 39 39 Conferences, conventions, and meetings 40 40 41 Interest 2,458 819 819 42 Depreciation, depletion, etc. (attach schedule) 820 42 43 Other expenses not covered above (itemize): a 43a 72,660 SEE STATEMENT 2 43b 80,486 4.907 2,919 43c 43d 43e 44 Total functional expenses (add lines 22 - 43). Organizations 200,233 177,222 11,086 completing columns (B)-(D), carry these totals to lines 13-15 11,925 **Joint Costs.** Check ▶ if you are following SOP 98-2. ▶ Yes X No Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? If "Yes," enter (i) the aggregate amount of these joint costs\$; (ii) the amount allocated to Program services \$ (iii) the amount allocated to Management and general\$; and (iv) the amount allocated to Fundraising \$ Statement of Program Service Accomplishments (See page 25 of the instructions.) **Program Service** What is the organization's primary exempt purpose? **Expenses** ▶ ADVOCATE FOR WOMEN'S HEART HEALTH AND WELLNESS. (Required for 501(c)(3) & All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) (4) orgs., & 4947(a)(1) trusts; but optional for organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others. others.) SEE STATEMENT 3 177,222 (Grants and allocations (Grants and allocations (Grants and allocations e Other program services (attach schedule) (Grants and allocations

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Form 990 (2003)

Part IV Balance Sheets (See page 25 of the instructions.)

WOMEN'S HEART FOUNDATION

	Note:	Where required, attached schedules and amounts with column should be for end-of-year amounts only.	nin the description	(A) Beginning of year		(B) End of year
	45	Cook you interest bearing		2 206	45	15,596
	46	Savings and temporary cash investments			46	•
			1 1			
	47a	Accounts receivable	47a			
	b	Less: allowance for doubtful accounts	47b		47c	
	48a	Pledges receivable	48a			
	hoa b	Pledges receivable	48b		48c	
	49	One who we are it called			49	
	50	Receivables from officers, directors, trustees, and key			73	
Α		(attach schedule)			50	
s	51a	Other notes and loans receivable (attach				
s	""	•	51a			
e	b	, , , , , , , , , , , , , , , , , , , ,	51b		51c	
t	52	Inventories for sale or use			52	
s	53	Prepaid expenses and deferred charges			53	
	54	Investments-securities		iv	54	
	55a	Investments-land, buildings, and	🗀 🗀			
		equipment: basis	55a			
	b					
		schedule)	55b		55c	
	56	Investments-other (attach schedule)			56	
	57a	Land, buildings, and equipment: basis	57a 18,45	52		
	b	Less: accumulated depreciation (attach				
		schedule)	57b 2,91	5,516	57c	15,536
	58	Other assets (describe ► SEE STMT 4)		58	800
			0 500		21 020	
_	59	Total assets (add lines 45 through 58) (must equal lin				31,932
L	60	Accounts payable and accrued expenses			60	5,980
i	61	Grants payable			61	
a b	62	Deferred revenue			62	
i	63	Loans from officers, directors, trustees, and key emplo				
I	C4=	schedule)		63		
t	l				64a	
i	65				64b 65	
e s	03	Other liabilities (describe	,)		1 65	
3	66	Total liabilities (add lines 60 through 65)		. 0	66	5,980
		anizations that follow SFAS 117, check here ► X a	nd complete lines			3 / 2 3 3
		67 through 69 and lines 73 and 74.				
NF	67	Unrestricted		8,722	67	-4,048
e u	68	Tananana dha markhata d		· _	68	30,000
t n d A	69	_			69	•
	Orga	anizations that do not follow SFAS 117, check here	and			
s B		complete lines 70 through 74.	_			
s a	70				70	
e I ta	71	Paid-in or capital surplus, or land, building, and equipr	ment fund		71	
s n	72	Retained earnings, endowment, accumulated income,		72		
C	73	Total net assets or fund balances (add lines 67 through	ugh 69 or lines			
ое rs		70 through 72;				
_		column (A) must equal line 19; column (B) must equal				25,952
	74	Total liabilities and net assets / fund balances (add	lines 66 and 73)	8,722	74	31,932

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?

If "Yes," attach schedule-see page 28 of the instructions.

• 🗌 Y

Yes X

Form 990 (2003)	WOMEN'S	HEART	FOUNDATION	22-3176344	F	Page 5
Part VI O	ther Informat	ion (See	page 28 of the instruc	ctions.)	Yes	No
=0 D: 1 d				1 1000 16 10 / 11 / 11 / 11 / 11 / 11		

the comparization engage in any activity not previously reported to the IRS7 If Yes, "attach a detailed description of each activity." We nearly changes made in the organization or governing documents but not reported to the IRS7 Yes, "attach a detailed with every of the changes." If Yes, "and a conformed opy of the changes." If Yes, "and is fleet a fair term on Form 990-T for this year? We have been a liquidation, dissociution, terministich, or substantial contraction during the year occered by the return? Tab. Yes, "and is fleet a fair term on Form 990-T for this year? We have been a liquidation, dissociution, terministich, or substantial contraction during the year? If Yes," attach a statement membership, governing bodes, rustbees, officers, set, to, any other exempt or nonexempt organization? But is the organization released (other than by association with a statewide or nationwide organization) through common membership, governing bodes, rustbees, officers, set, to, any other exempt or nonexempt organization in membership, governing bodes, rustbees, officers, set, to, any other exempt or nonexempt organization or necessary to the common organization and organization organization policial operatures. Set to, any other exempt or nonexempt organization organization set to the set of the set is an advantage or at substantially less than fair terratural value? If Yes, "one the run any other is in a set of the common organization or organization organiz	Pa	ort VI Other Information (See page 28 of the instructions.)		Yes	No				
77 Were any changes made in the organization of powering documents but not reported to the IRS? 17	76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of							
Pires,* diston a conformed copy of the changes.			76		X				
78a X X X X X X X X X	77	7 Were any changes made in the organizing or governing documents but not reported to the IRS?							
b "Yes," has if lilled a tax return on Form 990-T for this year? Was there a injunction, discolorion, termination, or substantial contraction during the year? If "Yes," attach a statement statement is the organization related (other than by association with a statewide or nationwide organization? b "Yes," enter the name of the organization ■		If "Yes," attach a conformed copy of the changes.							
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "fex," attach a statement of the organization related (other than by association with a statewide or restination) through common membership, operating bodies, flusteeses, officers, e.e., to any other aware for nonexempt. 88a	78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?							
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "fex," attach a statement of the organization related (other than by association with a statewide or restination) through common membership, operating bodies, flusteeses, officers, e.e., to any other aware for nonexempt. 88a	b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b						
Sea	79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a							
membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? b If "Yes," enter the name of the organization ▶ and check whether it is exempt or nonexempt. B Enter direct and indirect political expenditures. See line 81 instructions b Did the organization relie Form 1129-POL for this year? N/A 81b Did the organization relie Form 1129-POL for this year? N/A 82b b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part II or as an expense in Part II (See instructions in Part III). 82a Did the organization comply with the public inspection requirements for returns and exemption applications? N/A 83b		statement	79		X				
b If Yes," either the name of the organization ▶ and check whether it is exempt or nonexempt. ### Bits Enter direct and indirect political expenditures. See line 81 instructions ### Did the organization line Form 1128-PDL for this year? ### All 20 Id the organization line Form 1128-PDL for this year? ### All 20 Id the organization checked checked or the use of materials, equipment, or facilities at no charge or at substantially less than fair rendar value? ### All 20 Id the organization comply with the public inspection requirements for returns and exemption applications? ### Did the organization comply with the public inspection requirements for returns and exemption applications? ### Did the organization comply with the disclosure requirements relating to quid pro quo contributions? ### Did the organization comply with the disclosure requirements relating to quid pro quo contributions? ### Did the organization comply with the disclosure requirements relating to quid pro quo contributions? ### Did the organization comply with the disclosure requirements relating to quid pro quo contributions? ### Did the organization make only incharge the very solicitation an express statement that such contributions or gives were not tax deductible? ### Solicition or gives were not tax deductible? ### Solicition or gives were not tax deductible? ### Solicition or gives were not ask deductible? ### Did the organization make only incharge ask deductible to not complete 856 through 86h below unless the organization received a waker for proxy tax cowed for the prior year. ### Output Solicition or gives ask deductible to not complete 856 through 86h below	80a								
and check whether it is		membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X				
81a Ener direct and indirect political expenditures. See line 81 instructions Did the organization file Form 1120-POL for this year? 22a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair renal value? 22b If "Yes", you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part III. (See instructions in Part III.) 23a Did the organization comply with the public inspection requirements for returns and exemption applications? 33a X 33b Did the organization comply with the dublic inspection requirements relating to quid pro quo contributions? N/A B3b Did the organization societ any contributions or gifts that were not tax deductible? If "Yes", did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Soft (G)(4), (5), or (6) or ginarylations. a Were substantially all dues nondeductible by members? N/A B4b Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A B5b Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A B5b Did the organization area or soft of the prior year. Dues, assessments, and similar amounts from members Section 152(e) lobbying and political expenditures (in 86 less 85e) Section 152(e) lobbying and political expenditures (in 86 less 85e) B5c Did (G)(7) orgs. Enter: a linitiation fees and capital contributions included on line 85? N/A B5g Did (G)(7) orgs. Enter: a linitiation fees and capital contributions included on line 12 Soft(G)(7) orgs. Enter: a linitiation fees and capital contributions included on line 12 Soft(G)(7) orgs. Enter: a linitiation fees and capital contributions included on line 12 Soft(G)(7) orgs. Enter: a linitiation fees and capital contributions included on line 12 Soft(G)(7) orgs. Enter: a linitiation fees and capital contributions included on line 12 Soft(G)(7) orgs. Ent	b								
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b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part II. (See instructions in Part III.) 83a Did the organization comply with the public inspection requirements for returns and exemption applications? ANA BAB Did the organization comply with the disclosure requirements for part truths and exemption applications? N/A BAB Did the organization comply with the disclosure requirements for returns and exemption applications? N/A BAB Did the organization comply with the disclosure requirements for returns and exemption applications? N/A BAB Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A BAB Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A BAB DID the organization make only in-house lobbying expenditures of \$2,000 or less? N/A BAB DID the organization make only in-house lobbying expenditures of \$2,000 or less? N/A BAB DID the organization make only in-house lobbying expenditures of \$2,000 or less? N/A BAB DID the organization make only in-house lobbying expenditures of \$2,000 or less? N/A BAB DID the organization returns an express statement that such contributions are received a waiver for proxy tax owed for the prior year. Disclosure of proxy tax owed for the prior year. Disclosure of proxy tax owed for the prior year. Disclosure of proxy tax owed for the prior year. Disclosure of proxy tax owed for the prior year. Disclosure of proxy tax owed for the prior year. Disclosure of proxy tax owed for the prior year. Disclosure of proxy tax owed for the prior year. Disclosure of proxy tax owed for the prior year. Disclosure of proxy tax owed for the prior year. Disclosure of proxy tax owed for the prior year. Disclosure of proxy tax owed for the prior year. Disclosure of proxy tax owed for the prior year. Disclosure of proxy tax owed for the prior year. Disclosure of proxy	82a								
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38a Did the organization comply with the public inspection requirements for returns and exemption applications? N/A 13b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? N/A 13b Did the organization solicit any contributions or gifts that were not tax deductible? N/A 13b Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A 15 Tyes' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A 16 Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A 16 Did the organization and the substantially all dues nondeductible by members? N/A 16 Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A 17 Yes' was answered to either \$5a or \$5b, do not complete \$5c through \$5h below unless the organization received a waiver for proxy tax owed for the prior year. Dues, assessments, and similar amounts from members Section 162(e) lobbying and political expenditures from the section \$635(e) that the prior year. Section 162(e) lobbying and political expenditures (line 85d less 85e) 16 Did section 503(e)(1/A) dues notices were sent, does the organization apret to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 18 Sol1(e)(7) orgs. Enter: a Gross income from members or shareholders 18 Sol1(e)(7) orgs. Enter: a Gross income from members or shareholders 18 Sol1(e)(7) orgs. Enter: a Gross income from members or shareholders 18 Sol1(e)(7) orgs. Enter: a Gross income from members or shareholders 18 Sol1(e)(7) orgs. Enter: a Gross income from the organization under Regulations sections 18 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or	b								
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? b If Yes; did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? b If Yes; did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A 5 501(c)(4), 6), or (6) organizations. A Were substantially all dues nondeductible by members? N/A 5 501(c)(4), 6), or (6) organizations. b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If Yes' was answered to either \$5a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year. c Dues, assessments, and similar amounts from members d Section 162(e) lobbying and political expenditures e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85d		revenue in Part I or as an expense in Part II. (See instructions in Part III.)							
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a statement explaining each transaction Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Enter: Amount of tax on line 89c, above, reimbursed by the organization 90a List the states with which a copy of this return is filed ▶ NJ b Number of employees employed in the pay period that includes March 12, 2003 (See instructions.) 91 The books are in care of ▶ PRESIDENT Located at ▶ W. TRENTON, NJ Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year P 92	b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction							
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach							
sections 4912, 4955, and 4958 d Enter: Amount of tax on line 89c, above, reimbursed by the organization 90a List the states with which a copy of this return is filed ▶ N.J. b Number of employees employed in the pay period that includes March 12, 2003 (See instructions.) 91 The books are in care of ▶ PRESIDENT Located at ▶ W. TRENTON, N.J. 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 0 0 10 10 10 10 10 10 10 10 1			89b		X				
d Enter: Amount of tax on line 89c, above, reimbursed by the organization 90a List the states with which a copy of this return is filed ▶ NJ b Number of employees employed in the pay period that includes March 12, 2003 (See instructions.) 91 The books are in care of ▶ PRESIDENT Located at ▶ W. TRENTON, NJ 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92	С	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under							
d Enter: Amount of tax on line 89c, above, reimbursed by the organization 90a List the states with which a copy of this return is filed ▶ NJ b Number of employees employed in the pay period that includes March 12, 2003 (See instructions.) 91 The books are in care of ▶ PRESIDENT Located at ▶ W. TRENTON, NJ 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 0 0 10 10 10 10 10 10 10 10 1					0				
90a List the states with which a copy of this return is filed NJ b Number of employees employed in the pay period that includes March 12, 2003 (See instructions.) 90b 6 91 The books are in care of ► PRESIDENT Telephone no. ► 609-771-9600 Located at ► W. TRENTON, NJ ZIP + 4 ► 08628 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 92	d	Enter: Amount of tax on line 89c, above, reimbursed by the organization			0				
The books are in care of ▶ PRESIDENT Located at ▶ W. TRENTON, NJ Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year Telephone no. ▶ 609-771-9600 ZIP + 4 ▶ 08628 ▶ □	90a	List the states with which a copy of this return is filed NJ							
Located at ► W. TRENTON, NO ZIP + 4 ► U8628 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92	b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions.)							
Located at ► W. TRENTON, NO ZIP + 4 ► U8628 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92	91	The books are in care of ▶ PRESIDENT Telephone no. ▶ 609-	771	-96	0.0				
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year		Located at ► W. TRENTON, NU ZIP+4 ► U8628							
and enter the amount of tax-exempt interest received or accrued during the tax year	92	Section 4947(a)(1) nonexempt charitable trusts filling Form 990 in lieu of Form 1041- Check here			▶ ∐				
				000					

Note: Enter	gross amounts unless otherwise	9	-	d business income			2, 513, or 514	(E)
indicated.			(A) Business code	(B) Amount	(C) Exclusion		(D) nount	Related or exempt function
93 Program	n service revenue:	_	Business code	Amount	code	Arr	ount	income
a								
b								
c								
d								
е								
f Medicar	e/Medicaid payments							
g Fees ar	nd contracts from government ager	ncies						
94 Member	rship dues and assessments							66
	on savings and temporary cash in				_			66
	ds and interest from securities							
	tal income or (loss) from real estate							
b not dob	anced property							
98 Net rent	t-financed propertytal income or (loss) from personal	nronerty						
	vestment income							
100 Gain or	(loss) from sales of assets other th	nan inventory						
101 Net inco	ome or (loss) from special events							
102 Gross p	rofit or (loss) from sales of invento	rv						
	evenue: a							
·								
е								
104 Subtotal	(add columns (B), (D), and (E))				0		0	66
105 Total (a	add line 104, columns (B), (D), and	(E))					•	66
	5 plus line 1d, Part I, should equal	the amount on line 12	2, Part I.					
Part VIII	Relationship of Activit	ies to the Accon	nplishment	of Exempt Pu	rposes	(See pa	ge 34 of t	he instructions.)
Line No.	Explain how each activity for wh	·	•	•		antly to th	e accomplis	hment
•	of the organization's exempt pur	poses (other than by	providing fund	ls for such purposes	s).			
_N/A								
D.					(0		0.4 (.1)	
Part IX	Information Regarding (A)	l axable Subsidia (B)	aries and I	<u>Disregarded Er</u> (C)	itities (S	ee page (D)	34 of the	e instructions.) (E)
Name, ad	dress, and EIN of corporation,	Percentage of		lature of activities		Total inc	ome	End-of-year
	ship, or disregarded entity	ownership interest						assets
<u>N</u>	I/A		%					
			%					
			%					
D1 V	Información Describio d	<u> </u>	<u>%</u>	D	. C. O 1			
Part X	Information Regarding							
	the organization, during the year,	· ·	-				fit contract?	
	the organization, during the year,			on a personal bene	etit contract	?		Yes X No
Note: If "	Yes" to (b), file Form 8870 and For	,						
	Under penalties of perjury, I declare t and belief, it is true, correct, and com							, ,
Please	and belief, it is true, correct, and com	ipicio. Decidiation of prop	arci (otrici triari	officery is based off an	illioirilation	or willon pro		Miowicage.
Sign	<u> </u>							
Here	Signature of officer						Date	
	Type or selet sees 1 499							
	Type or print name and title.				alı if			DTIN (Co. Co. 1 1 120
Paid	Preparer's		Da	F/O//OF self-	eck if	— ı ·	arer's SSN or 038910	PTIN (See Gen. Instr. W)
Preparer's	signature DTS	מזודי אמוזגי	& PALI		oloyed ►	11 20		> 22-3109044
Use Only		<u>SAURO, LEVY</u> BOX 7667	& PALU	DILIDO CPA S	PA			<u> </u>
OGC Offig	1 * * *		08628-0	1667			Phone	09-883-4404
	address, and ZIP + 4 'I'Rb	7 T Y T O T N ' T N O	00020-0				110. P O	しつ ししつ エエリエ

SCHEDULE A

(Form 990 or 990-EZ)

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.)

Employer identification number

2003

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

WOMEN'S HEART FOUNDATION 22-3176344 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.") (d) Contributions to (e) Expense (a) Name and address of each employee paid more (b) Title and average hours account and other employee ben. plans & (c) Compensation than \$50,000 per week devoted to position deferred compensation 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 2 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 For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ. Schedule A (Form 990 or 990-EZ) 2003

An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

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 instru	uctions for converting fr	om the accrual to the	cash method of accour	ting.					
Caler	ndar year (or fiscal year beginning in)	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total				
15	Gifts, grants, and contributions									
	received. (Do not include unusual									
	grants. See line 28.)	54,396	26,906	6,850	11,503	99,655				
16	Membership fees received					0				
17	Gross receipts from admissions, merchandise									
	sold or services performed, or furnishing of									
	facilities in any activity that is related to the									
	organization's charitable, etc., purpose					0				
18	Gross income from interest, dividends,									
	amounts received from payment 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									
	benefits 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					0				
23	Total of lines 15 through 22	54,396			11,503	99,655				
24	Line 23 minus line 17	54,396		6,850	11,503	99,655				
25	Enter 1% of line 23	544	269	69	115					
26	Organizations described on lines 10 or				▶ _26a	0				
b	Prepare a list for your records to show the	ne name of and amoun	t contributed by each p	person (other than a						
	governmental unit or publicly supported									
	amount shown in line 26a. Do not file th									
С	Total support for section 509(a)(1) test: I	Enter line 24, column (e)		▶ 26c					
d	Add: Amounts from column (e) for lines:	18								
		22	26b		▶ 26d					
е	Public support (line 26c minus line 26d t				26e					
f_	Public support percentage (line 26e (n	umerator) divided by	line 26c (denominator	·))	🕨 26f	%				
27	Organizations described on line 12:				•					
	person," prepare a list for your records to			ved in each year from,	each "disqualified pers	on."				
	Do not file this list with your return. Er		•							
	(2002) (2001) (2000) (1999)									
b	•			1 // 1						
	show the name of, and amount received		_							
	(Include in the list organizations describe	=			-	· -				
	the difference between the amount recei	ved and the larger am	ount described in (1) o	r (2), enter the sum of	these differences (the e	excess				
	amounts) for each year:				(
	(2002) (2	2001)	(2000)		(1999)					
С	Add: Amounts from column (e) for lines:	159	9,655 16		⊾ 1 1	00 655				
	17	20	21		27c	99,655				
d						00 655				
e	Public support (line 27c total minus line 2	Z/d total)			• 27e	99,655				
t ~	Total support for section 509(a)(2) test: E	inter amount on line 2	o, column (e)	. 🖊 [2/1]	77,000	100 0000				
g	Public support percentage (line 27e (n					100.0000 <u>%</u> %				
<u>h</u>	Investment income percentage (line 18				▶ 27h	<u> </u>				
28	Unusual Grants: For an organization de prepare a list for your records to show, for				=					
	propare a notion your records to show, it	or caon year, the name		date and amount of th	o grant, and a blick					

Schedule A (Form 990 or 990-EZ) 2003 WOMEN S HEART FOUNDATION	22-31/6344
Part V	Private School Questionnaire (See page 7 of the instructions.	
	(To be completed ONLY by schools that checked the box or	line 6 in Part IVI

	(To be completed ONLT by schools that checked the box on line o in that IV)			_
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, N/A		Yes	No
	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.)			
32	Does the organization maintain the following:			
а	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		
С	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.)			
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
	'			
С	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
	'			
f	Use of facilities?	33f		
g	Athletic programs?	33g		
Ŭ				
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.)			
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.			
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		

_			_
Pa	เด	ρ.	:

Part		ditures by Electing P ONLY by an eligible			•		tructi N/A	,	
Check		ongs to an affiliated group.	Check •						ntrol" provisions apply.
		Lobbying Expenditu				(a) Affiliated o		tals	(b) To be completed for ALL electing organizations
00 T-4	, ,	tures" means amounts paid			20				Organizations
	al lobbying expenditures to influence				36 37				
	al lobbying expenditures to influence				38				
	al lobbying expenditures (add lines a ner exempt purpose expenditures			1	39				
	al exempt purpose expenditures (ad				40				
	bbying nontaxable amount. Enter the				40				
	he amount on line 40 is-	The lobbying nontax							
	over \$500,000								
	er \$500,000 but not over \$1,000,000								
	er \$1,000,000 but not over \$1,500,000	•		L F	41				
	er \$1,500,000 but not over \$17,000,000	•							
	er \$17,000,000								
2 Gra	assroots nontaxable amount (enter 2	25% of line 41)			42				
3 Su	otract line 42 from line 36. Enter -0-	if line 42 is more than line 3	36	· · · · · · · · · · · · · · · · · · ·	43				
4 Su	otract line 41 from line 38. Enter -0-	if line 41 is more than line 3	38	· · · · · · . [44				
Ca	ution: If there is an amount on eithe	er line 43 or line 44, you mu	st file Form 4720.						
		4-Year Averaging	Period Unde	r Section	501(ł	า)			
	(Some organizations	that made a section 501(h)	election do not ha	ave to compl	lete all	of the five of	column	s belov	N.
	See the in	structions for lines 45 through	gh 50 on page 11	of the instruc	ctions.)				
			Lobbying Expe	nditures Du	uring 4-	Year Avera	aging	Period	
Ca	lendar year (or	(a)	(b)	(c)			(d)		(e)
fise	cal year beginning in)	2003	2002	200	1		2000		Total
	obying nontaxable amount								
6 Lol	obying ceiling amount (150% of								
line	e 45(e))								
1 7 Tot	al lobbying expanditures								
1 10	al lobbying expenditures								
8 Gr	assroots nontaxable amount								
	assroots ceiling amount (150% of								
	9 48(e))								
0 Gra	assroots lobbying expenditures								
Part	VI-B Lobbying Activity	y by Nonelecting Pul	olic Charities						
	(For reporting only	y by organizations tha	at did not comp	lete Part	VI-A)	(See pa	ge 12	of th	ne instructions.) N
)uring	the year, did the organization attem	pt to influence national, sta	te or local legislation	on, including	any		Vac	No	A
ttemp	to influence public opinion on a leg	gislative matter or referendu	m, through the use	of:			Yes	NO	Amount
	/olunteers								
b F	Paid staff or management (Include c	ompensation in expenses re	eported on lines c	through h.)					
	Mailings to members, legislators, or t								
	Publications, or published or broadca								
	Grants to other organizations for lobb								
g [Direct contact with legislators, their s							ļ	
	Palliac domonetrations cominare of	onventions speeches lectu	res or any other r	naane			1	1	1
h F	Rallies, demonstrations, seminars, co		ico, or any other i						
h F i T	otal lobbying expenditures (Add line "Yes" to any of the above, also atta	es c through h.)							

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.) Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section

)1		0 0	•	, , , ,	with any other organization described in section			
				B) organizations) or in section 527,				
а				noncharitable exempt organization			Yes	No
	(i) Cash					51a(i)		X
						a(ii)		_X_
b	Other transa							
	(i) Sales	or exchanges of asset	s with a non	charitable exempt organization		b(i)		<u>X</u>
	(ii) Purcha	ases of assets from a	noncharitable	e exempt organization		b(ii)		X
	(iii) Rental	I of facilities, equipmer	nt, or other a	ssets		b(iii)		X
	(iv) Reimb	oursement arrangemen	ts			b(iv)		X
	(v) Loans	or loan guarantees				b(v)		X
	(vi) Perfor	mance of services or i	membership	or fundraising solicitations		b(vi)		X
С	Sharing of fa	acilities, equipment, ma	ailing lists, of	ther assets, or paid employees		С		X
d	I If the answe	r to any of the above i	s "Yes," com	nplete the following schedule. Colur	nn (b) should always show the fair market value of	the		
	goods, other	assets, or services gi	ven by the r	eporting organization. If the organiz	ration received less than fair market value in any			
	transaction of	or sharing arrangemen	t, show in co	olumn (d) the value of the goods, o	ther assets, or services received:			
	(a)	(b)		(c)	(d)			
	Line no.	Amount involved	Name of	f noncharitable exempt organization	Description of transfers, transactions, and sharing	arrangen	nents	
Ν	I/A							
	1 4							
2a				I with, or related to, one or more to			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	a
				than section 501(c)(3)) or in section	n 527?	Ye	es X	No
b	o if "Yes," con	nplete the following scl	nedule:					
		(a)		(b)	(c)			
		Name of organization		Type of organization	Description of relationship			
	N/A							

Schedule B

(Form 990, 990-EZ, or 990-PF)

Name of organization

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2003

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2003)

WOMEN'S HEART	FOUNDATION	22-3176344						
Organization type (check one	·							
Filers of:	Section:							
Form 990 or 990-EZ	\boxed{X} 501(c)(3) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
organization can check box(es	overed by the General Rule or a Special Rule . (Note: Only a section 501(c)(7), (8), or (7) for both the General Rule and a Special Rule-see instructions.) g Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money)							
	e contributor. (Complete Parts I and II.)							
Special Rules-								
under sections 509(a)) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the (1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution % of the amount on line 1 of these forms. (Complete Parts I and II.)							
during the year, aggre	For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)							
during the year, some not aggregate to more the year for an exclusion applies to this organization.	For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.)							
Caution: Organizations that at 990-EZ, or 990-PF), but they r	re not covered by the General Rule and/or the Special Rules do not file Schedule B (Forn nust check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Forn meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	m 990,						

For Paperwork Reduction Act Notice, see the Instructions

for Form 990 and Form 990-EZ.

Page 1 to 1 of Part I

Name of organization
WOMEN'S HEART FOUNDATION

Employer identification number

22-3176344

Part I	Contributors (See Specific Instructions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution		
1	HORIZON BLUE CROSS/BLUE SHIELD OF NJ 3 PENN PLAZA EAST NEWARK 07105	\$ 10,000	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution		
2	ROBERT WOOD JOHNSON UNIVERSITY HOSP NEW BRUNSWICK NJ	\$10,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution		
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Aggregate contributions \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)		

WHF WOMEN'S HEART FOUNDATION

22-3176344

Federal Statements

FYE: 6/30/2004

Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising	
	\$	\$	\$	\$	
EXPENSES					
ADVERTISING	12,113	12,113			
GRANT EXPENSE	10,000	10,000			
MARKETING/PUBLICITY	29,758	29,013	745		
INSURANCE	382	382			
PROGRAM EXPENSE	16,582	14,104	761	1,717	
OFFICE	5,329	3,416	1,099	814	
STAFF TRAINING	369		369		
MISCELLANEOUS	3,779	1,458	1,933	388	
VOCATIONAL SUPPLIES	2,174	2,174			
TOTAL	\$ 80,486	\$ 72,660	\$ 4,907	\$ 2,919	

Statement 3 - Form 990, Part III, Line a - Statement of Program Service Accomplishments

OUTREACH PROGRAMS: TO REACH AS MANY PEOPLE AS POSSIBLE TO EDUCATE WITH HEART HEALTH MESSAGE, MATERIALS, INFORMATION; HEALTH SEMINARS AND SCREENINGS; PROVIDE A WEBSITE TO PROVIDE INFORMATION ON EXERCISE, NUTRITION, WELLNESS, HEART DISEASE, TO IMPROVE SURVIVAL AND QUALITY OF LIFE.

WHF WOMEN'S HEART FOUNDATION

22-3176344

Federal Statements

FYE: 6/30/2004

Statement 4 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year	_	Year
SECURITY DEPOSIT	\$	\$	800
TOTAL	\$ 0	\$_	800

WHF WOMEN'S HEART FOUNDATION

22-3176344

Federal Statements

FYE: 6/30/2004

Form 990, Part I, Line 1a - Direct Public Support

Description	_	Cash	_	Noncash	_	Total
OTHER CONTRIBUTIONS	\$	23,000	\$		\$	23,000
TOTAL	\$	23,000	\$	0	\$_	23,000

Form 990, Part I, Line 1c - Government Contributions

Description	_	Cash	_	Noncash	_	Total
NJ DEPT OF HEALTH-OFFICE WOMENS HLTH NJ DEPT OF HUMAN SERVICES	\$	116,200	\$		\$	116,200 30,000
TOTAL	\$	146,200	\$	0	\$	146,200