Form

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Α	For the	2005 cale	ndar yea	r, or tax year beginning $7/01/$	05, and ending б	<u>/30/</u>	<u>06 </u>				
В	Check if Address	applicable: change	Please use IRS label or	C Name of organization					Employer ide		n no.
ī	Name ch	hange	print or	WOMEN'S HEART F	OUNDATION			Е	Telephone n	umber	
퓜		· ·	type.	Number and street (or P.O. box if ma	il is not delivered to street add	ress)	Room/suite		609-77	1-960) ()
4	Initial ret	turn	See	P.O. BOX 7827				F	Accounting i	nethod:	X Cash
╝	Final ret	urn	Specific Instruc-	City or town, state or country, and ZIF	P + 4				Accrual	Other (s	specify)
	Amende	d return	tions.	WEST TRENTON	NJ 08628	3					
	Applicati	ion pending		ction 501(c)(3) organizations and 4947(sts must attach a completed Schedule		1	I are not applicable to se			ns. Yes	X No
G	Websit	e: • WO	MENSHE	EARTFOUNDATION.ORG		1 ''	If "Yes," enter number of				_
J	Organi	zation type)			H(c)	Are all affiliates included	1?		Yes	No
	(check	only one)	▶ X 5	501(c) (3) ≤ (insert no.)	4947(a)(1) or 527		(If "No," attach a list. Se	e instr.)		_
K	Check here if the organization's gross receipts are normally not more than \$25,000. The							filed b	y an _	_	_
•	organization need not file a return with the IRS; but if the organization chooses to file a return, be							a grou	ıp ruling?	Yes	X No
	•			some states require a complete return.	ood to me a rotam, bo	I	Group Exemption Nu	umber	•		
	0010 10 1	no a complet	- 10141111.	como cuatos roquiro a completo rotarini		М	Check ► X if the	e orga	nization is n	ot require	ed
L	Gross i	receipts: Ac	ld lines 6	b, 8b, 9b, and 10b to line 12 ▶	46,507		to attach Sch. B (For	rm 99	0, 990-EZ, oi	990-PF).
P	Part I	Reve	enue, E	xpenses, and Changes in No	et Assets or Fund B	alance	s (See the instru	ıctior	ns.)		
	1			grants, and similar amounts received							
	а	Direct pub	_		ı	1a	25,629	9			
	b	Indicate sublic support									
	С	Government contributions (grants) 16 1c 15,00									
	d	Total (add lines 1a through 1c) (cash \$					10	d	40,	,629	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)					2			,149	
	3							١.,			
	4			and temporary cash investments							206
	5	Dividends	and inter	rest from securities				5			
	6a	Gross ren				6a					
	b			ses		6b					
	С					60	3				
	7			ncome (describe)			7			
Revenue	8a			sales of assets other	(A) Securities		(B) Other				
š		than inven			()	8a	()				
፠	b			basis and sales expenses		8b					
	c			ch schedule)		8c					
	d			combine line 8c, columns (A) and (B))			80	d		
	9	Special ev	ents and	activities (attach schedule). If any ar	nount is from gaming. che	ck here	· []				
	a			t including \$							
				ed on line 1a)		9a	4,523	3			
	b	Less: dire	ct expens	ses other than fundraising expenses		9b	1,216				
	С			s) from special events (subtract line 9					:	3.	, 307
	10a			entory, less returns and allowances		10a					
	b	Less: cost				10b					
	С		_	s) from sales of inventory (attach scho		om line	10a)	10	c		
	11			m Part VII, line 103)					1		
	12	Total reve	enue (ado	d lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10d	c. and 11)			12		45.	,291
	13	Program s	services (from line 44, column (B))	, · · /			13	1		, 431
es	14	Managem	ent and	general (from line 44. column (C))				14			,742
Expenses	15	• • • • • • • • • • • • • • • • • • • •							5		,663
χ̈	16	Pavmente	to affiliat	tes (attach schedule)				10		<u> </u>	
ш	17	Total exp	enses (a	dd lines 16 and 44, column (A))				17		86	, 836
ξi.	18	Excess or	(deficit)	for the year (subtract line 17 from line	12)			18			, <u>535</u> , 545
sset	19	Excess or (deficit) for the year (subtract line 17 from line 12) Net assets or fund balances at beginning of year (from line 73, column (A))						19			, 333
Net Assets	20	Other changes in net assets or fund balances (attach explanation)						20		50,	
Š	21			balances at end of year (combine line				2	_	44	,788
		יזטנ מטטטנו	o i iuiiu	Data 1003 at Cita of year (Contibilité IIIIt	,, io, io, and 20)		<u> </u>		<u> </u>		,,,,,,,

Part II Statement of All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

	Functional Expenses organizations a	iliu secilo	11 4347 (a)(1) HOHEXEH	יים ביומוומטופ נועטנט טע	u optional for others. (3	bee the motifications.)
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)					
	(cash \$non-cash \$	22				
	If this amount includes foreign grants, check here					
23	Specific assistance to individuals (attach					
	schedule)	23				
24	Benefits paid to or for members (attach					
	schedule)	24				
25	Compensation of officers, directors, etc.	25				
	Other salaries and wages	26	5,690	4,836	569	285
27	Pension plan contributions	27				
28	Other employee benefits	28				
29	Payroll taxes	29	1,072	911	107	54
30	Professional fundraising fees	30				
31	Accounting fees	31	5,420		5,420	
32	Legal fees	32				
33	Supplies	33	94	94		
34	Telephone	34	2,305	1,958	231	116
35	Postage and shipping	35	4,625	4,625		
36	Occupancy	36	13,320	11,322	1,332	666
37	Equipment rental and maintenance	37	1,757	1,757		
38	Printing and publications	38	5,802	5,802		
39	Travel	39	3,346	3,346		
40	Conferences, conventions, and meetings	40				
	Interest	41				
42	Depreciation, depletion, etc. (attach schedule)	42	9,897	8,412	990	495
43	Other expenses not covered above (itemize):					
а	SEE STATEMENT 1	43a	33,508	33,368	93	47
b		43b				
c		43c				
d	l	43d				
е		43e				
f		43f				
9	l	43g				
44	Total functional expenses. Add lines 22					
	through 43. (Organizations completing					
	columns (B)-(D), carry these totals to lines					
	13-15)	44	86,836	76,431	8,742	1,663
	nt Costs. Check ▶ ☐ if you are following SOP 98-2.					
Are	any joint costs from a combined educational campaign a	nd fundra	ising solicitation report	ted in (B) Program ser	vices?	► Yes X No
				nt allocated to Program se		;
(iii)	the amount allocated to Management and general\$: and (iv) the amou	nt allocated to Fundraising	\$	

Part III Statement of Program Service Accomplishments (See the instructions.)

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.

/\h	at is the organization's primary exempt purpose?	יייי אידי דידי ז	AND WELLNESS	Program Service
	ADVOCATE FOR WOMEN'S HEART			Expenses (Required for 501(c)(3) &
	organizations must describe their exempt purpose achie			(4) orgs., & 4947(a)(1)
	clients served, publications issued, etc. Discuss achieved		, , , , , , , , , , , , , , , , , , , ,	trusts; but optional for
	anizations and 4947(a)(1) nonexempt charitable trusts m			others.)
а	OUTREACH PROGRAMS: TO REAC			
	TO EDUCATE WITH HEART HEAI INFORMATION; HEALTH SEMINA			
	WEBSITE TO PROVIDE INFORMA			
	WELLNESS, HEART DISEASE, T			
	(Grants and allocations \$)	If this amount includes foreign grants, check here	76,431
b	7	,		
	•••••			
	•••••			
	(Grants and allocations \$)	If this amount includes foreign grants, check here	
С	·	,	, , ,	
	••••••			
	(Grants and allocations \$)	If this amount includes foreign grants, check here	
d	Totalio alla allocationo	/	In this annount molades releign grante, erreet nere v	
_	•••••			
	•••••			
	•••••			
	•••••			
	••••••			
	(Grants and allocations \$)	If this amount includes foreign grants, check here	
е	Other program services (attach schedule)		The same same same same same same same sam	
-	(Grants and allocations \$)	If this amount includes foreign grants, check here	
f	Total of Program Service Expenses (should equal line	e 44, column (B)		76,431
	<u> </u>	, ,		.,

<u>P</u>	art IV	Balance Sheets (See the instructions.)					
	Note:	Where required, attached schedules and amounts with column should be for end-of-year amounts only.	hin the descrip	otion	(A) Beginning of year		(B) End of year
	45	Cash-non-interest-bearing			4,430	45	18,405
	46	On the second to see a second to see a second				46	
	47a	Accounts receivable	47a				
	b	Less: allowance for doubtful accounts	47b		50,000	47c	
	48a	Pledges receivable	48a				
	b	Less: allowance for doubtful accounts	48b			48c	
	49	Grants receivable				49	
	50	Receivables from officers, directors, trustees, and key					
		(attach schedule)				50	
	51a						
		schedule)	51a				
ţ	b	Less: allowance for doubtful accounts	51b			51c	
Assets	52	Inventories for sale or use				52	
⋖	53	Prepaid expenses and deferred charges				53	
	54	Investments-securities		Cost FMV		54	
	55a	Investments-land, buildings, and				J.	
	000	equipment: basis	55a				
	b	Less: accumulated depreciation (attach					
	_	schedule)	55b			55c	
	56	Investments-other (attach schedule)				56	
	57a	Land, buildings, and equipment: basis	57a	48,754		30	
	b	Less: accumulated depreciation (attach	374	10,731			
		schedule)	57b	17,787	31,764	570	30,967
	58	Other assets (describe ► SEE STATEMENT	г 2	17,707	3,363	58	3,363
	30	Other assets (describe P DIII DITTILITY)	3,303	30	3,303		
	59	Total assets (must equal line 74). Add lines 45 through		89,557	59	52,735	
	60	Accounts payable and accrued expenses		07,337	60	7,860	
	61					61	7,000
	62	Defermed accounts				62	
	63	Loans from officers, directors, trustees, and key emplo				02	
ies	03	a ale a duda)	•			63	
Liabilities	642	Tax-exempt bond liabilities (attach schedule)				64a	
<u>E</u> i	04a	Mortgages and other notes payable (attach schedule)				64b	
	65	Other liabilities (describe SEE STATEMEN	3		3,224	65	87
	03	Other habilities (describe P DEE DIATEITE	Y.±	····· / -	5,221	03	07
	66	Total liabilities. Add lines 60 through 65			3,224	66	7,947
		nizations that follow SFAS 117, check here ► X a	and complete I	ines	3/221		, , , , , , ,
	O.ga	67 through 69 and lines 73 and 74.	ina complete i				
s	67	Unrestricted			86,333	67	44,788
Ce	68	- " " " " " " " " " " " " " " " " " " "			007333	68	11/700
alaı						69	
B	Orga	Permanently restricted	and			55	
Fund Balances	J. ga	complete lines 70 through 74.					
ρ	70	Conital stant, twist mainsinal, an accuract friends				70	
Net Assets or	71	Paid-in or capital surplus, or land, building, and equipr			71		
SSe	72	Retained earnings, endowment, accumulated income,		•		72	
¥	73	Total net assets or fund balances (add lines 67 through				. 2	
ž		70 through 72;	agii 00 01 iii10				
		column (A) must equal line 19; column (B) must equal	al line 21\		86,333	73	44,788
	74	Total liabilities and net assets/fund balances. Add l			89,557	74	52.735

a b 1 2	Reconciliation of Revenue per Audited Fininstructions.) Total revenue, gains, and other support per audited financial statement			<u> </u>		`	
b 1		nte					
1		113			. a		45,291
	Amounts included on line a but not on Part I, line 12:	,					
2	Net unrealized gains on investments		b1				
	Donated services and use of facilities		b2				
3	Recoveries of prior year grants		b3				
4	Other (specify):						
			b4				
	Add lines b1 through b4						45 001
C	Subtract line b from line a				С		45,291
d	Amounts included on Part I, line 12, but not on line a:	ı	ایر				
1	Investment expenses not included on Part I, line 6b		d1				
2	Other (specify):		-10				
	Add lines 44 and 49		d2				
_	Add lines d1 and d2 Total revenue (Part I, line 12). Add lines c and d				<u>d</u> ▶ e		45,291
e Pa	Int IV-B Reconciliation of Expenses per Audited F	inancial State	monte	With Eynansas		turn	43,491
a a	Total company and leaves are sufficiently for a significant				_	turri	86,836
b	Amounts included on line a but not Part I, line 17:				4		00,030
1	Donated services and use of facilities	I	b1				
2	Prior year adjustments reported on Part I, line 20		b2				
3	Losses reported on Part I, line 20		b3				
4	Other (specify):						
•	Cario: (GPG8.9),		b4				
	Add lines b1 through b4				ь		
С	Subtract line b from line a				С		86,836
d	Amounts included on Part I, line 17, but not on line a:						•
1	Investment expenses not included on Part I, line 6b		d1				
2	Other (specify):						
			d2				
	Add lines d1 and d2				d		
<u>e</u>	Total expenses (Part I, line 17). Add lines c and d				▶ e		86,836
Pa	or key employee at any time during the year even if the	Key Employed y were not comper	es (List nsated.)	t each person who w (See the instructions	i.)		tor, trustee,
	(A) Name and address	(B) Title and average haveek devoted to p	ours per osition	(C) Compensation (If not paid, enter -0)	(D) Cont employee plans & do compensati	rib. to benefit eferred on plans	(E) Expense account and other allowances
	ONNIE ARKUS	PRES					
	9 LOCHATONG RD EWING NJ 08628	0		0		0	(
	EVERLY MATTHEWS	SEC					_
	KAREN DR MILLTOWN NJ 08850	0		0		0	(
	IRARD PISAURO	TREAS					
5	05 BERWYN AVE EWING NJ 08618	0		0		0	

	990 (2005) WOMEN'S HEART FOUNDATION rt V-A Current Officers, Directors, Trustees, and		-3176344 continued)			Yes	age 6
	Enter the total number of officers, directors, and trustees permitted					162	INO
	meetings						
b	Are any officers, directors, trustees, or key employees listed in For	=					
	employees listed in Schedule A, Part I, or highest compensated procontractors listed in Schedule A, Part II-A or II-B, related to each o		•				
	relationships? If "Yes," attach a statement that identifies the individ	• ,			75b		Х
	,	·					
С	Do any officers, directors, trustees, or key employees listed in Form						
	employees listed in Schedule A, Part I, or highest compensated procontractors listed in Schedule A, Part II-A or II-B, receive compens		•				
	tax exempt or taxable, that are related to this organization through	-			75c		Х
	Note. Related organizations include section 509(a)(3) supporting of	rganizations.					
		the male Consider the forest	det -				
	If "Yes," attach a statement that identifies the individuals, explains organization and the other organization(s), and describes the companization are statement that identifies the individuals, explains	'	tnis				
	including amounts paid to each individual by each related organizar						
d	Does the organization have a written conflict of interest policy?				75d		X
Pa	rt V-B Former Officers, Directors, Trustees, and	• •		•	Other	Ben	efits
	(If any former officer, director, trustee, or key employed the year, list that person below and enter the amount of	•	,	, .	9		
	instructions.)	, , , , , , , , , , , , , , , , , , , ,					
	(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contrib. to employee benefit plans & deferred compensation plans	(E accoi all	Expe unt and owance	other
N/.	1						
	rt VI Other Information (See the instructions.)					V	Na
<u>га</u> 76	rt VI Other Information (See the instructions.) Did the organization engage in any activity not previously reported	to the IRS? If "Yes." atta	ch a detailed			Yes	No
. •	description of each activity				76		Х
77	Were any changes made in the organizing or governing documents				77		Х
	If "Yes," attach a conformed copy of the changes.						3.7
78a b	Did the organization have unrelated business gross income of \$1,0 lf "Yes," has it filed a tax return on Form 990-T for this year?				78a 78b		X
79	Was there a liquidation, dissolution, termination, or substantial con-	traction during the year?			700		
	a statement				79		Χ
80a	Is the organization related (other than by association with a statew	-	, -	•			77
b				_	80a		X
81a	Enter direct and indirect political expenditures. (See line 81 instruct	and check whether it i		nonexempt			

81b

b Did the organization file Form 1120-POL for this year?

WHF						
Form	990 (2005) WOMEN'S HEART FOUNDATION 22-3176	344			P	age 7
Pa	rt VI Other Information (continued)			_	Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no ch	narge				
	or at substantially less than fair rental value?			82a		X
b	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 II.	1 1				
	(See instructions in Part III.)	82b		_		
83a	Did the organization comply with the public inspection requirements for returns and exemption applica			83a	X	
b	3 . 1 . 1 . 1		N/A	83b		
84a	Did the organization solicit any contributions or gifts that were not tax deductible?			84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or				
	gifts were not tax deductible?		N/A	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		N/A	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		N/A	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organ	nization				
	received a waiver for proxy tax owed for the prior year.					
С	Dues, assessments, and similar amounts from members	85c				
d	Section 162(e) lobbying and political expenditures	85d		_		
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e				
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f				
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on lin	e 85f				
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the	ne				
	following tax year?		N/A	85h		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on					
	line 12	86a		_		
b	Gross receipts, included on line 12, for public use of club facilities	86b				
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a				
b	Gross income from other sources. (Do not net amounts due or paid to other					
	sources against amounts due or received from them.)	87b				
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation	n or				
	partnership, or an entity disregarded as separate from the organization under Regulations sections 30	01.7701-2				
	and 301.7701-3? If "Yes," complete Part IX			88		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:					
	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955	•	0			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction	tion				
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," at	tach				
	a statement explaining each transaction			89b		X
С	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year					
	sections 4912, 4955, and 4958		- _			0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		- _			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, 2005 (See					
	instructions.)		90b			1
91a	The books are in care of					
	Located at		•			
b	At any time during the calendar year, did the organization have an interest in or a signature or other a	authority				
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	ancial			Yes	No
	account)?			91b		X

Located at ►

At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

If "Yes," enter the name of the foreign country ►

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

At any time during the calendar year, did the organization maintain an office outside of the United States?

If "Yes," enter the name of the foreign country ►

Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here

91c X

Part VII	Analysis of Income-Pro	ducing Activities	(See the	instruction	ons.)					
Note: Enter	gross amounts unless otherwise		Unrelate	d business in	come	Excluded	by sec. 512	2, 513, or 51	4	(E)
indicated.	_		(A) usiness code	(B Amo)	(C) Exclusion	. (D) ount		Related or
93 Progra	ım service revenue:	Bu	usiness code	Amo	unt	Exclusion code	Am	ount		mpt function income
a PR	ODUCT SALES					5		1,149)	
· · · · · · · · · · · · · · · · · · ·								•		
_										
e										-
	are/Medicaid payments									
g Fees a	and contracts from government agen	ries —								
94 Member	ership dues and assessments									
95 Interes	st on savings and temporary cash in	voetmonts								206
06 Dividos	ada and interact from acquirities	vestifierits								
	nds and interest from securities ntal income or (loss) from real estate									
a debt-fir	nanced property	·····								
b not de	bt-financed property									
	ntal income or (loss) from personal p									
99 Other	investment income									
100 Gain o	or (loss) from sales of assets other th	an inventory				1		2 205	,	
101 Net inc	come or (loss) from special events					1		3,307		
	profit or (loss) from sales of inventor									
103 Other	revenue: a									
b										
С										
d										
е								4 45 6		
104 Subtot	al (add columns (B), (D), and (E)) .	L			0			4,456)	206
105 Total	(add line 104, columns (B), (D), and	(E))						🕨 🗕		4,662
	05 plus line 1d, Part I, should equal						- 4			
Part VIII									•	
Line No.	Explain how each activity for white of the organization's exempt purpose.					ed import	antly to the	e accomplis	shment	
V	or the organization's exempt purp	poses (other than by pro	oviding fund	is for such p	ourposes).					
N/A	_									
						(6				
Part IX	Information Regarding		ries and		ded Ent	ities (S		nstructio	ns.)	/E \
Name, a	(A) ddress, and EIN of corporation,	(B) Percentage of	N	(C) lature of act	tivities		(D) Total inco	ome	End	(E) l-of-year
partne	ership, or disregarded entity	ownership interest								asséts
N/	A	C.	%							
		Q.	%							
		o,	%							
		Q	%							
Part X	Information Regarding	Transfers Associa	ated with	Persona	al Benefi	it Cont	racts (S	See the ir	<u>nstructio</u>	ons.)
(a) Did	the organization, during the year, red	ceive any funds, directly	or indirectly	y, to pay pre	emiums on	a perso	nal benefit	contract?	Ц	Yes X No
(b) Did	the organization, during the year, pa	y premiums, directly or	indirectly, o	n a persona	al benefit c	ontract?				Yes X No
Note: If	"Yes" to (b), file Form 8870 and Form	m 4720 (see instructions	s).							
	Under penalties of perjury, I declare the									
Diana	and belief, it is true, correct, and comp	plete. Declaration of prepare	er (other than	officer) is bas	sed on all inf	ormation of	of which pre	parer has an	y knowled	je.
Please										
Sign	Signature of officer							Date		
Here										
	Type or print name and title.									
					Date		Check if		Preparer's	s SSN or PTIN
Paid	Preparer's signature					_ / \ _	self-		(See Ger	n. Instr. W)
Preparer's	3 - ' 	171100 1 777	C D3TT	TN/IDO ~:		<u>5/07</u>	employed			3100044
Use Only	Firm's name (or yours		& PALU	NAIRO G	PA'S 1	PA			- ∠∠-	3109044
,		BOX 7667	0.000					Phone	-00 0	02 4404
	T address, and ZIP + 4 TRE	NTON, NJ 0	8628-0	00/				no. ► 6	009-8	83-4404

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 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

Name of the organization $\label{eq:women} \mbox{WOMEN'S H}$	EART FOUNDATION		Employer ident	tification number
Part I Compensation of the Five Highest Paid Employ (See page 1 of the instructions. List each one. If	ees Other Than Office			
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hou per week devoted to positi	'S (a) Comp	(d) Contrib. to empl. ben. plan & deferred com	(e) Expense account & other allowances
NONE				
	>			
Part II-A Compensation of the Five Highest Paid Indeper (See page 2 of the instructions. List each one (w				er "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	•			
Part II-B Compensation of the Five Highest Paid Indeper (List each contractor who performed services oth firms. If there are none, enter "None." See page 2	ner than professional s			s or
(a) Name and address of each independent contractor paid more than	\$50,000	(b) Type of	service (c) Compensation
NONE				
Total number of other contractors receiving over \$50,000 for other services	•			

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2005

/VIII			_) -
	art III Statements About Activities (See page 2 of the instructions.)			Page 2
	canonical amount (coo page = ar and anomalia)		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 \$	1		Х
	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.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, 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? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
а	Sale, exchange, or leasing of property?	2a		Х
b	Lending of money or other extension of credit?			Х
С	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	. 2d		X
е	Transfer of any part of its income or assets?	. 2e		X
3a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how			v
L	you determine that recipients qualify to receive payments.)	26		X
b	Do you have a section 403(b) annuity plan for your employees? During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?			X
c 4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?			X
h	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?			X
	art IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)	. .~		
	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.)			
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, c	ity,		
	and state ▶			
0	An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)((Also complete the Support Schedule in Part IV-A.)	A)(iv).		
1a	An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Sec 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)	tion		
1b	A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
2	\boxed{X} An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross re			
	from activities related to its charitable, etc., functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support	t		
	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.)			
3	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). Check			
	the box that describes the type of supporting organization: Type 1 Type 2 Type 3 Type 3			—
	Provide the following information about the supported organizations. (See page 6 of the instructions.)	(b) Line ::	umh -	
	(a) Name(s) of supported organization(s)	(b) Line r from at		л
		ai		

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.

	: You may use the worksheet in the instruc					
Caler	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15	Gifts, grants, and contributions received. (Do					
	not include unusual grants. See line 28.)	28,427	25,427	54,396	26,906	135,156
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 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					0
	sale of capital assets	00 405	05.405	F4 206	06.006	125 156
23	Total of lines 15 through 22	28,427	25,427	54,396	26,906	135,156
24	Line 23 minus line 17	28,427	25,427	54,396	26,906	135,156
25	Enter 1% of line 23	284	254	544	269	
26	Organizations described on lines 10 or				• 26a	0
b	Prepare a list for your records to show the		•	,		
	governmental unit or publicly supported or					
	amount shown in line 26a. Do not file this					
С	Total support for section 509(a)(1) test: En				• 26c	
d	Add: Amounts from column (e) for lines:		19		N 00.1	
	D. I	22	260	·	26d	
e	Public support (line 26c minus line 26d tot	/				
	Public support percentage (line 26e (nu					%
27	_			d 17 that were received	·	
	person," prepare a list for your records to	·		/ed in each year from,	each "disqualified pers	on."
	Do not file this list with your return. Ent				0 (2004)	0
L		(03)				
b	For any amount included in line 17 that w		. `		,	
	show the name of, and amount received f		_			
	(Include in the list organizations described	=				
	the difference between the amount receive amounts) for each year:	eu anu me larger am	ount described in (1) o	(2), enter the Sum or i	nese dinerences (the e	excess
	,	103)	0 (2002)	1	0 (2001)	0
_	Add: Amounts from column (e) for lines:	15 <u>13</u>		٠	(2001)	
С	()	10	3,±30 16		▶ 27c	135 156
لد	17 Add: Line 27a total.			· · ·		135,156
d	Public support (line 27c total minus line 27c			· · · ·		135,156
ŧ	Total support for section 509(a)(2) test: El					133,130
'	Public support percentage (line 27e (nu	merator) divided by	line 27f (denominator	. • <u>[21] </u>	≥ 27g	100.0000%
g h	Investment income percentage (line 18,					<u> </u>
<u>''</u> 28	Unusual Grants: For an organization des					
	prepare a list for your records to show, for			-	_	
	description of the nature of the grant. Do				=	

Schedule A (Form 990 or 990-EZ) 2005 WOMEN'S HEART FOUNDATION 22-3176344 Page 4 Part V Private School Questionnaire (See page 7 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV) N/A 29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, Yes No other governing instrument, or in a resolution of its governing body? 29 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 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.) Does the organization maintain the following: **a** Records indicating the racial composition of the student body, faculty, and administrative staff? 32a Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 32b Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 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.) Does the organization discriminate by race in any way with respect to: Students' rights or privileges? 33a Admissions policies? 33b Employment of faculty or administrative staff? 33c Scholarships or other financial assistance? 33d Educational policies? 33e Use of facilities? 33f Athletic programs? 33g Other extracurricular activities? 33h If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) 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.

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

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		ditures by Electin ONLY by an elig	g Public Charitie	s (See pa	•	of the insti	ruction N/A		i age s
Che		ongs to an affiliated gro					•	ed cor	ntrol" provisions apply.
One	Limits o	n Lobbying Exper	nditures	<u> </u>	you crice	(a) Affiliated total)	<u>, u coi</u>	(b) To be completed for ALL electing organizations
20	,	itures" means amounts			20				
	Total lobbying expenditures to influence				36				
	Total lobbying expenditures to influence				37				
	Total lobbying expenditures (add lines				38				
	Other exempt purpose expenditures				39				
	Total exempt purpose expenditures (ac				40				
	Lobbying nontaxable amount. Enter the If the amount on line 40 is-		=						
	N	2007 (1)	ontaxable amount is-	٦					
	Not over \$500,000			l l					
	Over \$1,000,000 but not over \$1,500,000	·			41				
	Over \$1,500,000 but not over \$1,500,000	·			71				
	Over \$17,000,000								
	Grassroots nontaxable amount (enter 2	0E0/ of line 44)			42				
	Subtract line 42 from line 36. Enter -0-				43				
	Subtract line 41 from line 38. Enter -0-				44				
•	Cubiact into 11 non into co. Entor c								
	Caution: If there is an amount on either	er line 43 or line 44, voi	u must file Form 4720						
			aging Period Und		n 501(h)			
	(Some organization	ons that made a section	0 0		,		e colum	ns be	elow.
	(See the instructions fo							
			Lobbying Expe	enditures Du	ring 4-Y	ear Averagi	ng Per	iod	
	Calendar year (or	(a)	(b)	(c))		(d)		(e)
	fiscal year beginning in)	2005	2004	200			002		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))								
<u>50</u>	Grassroots lobbying expenditures								
P	art VI-B Lobbying Activity	y by Nonelecting	Public Charities						
	(For reporting onl	y by organizations	that did not com	plete Part	: VI-A)	(See pag	e 11	of th	ne instructions.) N/A
Duri	ing the year, did the organization attem	npt to influence national	l, state or local legisla	tion, including	g any		Yes	No	Amount
atter	mpt to influence public opinion on a leg	gislative matter or refere	endum, through the us	se of:			162	NO	Amount
а	Volunteers								
b	Paid staff or management (Include of	compensation in expens	ses reported on lines t	hrough c h.)					
С	Media advertisements								
d	Mailings to members, legislators, or	the public							
е	Publications, or published or broadca	ast statements							
f	Grants to other organizations for lob	bying purposes							
g	Direct contact with legislators, their s								
h	Rallies, demonstrations, seminars, c	onventions, speeches,	lectures, or any other	means					
i	Total lobbying expenditures (Add line	es through ch.)							
	If "Yes" to any of the above, also att	ach a statement giving	a detailed description	of the lobby	ng activi	ties.			

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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

	501(c) of the	e Code (other than sec	ction 501(c)(3	3) organizations) or in section 527,	relating to political organizations?			
а				noncharitable exempt organization			Yes	No
	(i) Cash			. •		51a(i)		X
	.,					a(ii)		X
L	Other transa	assets				a(II)		
b				all addals to account annual and a				v
	(i) Sales	or exchanges of asset	ts with a nor	icharitable exempt organization		b(i)		<u>X</u>
	(ii) Purcha	ases of assets from a	noncharitabl	e exempt organization		b(ii)		<u>X</u>
	(iii) Renta	I of facilities, equipmer	nt, or other a	issets		b(iii)		X
	(iv) Reimb	oursement arrangemen	nts			b(iv)		X
	(v) Loans	or loan guarantees				b(v)		X
	(vi) Perfor	mance of services or i		or fundraising policitations		b(vi)		X
С	Sharing of fa	acilities, equipment, ma	ailina lists. o	than acceta or noid ampleyees		С		X
d	-		-		mn (b) should always show the fair market value of	the.		
_					zation received less than fair market value in any			
	-	=	-					
			t, snow in co	olumn (d) the value of the goods, o				
	(a) Line no.	(b) Amount involved	Nama	(c) f noncharitable exempt organization	(d) Description of transfers, transactions, and sharing	arrangor	nonte	
	Line no.	Amount involved	Name 0	Thoriciantable exempt organization	Description of transfers, transactions, and snaffing	ananger	ICIIIS	
N.	/A							
			-					
F20	In the organ	ization directly or indire	actly offiliator	d with ar related to one or more t	L av avampt arganizations			
oza				d with, or related to, one or more to			37	a
				than section 501(c)(3)) or in section	n 527?	Ye	s A	No
b	If "Yes," con	nplete the following scl	hedule:	T	T			
		(a)		(b)	(c)			
		Name of organization		Type of organization	Description of relationship			
]	N/A							
				I	į			

WHF			Special Ever	ts Schedule				
Form 99				7/01/05		6	5/30/06	2005
lame		or calendar year 2005, or tax year	beginning	7/01/03	, and ending			ntification Number
MICMITAL C	י ווהאסת	FOUNDATION					22-3176	211
WOMEN S	DEARI	(A)	(B)	(C)		Oth		Total
Gross receipts Less contrib Gross revenue Less direct Net income (kg	outions e expenses	4,523 0 4,523 1,216 3,307		0 0 0 0 0 0	0 0 0 0		0 0 0 0	4,523 0 4,523 1,216 3,307
Description:	(A)	ANNUAL AWARDS D	INNER					
	(B)	_						
	(C)							
	Others							

22-3176344

Federal Statements

FYE: 6/30/2006

Statement 1 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	E	Total xpenses	Program Service	Mgt & Seneral	 Fund- Raising
	\$	\$		\$	\$
EXPENSES					
ADVERTISING		588	588		
MARKETING/PUBLICITY		670	670		
INSURANCE		930	790	93	47
PROGRAM EXPENSE		9,333	9,333		
OFFICE		701	701		
STAFF TRAINING		136	136		
VOCATIONAL SUPPLIES		16,758	16,758		
CONSULTANTS		4,392	4,392	 	
TOTAL	\$	33,508 \$	33,368	\$ 93	\$ 47

22-3176344

Federal Statements

FYE: 6/30/2006

Statement 2 - Form 990, Part IV, Line 58 - Other Assets

Description	E	 End of Year		
SECURITY DEPOSIT TRADEMARK	\$	1,403 1,960	\$ 1,403 1,960	
TOTAL	\$	3,363	\$ 3,363	

Statement 3 - Form 990, Part IV, Line 65 - Other Liabilities

Description	В	End of Year		
PAYROLL LIABILITIES	\$	3,224	\$	87
TOTAL	\$	3,224	\$	87

22-3176344

Federal Statements

FYE: 6/30/2006

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

Description	_	Cash	 Noncash	 Total
NJ DEPT OF HEALTH-OFFICE WOMENS HLTH	\$	15,000	\$	\$ 15,000
TOTAL	\$	15,000	\$ 0	\$ 15,000

22-3176344

Federal Statements

FYE: 6/30/2006

Special Events Direct Expenses

Description	Amount
COLUMN A ANNUAL AWARDS DINNER	\$
OTHER EXPENSES	1,216
SUBTOTAL	1,216
TOTAL	1,216

DIRECT EXPENSES OTHER THAN FUNDRAISING EXPENSES REPORTED ON FORM 990, PAGE 1, LINE 9B.