

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)

Department of the Treasury Internal Revenue Service

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

A For the 2005 calendar year, or tax year beginning 7/01/05, and ending 6/30/06

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

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

C Name of organization: WOMEN'S HEART FOUNDATION
Number and street (or P.O. box if mail is not delivered to street address): P.O. BOX 7827
Room/suite:
City or town, state or country, and ZIP + 4: WEST TRENTON NJ 08628

D Employer identification no. 22-3176344
E Telephone number 609-771-9600
F Accounting method: [X] Cash [] Accrual [] Other (specify)

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

H and I are not applicable to section 527 organizations.

- H(a) Is this a group return for affiliates? [] Yes [X] No
H(b) If "Yes," enter number of affiliates
H(c) Are all affiliates included? [] Yes [] No
H(d) Is this a separate return filed by an organization covered by a group ruling? [] Yes [X] No

G Website: WOMENSHEARTFOUNDATION.ORG

J Organization type (check only one) [X] 501(c) (3) (insert no.) [] 4947(a)(1) or [] 527

K 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 chooses to file a return, be sure to file a complete return. Some states require a complete return.

I Group Exemption Number

M Check [X] if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 46,507

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with 21 rows and multiple columns for revenue, expenses, and net assets. Includes sub-rows for detailed categories like contributions, program revenue, and fundraising expenses.

Part II Statement of Functional Expenses

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.)

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 \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22			
23 Specific assistance to individuals (attach schedule) <input type="checkbox"/>	23			
24 Benefits paid to or for members (attach schedule) <input type="checkbox"/>	24			
25 Compensation of officers, directors, etc.	25			
26 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			
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 9,897	8,412	990	495
43 Other expenses not covered above (itemize):				
a SEE STATEMENT 1	43a 33,508	33,368	93	47
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g	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

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

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 \$ _____

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.

What is the organization's primary exempt purpose? ▶ <u>ADVOCATE FOR WOMEN'S HEART HEALTH AND WELLNESS.</u>	Program Service Expenses (Required for 501(c)(3) & (4) orgs., & 4947(a)(1) trusts; but optional for others.)
<p>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) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p> <p>a <u>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.</u></p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	76,431
<p>b _____</p> <p>_____</p> <p>_____</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	
<p>c _____</p> <p>_____</p> <p>_____</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	
<p>d _____</p> <p>_____</p> <p>_____</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	
<p>e Other program services (attach schedule)</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶</p>	76,431

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)		
		Beginning of year		End of year		
Assets	45 Cash-non-interest-bearing		4,430	45	18,405	
	46 Savings and temporary cash investments			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 employees (attach schedule)			50		
	51a Other notes and loans receivable (attach schedule)	51a				
	b Less: allowance for doubtful accounts	51b		51c		
	52 Inventories for sale or use			52		
	53 Prepaid expenses and deferred charges			53		
	54 Investments-securities		<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54		
	55a Investments-land, buildings, and 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			
	b Less: accumulated depreciation (attach schedule)	57b	17,787	31,764	57c	30,967
	58 Other assets (describe ► SEE STATEMENT 2)			3,363	58	3,363
59 Total assets (must equal line 74). Add lines 45 through 58.			89,557	59	52,735	
Liabilities	60 Accounts payable and accrued expenses			60	7,860	
	61 Grants payable			61		
	62 Deferred revenue			62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63		
	64a Tax-exempt bond liabilities (attach schedule)			64a		
	b Mortgages and other notes payable (attach schedule)			64b		
	65 Other liabilities (describe ► SEE STATEMENT 3)			3,224	65	87
66 Total liabilities. Add lines 60 through 65			3,224	66	7,947	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	67 Unrestricted		86,333	67	44,788	
	68 Temporarily restricted			68		
	69 Permanently restricted			69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.					
	70 Capital stock, trust principal, or current funds			70		
	71 Paid-in or capital surplus, or land, building, and equipment fund			71		
	72 Retained earnings, endowment, accumulated income, or other funds			72		
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)			86,333	73	44,788
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73.			89,557	74	52,735

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Yes No

Table with 3 columns: Question (75a, 75b, 75c, 75d), Yes, No. Contains questions about officers, directors, trustees, and compensation.

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contrib. to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1 contains 'N/A'.

Part VI Other Information (See the instructions.)

Yes No

Table with 3 columns: Question (76, 77, 78a, 78b, 79, 80a, 80b, 81a, 81b), Yes, No. Contains questions about IRS reporting, changes, business income, liquidation, and political expenditures.

Part VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge 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. (See instructions in Part III.) 82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications? 83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 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 contributions 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 organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members 85c		
d	Section 162(e) lobbying and political expenditures 85d		
e	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 line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the 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 or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 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 \blacktriangleright 0 ; section 4912 \blacktriangleright 0 ; section 4955 \blacktriangleright 0		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction 89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year sections 4912, 4955, and 4958 \blacktriangleright 0		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization \blacktriangleright 0		
90a	List the states with which a copy of this return is filed \blacktriangleright 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 \blacktriangleright Telephone no. \blacktriangleright		
	Located at \blacktriangleright ZIP + 4 \blacktriangleright		
b	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)? 91b		X
	If "Yes," enter the name of the foreign country \blacktriangleright		
	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? 91c		X
c	If "Yes," enter the name of the foreign country \blacktriangleright		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here \blacktriangleright <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 92		

Part VII Analysis of Income-Producing Activities (See the instructions.)

	Unrelated business income		Excluded by sec. 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
Note: Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a <u>PRODUCT SALES</u>			5	1,149	
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					206
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			1	3,307	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		4,456	206
105 Total (add line 104, columns (B), (D), and (E))					4,662

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
N/A	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here

Signature of officer _____ Date _____

Type or print name and title. _____

Paid Preparer's Use Only

Preparer's signature _____ Date 2/15/07 Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4 PISAURO, LEVY & PALUMBO CPA'S PA PO BOX 7667 TRENTON, NJ 08628-0667

EIN 22-3109044 Phone no. 609-883-4404

Preparer's SSN or PTIN (See Gen. Instr. W) P00389108

**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 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

2005

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

WOMEN'S HEART FOUNDATION

Employer identification number
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.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Comp.	(d) Contrib. to empl. ben. plans & deferred comp.	(e) Expense account & other allowances
NONE				

Total number of other employees paid over \$50,000 ▶

Part II-A 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 ▶

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(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 ▶

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

Table with 3 columns: Question, Yes, No. Rows include: 1. During the year, has the organization attempted to influence national, state, or local legislation... 2. During the year, has the organization, either directly or indirectly, engaged in any of the following acts... 2a-2d. Sale, exchange, or leasing of property; Lending of money... 2e. Transfer of any part of its income or assets? 3a-3c. Do you make grants for scholarships... Do you have a section 403(b) annuity plan... 4a-4b. Did you maintain any separate account for participating donors... Do you provide credit counseling...

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

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

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

Provide the following information about the supported organizations. (See page 6 of the instructions.)

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above

- 14 [] An organization organized and operated to test for public safety. Section 509(a)(4). (See page 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 instructions for converting from the accrual to the cash method of accounting.

Table with columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2003, (c) 2002, (d) 2001, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends, amounts received from payments on securities loans; 19 Net income from unrelated business activities; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit without charge; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11; 27 Organizations described on line 12; 28 Unusual Grants.

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)

Table with 4 columns: Question ID, Question Text, N/A, Yes, No. Rows include questions 29-35 regarding racial nondiscrimination policies, record keeping, and financial aid.

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768) N/A

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

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

Table with 3 columns: Line number, Description, and Amount. Rows include Total lobbying expenditures (36-38), Other exempt purpose expenditures (39-40), and Lobbying nontaxable amount (41-44).

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the instructions for lines 45 through 50 on page 11 of the instructions.)

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2005, (b) 2004, (c) 2003, (d) 2002, (e) Total. Rows include Lobbying nontaxable amount (45), Lobbying ceiling amount (46), Total lobbying expenditures (47), Grassroots nontaxable amount (48), Grassroots ceiling amount (49), and Grassroots lobbying expenditures (50).

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.) N/A

Table with 3 columns: Yes, No, Amount. Rows describe lobbying activities: a Volunteers, b Paid staff or management, c Media advertisements, d Mailings to members, e Publications, f Grants to other organizations, g Direct contact with legislators, h Rallies, demonstrations, i Total lobbying expenditures.

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

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

Description	Total Expenses	Program Service	Mgt & General	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	<u>\$ 33,508</u>	<u>\$ 33,368</u>	<u>\$ 93</u>	<u>\$ 47</u>

Federal Statements

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

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

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

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

WHF Women's Heart Foundation

22-3176344

FYE: 6/30/2006

Federal Statements

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

<u>Description</u>	<u>Cash</u>	<u>Noncash</u>	<u>Total</u>
NJ DEPT OF HEALTH-OFFICE WOMENS HLTH	\$ 15,000	\$	\$ 15,000
TOTAL	\$ 15,000	\$ 0	\$ 15,000

WHF Women's Heart Foundation

22-3176344

FYE: 6/30/2006

Federal Statements

Special Events Direct Expenses

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

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