

Hurricane Katrina

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2005

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

▶ 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 **APR 1, 2005** and ending **MAR 31, 2006**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization THE WOMAN'S EXCHANGE		D Employer identification number 72-0408902
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 820 RUE ST. LOUIS		E Telephone number (504) 525-5661
		City or town, state or country, and ZIP + 4 NEW ORLEANS, LA 70112		F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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 No

H(b) If "Yes," enter number of affiliates ▶ **N/A**

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number ▶ **N/A**

G Website: ▶ **N/A**

J Organization type (check only one) ▶ 501(c) (**3**) ◀ (insert no.) 4947(a)(1) or 527

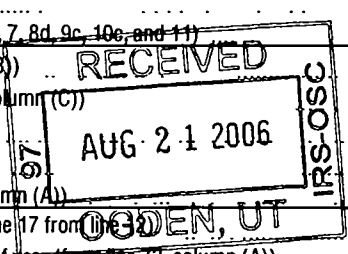
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **1,183,761.**

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

		1a		1b		1c		1d	
1 Contributions, gifts, grants, and similar amounts received:		42,024.						42,024.	
a Direct public support									
b Indirect public support									
c Government contributions (grants)									
d Total (add lines 1a through 1c) (cash \$ 42,024. noncash \$)									
2 Program service revenue including government fees and contracts (from Part VII, line 93)								34,925.	
3 Membership dues and assessments								1,785.	
4 Interest on savings and temporary cash investments									
5 Dividends and interest from securities								146,529.	
6 a Gross rents SEE STATEMENT 1		57,605.							
b Less: rental expenses SEE STATEMENT 2		3,613.							
c Net rental income or (loss) (subtract line 6b from line 6a)								53,992.	
7 Other investment income (describe ▶)									
8 a Gross amount from sales of assets other than inventory		843,517.		8a		(B) Other			
b Less: cost or other basis and sales expenses		808,234.		8b					
c Gain or (loss) (attach schedule)		35,283.		8c					
d Net gain or (loss) (combine line 8c, columns (A) and (B)) STMT 3								35,283.	
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>									
a Gross revenue (not including \$ 0. of contributions reported on line 1a)		47,544.		9a					
b Less: direct expenses other than fundraising expenses		11,076.		9b					
c Net income or (loss) from special events (subtract line 9b from line 9a) SEE STATEMENT 4								36,468.	
10 a Gross sales of inventory, less returns and allowances		9,457.		10a					
b Less: cost of goods sold STATEMENT 6		49,052.		10b					
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) STMT 5								<39,595.>	
11 Other revenue (from Part VII, line 103)								375.	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)								311,786.	
13 Program services (from line 44, column (B))								298,853.	
14 Management and general (from line 44, column (C))								135,443.	
15 Fundraising (from line 44, column (D))								94,284.	
16 Payments to affiliates (attach schedule)									
17 Total expenses (add lines 16 and 44, column (A))								528,580.	
18 Excess or (deficit) for the year (subtract line 17 from line 12)								<216,794.>	
19 Net assets or fund balances at beginning of year (from line 73, column (A))								7,157,481.	
20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 7								60,727.	
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)								7,001,414.	



10

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.

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 \$ <u>0</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25 Compensation of officers, directors, etc **	60,500.	6,050.	36,300.	18,150.
26 Other salaries and wages	201,417.	133,524.	27,157.	40,736.
27 Pension plan contributions				
28 Other employee benefits	41,855.	27,747.	5,643.	8,465.
29 Payroll taxes	19,694.	13,056.	2,655.	3,983.
30 Professional fundraising fees				
31 Accounting fees				
32 Legal fees				
33 Supplies				
34 Telephone	4,921.	2,789.	1,039.	1,093.
35 Postage and shipping	1,587.	705.	419.	463.
36 Occupancy				
37 Equipment rental and maintenance	8,490.	3,639.	2,239.	2,612.
38 Printing and publications				
39 Travel				
40 Conferences, conventions, and meetings				
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	80,072.	66,460.	13,612.	
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 8	110,044.	44,883.	46,379.	18,782.
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	528,580.	298,853.	135,443.	94,284.

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 \$ N/A; (ii) the amount allocated to Program services \$ N/A; (iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

** SEE STATEMENT 9

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? PUBLIC EDUCATION ON LIFE IN THE 1800'S	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
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.)	
a HERMAN-GRIMA HISTORIC HOUSE AND GALLIER HOUSE ARE MAINTAINED CONSTANTLY FOR TOURS AND DEMONSTRATIONS OF LIFE IN THE 1800'S TO VARIOUS GROUPS AND THE GENERAL PUBLIC	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	298,853.
b	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
c	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
d	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	298,853.

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) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	218,204.	45	86,687.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	47a 5,213.		
	b Less: allowance for doubtful accounts	47b	47c	5,213.
	48 a Pledges receivable	48a 66,065.		
	b Less: allowance for doubtful accounts	48b	48c	66,065.
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	17,016.
	53 Prepaid expenses and deferred charges		53	8,715.
	54 Investments - securities STMT 10 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		54	4,560,477.
	55 a Investments - land, buildings, and equipment - basis	55a		
b Less accumulated depreciation	55b	55c		
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	57a 2,419,636.			
b Less: accumulated depreciation STMT 11	57b 1,279,926.	57c	1,139,710.	
58 Other assets (describe SEE STATEMENT 12)		58	1,146,828.	
59 Total assets (must equal line 74). Add lines 45 through 58		59	7,030,711.	
60 Accounts payable and accrued expenses		60	29,297.	
61 Grants payable		61		
62 Deferred revenue		62		
63 Loans from officers, directors, trustees, and key employees		63		
64 a Tax-exempt bond liabilities		64a		
b Mortgages and other notes payable		64b		
65 Other liabilities (describe SEE STATEMENT 12)		65		
66 Total liabilities. Add lines 60 through 65)		66	29,297.	
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
67 Unrestricted		67	2,636,128.	
68 Temporarily restricted		68	4,273,954.	
69 Permanently restricted		69	91,332.	
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)		73	7,001,414.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		74	7,030,711.	

Part VI Other Information (continued)

		Yes	No
82 a	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?		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 N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	84b N/A		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		
	N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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.		
	85b N/A		
c	Dues, assessments, and similar amounts from members		
	85c N/A		
d	Section 162(e) lobbying and political expenditures		
	85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	N/A		
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		
86	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12		
	86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
	87a N/A		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87b N/A		
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		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
	89b		
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>		
90 a	List the states with which a copy of this return is filed <u>LA</u>		
b	Number of employees employed in the pay period that includes March 12, 2005	90b	17
91 a	The books are in care of <u>STEPHEN MOSES</u> Telephone no. <u>(504) 525-5661</u> Located at <u>820 RUE ST. LOUIS, NEW ORLEANS, LA</u> ZIP + 4 <u>70112</u>		
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)? If "Yes," enter the name of the foreign country <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	91b	X
c	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 <u>N/A</u>	91c	X
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 <u>92</u>		
			N/A

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a <u>MUSEUM TOURS</u>					33,033.
b <u>EDUCATION</u>					1,892.
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies ..					
94 Membership dues and assessments					1,785.
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	146,529.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	53,992.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	35,283.	
101 Net income or (loss) from special events			05	36,468.	
102 Gross profit or (loss) from sales of inventory					<39,595.>
103 Other revenue:					
a <u>MISCELLANEOUS</u>			01	375.	
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		272,647.	<2,885.>
105 Total (add line 104, columns (B), (D), and (E))					269,762.

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).
▼	SEE STATEMENT 15

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).

Please Sign Here: 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.

Signature of officer: Stephen A. Moses Date: 8/18/06 Type of print name and title: STEPHEN A. MOSES, EXEC. DIRECTOR

Paid Preparer's Use Only: Preparer's signature: E. J. French Date: AUG 17 2006 Check if self-employed: Preparer's SSN or PTIN: _____

Firm's name (or yours if self-employed), address, and ZIP + 4: BOURGEOIS BENNETT, L.L.C.
111 VETERANS BLVD. 17TH FLOOR
METAIRIE, LOUISIANA 70005

EIN: _____ Phone no.: 504.831.4949

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

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

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 THE WOMAN'S EXCHANGE	Employer identification number 72 0408902
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶		0		

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 ▶		0

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 ▶		0

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

	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 ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any 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.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e Transfer of any part of its income or assets?		X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		X
b Do you have a section 403(b) annuity plan for your employees?		X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
4 a 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
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

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)(v). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12** An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) sections 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.)

(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.

Calendar 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.)	70,887.	103,688.	170,229.	394,797.	739,601.
16 Membership fees received	11,380.	10,885.	12,625.	13,415.	48,305.
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	350,385.	316,478.	298,245.	307,924.	1,273,032.
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	149,639.	135,079.	80,228.	115,036.	479,982.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
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					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	<72,215.>	163,407.	236,047.	50,781.	378,020.
23 Total of lines 15 through 22	510,076.	729,537.	797,374.	881,953.	2,918,940.
24 Line 23 minus line 17	159,691.	413,059.	499,129.	574,029.	1,645,908.
25 Enter 1% of line 23	5,101.	7,295.	7,974.	8,820.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d N/A
e Public support (line 26c minus line 26d total)					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2004) ... 49,500. (2003) ... 40,500. (2002) ... 136,500. (2001) ... 415,000.					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2004) ... 0. (2003) ... 0. (2002) ... 0. (2001) ... 0.					
c Add: Amounts from column (e) for lines: 15 739,601. 16 48,305. 17 1,273,032. 20 _____ 21 _____					27c 2,060,938.
d Add: Line 27a total 641,500. and line 27b total 0.					27d 641,500.
e Public support (line 27c total minus line 27d total)					27e 1,419,438.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f 2,918,940.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 48.6285%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 16.4437%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

Part V Private School Questionnaire (See page 7 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

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

2005 DEPRECIATION AND AMORTIZATION REPORT
FORM 990 PAGE 2

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	BUILDINGS * TOTAL 990 PAGE 2 DEPR			.000	16	2,419,636.		0.	2,419,636.	1,199,854.	0.	80,072.
						2,419,636.			2,419,636.	1,199,854.		80,072.

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

(D) - Asset disposed

FORM 990	RENTAL INCOME	STATEMENT	1
KIND AND LOCATION OF PROPERTY		ACTIVITY NUMBER	GROSS RENTAL INCOME
MUSEUM RENTAL		1	57,605.
TOTAL TO FORM 990, PART I, LINE 6A			57,605.

FORM 990	RENTAL EXPENSES	STATEMENT	2
DESCRIPTION		ACTIVITY NUMBER	AMOUNT
HG MUSEUM RENTAL			3,575.
GH MUSEUM RENTAL			38.
- SUBTOTAL -		1	3,613.
TOTAL TO FORM 990, PART I, LINE 6B			3,613.

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	3
DESCRIPTION		GROSS SALES PRICE	COST OR OTHER BASIS
PUBLICLY TRADED SECURITIES		843,517.	808,234.
TO FORM 990, PART I, LINE 8		843,517.	808,234.
		EXPENSE OF SALE	NET GAIN OR (LOSS)
		0.	35,283.
		0.	35,283.

FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	4
DESCRIPTION OF EVENT		GROSS RECEIPTS	CONTRIBUT. INCLUDED
HISTORIC HOUSES		37,044.	
WINE AUCTION		10,500.	
TO FM 990, PART I, LINE 9		47,544.	
		GROSS REVENUE	DIRECT EXPENSES
		37,044.	7,903.
		10,500.	3,173.
		47,544.	11,076.
		NET INCOME	
			29,141.
			7,327.
			36,468.

FORM 990

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 10

STATEMENT 5

INCOME

1. GROSS RECEIPTS	9,457	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		9,457
4. COST OF GOODS SOLD (LINE 13)	49,052	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		<39,595>

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR	16,770	
7. MERCHANDISE PURCHASED	899	
8. COST OF LABOR	22,631	
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS	25,768	
11. ADD LINES 6 THROUGH 10		66,068
12. INVENTORY AT END OF YEAR	17,016	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12).		49,052

FORM 990	COST OF GOODS SOLD - OTHER COSTS	STATEMENT	6
DESCRIPTION		AMOUNT	
EMPLOYEE BENEFITS			4,703.
PAYROLL TAXES			2,213.
TELEPHONE			547.
EQUIPMENT RENTAL AND MAINTENANCE/			560.
UTILITIES			4,805.
INSURANCE			12,920.
BANK CHARGES			0.
SUPPLIES			20.
TOTAL INCLUDED ON FORM 990, PART I, LINE 10B			25,768.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	7
DESCRIPTION		AMOUNT	
UNREALIZED GAIN ON SECURITIES			60,727.
TOTAL TO FORM 990, PART I, LINE 20			60,727.

FORM 990	OTHER EXPENSES			STATEMENT	8
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
SECURITY	1,490.		1,490.		
PUBLIC INFORMATION	3,172.	3,172.			
MISCELLANEOUS	1,599.	911.	336.		352.
UTILITIES	19,220.	12,012.	7,208.		
INSURANCE	22,000.	11,174.	10,826.		
OFFICE EXPENSE	5,338.	2,669.	1,334.		1,335.
BANK CHARGES	11,635.	5,905.			5,730.
TAXES	100.	100.			
EDUCATION	18,941.		7,576.		11,365.
MEMBERSHIP	1,775.	887.	888.		
EQUIPMENT	1,200.		1,200.		
PROFESSIONAL FEES	14,616.		14,616.		
HG KITCHEN SUPPLIES	1,436.	1,436.			
MUSEUM TOURS	1,807.	1,807.			
ENTERTAINMENT	557.		557.		
MEETINGS	348.		348.		

THE WOMAN'S EXCHANGE

72-0408902

LANDSCAPING EXPENSE	4,810.	4,810.		
TOTAL TO FM 990, LN 43	110,044.	44,883.	46,379.	18,782.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 11

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
BUILDINGS	2,419,636.	1,279,926.	1,139,710.
TOTAL TO FORM 990, PART IV, LN 57	2,419,636.	1,279,926.	1,139,710.

FORM 990 OTHER ASSETS STATEMENT 12

DESCRIPTION	AMOUNT
ART AND ANTIQUE COLLECTION	1,080,494.
UNCONDITIONAL PROMISES TO GIVE	66,334.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	1,146,828.

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 13

DESCRIPTION	AMOUNT
RENT EXPENSES	3,613.
SPECIAL EVENT EXPENSES	11,076.
COST OF GOODS SOLD	49,052.
TOTAL TO FORM 990, PART IV-A	63,741.

FORM 990 OTHER EXPENSES NOT INCLUDED ON FORM 990 STATEMENT 14

DESCRIPTION	AMOUNT
RENT EXPENSES	3,613.
SPECIAL EVENT EXPENSES	11,076.
COST OF GOODS SOLD	49,052.
TOTAL TO FORM 990, PART IV-B	63,741.

**Hermann-Grima and Gallier House
Board of Managers
2005-2006**

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Mrs. Luis Balart (Muffin)
Mrs. Ralph O. Brennan (Susan)
Mrs. Edgar A. G. Bright III (Ashley)
Mrs. Carlo Capomazza (Rosemonde)
Mrs. Gordon E. Clay, Jr. (Ethel)
Mrs. William B. Conway (Bonnie)
Mrs. Carl S. Downing (Lois)
Mrs. Gene R. Dry (Kristen)
Mrs. Stanwood R. Duval, Jr. (Janet)
Mrs. D. Blair Favrot (Sybil)
Mrs. H. Mortimer Favrot, Jr. (Kay)
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Mrs. Andrew S. Hovet (Marilee)
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Mrs. Sidney Pulitzer (Joyce)
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Mrs. Dodie Spencer Smith
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