

Form **990**
 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

OMB No 1545-0047
2011
Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE WOMAN'S EXCHANGE <hr/> Doing Business As HERMANN-GRIMAGALLIER HISTORIC HOUSE <hr/> Number and street (or P O box if mail is not delivered to street address) Room/suite PO BOX 56836 <hr/> City or town, state or country, and ZIP + 4 NEW ORLEANS, LA 70156	D Employer identification number 72-0408902 <hr/> E Telephone number (504) 525-5661 <hr/> G Gross receipts \$ 1,872,149
F Name and address of principal officer MAMIE GASPERECZ PO BOX 56836 NEW ORLEANS, LA 70156		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <hr/> H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.HGGHH.ORG		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1881 M State of legal domicile LA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO RESTORE, PRESERVE AND MAINTAIN THE HERMANN-GRIMA AND GALLIER HISTORIC HOUSE AND TO INTERPRET THEM AS PLACES OF HISTORICAL INTEREST, AND TO EDUCATE RESIDENTS AND VISITORS ABOUT LIFE IN AND THE HISTORY OF THE CITY OF NEW ORLEANS <hr/> <hr/> <hr/>																																																																
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets																																																																
	3 Number of voting members of the governing body (Part VI, line 1a)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">3</td> <td style="width:85%;"></td> <td style="width:10%; text-align: right;">31</td> </tr> <tr> <td>4</td> <td>Number of independent voting members of the governing body (Part VI, line 1b)</td> <td style="text-align: right;">31</td> </tr> <tr> <td>5</td> <td>Total number of individuals employed in calendar year 2011 (Part V, line 2a)</td> <td style="text-align: right;">15</td> </tr> <tr> <td>6</td> <td>Total number of volunteers (estimate if necessary)</td> <td style="text-align: right;">25</td> </tr> <tr> <td>7a</td> <td>Total unrelated business revenue from Part VIII, column (C), line 12</td> <td style="text-align: right;">45,355</td> </tr> <tr> <td>7b</td> <td>Net unrelated business taxable income from Form 990-T, line 34</td> <td style="text-align: right;">44,355</td> </tr> </table>	3		31	4	Number of independent voting members of the governing body (Part VI, line 1b)	31	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	15	6	Total number of volunteers (estimate if necessary)	25	7a	Total unrelated business revenue from Part VIII, column (C), line 12	45,355	7b	Net unrelated business taxable income from Form 990-T, line 34	44,355																																													
3		31																																																															
4	Number of independent voting members of the governing body (Part VI, line 1b)	31																																																															
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	15																																																															
6	Total number of volunteers (estimate if necessary)	25																																																															
7a	Total unrelated business revenue from Part VIII, column (C), line 12	45,355																																																															
7b	Net unrelated business taxable income from Form 990-T, line 34	44,355																																																															
Revenue		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:5%;"></th> <th style="width:85%;">Prior Year</th> <th style="width:10%;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8</td> <td>Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">374,359</td> </tr> <tr> <td>9</td> <td>Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">71,482</td> </tr> <tr> <td>10</td> <td>Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">219,211</td> </tr> <tr> <td>11</td> <td>Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">245,178</td> </tr> <tr> <td>12</td> <td>Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">910,230</td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Expenses</td> <td></td> <td align="center"> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:5%;"></th> <th style="width:85%;">Prior Year</th> <th style="width:10%;">Current Year</th> </tr> </thead> <tbody> <tr> <td>13</td> <td>Grants and similar amounts paid (Part IX, column (A), lines 1–3)</td> <td style="text-align: right;">0</td> </tr> <tr> <td>14</td> <td>Benefits paid to or for members (Part IX, column (A), line 4)</td> <td style="text-align: right;">0</td> </tr> <tr> <td>15</td> <td>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</td> <td style="text-align: right;">398,743</td> </tr> <tr> <td>16a</td> <td>Professional fundraising fees (Part IX, column (A), line 11e)</td> <td style="text-align: right;">0</td> </tr> <tr> <td>b</td> <td>Total fundraising expenses (Part IX, column (D), line 25) ▶ 52,298</td> <td></td> </tr> <tr> <td>17</td> <td>Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</td> <td style="text-align: right;">379,716</td> </tr> <tr> <td>18</td> <td>Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</td> <td style="text-align: right;">778,459</td> </tr> <tr> <td>19</td> <td>Revenue less expenses Subtract line 18 from line 12</td> <td style="text-align: right;">131,771</td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Net Assets or Fund Balances</td> <td></td> <td align="center"> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:5%;"></th> <th style="width:85%;">Beginning of Current Year</th> <th style="width:10%;">End of Year</th> </tr> </thead> <tbody> <tr> <td>20</td> <td>Total assets (Part X, line 16)</td> <td style="text-align: right;">7,146,704</td> </tr> <tr> <td>21</td> <td>Total liabilities (Part X, line 26)</td> <td style="text-align: right;">53,547</td> </tr> <tr> <td>22</td> <td>Net assets or fund balances Subtract line 21 from line 20</td> <td style="text-align: right;">7,093,157</td> </tr> </tbody> </table> </td> </tr> </tbody></table> </td></tr></tbody></table>		Prior Year	Current Year	8	Contributions and grants (Part VIII, line 1h)	374,359	9	Program service revenue (Part VIII, line 2g)	71,482	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	219,211	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	245,178	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	910,230	Expenses		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:5%;"></th> <th style="width:85%;">Prior Year</th> <th style="width:10%;">Current Year</th> </tr> </thead> <tbody> <tr> <td>13</td> <td>Grants and similar amounts paid (Part IX, column (A), lines 1–3)</td> <td style="text-align: right;">0</td> </tr> <tr> <td>14</td> <td>Benefits paid to or for members (Part IX, column (A), line 4)</td> <td style="text-align: right;">0</td> </tr> <tr> <td>15</td> <td>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</td> <td style="text-align: right;">398,743</td> </tr> <tr> <td>16a</td> <td>Professional fundraising fees (Part IX, column (A), line 11e)</td> <td style="text-align: right;">0</td> </tr> <tr> <td>b</td> <td>Total fundraising expenses (Part IX, column (D), line 25) ▶ 52,298</td> <td></td> </tr> <tr> <td>17</td> <td>Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</td> <td style="text-align: right;">379,716</td> </tr> <tr> <td>18</td> <td>Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</td> <td style="text-align: right;">778,459</td> </tr> <tr> <td>19</td> <td>Revenue less expenses Subtract line 18 from line 12</td> <td style="text-align: right;">131,771</td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Net Assets or Fund Balances</td> <td></td> <td align="center"> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:5%;"></th> <th style="width:85%;">Beginning of Current Year</th> <th style="width:10%;">End of Year</th> </tr> </thead> <tbody> <tr> <td>20</td> <td>Total assets (Part X, line 16)</td> <td style="text-align: right;">7,146,704</td> </tr> <tr> <td>21</td> <td>Total liabilities (Part X, line 26)</td> <td style="text-align: right;">53,547</td> </tr> <tr> <td>22</td> <td>Net assets or fund balances Subtract line 21 from line 20</td> <td style="text-align: right;">7,093,157</td> </tr> </tbody> </table> </td> </tr> </tbody></table>		Prior Year	Current Year	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	398,743	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 52,298		17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	379,716	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	778,459	19	Revenue less expenses Subtract line 18 from line 12	131,771	Net Assets or Fund Balances		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:5%;"></th> <th style="width:85%;">Beginning of Current Year</th> <th style="width:10%;">End of Year</th> </tr> </thead> <tbody> <tr> <td>20</td> <td>Total assets (Part X, line 16)</td> <td style="text-align: right;">7,146,704</td> </tr> <tr> <td>21</td> <td>Total liabilities (Part X, line 26)</td> <td style="text-align: right;">53,547</td> </tr> <tr> <td>22</td> <td>Net assets or fund balances Subtract line 21 from line 20</td> <td style="text-align: right;">7,093,157</td> </tr> </tbody> </table>		Beginning of Current Year	End of Year	20	Total assets (Part X, line 16)	7,146,704	21	Total liabilities (Part X, line 26)	53,547	22	Net assets or fund balances Subtract line 21 from line 20	7,093,157
	Prior Year	Current Year																																																															
8	Contributions and grants (Part VIII, line 1h)	374,359																																																															
9	Program service revenue (Part VIII, line 2g)	71,482																																																															
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	219,211																																																															
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	245,178																																																															
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	910,230																																																															
Expenses		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:5%;"></th> <th style="width:85%;">Prior Year</th> <th style="width:10%;">Current Year</th> </tr> </thead> <tbody> <tr> <td>13</td> <td>Grants and similar amounts paid (Part IX, column (A), lines 1–3)</td> <td style="text-align: right;">0</td> </tr> <tr> <td>14</td> <td>Benefits paid to or for members (Part IX, column (A), line 4)</td> <td style="text-align: right;">0</td> </tr> <tr> <td>15</td> <td>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</td> <td style="text-align: right;">398,743</td> </tr> <tr> <td>16a</td> <td>Professional fundraising fees (Part IX, column (A), line 11e)</td> <td style="text-align: right;">0</td> </tr> <tr> <td>b</td> <td>Total fundraising expenses (Part IX, column (D), line 25) ▶ 52,298</td> <td></td> </tr> <tr> <td>17</td> <td>Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</td> <td style="text-align: right;">379,716</td> </tr> <tr> <td>18</td> <td>Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</td> <td style="text-align: right;">778,459</td> </tr> <tr> <td>19</td> <td>Revenue less expenses Subtract line 18 from line 12</td> <td style="text-align: right;">131,771</td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Net Assets or Fund Balances</td> <td></td> <td align="center"> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:5%;"></th> <th style="width:85%;">Beginning of Current Year</th> <th style="width:10%;">End of Year</th> </tr> </thead> <tbody> <tr> <td>20</td> <td>Total assets (Part X, line 16)</td> <td style="text-align: right;">7,146,704</td> </tr> <tr> <td>21</td> <td>Total liabilities (Part X, line 26)</td> <td style="text-align: right;">53,547</td> </tr> <tr> <td>22</td> <td>Net assets or fund balances Subtract line 21 from line 20</td> <td style="text-align: right;">7,093,157</td> </tr> </tbody> </table> </td> </tr> </tbody></table>		Prior Year	Current Year	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	398,743	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 52,298		17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	379,716	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	778,459	19	Revenue less expenses Subtract line 18 from line 12	131,771	Net Assets or Fund Balances		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:5%;"></th> <th style="width:85%;">Beginning of Current Year</th> <th style="width:10%;">End of Year</th> </tr> </thead> <tbody> <tr> <td>20</td> <td>Total assets (Part X, line 16)</td> <td style="text-align: right;">7,146,704</td> </tr> <tr> <td>21</td> <td>Total liabilities (Part X, line 26)</td> <td style="text-align: right;">53,547</td> </tr> <tr> <td>22</td> <td>Net assets or fund balances Subtract line 21 from line 20</td> <td style="text-align: right;">7,093,157</td> </tr> </tbody> </table>		Beginning of Current Year	End of Year	20	Total assets (Part X, line 16)	7,146,704	21	Total liabilities (Part X, line 26)	53,547	22	Net assets or fund balances Subtract line 21 from line 20	7,093,157																					
	Prior Year	Current Year																																																															
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0																																																															
14	Benefits paid to or for members (Part IX, column (A), line 4)	0																																																															
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	398,743																																																															
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0																																																															
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 52,298																																																																
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	379,716																																																															
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	778,459																																																															
19	Revenue less expenses Subtract line 18 from line 12	131,771																																																															
Net Assets or Fund Balances		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:5%;"></th> <th style="width:85%;">Beginning of Current Year</th> <th style="width:10%;">End of Year</th> </tr> </thead> <tbody> <tr> <td>20</td> <td>Total assets (Part X, line 16)</td> <td style="text-align: right;">7,146,704</td> </tr> <tr> <td>21</td> <td>Total liabilities (Part X, line 26)</td> <td style="text-align: right;">53,547</td> </tr> <tr> <td>22</td> <td>Net assets or fund balances Subtract line 21 from line 20</td> <td style="text-align: right;">7,093,157</td> </tr> </tbody> </table>		Beginning of Current Year	End of Year	20	Total assets (Part X, line 16)	7,146,704	21	Total liabilities (Part X, line 26)	53,547	22	Net assets or fund balances Subtract line 21 from line 20	7,093,157																																																			
	Beginning of Current Year	End of Year																																																															
20	Total assets (Part X, line 16)	7,146,704																																																															
21	Total liabilities (Part X, line 26)	53,547																																																															
22	Net assets or fund balances Subtract line 21 from line 20	7,093,157																																																															

Part II Signature Block

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.

Sign Here	***** Signature of officer	2013-05-07 Date	
	MAMIE GASPERECZ EXECUTIVE DIRECTOR Type or print name and title		
Paid Preparer's Use Only	Preparer's signature ▶ AMY E WALTERS CPA CCIFF <hr/> Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ LAPORTE APAC 111 VETERANS MEMORIAL BLVD SUITE 60 METAIRIE, LA 700054958	Date <hr/> Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (see instructions) P01078383 <hr/> EIN ▶ 72-1088864 <hr/> Phone no ▶ (504) 835-5522

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III Yes No

1 Briefly describe the organization's mission
TO RESTORE, PRESERVE AND MAINTAIN THE HERMANN-GRIMA AND GALLIER HISTORIC HOUSE AND TO INTERPRET THEM AS PLACES OF HISTORICAL INTEREST, AND TO EDUCATE RESIDENTS AND VISITORS ABOUT LIFE IN AND THE HISTORY OF THE CITY OF NEW ORLEANS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 555,800 including grants of \$) (Revenue \$ 81,266)
HERMANN-GRIMA HISTORIC HOUSE AND GALLIER HOUSE ARE PRESERVED FOR TOURS AND DEMONSTRATIONS TO EDUCATE RESIDENTS AND VISITORS OF LIFE IN THE 1800'S IN THE CITY OF NEW ORLEANS

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 555,800

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> <input checked="" type="checkbox"/>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> <input checked="" type="checkbox"/>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> <input checked="" type="checkbox"/>	Yes	
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> <input checked="" type="checkbox"/>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> <input checked="" type="checkbox"/>	Yes	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> <input checked="" type="checkbox"/>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> <input checked="" type="checkbox"/>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> <input checked="" type="checkbox"/>	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>		No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> <input checked="" type="checkbox"/>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> <input checked="" type="checkbox"/>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Part II and IV.</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? <i>If "Yes," complete Schedule F, Part III and IV.</i>		No
17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i>		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> <input checked="" type="checkbox"/>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> <input checked="" type="checkbox"/>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> <input checked="" type="checkbox"/>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> <input checked="" type="checkbox"/>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> <input checked="" type="checkbox"/>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> <input checked="" type="checkbox"/>	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .		
	1a 4		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.		
	2a 15		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	Yes	
4a	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 or securities account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9a		
	9b		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a	
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the aggregate amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (31); 1b Enter the number of voting members included in line 1a, above, who are independent (31); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review the Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (No); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed: THE ORGANIZATION, PO BOX 56836, NEW ORLEANS, LA 70156, (504) 525-5661
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: Own website, Another's website, Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: THE ORGANIZATION, PO BOX 56836, NEW ORLEANS, LA 70156, (504) 525-5661

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							63,452	0	12,500	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b				12,636	
	c	Fundraising events 1c				25,604	
	d	Related organizations 1d					
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f				726,652	
	g	Noncash contributions included in lines 1a-1f \$ <u>117,717</u>					
	h	Total. Add lines 1a-1f ▶		764,892			
Program Service Revenue			Business Code				
	2a	MUSEUM TOURS	561520	74,678	74,678		
	b	EDUCATION	900099	14,503	14,503		
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f ▶		89,181				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) ▶		130,654		130,654	
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties ▶					
	6a	(i) Real		(ii) Personal			
		Gross rents	119,450				
		Less rental expenses	23,809				
		Rental income or (loss)	95,641				
	d	Net rental income or (loss) ▶		95,641	45,355	50,286	
	7a	(i) Securities		(ii) Other			
		Gross amount from sales of assets other than inventory	562,783				
		Less cost or other basis and sales expenses	528,737				
		Gain or (loss)	34,046				
	d	Net gain or (loss) ▶		34,046		34,046	
	8a	Gross income from fundraising events (not including \$ <u>25,604</u> of contributions reported on line 1c) See Part IV, line 18					
	a		196,517				
b	Less direct expenses b					53,650	
c	Net income or (loss) from fundraising events . . ▶		142,867			142,867	
9a	Gross income from gaming activities See Part IV, line 19						
a							
b	Less direct expenses b						
c	Net income or (loss) from gaming activities . . ▶						
10a	Gross sales of inventory, less returns and allowances						
a		5,445					
b	Less cost of goods sold b					16,587	
c	Net income or (loss) from sales of inventory . . ▶		-11,142	-11,142			
		Business Code					
11a	MISCELLANEOUS	900099	3,227	3,227			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d ▶		3,227				
12	Total revenue. See Instructions ▶		1,249,366	81,266	45,355	357,853	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	348,164	267,799	43,835	36,530
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	69,514	53,748	8,600	7,166
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	21,032	8,865	12,167	
g	Other	75,604	52,025	20,899	2,680
12	Advertising and promotion	15,370	15,370		
13	Office expenses	5,047	2,524	1,261	1,262
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	258	258		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	71,570	67,952	3,618	
23	Insurance	35,200	29,268	5,932	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	REPAIRS AND MAINTENANCE	24,035	20,082	2,635	1,318
b	EMPLOYEE DEVELOPMENT &	20,599		20,599	
c	UTILITIES	20,531	16,383	4,148	
d	EQUIPMENT	8,894		8,894	
e					
f	All other expenses	40,500	21,526	15,632	3,342
25	Total functional expenses. Add lines 1 through 24f	756,318	555,800	148,220	52,298
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	90,739	1	547,553
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	127,894	3	281,345
	4 Accounts receivable, net	12,295	4	9,380
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	8,472	8	8,472
	9 Prepaid expenses and deferred charges	6,222	9	518
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	2,701,824		
	b Less accumulated depreciation	1,698,777	10c	1,003,047
	11 Investments—publicly traded securities	4,650,563	11	4,431,009
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	1,201,425	15	1,267,559
16 Total assets. Add lines 1 through 15 (must equal line 34)	7,146,704	16	7,548,883	
Liabilities	17 Accounts payable and accrued expenses	32,197	17	32,323
	18 Grants payable		18	
	19 Deferred revenue	21,350	19	20,900
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	53,547	26	53,223
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,846,046	27	3,601,404
	28 Temporarily restricted net assets	3,081,853	28	3,683,553
	29 Permanently restricted net assets	165,258	29	210,703
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	7,093,157	33	7,495,660	
34 Total liabilities and net assets/fund balances	7,146,704	34	7,548,883	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,249,366
2	Total expenses (must equal Part IX, column (A), line 25)	2	756,318
3	Revenue less expenses Subtract line 2 from line 1	3	493,048
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,093,157
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-90,545
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	7,495,660

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2011

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
THE WOMAN'S EXCHANGE

Employer identification number

72-0408902

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 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 exempt 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).** (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV.) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc. (See instructions)					12	

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	50,602	73,374	96,749	374,359	764,892	1,359,976
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	260,651	299,415	255,429	272,567	294,370	1,382,432
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	311,253	372,789	352,178	646,926	1,059,262	2,742,408
7a Amounts included on lines 1, 2, and 3 received from disqualified persons				20,000	21,000	41,000
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b				20,000	21,000	41,000
8 Public Support (Subtract line 7c from line 6)						2,701,408

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	311,253	372,789	352,178	646,926	1,059,262	2,742,408
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	158,440	265,621	140,388	190,346	190,604	945,399
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				47,167	43,355	90,522
c Add lines 10a and 10b	158,440	265,621	140,388	237,513	233,959	1,035,921
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	93,129	23,104	3,061			119,294
13 Total support (Add lines 9, 10c, 11 and 12)	562,822	661,514	495,627	884,439	1,293,221	3,897,623
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	69.310 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	60.780 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	26.580 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	29.510 %

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization THE WOMAN'S EXCHANGE

Employer identification number 72-0408902

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically importantly land area, Preservation of a certified historic structure.

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	4,251,855	3,506,949	3,679,501	4,495,365	
b Contributions		6,155	3,254	9,768	
c Investment earnings or losses	58,615	992,817	54,552	-531,661	
d Grants or scholarships					
e Other expenditures for facilities and programs	235,050	222,000	230,358	286,071	
f Administrative expenses	17,060	32,066		7,900	
g End of year balance	4,058,360	4,251,855	3,506,949	3,679,501	

2 Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment ▶ 28 820 %
- b** Permanent endowment ▶ 0 %
- c** Term endowment ▶ 71 180 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? **3b**

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		571,205		571,205
b Buildings		2,058,564	1,645,566	412,998
c Leasehold improvements				
d Equipment		72,055	53,211	18,844
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				1,003,047

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,249,366
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	756,318
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	493,048
4	Net unrealized gains (losses) on investments	4	-90,545
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-90,545
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	402,503

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	1,252,867
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-90,545
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	94,046
e	Add lines 2a through 2d	2e	3,501
3	Subtract line 2e from line 1	3	1,249,366
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	1,249,366

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	850,364
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	94,046
e	Add lines 2a through 2d	2e	94,046
3	Subtract line 2e from line 1	3	756,318
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	756,318

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
	PART III, LINE 4	THE COLLECTION CONSISTS OF ART, OBJECTS D'ART AND ANTIQUE FURNISHINGS OF THE TWO HISTORIC HOUSES BEING PRESERVED BY THE ORGANIZATION THE COLLECTION AIDS IN INTERPRETING THE TWO HISTORIC HOUSES AS PLACES OF HISTORIC INTEREST AND EDUCATING RESIDENTS AND VISITORS ABOUT LIFE IN AND THE HISTORY OF THE CITY OF NEW ORLEANS
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE ENDOWMENT FUNDS MAY BE USED TO MAINTIAN THE HOUSES AND TO SUPPORT PORGRAMS WHICH MAKE USE OF THE HOUSES PRINCIPAL (CORPUS) OF THE FUNDS MAY BE SPENT ONLY FOR EMERGENCY REPAIR AND MAINTENANCE PURPOSES IF APPROVED BY A VOTE OF THREE-FOURTHS OF THE ENTIRE BOARD OF MANAGERS AND THEN ONLY TO THE EXTENT THAT SUCH NEEDS CANNOT BE MET WITH OTHER FUNDS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE WOMAN'S EXCHANGE (TWE) FOLLOWS THE PROVISIONS OF THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES TOPIC OF THE FASB ACCOUNTING STANDARDS CODIFICATION ALL TAX RETURNS HAVE BEEN APPROPRIATELY FILED BY TWE TWE RECOGNIZES INTEREST AND PENALTIES, IF ANY RELATED TO UNRECOGNIZED TAX BENEFITS IN INCOME TAX EXPENSE TWE'S TAX FILINGS ARE SUBJECT TO AUDIT BY VARIOUS TAXING AUTHORITIES TWE'S OPEN AUDIT PERIODS ARE 2009 THROUGH 2011 MANAGEMENT EVALUATED TWE'S TAX POSITION AND CONCLUDED THAT TWE HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE
PART XII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENT DIRECT EXPENSES 53,650 RENTAL EXPENSES 23,809 SHOP EXPENSES 16,587
PART XIII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENT DIRECT EXPENSES 53,650 RENTAL EXPENSES 23,809 SHOP EXPENSES 16,587
		SCHEDULE D, PART III LINE 1A BASIS OF PRESENTATION THE FINANCIAL STATEMENT PRESENTATION FOLLOWS THE RECOMMENDATIONS OF THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) IN ITS ASC TOPIC 958, FINANCIAL STATEMENTS OF NOT-FOR-PROFIT ORGANIZATIONS UNDER FASB ASC TOPIC 958, NET ASSETS, REVENUES, AND EXPENSES ARE CLASSIFIED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS ACCORDINGLY, NET ASSETS OF TWE AND CHANGES THEREIN ARE CLASSIFIED AND REPORTED AS FOLLOWS UNRESTRICTED NET ASSETS - NET ASSETS THAT ARE NOT SUBJECT TO DONOR-IMPOSED STIPULATIONS TEMPORARILY RESTRICTED NET ASSETS - NET ASSETS SUBJECT TO DONOR-IMPOSED STIPULATIONS THAT MAY OR WILL BE MET EITHER BY ACTIONS OF TWE AND/OR THE PASSAGE OF TIME PERMANENTLY RESTRICTED NET ASSETS - NET ASSETS SUBJECT TO DONOR-IMPOSED STIPULATIONS THAT TWE MAINTAIN THEM PERMANENTLY GENERALLY, THE DONORS OF THESE ASSETS PERMIT TWE TO USE ALL OR PART OF THE INCOME EARNED ON RELATED INVESTMENTS FOR GENERAL OR SPECIFIC PURPOSES CONTRIBUTIONS TWE ACCOUNTS FOR CONTRIBUTIONS IN ACCORDANCE WITH THE RECOMMENDATIONS OF FASB ASC TOPIC 958, ACCOUNTING FOR CONTRIBUTIONS RECEIVED AND CONTRIBUTIONS MADE IN ACCORDANCE WITH FASB ASC TOPIC 958, CONTRIBUTIONS RECEIVED ARE RECORDED AS UNRESTRICTED, TEMPORARILY RESTRICTED, OR PERMANENTLY RESTRICTED SUPPORT, DEPENDING ON THE EXISTENCE OR NATURE OF ANY DONOR RESTRICTIONS ALL DONOR-RESTRICTED CONTRIBUTIONS ARE REPORTED AS INCREASES IN TEMPORARILY OR PERMANENTLY RESTRICTED NET ASSETS DEPENDING ON THE NATURE OF THE RESTRICTION WHEN A RESTRICTION EXPIRES (THAT IS, WHEN A STIPULATED TIME RESTRICTION ENDS OR PURPOSE RESTRICTION IS ACCOMPLISHED), TEMPORARILY RESTRICTED NET ASSETS ARE RECLASSIFIED TO UNRESTRICTED NET ASSETS AND REPORTED IN THE STATEMENT OF ACTIVITIES AS NET ASSETS RELEASED FROM RESTRICTIONS ANTIQUES AND ART COLLECTIONS TWE CAPITALIZED ITS ANTIQUES AND ART OBJECTS (THE COLLECTIONS) PRIOR TO THE ADOPTION OF FASB ASC TOPIC 958 IF PURCHASED, ITEMS ACCESSIONED INTO THE COLLECTIONS ARE CAPITALIZED AT COST, AND IF DONATED, THEY ARE CAPITALIZED AT THEIR APPRAISED OR FAIR VALUE ON ACCESSION DATE GAINS OR LOSSES ON THE DEACCESSION OF COLLECTION ITEMS ARE CLASSIFIED ON THE STATEMENT OF ACTIVITIES AS UNRESTRICTED OR TEMPORARILY RESTRICTED SUPPORT DEPENDING ON DONOR RESTRICTIONS, IF ANY, PLACED ON THE ITEM AT THE TIME OF ACCESSION THE ANTIQUES AND ART OBJECTS THAT COMPRISE THE COLLECTIONS ARE NOT DEPRECIATED IN-KIND SUPPORT TWE ANNUALLY CONDUCTS A WINE AUCTION TO SELL CONTRIBUTED AND PURCHASED WINES GROSS AUCTION REVENUE OF \$110,517, INCLUDES ALL PROCEEDS RECEIVED FROM AUCTION SALES AND CASH CONTRIBUTIONS RECEIVED BY TWE FOR SUPPORT OF THE AUCTION NUMEROUS VOLUNTEERS HAVE DONATED SIGNIFICANT AMOUNTS OF TIME TO TWES FUNDRAISING CAMPAIGNS AND PROGRAMS NO AMOUNTS HAVE BEEN INCLUDED IN THE FINANCIAL STATEMENTS BECAUSE THEY DID NOT MEET THE CRITERIA FOR RECOGNITION UNDER FASB ASC TOPIC 958 SCHEDULE D PART III, LINE 2 3 THE ORGANIZATION HOLDS ART, HISTORICAL TREASURES AND OTHER SIMILAR ASSETS FOR EDUCATIONAL PURPOSES, NOT FOR FINANCIAL GAIN SCHEDULE D PART III LINE 4 THE ORGANIZATION'S COLLECTION PRIMARILY CONSISTS OF TWO HISTORIC HOUSES THAT ARE PRESERVED AND PRESENTED TO THE PUBLIC FOR EDUCATIONAL PURPOSES WITHIN THE TWO HOUSES ARE FURNISHINGS, PAINTINGS, HOUSEHOLD GOODS, AND OBJETS D'ART THAT ARE REPRESENTATIVE OF THE PERIODS OF THE TWO HOUSES AND OF THE FAMILIES THAT LIVED IN THE HOUSES THE COLLECTION DATES PRIMARILY FROM 1830 TO 1860 MANY OBJECTS BELONGED TO THE FAMILIES THAT LIVED HERE THESE OBJECTS FURTHER THE ORGANIZATIONS EXEMPT PURPOSE IN THAT THEY ARE AN INTEGRAL PART OF THE EDUCATIONAL MATERIAL NEEDED TO PRESENT TO THE PUBLIC MOST OF THE OBJECTS ARE IMPORTANT HISTORICALLY AND SERVE THE PUBLIC'S INTEREST IN BEING PRESERVED

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2011

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization THE WOMAN'S EXCHANGE

Employer identification number 72-0408902

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
b Internet and e-mail solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of non-government grants
f Solicitation of government grants
g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions? (Yes/No), (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>WINE AUCTION</u> (event type)	<u>HISTORIC HOUSES</u> (event type)	(total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	110,517	111,604		222,121
	2 Less Charitable contributions	15,000	10,604		25,604
	3 Gross income (line 1 minus line 2)	95,517	101,000		196,517
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	35,429	18,221		53,650
10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(53,650)	
11 Net income summary Combine lines 3 and 10 in column (d) ▶				142,867	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶				()	
8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶					

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," Explain _____

- 11** Does the organization operate gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a
b An outside facility	13b

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2011

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization THE WOMAN'S EXCHANGE

Employer identification number 72-0408902

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 3 main columns: (a) Name of disqualified person, (b) Description of transaction, (c) Corrected? (Yes/No)

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

Table with 7 main columns: (a) Name of interested person and purpose, (b) Loan to or from the organization?, (c) Original principal amount, (d) Balance due, (e) In default?, (f) Approved by board or committee?, (g) Written agreement?

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 3 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) RALPH BRENNAN	RALPH BRENNAN IS THE SPOUSE OF SUSAN BRENNAN, A FORMER BOARD MEMBER	13,122	MR BRENNAN CATERES THE HISTORIC HOUSES EVENT, AN ANNUAL FUNDRAISER OF THE ORGANIZATION NEITHER RALPH BRENNAN NOR SUSAN BRENNAN ARE PARTICIPANTS IN THE DECISION MAKING PROCESS OF CHOOSING A CATERER		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
------------	------------------	-------------

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

Name of the organization
THE WOMAN'S EXCHANGE

Employer identification number
72-0408902

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art	X	5	45,000	
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		1,795	
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (JEWELRY)	X	7	24,200	
26 Other ▶ (OTHER)	X	8	8,491	
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?		No
b If "Yes," describe in Part II		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
------------	------------------	-------------

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
THE WOMAN'S EXCHANGE

Employer identification number

72-0408902

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE REVIEW OF FORM 990 IS SCHEDULED AT A MONTHLY BOARD MEETING THE BOARD WILL REVIEW AND APPROVE FORM 990 BEFORE IT IS SUBMITTED TO THE INTERNAL REVENUE SERVICE IF THE FORM 990 IS DUE BEFORE THE NEXT SCHEDULED BOARD MEETING, THEN A MEETING IS SCHEDULED WITH THE AUDIT AND FINANCE COMMITTEE THIS COMMITTEE WILL REVIEW AND APPROVE THE FORM 990 PRIOR TO SIGNATURES AND SUBMISSION
	FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION HAS A WRITTEN ETHICS POLICY (CONFLICT OF INTEREST), OF WHICH BOARD MEMBERS ARE AWARE DECISIONS ARE MADE EITHER BY THE VOTE OF THE BOARD, BY RECOMMENDATIONS OF SUB-COMMITTEES, OR BY THE EXECUTIVE COMMITTEE EACH BOARD MEMBER SHALL FILE WITH THE BOARD A STATEMENT DISCLOSING HER PERSONAL, BUSINESS OR ORGANIZATIONAL INTERESTS AND AFFILIATIONS AND THOSE OF PERSONS CLOSE TO HER WHICH COULD BE CONSTRUED AS BEING MUSEUM-RELATED DISCLOSURE STATEMENTS SHOULD BE UPDATED PERIODICALLY OR WHENEVER SIGNIFICANT CHANGES OCCUR
	FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE DIRECTOR IS CHOSEN BY THE BOARD MEMBERS OF THE ORGANIZATION THE EXECUTIVE DIRECTOR'S SALARY IS SET BY AND DOCUMENTED BY THE BOARD MEMBERS THE BOARD DETERMINES THE COMPENSATION OF THE EXECUTIVE DIRECTOR USING COMPARABLE DATA AND REASONABLE METHODS THE EXECUTIVE DIRECTOR HIRES ALL OTHER EMPLOYEES THE ANNUAL BUDGET, WHICH INCLUDES A LINE ITEM FOR SALARIES, IS APPROVED BY THE BOARD
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE KEPT ON SITE AND AVAILABLE UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -90,545
	FORM 990 PART XII, LINE 2C	THE BOARD'S TREASURER AND FINANCE COMMITTEE HAVE OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF THE INDEPENDENT AUDITOR THERE HAVE BEEN NO CHANGES FROM THE PRIOR YEAR
	FORM 990 PART VI, SECTION B LINE 14	A DOCUMENT RETENTION POLICY WAS APPROVED ON NOVEMBER 8, 2012

Additional Data

Software ID:
Software Version:
EIN: 72-0408902
Name: THE WOMAN'S EXCHANGE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DUNBAR AMOSS SECRETARY	1 00	X		X				0	0	0
JULIE BREITMEYER BOARD MEMBER	1 00	X						0	0	0
ASHLEY BRIGHT BOARD MEMBER	1 00	X						0	0	0
WENDY BRUTON BOARD MEMBER	1 00	X						0	0	0
HELEN BUTCHER BOARD MEMBER	1 00	X						0	0	0
ROSEMONDE CAPOMAZZA BOARD MEMBER	1 00	X						0	0	0
STEPHANIE CARROLL BOARD MEMBER	1 00	X						0	0	0
ELLEN COLEMAN PRESIDENT	1 00	X		X				0	0	0
PAM DONGIEUX BOARD MEMBER	1 00	X						0	0	0
CAROLYN FITZPATRICK BOARD MEMBER	1 00	X						0	0	0
CATHERINE FREEMAN BOARD MEMBER	1 00	X						0	0	0
ELIZABETH ADLER BOARD MEMBER	1 00	X						0	0	0
CYNTHIA HAMMOND BOARD MEMBER	1 00	X						0	0	0
KATHERINE HOVAS BOARD MEMBER	1 00	X						0	0	0
MARILEE HOVET VICE PRESIDENT	1 00	X		X				0	0	0
GRACE KAYNOR BOARD MEMBER	1 00	X						0	0	0
CAROLYN MCLELLAN BOARD MEMBER	1 00	X						0	0	0
MARIE MCLELLAN BOARD MEMBER	1 00	X						0	0	0
EDIE DARRAGH BOARD MEMBER	1 00	X						0	0	0
CAROLINE FERGUSON BOARD MEMBER	1 00	X						0	0	0
KATHERINE SAER BOARD MEMBER	1 00	X						0	0	0
CHARLOTTE SPENCER SMITH BOARD MEMBER	1 00	X						0	0	0
SUSU STALL BOARD MEMBER	1 00	X						0	0	0
VIRGINIA WHITE BOARD MEMBER	1 00	X						0	0	0
VALERIE MARCUS TREASURER	1 00	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KRISTEN DRY BOARD MEMBER	1 00	X						0	0	0
CATHY DRENNAN BOARD MEMBER	1 00	X						0	0	0
ANNIE PHILLIPS BOARD MEMBER	1 00	X						0	0	0
MAURY RENDEIRO BOARD MEMBER	1 00	X						0	0	0
MELISSA STEINER BOARD MEMBER	1 00	X						0	0	0
MARY FISCHER JOHNSON BOARD MEMBER	1 00	X						0	0	0
MAMIE STERKX GASPERECZ EXECUTIVE DIRECTOR	40 00			X				63,452	0	12,500