

Form **990**

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)

OMB No 1545-0047

2004

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2004 calendar year, or tax year beginning **JUL 1, 2004** and ending **JUN 30, 2005**

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization WOMEN'S SERVICES, INC.		D Employer identification number 25-1334227
		Number and street (or P O box if mail is not delivered to street address) Room/suite P.O. BOX 537		E Telephone number (814) 724-4637
		City or town, state or country, and ZIP + 4 MEADVILLE, PA 16335		F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶

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

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates ▶

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

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

I Group Exemption Number ▶

G Website ▶ **N/A**

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

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **862,867.**

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

1	Contributions, gifts, and similar amounts received				
a	Direct public support	1a	37,696.		
b	Indirect public support	1b	31,804.		
c	Government contributions (grants)	1c	755,592.		
d	Total (add lines 1a through 1c) (cash \$ 825,092. noncash \$ _____)	1d		825,092.	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2			
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4		2,254.	
5	Dividends and interest from securities	5			
6 a	Gross rents	6a			
b	Less rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe _____)	7			
8 a	Gross amount from sales of assets other than inventory	(A) Securities	458.	(B) Other	
b	Less cost or other basis and sales expenses	8a			
c	Gain or (loss) (attach schedule)	8b			
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c	458.		
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>	STMT 1		8d	458.
a	Gross revenue (not including \$ 0. of contributions reported on line 1a)	9a	35,063.		
b	Less direct expenses other than fundraising expenses	9b	11,745.		
c	Net income or (loss) from special events (subtract line 9b from line 9a)	SEE STATEMENT 2		9c	23,318.
d	Other revenue (from sales of inventory, less returns and allowances less cost of goods sold)	10a			
e	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10b			
11	Other revenue (from Part VII, line 103)	11			
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		851,122.	
13	Program services (from line 44, column (B))	13		638,607.	
14	Management and general (from line 44, column (C))	14		214,808.	
15	Fundraising (from line 44, column (D))	15		709.	
16	Payments to affiliates (attach schedule)	16			
17	Total expenses (add lines 16 and 44, column (A))	17		854,124.	
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		<3,002.>	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		414,687.	
20	Other changes in net assets or fund balances (attach explanation)	SEE STATEMENT 3		2,089.	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		413,774.	

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LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2004)

JB-14
25

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ 7,955 • noncash \$)	22 7,955.	7,955.	STATEMENT 5	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25 43,862.	3,453.	40,409.	0.
26 Other salaries and wages	26 475,077.	381,434.	93,643.	
27 Pension plan contributions	27 12,522.	9,226.	3,296.	
28 Other employee benefits	28 96,955.	72,825.	24,130.	
29 Payroll taxes	29 53,856.	39,923.	13,933.	
30 Professional fundraising fees	30			
31 Accounting fees	31 7,750.		7,750.	
32 Legal fees	32			
33 Supplies	33 6,424.	6,273.		151.
34 Telephone	34 7,304.	7,304.		
35 Postage and shipping	35 2,475.	2,475.		
36 Occupancy	36 27,751.	27,414.		337.
37 Equipment rental and maintenance	37 15,674.	15,674.		
38 Printing and publications	38 4,363.	4,288.		75.
39 Travel	39 8,594.	8,594.		
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 27,095.	4,476.	22,619.	
43 Other expenses not covered above (itemize)				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e SEE STATEMENT 4	43e 56,467.	47,293.	9,028.	146.
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 854,124.	638,607.	214,808.	709.

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

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

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose?

COUNSELING AND ADVOCACY FOR VICTIMS OF ABUSE AND ASSAULT

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a DOMESTIC VIOLENCE/SHELTER PROGRAM - PROVIDES COUNSELING AND ADVOCACY SERVICES FOR VICTIMS OF DOMESTIC VIOLENCE AND SHELTER, FOOD AND CARE FOR ABUSED & HOMELESS WOMEN AND CHILDREN. (Grants and allocations \$ _____)	353,977.
b SEXUAL VIOLENCE PROGRAM - PROVIDES EDUCATIONAL PROGRAMS TO SCHOOL CHILDREN OF SEXUAL ASSAULT PREVENTION AND COUNSELING AND ADVOCACY SERVICES TO VICTIMS OF SEXUAL ASSAULT. (Grants and allocations \$ _____)	228,061.
c OTHER CRISES - PROVIDES SHELTER, FOOD AND CARE FOR WOMEN AND THEIR CHILDREN WHO HAVE A NEED FOR HOUSING DUE TO OTHER CRISES SUCH AS HOMELESSNESS OR UNSUITABLE LIVING CONDITIONS. (Grants and allocations \$ _____)	56,569.
d NO AMOUNTS HAVE BEEN REFLECTED FOR DONATED SERVICES SINCE NO OBJECTIVE BASIS IS AVAILABLE TO MEASURE THE VALUE OF SUCH SERVICES. TOTAL VOLUNTEER HOURS FOR ALL PROGRAMS WERE 1,609 FOR THE YEAR. (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	638,607.

Part IV Balance Sheets

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

		(A) Beginning of year		(B) End of year	
Assets	45 Cash - non-interest-bearing	11,853.	45	11,058.	
	46 Savings and temporary cash investments	47,955.	46	95,049.	
	47 a Accounts receivable	47a	58.		
	b Less allowance for doubtful accounts	47b			
			2,032.	47c	58.
	48 a Pledges receivable	48a			
	b Less allowance for doubtful accounts	48b		48c	
	49 Grants receivable		113,668.	49	63,944.
	50 Receivables from officers, directors, trustees, and key employees			50	
	51 a Other notes and loans receivable	51a			
	b Less allowance for doubtful accounts	51b		51c	
	52 Inventories for sale or use			52	
	53 Prepaid expenses and deferred charges		221.	53	254.
	54 Investments - securities			54	
	55 a Investments - land, buildings, and equipment basis	55a			
b Less accumulated depreciation	55b		55c		
56 Investments - other	SEE STATEMENT 6	39,219.	56	47,741.	
57 a Land, buildings, and equipment, basis	57a	529,166.			
b Less accumulated depreciation STMT 7	57b	319,105.			
58 Other assets (describe ▶)		216,247.	57c	210,061.	
58			58		
59 Total assets (add lines 45 through 58) (must equal line 74)		431,195.	59	428,165.	
Liabilities	60 Accounts payable and accrued expenses	16,508.	60	14,391.	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees		63		
	64 a Tax-exempt bond liabilities		64a		
	b Mortgages and other notes payable		64b		
	65 Other liabilities (describe ▶)			65	
66 Total liabilities (add lines 60 through 65)		16,508.	66	14,391.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67 Unrestricted	201,336.	67	197,327.	
	68 Temporarily restricted	174,132.	68	168,706.	
	69 Permanently restricted	39,219.	69	47,741.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		414,687.	73	413,774.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)		431,195.	74	428,165.

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

Part VI Other Information

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 76 through 92 regarding organizational activities, financials, and tax status.

Located at PO BOX 537, MEADVILLE, PA ZIP + 4 16335

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	2,254.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	458.	
101 Net income or (loss) from special events			01	23,318.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		26,030.	0.
105 Total (add line 104, columns (B), (D), and (E))					26,030.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions)

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

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions)

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions)

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

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

accompanying schedules and statements, and to the best of my knowledge and belief, it is true,
information of which preparer has any knowledge

9/27/05 ▶ Gillian Ford Executive Director

Date Type or print name and title

Date / / Check if Preparer's SSN or PTIN

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

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

2004

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

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

Name of the organization **WOMEN'S SERVICES, INC.** Employer identification number **25 1334227**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions List each one If there are none, enter "None.")

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

Total number of other employees paid over \$50,000 ▶ **0**

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶ **0**

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

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	X	
e Transfer of any part of its income or assets?		X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		X
b Do you have a section 403(b) annuity plan for your employees?	X	
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

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

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

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

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	767,783.	840,332.	888,987.	791,282.	3,288,384.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	34,716.	37,180.	39,831.	42,659.	154,386.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	2,348.	2,484.	2,545.	6,288.	13,665.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	804,847.	879,996.	931,363.	840,229.	3,456,435.
24 Line 23 minus line 17	770,131.	842,816.	891,532.	797,570.	3,302,049.
25 Enter 1% of line 23	8,048.	8,800.	9,314.	8,402.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	66,041.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26b	0.
c Total support for section 509(a)(1) test. Enter line 24, column (e)	26c	3,302,049.
d Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____	26d	13,665.
e Public support (line 26c minus line 26d total)	26e	3,288,384.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	99.5862%

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year	N/A	
(2003) (2002) (2001) (2000)		
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year	N/A	
(2003) (2002) (2001) (2000)		
c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	27c	N/A
d Add: Line 27a total _____ and line 27b total _____	27d	N/A
e Public support (line 27c total minus line 27d total)	27e	N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)	27f	N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

NONE

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

N/A

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

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		

32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		

33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		

34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
	N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table -		
If the amount on line 40 is - The lobbying nontaxable amount is -		
Not over \$500,000 20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000	41	
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000 \$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount
		0.

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

2004 DEPRECIATION AND AMORTIZATION REPORT
FORM 990 PAGE 2

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	BUILDING AND IMPROVEMENTS	VARIABLES		20.00	16	433,368.			433,368.	233,421.		22,619.
2	EQUIPMENT	VARIABLES		10.00	16	90,798.			90,798.	58,087.		4,978.
3	LAND	VARIABLES				5,000.			5,000.			0.
	* TOTAL 990 PAGE 2 DEPR					529,166.		0.	529,166.	291,508.	0.	27,597.

FORM 990 GAIN (LOSS) FROM NON-PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
ENDOWMENT FUND REALIZED GAIN		/ /05	PURCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	458.	0.	0.	458.
TOTAL TO FM 990, PART I, LN 8	458.	0.	0.	458.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 2

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
GOLF OUTING	30,042.		30,042.	9,178.	20,864.
CHRISTMAS WREATH SALES	4,542.		4,542.	2,412.	2,130.
CRAFT SALE	57.		57.	86.	<29.>
HOT DOG SALE	75.		75.	69.	6.
RAPE TRIAL	250.		250.		250.
ROCK CONCERT	97.		97.		97.
TO FM 990, PART I, LINE 9	35,063.		35,063.	11,745.	23,318.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 3

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON ENDOWMENT FUND	2,089.
TOTAL TO FORM 990, PART I, LINE 20	2,089.

FORM 990	OTHER EXPENSES			STATEMENT 4
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
INSURANCE	15,257.	15,257.		
CLIENT RELOCATION	11,911.	11,911.		
WORK STUDY STUDENT	107.	107.		
DUES AND FEES	9,096.	475.	8,611.	10.
SERVICE CONTRACTS	18,860.	18,860.		
ADVERTISING	452.	452.		
MISCELLANEOUS	367.	231.		136.
TRUSTEE FEES (ENDOWMENT)	417.		417.	
TOTAL TO FM 990, LN 43	56,467.	47,293.	9,028.	146.

FORM 990	CASH GRANTS AND ALLOCATIONS			STATEMENT 5
CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
SEXUAL ASSAULT (SART)		MEADVILLE, PA 16335	SUBGRANTEE	7,955.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				7,955.

FORM 990	OTHER INVESTMENTS		STATEMENT 6
DESCRIPTION	VALUATION METHOD		AMOUNT
RESTRICTED ENDOWMENT & GIFTS HELD AT CRAWFORD HERITAGE FOUNDATION	MARKET VALUE		47,741.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B			47,741.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 7

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
BUILDING AND IMPROVEMENTS	433,368.	256,040.	177,328.
EQUIPMENT	90,798.	63,065.	27,733.
LAND	5,000.	0.	5,000.
TOTAL TO FORM 990, PART IV, LN 57	529,166.	319,105.	210,061.

FORM 990 OTHER REVENUE INCLUDED ON FORM 990 STATEMENT 8

DESCRIPTION	AMOUNT
REALIZED GAIN ENDOWMENT	458.
INTEREST & DIVIDENDS (ENDOWMENT)	848.
TEMPORARILY RESTRICTED CONTRIBUTIONS	45.
PERMANENTLY RESTRICTED CONTRIBUTIONS	5,700.
TOTAL TO FORM 990, PART IV-A	7,051.

FORM 990 OTHER EXPENSES INCLUDED ON FORM 990 STATEMENT 9

DESCRIPTION	AMOUNT
TRUSTEE FEES (ENDOWMENT)	417.
TOTAL TO FORM 990, PART IV-B	417.

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 10

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
GILLIAN FORD P.O. BOX 537 MEADVILLE, PA 16335	EXECUTIVE DIRECTOR 43	43,862.	5,932.	0.
KATE WALKER P.O. BOX 537 MEADVILLE, PA 16335	PRESIDENT 8	0.	0.	0.
MARK GORMAN P.O. BOX 537 MEADVILLE, PA 16335	VICE PRESIDENT 8	0.	0.	0.
SHEILA WOOD P.O. BOX 537 MEADVILLE, PA 16335	SECRETARY 8	0.	0.	0.
GUS RYLANDER P.O. BOX 537 MEADVILLE, PA 16335	TREASURER 8	0.	0.	0.
ANN ARESON P.O. BOX 537 MEADVILLE, PA 16335	BOARD MEMBER 8	0.	0.	0.
LORI BOUGHTON P.O. BOX 537 MEADVILLE, PA 16335	BOARD MEMBER 8	0.	0.	0.
ALLISON BRADY P.O. BOX 537 MEADVILLE, PA 16335	HONORARY MEMBER 0.	0.	0.	0.
JOHN BRAUTIGAM P.O. BOX 537 MEADVILLE, PA 16335	BOARD MEMBER 0.	0.	0.	0.
DONA CLENDENIN P.O. BOX 537 MEADVILLE, PA 16335	HONORARY MEMBER 0.	0.	0.	0.
PAM CURTIS P.O. BOX 537 MEADVILLE, PA 16335	HONORARY MEMBER 0.	0.	0.	0.

DORIS FOSTER P.O. BOX 537 MEADVILLE, PA 16335	BOARD MEMBER 0.	0.	0.	0.
MARIE HAMILTON P.O. BOX 537 MEADVILLE, PA 16335	HONORARY MEMBER 0.	0.	0.	0.
DIANE HORNEMAN P.O. BOX 537 MEADVILLE, PA 16335	BOARD MEMBER 0.	0.	0.	0.
DALE HUMES P.O. BOX 537 MEADVILLE, PA 16335	BOARD MEMBER 0.	0.	0.	0.
MARCIA METCALFE P.O. BOX 537 MEADVILLE, PA 16335	BOARD MEMBER 0.	0.	0.	0.
KATHY MOSS P.O. BOX 537 MEADVILLE, PA 16335	HONORARY MEMBER 0.	0.	0.	0.
JENNIFER OGELLO P.O. BOX 537 MEADVILLE, PA 16335	BOARD MEMBER 0.	0.	0.	0.
AMY GRIFFIN PHILLIS P.O. BOX 537 MEADVILLE, PA 16335	BOARD MEMBER 0.	0.	0.	0.
TRACY PROKOPOVICH P.O. BOX 537 MEADVILLE, PA 16335	BOARD MEMBER 0.	0.	0.	0.
KITTY RODGERS P.O. BOX 537 MEADVILLE, PA 16335	HONORARY MEMBER 0.	0.	0.	0.
BOBBI SANTORA P.O. BOX 537 MEADVILLE, PA 16335	HONORARY MEMBER 0.	0.	0.	0.
BRENDA SCHOONOVER P.O. BOX 537 MEADVILLE, PA 16335	BOARD MEMBER 0.	0.	0.	0.
NANCY SHERIDAN P.O. BOX 537 MEADVILLE, PA 16335	BOARD MEMBER 0.	0.	0.	0.

WOMEN'S SERVICES, INC.

25-1334227

JOY SHERRY P.O. BOX 537 MEADVILLE, PA 16335	HONORARY MEMBER 0.	0.	0.	0.
MARIAN SHERWOOD P.O. BOX 537 MEADVILLE, PA 16335	BOARD MEMBER 0.	0.	0.	0.
BEA STUCHELL P.O. BOX 537 MEADVILLE, PA 16335	HONORARY MEMBER 0.	0.	0.	0.
MARY STONE P.O. BOX 537 MEADVILLE, PA 16335	BOARD MEMBER 0.	0.	0.	0.
MARCIA YOHE P.O. BOX 537 MEADVILLE, PA 16335	BOARD MEMBER 0.	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V

<u>43,862.</u>	<u>5,932.</u>	<u>0.</u>
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