

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)

2005

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2005 calendar year, or tax year beginning JUL 1, 2005 and ending JUN 30, 2006

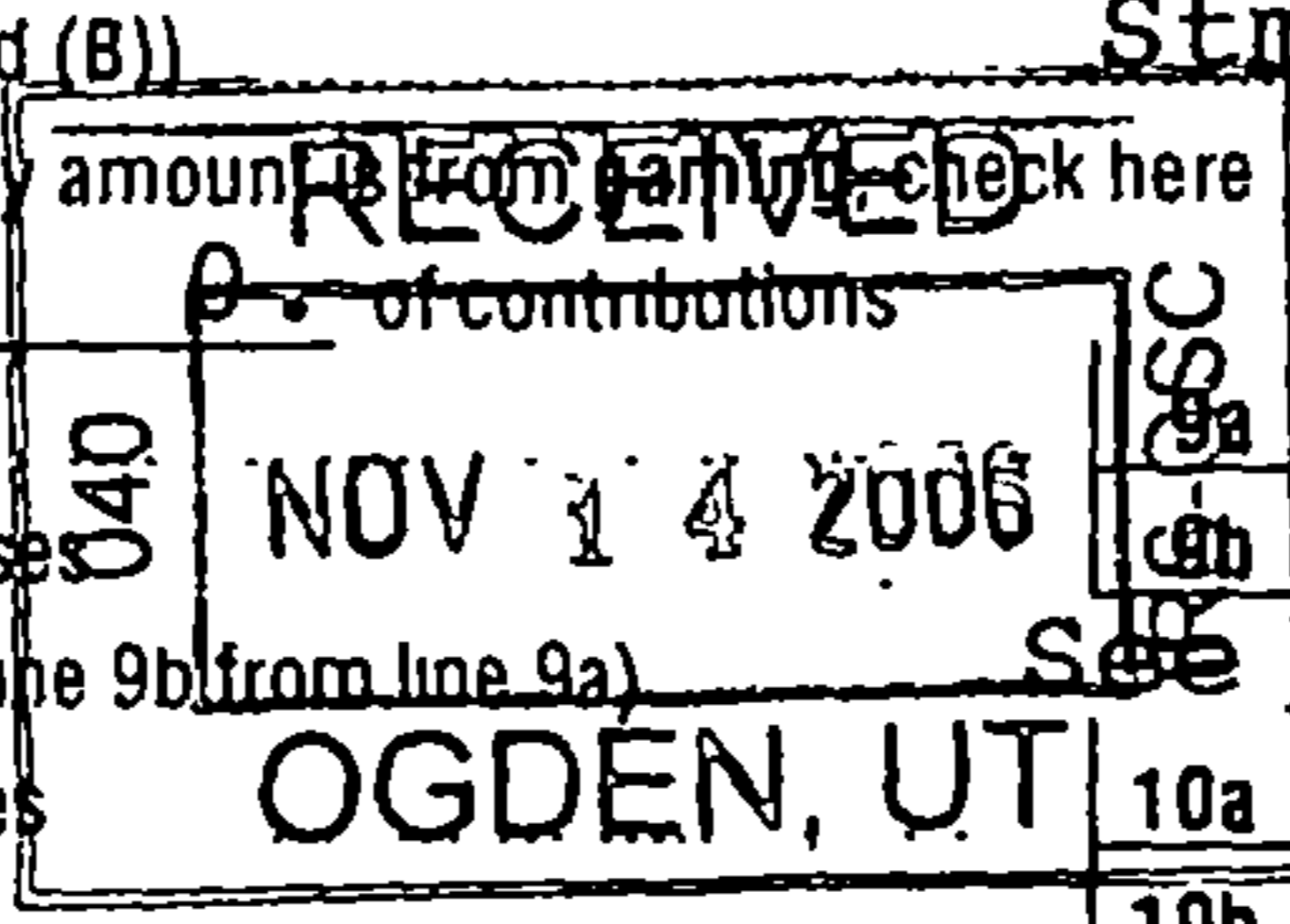
B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: WOMEN'S SERVICES, INC. D Employer identification number: 25-1334227. E Telephone number: (814) 724-4637. F Accounting method: Cash, Accrual.

G Website: N/A. J Organization type: 501(c)(3). K Check here if the organization's gross receipts are normally not more than \$25,000. H and I are not applicable to section 527 organizations.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 894898. M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, program service revenue, membership dues, interest on savings, dividends, gross rents, sales of assets, special events, gross sales of inventory, other revenue, total revenue, program services, management and general, fundraising, payments to affiliates, total expenses, excess or deficit, net assets at beginning, other changes, and net assets at end of year.



SCANNED JUL 04 2006

Part II Statement of Functional Expenses

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ <u>9459</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22	9459.	9459.	Statement 6	
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	59559.	5479.	54080.	0.
26 Other salaries and wages	26	450977.	355000.	95977.	
27 Pension plan contributions	27	26192.	20610.	5582.	
28 Other employee benefits	28	86687.	71059.	15628.	
29 Payroll taxes	29	48753.	35644.	13109.	
30 Professional fundraising fees	30				
31 Accounting fees	31	8000.		8000.	
32 Legal fees	32				
33 Supplies	33	6982.	6845.		137.
34 Telephone	34	7278.	7278.		
35 Postage and shipping	35	1868.	1868.		
36 Occupancy	36	26689.	26268.		421.
37 Equipment rental and maintenance	37	18250.	18250.		
38 Printing and publications	38	1648.	1572.		76.
39 Travel	39	12797.	12782.		15.
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	28482.	5427.	23055.	
43 Other expenses not covered above (itemize):					
a _____	43a				
b _____	43b				
c _____	43c				
d _____	43d				
e _____	43e				
f _____	43f				
g See Statement 4	43g	55436.	46806.	8620.	10.
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	849057.	624347.	224051.	659.

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

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

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A, (ii) the amount allocated to Program services \$ N/A,

(iii) the amount allocated to Management and general \$ N/A, and (iv) the amount allocated to Fundraising \$ N/A

** See Statement 5

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

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

What is the organization's primary exempt purpose? COUNSELING AND ADVOCACY FOR VICTIMS OF ABUSE AND ASSAULT	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a 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 \$) If this amount includes foreign grants, check here <input type="checkbox"/>	345172.
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 \$) If this amount includes foreign grants, check here <input type="checkbox"/>	225182.
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 \$) If this amount includes foreign grants, check here <input type="checkbox"/>	53993.
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 \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	624347.

Form 990 (2005)

Part IV Balance Sheets (See the instructions.)

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

		(A) Beginning of year		(B) End of year	
Assets	45 Cash - non-interest-bearing	11058.	45	12553.	
	46 Savings and temporary cash investments	95049.	46	77979.	
	47 a Accounts receivable	1231.	47a		
	b Less: allowance for doubtful accounts		47b	58.	
				47c	1231.
	48 a Pledges receivable		48a		
	b Less: allowance for doubtful accounts		48b		48c
	49 Grants receivable	63944.	49		32487.
	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	254.	53		237.
	54 Investments - securities			54	
	55 a Investments - land, buildings, and equipment: basis		55a		
b Less: accumulated depreciation		55b		55c	
56 Investments - other	See Statement 7	47741.	56	128052.	
57 a Land, buildings, and equipment: basis	540916.	57a			
b Less: accumulated depreciation Stmt 8	332323.	57b		210061.	
57c			57c	208593.	
58 Other assets (describe)			58		
59 Total assets (must equal line 74). Add lines 45 through 58	428165.	59		461132.	
Liabilities	60 Accounts payable and accrued expenses	14391.	60	12635.	
	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	14391.	66		12635.	
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	197327.	67	220622.	
	68 Temporarily restricted	168706.	68	146112.	
	69 Permanently restricted	47741.	69	81763.	
	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)	413774.	73		448497.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	428165.	74		461132.	

Part VI Other Information (continued)

82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II.
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84 a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues, assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12
86b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders
87b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0, section 4912 0, section 4955 0.
89b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?
89c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89d Enter: Amount of tax on line 89c, above, reimbursed by the organization
90 a List the states with which a copy of this return is filed PA
90b Number of employees employed in the pay period that includes March 12, 2005 24
91 a The books are in care of WOMEN'S SERVICES, INC. Telephone no. 814-724-4637
Located at PO BOX 537, MEADVILLE, PA ZIP + 4 16335
91b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
91c At any time during the calendar year, did the organization maintain an office outside of the United States?
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

Table with columns Yes and No for questions 91b and 91c.

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

	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	4350.	
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	1582.	
101 Net income or (loss) from special events			01	25863.	
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.		31795.	0.
105 Total (add line 104, columns (B), (D), and (E))					31795.

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

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

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

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

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

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

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

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

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

Signature of officer: *William Ford* Date: *11/6/06* Type or print name and title: *William Ford Executive Director*

Paid Preparer's Use Only: Preparer's signature: *Michael Hancypski* Date: *10/31/06* Check if self-employed: Preparer's SSN or PTIN: *P00542850*

Firm's name (or yours if self-employed), address, and ZIP + 4: *381 CHESTNUT STREET MEADVILLE, PA 16335* EIN: *25 0988255* Phone no: *(814) 336-2133*

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

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

OMB No. 1545-0047

2005

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-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions List each one (whether individuals or firms). If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None " See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services	0	

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

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Part V-A, 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	
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

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

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

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(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) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: Type 1 Type 2 Type 3

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

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

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

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

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28)	876790.	767783.	840332.	888987.	3373892.
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	35063.	34716.	37180.	39831.	146790.
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	2254.	2348.	2484.	2545.	9631.
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	914107.	804847.	879996.	931363.	3530313.
24 Line 23 minus line 17	879044.	770131.	842816.	891532.	3383523.
25 Enter 1% of line 23	9141.	8048.	8800.	9314.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 67670.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 3383523.
d Add: Amounts from column (e) for lines: 18 9631. 19 _____ 22 _____ 26b _____					26d 9631.
e Public support (line 26c minus line 26d total)					26e 3373892.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 99.7154%
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	(2004)	(2003)	(2002)	(2001)	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A	(2004)	(2003)	(2002)	(2001)	
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 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15	None				

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

N/A

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

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

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

N/A

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

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)		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)		
38	Total lobbying expenditures (add lines 36 and 37)		
39	Other exempt purpose expenditures		
40	Total exempt purpose expenditures (add lines 38 and 39)		
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		
	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)		
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36		
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38		

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) 2005	(b) 2004	(c) 2003	(d) 2002	(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

2005 DEPRECIATION AND AMORTIZATION REPORT
Form 990 Page 2

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	BUILDING AND IMPROVEMENTS	Varies	SL	20.00	16	444586.			444586.	253211.		23055.
2	EQUIPMENT	Varies	SL	10.00	16	91330.			91330.	47618.		8439.
3	LAND	Varies	SL			5000.			5000.			0.
	* Total 990 Page 2 Depr					540916.		0.	540916.	300829.	0.	31494.

(D) - Asset disposed

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

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

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
ENDOWMENT FUND REALIZED GAIN		/ /06	PURCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	1,582.	0.	0.	1,582.
TOTAL TO FM 990, PART I, LN 8	1,582.	0.	0.	1,582.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 2

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
GOLF OUTING	34,230.		34,230.	10,347.	23,883.
CHRISTMAS WREATH SALES	4,910.		4,910.	2,930.	1,980.
TO FM 990, PART I, LINE 9	39,140.		39,140.	13,277.	25,863.

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

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON ENDOWMENT FUND	2,159.
TOTAL TO FORM 990, PART I, LINE 20	2,159.

Form 990

Other Expenses

Statement 4

Description	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
INSURANCE	15028.	15028.		
CLIENT RELOCATION	12411.	12411.		
WORK STUDY STUDENT	285.	285.		
DUES AND FEES	9085.	455.	8620.	10.
SERVICE CONTRACTS	16860.	16860.		
ADVERTISING	664.	664.		
MISCELLANEOUS	536.	536.		
TRUSTEE FEES (ENDOWMENT)	567.	567.		
Total to Fm 990, ln 43	55436.	46806.	8620.	10.

Form 990 Depreciation of Assets Not Held for Investment Statement 8

Description	Cost or Other Basis	Accumulated Depreciation	Book Value
BUILDING AND IMPROVEMENTS	444586.	276266.	168320.
EQUIPMENT	91330.	56057.	35273.
LAND	5000.	0.	5000.
Total to Form 990, Part IV, ln 57	540916.	332323.	208593.

Form 990 Other Revenue Included on Form 990 Statement 9

Description	Amount
REALIZED GAIN ENDOWMENT	1582.
INTEREST & DIVIDENDS (ENDOWMENT)	1712.
TEMPORARILY RESTRICTED CONTRIBUTIONS	58.
PERMANENTLY RESTRICTED CONTRIBUTIONS	29285.
Total to Form 990, Part IV-A	32637.

Form 990

Part V-A - 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 43.00	46860.	12699.	0.
KATE WALKER P.O. BOX 537 MEADVILLE, PA 16335	PRESIDENT 0.25	0.	0.	0.
MARK GORMAN P.O. BOX 537 MEADVILLE, PA 16335	VICE PRESIDENT 0.25	0.	0.	0.
Gus Rylander P.O. BOX 537 MEADVILLE, PA 16335	TREASURER 0.25	0.	0.	0.
ANN ARESON P.O. BOX 537 MEADVILLE, PA 16335	BOARD MEMBER 0.25	0.	0.	0.
LORI BOUGHTON P.O. BOX 537 MEADVILLE, PA 16335	BOARD MEMBER 0.25	0.	0.	0.
JOHN BRAUTIGAM P.O. BOX 537 MEADVILLE, PA 16335	BOARD MEMBER 0.25	0.	0.	0.
DALE HUMES P.O. BOX 537 MEADVILLE, PA 16335	BOARD MEMBER 0.25	0.	0.	0.
Becky Berkstresser P.O. BOX 537 MEADVILLE, PA 16335	BOARD MEMBER 0.25	0.	0.	0.
michele mccandless P.O. BOX 537 MEADVILLE, PA 16335	BOARD MEMBER 0.25	0.	0.	0.
DORIS FOSTER P.O. BOX 537 MEADVILLE, PA 16335	BOARD MEMBER 0.25	0.	0.	0.

DIANE HORNEMAN P.O. BOX 537 MEADVILLE, PA 16335	BOARD MEMBER 0.25	0.	0.	0.
MARCIA METCALFE P.O. BOX 537 MEADVILLE, PA 16335	BOARD MEMBER 0.25	0.	0.	0.
AMY GRIFFIN PHILLIS P.O. BOX 537 MEADVILLE, PA 16335	BOARD MEMBER 0.25	0.	0.	0.
TRACY PROKOPOVICH P.O. BOX 537 MEADVILLE, PA 16335	BOARD MEMBER 0.25	0.	0.	0.
BRENDA SCHOONOVER P.O. BOX 537 MEADVILLE, PA 16335	BOARD MEMBER 0.25	0.	0.	0.
NANCY SHERIDAN P.O. BOX 537 MEADVILLE, PA 16335	BOARD MEMBER 0.25	0.	0.	0.
MARIAN SHERWOOD P.O. BOX 537 MEADVILLE, PA 16335	BOARD MEMBER 0.25	0.	0.	0.
MARCIA YOHE P.O. BOX 537 MEADVILLE, PA 16335	BOARD MEMBER 0.25	0.	0.	0.

Totals Included on Form 990, Part V-A

46860.

12699.

0.