

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2006

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 2006 calendar year, or tax year beginning 07-01-2006 and ending 06-30-2007

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

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

C Name of organization: WOMEN'S SERVICES INC. Number and street: PO BOX 537. City or town: MEADVILLE, PA 16335

D Employer identification number: 25-1334227. E Telephone number: (814) 724-4637. F Accounting method: Accrual

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? H(b) If "Yes" enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling?

G Web site: NA

J Organization type (check only one): 501(c)(3)

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 851,148

I Group Exemption Number. 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 (See the instructions.)

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Other investment income, Gross amount from sales of assets, Special events and activities, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or (deficit) for the year, Net assets or fund balances at beginning of year, Other changes in net assets, Net assets or fund balances at end of year.

Part II Statement of Functional Expenses

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22a Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule) <input type="checkbox"/>	25a	60,495	5,566	54,929	
b Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b				
c Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26 Salaries and wages of employees not included on lines 25a, b and c	26	456,603	363,318	93,285	
27 Pension plan contributions not included on lines 25a, b and c	27	21,216	17,105	4,111	
28 Employee benefits not included on lines 25a - 27	28	84,308	68,962	15,346	
29 Payroll taxes	29	51,337	37,943	13,394	
30 Professional fundraising fees	30				
31 Accounting fees	31	8,250		8,250	
32 Legal fees	32				
33 Supplies	33	9,479	9,294	185	
34 Telephone	34	7,267	7,267		
35 Postage and shipping	35	2,400	2,400		
36 Occupancy	36	26,558	26,402	156	
37 Equipment rental and maintenance	37	16,549	16,549		
38 Printing and publications	38	1,396	1,314	82	
39 Travel	39	13,501	13,501		
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule) <input type="checkbox"/>	42	33,391	9,628	23,763	
43 Other expenses not covered above (itemize)					
a See Additional Data Table	43a				
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	850,820	628,050	221,723	1,047

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

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

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

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

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

What is the organization's primary exempt purpose? ▶ 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 \$) If this amount includes foreign grants, check here <input type="checkbox"/>	339,102
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"/>	228,989
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"/>	59,959
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) ▶	628,050

Part IV Balance Sheets (See the instructions.)

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

		(A)		(B)		
		Beginning of year		End of year		
Assets	45 Cash—non-interest-bearing		12,553	45		
	46 Savings and temporary cash investments		77,979	46	54,125	
	47a Accounts receivable	47a	418			
	b Less allowance for doubtful accounts	47b		1,231	47c	418
	48a Pledges receivable	48a				
	b Less allowance for doubtful accounts	48b			48c	
	49 Grants receivable		32,487	49	61,184	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a		
	b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)			50b		
	51a Other notes and loans receivable (attach schedule)	51a				
	b Less allowance for doubtful accounts	51b			51c	
	52 Inventories for sale or use			52		
	53 Prepaid expenses and deferred charges		237	53	14,214	
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54a		
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54b		
55a Investments—land, buildings, and equipment basis	55a					
b Less accumulated depreciation (attach schedule)	55b			55c		
56 Investments—other (attach schedule)		128,052	56	150,429		
57a Land, buildings, and equipment basis	57a	548,632				
b Less accumulated depreciation (attach schedule)	57b	365,195	208,593	57c	183,437	
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)				58		
59 Total assets (must equal line 74) Add lines 45 through 58		461,132	59	463,807		
Liabilities	60 Accounts payable and accrued expenses		12,635	60	19,327	
	61 Grants payable			61		
	62 Deferred revenue			62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63		
	64a Tax-exempt bond liabilities (attach schedule)			64a		
	b Mortgages and other notes payable (attach schedule)			64b		
	65 Other liabilities (describe <input type="checkbox"/> _____)			65		
66 Total liabilities Add lines 60 through 65		12,635	66	19,327		
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		220,622	67	219,521	
	68 Temporarily restricted		146,112	68	126,489	
	69 Permanently restricted		81,763	69	98,470	
	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 and column (B) must equal line 21)		448,497	73	444,480	
	74 Total liabilities and net assets / fund balances Add lines 66 and 73		461,132	74	463,807	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	825,835
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify) _____	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	825,835
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) _____	d2	11,430
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12) Add lines c and d	e	837,265

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	849,981
b	Amounts included on line a but not on Part I, line 17		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify) _____	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	849,981
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) _____	d2	839
	Add lines d1 and d2	d	839
e	Total expenses (Part I, line 17) Add lines c and d	e	850,820

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See Additional Data Table				

Part VI Other Information (continued)

Form with multiple sections (82a-91b) containing questions about organization services, compliance, dues, lobbying, and financial accounts. Includes sub-sections like 85c-f and 89c-f.

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No

If "Yes," enter the name of the foreign country

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 92

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

Note: Enter gross amounts unless otherwise indicated.

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue, Interest on savings, Dividends, Net rental income, etc.

Note: Line 105 plus line 1e, 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.)

Table with 2 columns: 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.

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

Table with 5 columns: (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.

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).

Part XI **Information Regarding Transfers To and From Controlled Entities** *Complete only if the organization is a controlling organization as defined in section 512(b)(13)*

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?	Yes	No

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	2007-11-02 Date
	Gillian Ford Executive Director Type or print name and title	

Paid Preparer's Use Only	Preparer's signature Jeffrey J Petrell CPA	Date 2007-11-02	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4 CARBIS WALKER LLP 381 CHESTNUT STREET MEADVILLE, PA 16335			EIN Phone no (814) 336-2133

Part III Statements About Activities (See page 2 of the instructions.)**Yes No**

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, include 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 1 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		No
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 property?		No
b	Lending of money or other extension of credit?		No
c	Furnishing of goods, services, or facilities?		No
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	Yes	
e	Transfer of any part of its income or assets?		No
3a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)		No
b	Did the organization have a section 403(b) annuity plan for its employees?	Yes	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement		No
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		No
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g		No
b	Did the organization make any taxable distributions under section 4966?		
c	Did the organization make a distribution to a donor, donor advisor, or related person?		
d	Enter the total number of donor advised funds owned at the end of the tax year ▶ _____		
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____		
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ 0 _____		
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ 0 _____		

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

Type I Type II Type III - Functionally Integrated Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
Total					

- 14** An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	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?	29	
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?	30	
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)	31	
<hr/>		
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32 Does the organization maintain the following	32a	
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 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?	32d	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
<hr/>		
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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?	33h	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
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34a 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 10 of the instructions.)(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

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 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	41		
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 13 of the instructions)**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

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

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

TY 2006 Depreciation and Depletion Schedule**Name:** WOMEN'S SERVICES INC**EIN:** 25-1334227

Asset	Amount
BUILDING AND IMPROVEMENTS	23,763
EQUIPMENT	9,628

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2003 Gain/Loss from Sale of Nonpublic Securities Schedule

Name: WOMEN'S SERVICES INC

EIN: 25-1334227

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Sales Expenses	Total (net)
Endowment Fund Realized Gain	2006-12	PURCHASED	2007-12		680	0	0	680

TY 2006 Investments - Other Schedule

Name: WOMEN'S SERVICES INC

EIN: 25-1334227

Description	Book Value	Cost/FMV
RESTRICTED ENDOWMENT & GIFTS HELD AT CRAWFORD HERITAGE FOUNDATION	98,470	F
MUTUAL FUNDS	51,959	F

TY 2006 Land etc. Schedule

Name: WOMEN'S SERVICES INC

EIN: 25-1334227

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
BUILDING AND IMPROVEMENTS	444,586	300,029	144,557
EQUIPMENT	99,046	65,166	33,880
LAND	5,000		5,000

TY 2006 Officer Compensation Schedule

Name: WOMEN'S SERVICES INC

EIN: 25-1334227

GILLIAN FORD

	Compensation	EE Benefit Plans	Expense Acct
Program Services	4,385	1,181	
Mgmt & General	43,275	11,654	
Fundraising			

TY 2006 Other Changes in Net Assets Schedule

Name: WOMEN'S SERVICES INC

EIN: 25-1334227

Description	Amount
UNREALIZED GAIN ON ENDOWMENT FUND	9,538

**TY 2006 Other Expenses
Not Included Schedule**

Name: WOMEN'S SERVICES INC

EIN: 25-1334227

Description	Amount
TRUSTEE FEES ENDOWMENT	839

**TY 2006 Other Revenues
Not Included Schedule****Name:** WOMEN'S SERVICES INC**EIN:** 25-1334227

Description	Amount
REALIZED GAIN ENDOWMENT	680
INTEREST DIVIDENDS ENDOWMENT	4,871
TEMPORARILY RESTRICTED CONTRIBUTIONS	3,029
PERMANENTLY RESTRICTED CONTRIBUTIONS	2,850

TY 2006 Special Events Schedule

Name: WOMEN'S SERVICES INC

EIN: 25-1334227

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
GOLF OUTING	34,797	0	34,797	9,695	25,102
CHRISTMAS WREATH SALES	12,129	0	12,129	4,188	7,941

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
DORIS FOSTER PO BOX 537 MEADVILLE, PA 16335	BOARD MEMBER 0 25	0	0	0
DIANE HORNEMAN PO BOX 537 MEADVILLE, PA 16335	Secretary 0 25	0	0	0
MARCIA METCALFE PO BOX 537 MEADVILLE, PA 16335	BOARD MEMBER 0 25	0	0	0
AMY GRIFFIN PHILLIS PO BOX 537 MEADVILLE, PA 16335	BOARD MEMBER 0 25	0	0	0
TRACY PROKOPOVICH PO BOX 537 MEADVILLE, PA 16335	BOARD MEMBER 0 25	0	0	0
NANCY SHERIDAN PO BOX 537 MEADVILLE, PA 16335	BOARD MEMBER 0 25	0	0	0
MARIAN SHERWOOD PO BOX 537 MEADVILLE, PA 16335	BOARD MEMBER 0 25	0	0	0
MARCIA YOHE PO BOX 537 MEADVILLE, PA 16335	BOARD MEMBER 0 25	0	0	0
pie-liang chang PO BOX 537 MEADVILLE, PA 16335	boaRD MEMBER 0 25	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
GILLIAN FORD PO BOX 537 MEADVILLE, PA 16335	EXECUTIVE DIRECTOR 43 00	47,660	12,835	0
KATE WALKER PO BOX 537 MEADVILLE, PA 16335	BoaRD MEMBER 0 25	0	0	0
MARK GORMAN PO BOX 537 MEADVILLE, PA 16335	PreSIDENT 0 25	0	0	0
Gus Rylander PO BOX 537 MEADVILLE, PA 16335	TREASURER 0 25	0	0	0
ANN ARESON PO BOX 537 MEADVILLE, PA 16335	Vice PRESIDENT 0 25	0	0	0
LORI BOUGHTON PO BOX 537 MEADVILLE, PA 16335	BOARD MEMBER 0 25	0	0	0
JOHN BRAUTIGAM PO BOX 537 MEADVILLE, PA 16335	BOARD MEMBER 0 25	0	0	0
DALE HUMES PO BOX 537 MEADVILLE, PA 16335	BOARD MEMBER 0 25	0	0	0
Becky Berkstresser PO BOX 537 MEADVILLE, PA 16335	BOARD MEMBER 0 25	0	0	0
michele mccandless PO BOX 537 MEADVILLE, PA 16335	BOARD MEMBER 0 25	0	0	0

Additional Data

Software ID:

Software Version:

EIN: 25-1334227

Name: WOMEN'S SERVICES INC

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a INSURANCE	43a	14,846	14,846		
b CLIENT RELOCATION	43b	8,392	8,392		
c WORK STUDY STUDENT	43c	236	236		
d DUES AND FEES	43d	9,305	650	8,645	10
e SERVICE CONTRACTS	43e	22,623	22,623		
f ADVERTISING	43f	466	466		
g MISCELLANEOUS	43g	1,363	749		614
h TRUSTEE FEES (ENDOWMENT)	43h	839	839		