Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2023
ZUZƏ
Open to Public
Inspection

<u>A 1</u>	or the	e 2023 calendar year, or tax year beginning	ana enaing		
B (Check if pplicable	C Name of organization		D Employer identifie	cation number
	Addre	WOMEN'S FUND OF SANTA BARBARA			
	Name chang	Doing business as		82-51696	78
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Final return	133 F DE LA CHEPPA STPEET	15	(805) 30	3-1205
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,312,795.
	Amen return	ded CANTON DADDADA CA 03101		H(a) Is this a group re	eturn
	Application	F Name and address of principal officer: JAMIE DUFEK		for subordinates	
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
1 7	Гах-ех	empt status: \mathbf{X} 501(c)(3) $\mathbf{\Box}$ 501(c) () (insert no.) $\mathbf{\Box}$ 4947(a)	(1) or 527		list. See instructions
J١	Nebsi	te: WWW.WOMENSFUNDSB.ORG		H(c) Group exemptio	n number
KF	orm o	forganization: X Corporation Trust Association Other	L Year	of formation: 2018 N	M State of legal domicile: CA
Pa	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: $\underline{\mathrm{THI}}$	E WOMEN'	S FUND OF SA	ANTA
Activities & Governance		BARBARA IS A VOLUNTEER-LED COLLECTIVE D	ONOR ORG	GANIZATION.	
rna	2	Check this box if the organization discontinued its operations or dis	posed of more	than 25% of its net ass	sets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	18
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1	b)		18
S S	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		5	0
Ϋ́È	6	Total number of volunteers (estimate if necessary)		6	229
∕ cŧì	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)		1,053,612.	1,281,932.
nue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		7,218.	30,863.
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12	,	1,060,830.	1,312,795.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		900,000.	925,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-1		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ă	b	Total fundraising expenses (Part IX, column (D), line 25)		110 141	111 020
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		110,141.	111,032.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,010,141.	1,036,032.
	19	Revenue less expenses. Subtract line 18 from line 12		50,689.	276,763.
Net Assets or			В	eginning of Current Year	End of Year
SSE	20	Total assets (Part X, line 16)		1,692,365.	2,215,810. 276,790.
et A	21	Total (iabilities (Part X, line 26)		106,886. 1,585,479.	1,939,020.
P	22 art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		1,303,479.	1,939,020.
		alties of perjury, I declare that I have examined this return, including accompanying sche	fules and statem	ente and to the heet of my	knowledge and helief it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of			knowledge and beller, it is
truo	, 001100	and complete. Books and of property (other than officer) to become an information of	willon propurer	nao any knowleage.	
Sig	2	Signature of officer		Date	
Her		KATHY DUNLAP, CFO/TREASURER			
1101	•	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	X PTIN
Paid	ı	TRAVIS J. WILSON		if self-employ	
	arer	Firm's name TRAVIS J. WILSON, CPA, CFP		Firm's EIN	
	Only	Firm's address POST OFFICE BOX 22807			
	•	SANTA BARBARA, CA 93121		Phone no. (8	05) 452-7830
Mav	the II	RS discuss this return with the preparer shown above? See instructions		1	X Yes No
	. Fam	Described Described Ast National Research Control Control			Form 990 (2022)

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE WOMEN'S FUND OF SANTA BARBARA IS A VOLUNTEER-LED COLLECTIVE DONOR
	ORGANIZATION THAT ENABLES WOMEN TO COMBINE OUR CHARITABLE DOLLARS INTO
	SIGNIFICANT GRANTS ADDRESSING THE CRITICAL NEEDS OF WOMEN, CHILDREN,
	AND FAMILIES IN SOUTH SANTA BARBARA COUNTY.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 931,451. including grants of \$ 925,000.) (Revenue \$)
4a	(Code:) (Expenses \$931,451. including grants of \$925,000.) (Revenue \$) GRANTMAKING: IN MAY 2023, THE WOMEN'S FUND AWARDED \$925,000 IN GRANTS
	TO 10 NONPROFIT AGENCIES, FUNDED BY DONATIONS RECEIVED IN 2022. GRANT
	RECIPIENTS WERE RECOMMENDED BY OUR MEMBERS FROM A BALLOT OF ELIGIBLE
	AGENCIES AND PROJECTS. OUR RESEARCHERS HAD CONDUCTED A THOROUGH REVIEW
	OF EACH NONPROFIT'S GOALS, FINANCIALS, LEADERSHIP, SUSTAINABILITY, AND
	MEASURABLE RESULTS, ENSURING THAT ALL PROJECTS ON THE BALLOT WERE
	COMPELLING AND WORTHY OF SUPPORT. SEE SCHEDULE I FOR THE LIST OF 2023
	GRANTS AND OUR PROCEDURES TO MONITOR THE USE OF THE GRANT FUNDS.
4b	(Code:) (Expenses \$
	THE WOMEN'S FUND IS COMMITTED TO BUILDING A LARGE COMMUNITY OF
	EDUCATED, STRATEGIC GIVERS WHO ARE INSPIRED TO MAKE LASTING CHANGE IN
	OUR COMMUNITY THROUGH THE IMPACT OF COLLECTIVE GIVING. THE WOMEN'S FUND
	PROVIDES EDUCATIONAL OPPORTUNITIES FOR ITS MEMBERS AND THE PUBLIC TO
	LEARN ABOUT THE NEEDS OF WOMEN, CHILDREN, AND FAMILIES IN SOUTH SANTA
	BARBARA COUNTY. DURING 2023, THE WOMEN'S FUND HELD A VIRTUAL BALLOT REVIEW MEETING ATTENDED BY 345 MEMBERS AND GATHERED AN EQUAL NUMBER IN
	PERSON FOR ITS ANNUAL CELEBRATION OF GRANTS. IN ADDITION, IT PRODUCED 3
	IN-PERSON EDUCATION EVENTS ATTENDED BY 270, AND 8 ONLINE VIDEOS VIEWED
	1,256 TIMES.
4c	(Code:) (Expenses \$ including grants of \$)
	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 969,810.
	Form 990 (2023)

WOMEN'S FUND OF SANTA BARBARA

Form 990 (2023) WOMEN'S FUND OF SANTA BARBARA Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		37
_	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		₹.
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40	х	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	^	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			х
	Part VI	11a		
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	441.		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.		х
٦	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	444	х	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	-25	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	TIE		
'	the organization's separate of consolidated financial statements for the tax year include a footifice that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13		X
14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	ITU		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	_		
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Х	

Form 990 (2023) WOMEN'S FUND OF SANTA BARBARA Part IV Checklist of Required Schedules (continued)

22 I Not the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, coloring A, inc. 29 if IY reg. * complete Schedule* (Part I and III) 23 Did the organization answer "Yes" to Part IVI, Section A, line 3, 4, or 5, about compensation of the organization's current and former offices, directors, butters, key employees, and highest compensated ompleyees? If Yes, * complete Schedule* / 24 Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If Yes, * answer lines 245 monglif 264 and complete Schedule* / White Yes I was also seen to be a second society of the compensation market and a second account other than a refunding section at any time during the year to defease any tax exempt bonds? 44b				Yes	No
23 Did the organization answer "Yes" to Part WI, Section A, Line 3. 4, or 5, about compensation of the organization sourcet and former officent, directors, tustees, key employees, and highest compensated employees? "Yes," complete Schedule / 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 5 tool 000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24th through "X4 and complete Schedule K. If "No." yo to fine 25a	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, trustees, key employees, and highest compensated employees? If Yes, tomplete Schedule I, Part IV set Schedule II, Part IV set Schedule III, Part IV in Schedule III, Part IV IV set Schedule III, Part IV in Schedule III, Part IV IV set Schedule III, Part IV in Schedule III, Part IV IV set Schedule III, Part IV I		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
Schedule / Land Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 2db through 2st and complete Schedule K. If "No.", yo to fine 25a	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24b and ochopiete Schedule K. If "No," or to line 25a. Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
stated day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24b and complete Schedule K. If "No," go to fine 25a b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization minimal an escrow account other than a refunding escrow at any time during the year of the complete schedule for the property bonds? d Did the organization and at as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 50(16)8, 001(16)4, and 501(16)29 organizations. Did the organization ange in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Section 50(16)8, 001(16)4, and 501(16)29 organizations. Did the organization ange in an excess benefit transaction with a disqualified person to a scenario during the year? If "Yes," complete Schedule L, Part I 25b Is the organization aware that the regarded in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete Schedule L, Part II 25c IV. 25d Did the organization report any amount on Part X, line 5 or 22, for receivables from <i>dry payables</i> to any current or former officer, director, trustee, key employee, creator or former officer, director, frustee, key employee, creator or former officer, director, frustee, key employee thereofy or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X 28 Did the organization aperty to a business transaction with nois of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions); a A current or former officer, director, trustee, key employee, cestor or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV, 25a Did the organization acevity to a business transaction with originations described in		Schedule J	23		X
Schedule K. If "No." op to line 25a	24a				
b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exemption? c Did the organization maintain an escrive account other than a refunding escrive at any time during the year of the decase any tax exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25S Section 50(16,8), 801(16),4), and 501(16)20 organizations. Did the organization process benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I 25S X between the service of the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I 25D X bit the organization nemptical engagement and excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I 25D X Did the organization report any amount on Part X, line 5 or 22, for receivables from dry payables to any current or former officer, director, trustee, key employee, creator or founder, substantial centributor, or 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule I, Part II 27 X X 29D Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial centributor, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule I, Part IV 27 X 29D Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, or substantial centributor? If "Yes," complete Schedule I, Part IV 28D X 29D Did the organization receive contributions and exceptions? If "Yes," complete Schedule I, Part IV 28D X 29D Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributi		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 24c d Did the organization maintain an escrow account other than a refunding escrow at any time during the year of the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(x)(3), 501(x)(4), and 501(x)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? if "Yes," complete Schedule I, Part I person aware that it engaged in an excess benefit transaction with a disqualified person on a price year, and that the transaction has not been reported on any of the organization sprice forms 990 or 990-EZ? if "Yes," complete Schedule I, Part I person or the part I person or the person of the property of the pro		, ,			X
any tax-exempt bonde? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a 3cction 501(c/3), 501(c/4), and 501(c/29) organizations. Did the organization angage in an excess benefit transaction with a disqualified person during the year? if "Yes," complete Schedule 1, Part 1 25a X 25b 15 the organization have and that the transaction with an excess benefit transaction with a disqualified person of utring the year? if "Yes," complete Schedule 1, Part 1 25b X 25b X 25b 25c			24b		
d Did the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the yes?' 255 Section 501(28), 501(44), and 501(42) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?' if "Yes," complete Schedule L, Pan I b is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year?' if "Yes," complete Schedule L, Pan I b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 500 or \$00 E27 if "Yes," complete Schedule L, Pant I b is the organization provide a grant or often or pant the pant of the organization provide a grant or other assistance to any surrent or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (refuding an employee thereof) or family member of any of these persons? I "Yes," complete Schedule L, Pant I II b is structured to a surrent or former officer, director, trustee, key employee, creator or founder, unstantial contributor or employee thereof, a drant yellow in the surrent or former officer, director, trustee, key employee, oreator or founder, or substantial contributor? If "Yes," complete Schedule L, Pant I II b is a furnity member of any individual described in line 28s" if "Yes," complete Schedule L, Pant I IV 28s	С				
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? #"Yes," complete Schedule L, Pert I 25b X is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization sprior Forms 990 or 990-E27; #"Yes," complete Schedule L, Part I 25b X 25b Ut the organization report any amount on Part X, line 5 or 22, for receivables from 6 payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? #"Yes," complete Schedule L, Part III 25b X 27b Ut the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a rant selection committee member, or to a 55% controlled entity (including an employee thereof) or family member of any of these persons? #"Yes," complete Schedule L, Part III 27 X 28b Was the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? #"Yes," complete Schedule L, Part III 27 X 28b Was the organization provide and tescribed in line 28a or 28b #"Yes," complete Schedule L, Part III 27 X 28b Was the organization receive among than \$25,000 in none 30 A 18b Pi 18					
b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior forms 900 or 900-E27 (if "Yes," complete Schedule L, Part II			24d		
b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Form's 90 or 90 E27 if "Yes," complete Schedule I, Part I 25b	25a				٦,
that the transaction has not been reported on any of the organization's prior Forms 990 or 590-E27. If "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contribution, or 35% controlled entity of multimember of any of these persons? If "Yes," complete Schedule L, Part II 28 X Did the organization provide a grant or other assistance to any surrent or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, or and is election committee member, or to a 35% controlled entity founduing an employee thereof or family member of any indusing any of these persons? If "Yes," complete Schedule L, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV 28 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28a X 4 X 4 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28a X 28b X 4 X 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule L, Part IV 28b X 29b Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule I, Part IV 28b X 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization will not sell, exchange, dispose of, or transfer more than 25% of its net assets? If Yes," complete Schedule N, Part I 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.77012 and 301.77013? If "Yes," complete Schedule R, Part I III 32 Did the organization have a controlled entity within the meaning of section 512(b(13)? 18b X 35b X			25a		X
Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from on payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26	b				
Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of neutrolled entity of one or more individual escribed in line 28a° // if "yes," complete Schedule L, Part IV 28a X b A family member of any individual described in line 28a° // if "yes," complete Schedule L, Part IV 28a X c A 35% controlled entity of one or more individuals and/or organization described in line 28a or 28b° // if "yes," complete Schedule N, Part IV 28a X 30 Did the organization receive more than \$55,000 in noncash contributions? // if "yes," complete Schedule M 29 X 31 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? // if "yes," complete Schedule M 30 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? // if "yes," complete Schedule N, Part I 31 X 32 Did the organization related to any tax-exempt or taxable entity? // if "yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 34 X 33 Did the organization related to any tax-exempt or taxable entity? // if "yes," complete Schedule R, Part V, line 2 34 X 34 Was the organization compl		that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			٦,
or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 55% controlled entity or family member of any of these persons? If "Yes," complete Schedule I, Part III. 28			25b		X
controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 27	26				
Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee) thereof or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X X 280 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 280 X C A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28b X C A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28b X C 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 X 29 X 20 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I 31 X 20 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 20 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 32 X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301,77012 and 301,77013 / If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 33 X 34 X 34 Was the organization or elated to any tax exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35 Did the organization or extension organization mach that is treated as a					₩.
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38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Check if Schedule O contains a response or note to any line in this Part V The image of the part V is a separate of the part V is a	37				
Note: All Form 990 filers are required to complete Schedule O Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 28 X Yes No 1a			37		X
Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X	38				
Check if Schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any lin		Note: All Form 990 filers are required to complete Schedule O	38	X	
Ta Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Te No Yes No 1a 5 D V V V V V V V V V V V V V V V V V V	Pai	TV Statements Regarding Other IRS Filings and Tax Compliance			
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 5 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X		Check if Schedule O contains a response or note to any line in this Part V			
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X	1a				
(gambling) winnings to prize winners?	b	Enter the number of Fermi W 2d molded of fine 1d. Enter of infocuspillation			
	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
		(gambling) winnings to prize winners?	1c	X	

332004 12-21-23

WOMEN'S FUND OF SANTA BARBARA
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	0							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O								
4a	a 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)?	4a		X					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		<u> </u>					
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b							
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor'	? 7a		Х					
a b		7a 7b							
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	"							
•	to file Form 8282?	7c		х					
d	1.00								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х					
f									
g									
h									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12	_							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_							
11	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders 11a	-							
D	Gross income from other sources. (Do not net amounts due or paid to other sources against								
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IZd							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
	Is the organization licensed to issue qualified health plans in more than one state?	13a							
_	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans								
С	Enter the amount of reserves on hand								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		X					
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X					
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes," complete Form 6069.								

Form 990 (2023) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 18 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 18 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a Х **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Х 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done ... Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request __ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

Form **990** (2023)

BLUEISLE BOOKKEEPING (JANET AMES) - (805) 965-3314

215 W. FIGUEROA STREET, SANTA BARBARA,

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

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employees."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average	(do		Pos			one	(D) Reportable	(E) Reportable	(F) Estimated
	hours per	box,	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) JAMIE DUFEK	6.00						4	7		
BOARD CHAIR		X		X				0.	0.	0.
(2) KATHY DUNLAP	24.00									_
CFO/TREASURER & FINANCE CHAIR		X		Х				0.	0.	0.
(3) SABINA WHITE	10.00			77						
SECRETARY	10.00	X		X				0.	0.	0.
(4) JACKI BELT VOLUNTEER ENGAGEMENT CHAIR	10.00	Х						0.	0.	0.
(5) MARY BROWN	6.00	Λ							0.	· ·
MEMBERSHIP COMMITTEE	0.00	х						0.	0.	0.
(6) SARAH DE TAGYOS	25.00							•		
COMMUNICATIONS COMMITTEE		Х						0.	0.	0.
(7) NANCY HARTER	12.00									
GOVERNANCE CHAIR		Х						0.	0.	0.
(8) YONIE HARRIS	30.00									
RESEARCH CHAIR		Х						0.	0.	0.
(9) MARITA HAWRYLUK	5.00									
RESEARCH CO-CHAIR		Х						0.	0.	0.
(10) DENISE HINKLE	10.00	1							_	_
COMMUNICATIONS COMMITTEE		Х						0.	0.	0.
(11) KATHY HOLLIS	12.00									
VOLUNTEER ENGAGEMENT COMMITTEE	10.00	Х						0.	0.	0.
(12) CAROLYN JABS	12.00	. ,								
COMMUNICATIONS COMMITTEE	18.00	Х						0.	0.	0.
(13) LYNN KARLSON ENDOWMENT CHAIR	18.00	Х						0.	0.	0.
(14) MARJORIE LARKIN	1.00	Λ						· ·	0.	· ·
COMMUNICATIONS COMMITTEE	1.00	Х						0.	0.	0.
(15) MARY LUTHY	12.00	Λ							0.	<u></u>
COMMUNICATIONS CO-CHAIR	12.00	х						0.	0.	0.
(16) MICHELE NEELY SALTOUN	5.00							•		
RESEARCH CO-CHAIR		х						0.	0.	0.
(17) LAUREN TRUJILLO	10.00									
MEMBERSHIP CHAIR		Х						0.	0.	0.

332007 12-21-23

Form 990 (2023) WOMEN'S FUND OF SANTA BARBARA 82-5169678 Page 8											
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A) (B) Name and title Average			(C) Position					(D) Reportable	(E) Reportable	- 1	F) nated
rame and the	hours per	box	, unles	ss per	son is	than o	an	compensation	compensation		unt of
	week		cer an	d a di	recto	r/trus	tee)	from	from related		her
	(list any hours for	directo				Ę		the organization	organizations (W-2/1099-MISC/		ensation n the
	related	tee or	trustee			nsate		(W-2/1099-MISC/	1099-NEC)	- 1	ization
	organizations	al trus	onal tri		loyee	com pe		1099-NEC)		1	elated
	below line)	Individual trustee or director	Institutional t	Officer	Key employee	Highest compensated employee	Former			organi	zations
(18) LAUREL TUMBLER	24.00	=	드	0	ž	工品	Æ			+	
TECHNOLOGY CHAIR		Х						0.	0		0.
		-									
										+	
							V				
					7						
1b Subtotal					1			0.	0		0.
c Total from continuation sheets to Part VI						.,		0.	0		0.
•						<u>a.</u>		0.	0	•	0.
Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable		0
										Y	es No
3 Did the organization list any former officer,			-	-	-		_	· · · · · · · · · · · · · · · · · · ·	•		77
line 1a? If "Yes," complete Schedule J for s										3	X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150										4	х
5 Did any person listed on line 1a receive or a											
rendered to the organization? If "Yes," com	•				-			-		5	Х
Section B. Independent Contractors											
1 Complete this table for your five highest co the organization. Report compensation for										sation from	1
(A)	iric calcridar y	Jai C	ııuıı	ig w	itire	71 VVI		(B)	Car.	(C)	
Name and business	address	NC	NE	3				Description of s	ervices	Compens	ation
							\dashv				
							\dashv				
							\dashv				
2 Total number of independent contractors (ii \$100,000 of compensation from the organization)	•	ot lin	nited	to t	thos C		ted	above) who received mo	ore than		
, ,										Form 99	20 (2023)

Ра	rt VII			=			
		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII (A)	(B)	(C)	(D)
				Total revenue	Related or exempt		Revenue excluded
				Total Tevende	function revenue		from tax under
							sections 512 - 514
ts ts	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
Ω, E	С	Fundraising events 1c	9,075.				
ifts	d	Related organizations 1d	•				
e ic		Government grants (contributions)					
Sin	4	All other contributions, gifts, grants, and					
ē Ėį			272 957				
章			272,857. 17,212.				
ont od (g	Noncash contributions included in lines 1a-1f 1g \$		1 201 022			
<u>0</u> <u>p</u>	h	Total. Add lines 1a-1f		1,281,932.			
			Business Code				
ė	2 a						
Ξď	b						
Se	С						
ž Š	d						
Beg	е						
Program Service Revenue	f	All other program service revenue					
_							
		Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes		30,863.			20 062
	_	other similar amounts)		30,003.			30,863.
	4	Income from investment of tax-exempt bond pr					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	h	Less: cost or other basis					
ø		and sales expenses 76					
ű	_						
Revenue		. ,					
		Net gain or (loss)					
ther	8 a	Gross income from fundraising events (not					
Oŧ		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18	0.				
	b	Less: direct expenses 8b	0.				
	С	Net income or (loss) from fundraising events		0.			
		Gross income from gaming activities. See					
		Part IV, line 199a					
	b	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
	To a						
		Less: cost of goods sold 10b					
	С	Net income or (loss) from sales of inventory					
<u>s</u>			Business Code				
90 U	11 a						
ant	b						
Miscellaneous Revenue	С	-					
Aisc	d	All other revenue					
_	е	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		1,312,795.	0.	0.	30,863.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising Do not include amounts reported on lines 6b. Management and general expenses Total expenses Program service expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 925,000. 925,000. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): Management 280. 280. Legal 1,000. 15,673. 16,673 Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 7,585 3,920. 213. 3,452. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 2,696. 11,308. 3,190. 5,422. Office expenses 13 23,386. 10,529. 6,428. 6,429 Information technology 14 Royalties 15 Occupancy 16 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 1,778. 1,778. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 1,245. 3,419. 26,806. 22,142. **EVENT EXPENSES** BANK & CREDIT CARD FEES 17,258. 17,258. 5,958. 4,029. 1,879. 50. DUES & SUBSCRIPTIONS С d All other expenses 1,036,032. 969,810. 50,176. 16,046. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2023)

Part X | Balance Sheet

<u>Pan</u>	t X	Balance Sheet				
		Check if Schedule O contains a response or no	ote to any line in this Part X		<u> </u>	
				(A) Beginning of year		(B) End of year
Т	1	Cash - non-interest-bearing		62,510.	1	91,671
	2	Savings and temporary cash investments		1,128,393.	2	1,499,674
	3			1/120/333	3	1,133,071
	4		edges and grants receivable, net counts receivable, net			
	5	Loans and other receivables from any current of			4	2,750
	3	trustee, key employee, creator or founder, subs	· · · · · · · · · · · · · · · · · · ·			
		controlled entity or family member of any of the			5	
	6	Loans and other receivables from other disqua				
	Ū	under section 4958(f)(1)), and persons describe	' '		6	
,,	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
AS:	9	Description of the second state of the second		2,475.	9	3,000
		Land, buildings, and equipment: cost or other		=/=:=:		2,22
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities	122		11	
	12	Investments - other securities. See Part IV, line			12	
	13	Investments - program-related. See Part IV, line			13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	498,987.	15	618,715	
	16	Total assets. Add lines 1 through 15 (must equ		1,692,365.	16	2,215,810
	17	Accounts payable and accrued expenses		6,886.	17	7,040
	18	Grants payable		100,000.	18	265,000
	19	Deferred revenue			19	4,750
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete			21	
ς l	22	Loans and other payables to any current or for				
<u>≘</u>		trustee, key employee, creator or founder, subs	stantial contributor, or 35%			
Liabilities		controlled entity or family member of any of the	ese persons		22	
-	23	Secured mortgages and notes payable to unre			23	
	24	Unsecured notes and loans payable to unrelate	ed third parties		24	
	25	Other liabilities (including federal income tax, p	ayables to related third			
		parties, and other liabilities not included on line	es 17-24). Complete Part X			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		106,886.	26	276,790
		Organizations that follow FASB ASC 958, ch	eck here X			
Se		and complete lines 27, 28, 32, and 33.				
<u>a</u>	27	Net assets without donor restrictions		1,136,647.	27	1,379,493
B	28	Net assets with donor restrictions		448,832.	28	559,527
בו		Organizations that do not follow FASB ASC	958, check here			
Ĕ		and complete lines 29 through 33.				
ts C	29	Capital stock or trust principal, or current funds			29	
i se	30	Paid-in or capital surplus, or land, building, or e			30	
₽4.	31	Retained earnings, endowment, accumulated in		4 505 450	31	4 000 000
Se	32	Total net assets or fund balances		1,585,479.	32	1,939,020
_1	33	Total liabilities and net assets/fund balances		1,692,365.	33	2,215,810 Form 990 (202

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1 2 3 4 5 6 7 8 9	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O)	1 2 3 4 5 6 7 8 9		1,58	6,0 6,7 5,4	95. 32. 63.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	10		1,93	9 0	20.
Pa	column (B)) rt XII Financial Statements and Reporting	10			<i>,</i> 0	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis	,			
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?			2c		
0-	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	eaule (J.			
зa	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					x
L	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		
α	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why an School to Condidensible any stops to undergo such audits.			26		1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		<u> </u>

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

WOMEN'S FUND OF SANTA BARBARA

Employer identification number

82-5169678 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1284396.	874,307.	1013187.	1053612.	1281932.	5507434.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1284396.	874,307.	1013187.	1053612.	1281932.	5507434.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						5507434.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	1284396.	874,307.	1013187.	1053612.	1281932.	5507434.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	2,621.	3,287.	7,069.	7,218.	30,863.	51,058.
9	Net income from unrelated business				,	•	•
_	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						_
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						5558492.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First 5 years. If the Form 990 is for the						_
	organization, check this box and stop	·		•			
Sec	ction C. Computation of Publi		_				
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, c	column (f))		14	99.08 %
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	99.52 <u>%</u>
16a	33 1/3% support test - 2023. If the o	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this box	c and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on li	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	-					
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar		
			·	·		Schedule A	(Form 990) 2023

332022 12-21-23

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	etion A. Public Support	slow, please comp	nete i ait ii.)				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(4, 20.0	(3) 2020	(5) = 5 = 1	(9) 2022		(1)
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				5		
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge		4				
6	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		19,000	10,202	(4)	(4) 2223	(7)
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the	o organization's fi	ret second third	fourth or fifth tow	year as a section 5	[01(c)(3) craccization	
Sec	check this box and stop here			• • • • • • • • • • • • • • • • • • • •		•••••	·····
	Public support percentage for 2023 (I			column (f))		15	%
_	Public support percentage from 2022	, , , , , , , , , , , , , , , , , , , ,				16	
	etion D. Computation of Inves					, 10	70
	Investment income percentage for 20			ne 13 column (fl)		17	%
	Investment income percentage from :			(1)		18	
	33 1/3% support tests - 2023. If the						
.30	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2022. If the	organization did n	not check a box on	line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19;	a, or 19b, check th	is box and see ins	structions	1 1

332023 12-21-23 Schedule A (Form 990) 2023

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
4		
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
Ŧċ.		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
30		
10a		
10b		

332024 12-21-23

	dule A (Form 990) 2023 WOMEN'S FUND OF SANTA BARBARA 82-51	5967	8 Pa	age 5
Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes." explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated.			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			110
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		3		
Sect	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		,	
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	′ 1	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	1			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2h		

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990) 2023

За

Sche	dule A (Form 990) 2023 WOMEN'S FUND OF SANTA BA	RBAI	RA	82-5169678 Page 6
Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must c	omplet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		17
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):		_	
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount	_		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		

Schedule A (Form 990) 2023

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

5 Income tax imposed in prior year

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Schedule A (Form 990) 2023

d Excess from 2022 e Excess from 2023

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
-	
-	
-	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

WOMEN'S FUND OF SANTA BARBARA

Employer identification number 82-5169678

Par	Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		inds or Accou	nts. Complete if the
		(a) Donor advised funds	(b) Fu	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor	advised funds	
	are the organization's property, subject to the organization's e	-		Yes No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?			
Par	t II Conservation Easements. Complete if the organization	anization answered "Yes" on Form	990, Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreati	ion or education) Preservat	tion of a historically	/ important land area
	Protection of natural habitat		tion of a certified h	· · · · · ·
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the	form of a conserv	ation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b			۱	
С	Number of conservation easements on a certified historic stru-		2c	
	Number of conservation easements included on line 2c acquir			
	on a historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rele			during the tax
	year		, ,	
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period		ng of	
	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing con	servation easemer	nts during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section	170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservatio	n easements in its revenue and exp	oense statement a	nd
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial st	tatements that des	cribes the
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, o	or Other Simila	ar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue staten	nent and balance s	sheet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education, or researc	h in furtherance of	public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes thes	e items.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement	and balance shee	t works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in	n furtherance of pu	ıblic service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
				\$
2	If the organization received or held works of art, historical trea	sures, or other similar assets for fir	ancial gain, provic	e
	the following amounts required to be reported under FASB AS			
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			\$
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2023

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	rt III Organizations Maintaining Col	llections of Art				res. or Othe	r Si	mila		6 /conti		age 🚣
3	Using the organization's acquisition, accession									COITE	iueu)	
Ū	collection items (check all that apply).	, and other records	5, 011001	carry or the h	0110 **	mig that make t	Jigi III	odi it t	00 01 110			
а	Public exhibition	d		Loan or exch	าลทด	e program		7				
b	Scholarly research	e		Other	larig	c program			7 /			
c	Preservation for future generations	Č		Otrici								
4	Provide a description of the organization's colle	actions and explain	how th	ev further th	e oro	anization's eve	mnt	ourno	ee in Part	XIII		
5	During the year, did the organization solicit or r								se iii ait	AIII.		
3	to be sold to raise funds rather than to be main									Yes		No
Pai	rt IV Escrow and Custodial Arrange											
	reported an amount on Form 990, Part		.0 11 1110	organization	ano	world 100 on		, 000,	i ditiv, i	110 0, 01		
	Is the organization an agent, trustee, custodian	or other intermed	liary for	contribution	s or a	other assets no	t incl	ıded				
	on Form 990, Part X?									Yes		No
b	If "Yes," explain the arrangement in Part XIII an											
-	ii 100, oxplain the arrangement iii art xiii art	ia complete the len	ioming t				ſ			Amoun	t	
С	Beginning balance						İ	1c				
d	Additions during the year						- 1	1d				
e	Distributions during the year							1e				
f	Ending balance						···	1f				
	Did the organization include an amount on Form						… ເ ilit∨?			Yes	$\neg \vdash$	No
	If "Yes," explain the arrangement in Part XIII. C											j
	rt V Endowment Funds Complete if the						10.					
		(a) Current year		Prior year		Two years back		Three y	ears back	(e) Fou	r years	back
1a	Beginning of year balance	498,987.	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	562,813.		489,735.		4	12,721.			
La Beginning of your balance										404,	138.	
c	76 770 05 007 47 226 52 014								'			
d	Grants or scholarships					,			· ·			
e	Other expenditures for facilities		7 1									
·	and programs											
f	Administrative expenses											365.
g	End of year balance	618,715.		498,987.		562,813.		4	89,735.		412.	721.
2	Provide the estimated percentage of the curren		(line 1		held				, -	I		
a	Board designated or quasi-endowment	9.3460	%	g, 001011111 (a),	,	. ac.						
b	Permanent endowment 27.4010	%										
c	Term endowment 63.2530 %											
_	The percentages on lines 2a, 2b, and 2c should	d equal 100%.										
За	Are there endowment funds not in the possess		tion tha	t are held an	d ad	ministered for t	he					
	organization by:	· · · · · · · · · · · · · · · · · · ·									Yes	No
	(i) Unrelated organizations?									3a(i)	Х	
	(**) B									3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organization											
4	Describe in Part XIII the intended uses of the or											
Pai	rt VI Land, Buildings, and Equipme											
	Complete if the organization answered '	'Yes" on Form 990	, Part I\	/, line 11a. S	ee Fo	orm 990, Part X	, line	10.				
	Description of property	(a) Cost or of	ther	(b) Cost	or ot	ther (c) A	Accu	nulate	ed	(d) Boo	k valu	e
		basis (investm		basis (' '		iation		. ,		
	Land											
b												
C	Leasehold improvements											
d	Equipment											
e	Other											
	I Add lines to through to (O.) (A)				(D1)	1						Λ

Schedule D (Form 990) 2023

Schedule D	(Form 990) 2023 WOMEN'S FUN	D OF SANTA BA	RBARA	82-5169678 Page 3
	Investments - Other Securities			Tage -
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line	12.
(a) Descrip	otion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Co	est or end-of-year market value
(1) Financia	al derivatives			
(2) Closely	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes"			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Co	est or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Part IX	b) must equal Form 990, Part X, line 13, col. (B)) Other Assets			
raitix	Complete if the organization answered "Yes"	on Form 000 Part IV line	11d Soo Form 900 Part V line 3	15
		Description	Tid. See Form 990, Fart X, line	(b) Book value
(4) AC	ENCY FUND HELD AT SANTA		DATTON	618,715.
	SENCI FOND HELD AT SANTA	DARDARA FOUN	DATION	010,713.
(2)				
(3)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, line 15, co	(B))		618,715.
Part X	Other Liabilities			•
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X	<u> </u>
1.	(a) Description of liability			(b) Book value
	deral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

Par	t XI	Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue per Re	turn
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total	evenue, gains, and other support per audited financial statements		1
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net ur	realized gains (losses) on investments	2a	
b	Donat	ed services and use of facilities	2b	
С		eries of prior year grants		
d		(Describe in Part XIII.)		
е		nes 2a through 2d		2e
3	Subtra	ct line 2e from line 1		3
4		nts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other	(Describe in Part XIII.)	4b	
С		nes 4a and 4b		4c
5	Total	evenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		5
Pai	rt XII	Reconciliation of Expenses per Audited Financial Statem	ents With Expenses per F	Return
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total	expenses and losses per audited financial statements		1
2	Amou	nts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donat	ed services and use of facilities	2a	
b		ear adjustments		
С		osses		
d	Other	(Describe in Part XIII.)		
е	Add li	nes 2a through 2d		2e
3		ct line 2e from line 1		3
4		nts included on Form 990, Part IX, line 25, but not on line 1:		
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other	(Describe in Part XIII.)	4b	
		nes 4a and 4b		4c
5	Total	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)		5
Pai	rt XIII	Supplemental Information		
Provi	de the	descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1b and 2b; Part V, line 4	; Part X, line 2; Part XI,
ines	2d and	4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	itional information.	
PAF	RT V	, LINE 4:		
ГНЕ	S WO	MEN'S FUND ENDOWMENT WAS CREATED TO EN	SURE THE SUSTAINA	BILITY OF OUR
ORC	BANI	ZATION AS OUR MEMBERSHIP GROWS AND OUR	OUTREACH EXPANDS	. IT IS
LNI	END	ED TO PROVIDE A PERMANENT SOURCE OF FUI	IDING TO SUPPORT	OUR MISSION:
LMI	PROV	ING THE LIVES OF WOMEN, CHILDREN, AND I	FAMILIES IN SOUTH	SANTA
BAI	RBAR	A COUNTY.		
_				
4		7		
	1			

Schedule D (Form 990) 2023

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization WOMEN'S F	UND OF SA	NTA BARBARA					Employer identification number 82-5169678
Part I General Information on Grants a							02 01000,0
Does the organization maintain records to criteria used to award the grants or assist Describe in Part IV the organization's process.	stance?				-		
Part II Grants and Other Assistance to I recipient that received more than 9	•				anization answered "Y	es" on Form 990, Part	IV, line 21, for any
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2ND STORY ASSOCIATES 808 LAGUNA STREET SANTA BARBARA, CA 93101	26-0417729	501(C)(3)	50,000.	0.	4		FURNISHINGS FOR PERMANENT SUPPORTIVE HOUSING
ALPHA RESOURCE CENTER OF SANTA BARBARA - 4501 CATHEDRAL OAKS ROAD - SANTA BARBARA, CA 93110	95-1966996	501(C)(3)	140,000.	0.			AIR CONDITIONING AND AUTOMATED DOORS
ALZHEIMER'S ASSOCIATION CALIFORNIA CENTRAL COAST CHAPTER - 1528 CHAPALA STREET, SUITE 204 - SANTA	12 2020601	501(0)(2)	10,000				ALZHEIMERS EDUCATION AND SUPPORT FOR LATINO
FAMILY SERVICE AGENCY 123 W. GUTIERREZ STREET SANTA BARBARA, CA 93101	13-3039601 95-1644031		100,000.	0.			FAMILIES COMMUNITY MENTAL HEALTH NAVIGATOR PILOT PROGRAM
FOOD FROM THE HEART OF SANTA BARBARA - 909 N. LA CUMBRE ROAD - SANTA BARBARA, CA 93110	56-2334859	501(C)(3)	75,000.	0.			TRUCK TO COLLECT AND DISTRIBUTE PRODUCE
HILLSIDE HOUSE SANTA BARBARA 1235 VERONICA SPRINGS ROAD SANTA BARBARA, CA 93105	95-1816019		100,000.	0.			ADAPTIVE VAN TO ACCOMMODATE WHEELCHAIRS
2 Enter total number of section 501(c)(3) at3 Enter total number of other organizations	•		e line 1 table				10.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2023

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	overnments (Scho	edule I (Form 990), Pa	t II.)	Tago T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDEPENDENT LIVING RESOURCE CENTER 423 W. VICTORIA STREET SANTA BARBARA, CA 93101	95-3255012	501(c)(3)	100,000.	0.			INDEPENDENT LIVING SUPPORT FOR YOUTH WITH DISABILITIES
LEGAL AID FOUNDATION OF SANTA BARBARA - 301 E. CANON PERDIDO STREET - SANTA BARBARA, CA 93101	95-2112634	501(C)(3)	100,000.	0.			LEGAL SERVICES FOR SURVIVORS OF INTIMATE PARTNER VIOLENCE
SANTA BARBARA COUNTY IMMIGRANT LEGAL DEFENSE CENTER - 1136 E. MONTECITO STREET - SANTA BARBARA, CA 93103	32-0549576	501(C)(3)	130,000.	0.			CASE MANAGEMENT FOR UNACCOMPANIED IMMIGRANT CHILDREN
ST. VINCENT'S SANTA BARBARA 4200 CALLE REAL SANTA BARBARA, CA 93110	95-1643367	501(C)(3)	100,000.	0.			PEER SUPPORT SPECIALIST FOR HOMELESS MOTHERS
	(C						

Part III can be duplicated if additional space is needed.	. Complete il the	organization answe	ered res on Form 9	90, Part IV, IIIIe 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
			26		
		3			
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ad	ditional information.	
PART I, LINE 2:					
AGENCIES RECEIVING GRANTS ARE REQUI	RED TO P	ROVIDE MID	-YEAR AND	YEAR-END	
REPORTS ON HOW THEY USED THE FUNDS	AND THE	IMPACT THE	WOMEN'S F	UND GRANT	
HAD ON THE AGENCY AND ITS CLIENTS.	THE AGEN	CIES ALSO	AGREE TO P	ARTICIPATE	
IN THE WOMEN'S FUND GRANTS IN ACTIO	ON PROGRA	M, ENABLIN	G MEMBERS	TO SEE OR	
HEAR ABOUT THE OUTCOMES DIRECTLY THE	HROUGH SI	TE VISITS	AND EDUCAT	IONAL	
FORUMS.					

SCHEDULE 0 (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

Employer identification number

WOMEN'S FUND OF SANTA BARBARA	82-5169678
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MI	SSION:
THE WOMEN'S FUND EDUCATES AND INSPIRES WOMEN TO ENGAGE IN	MAKING
LASTING CHANGE IN OUR COMMUNITY.	
WE MAKE LARGE GRANTS TO NONPROFIT AGENCIES BASED ON OUR OW	N THOROUGH
RESEARCH. WE EDUCATE AND INSPIRE OUR MEMBERS TO BECOME MOR	E ENGAGED IN
THE COMMUNITY.	
OVER THE PAST 19 YEARS, THE WOMEN'S FUND HAS GROWN TO MORE	THAN 1,300
MEMBERS, DISTRIBUTING GRANTS OF MORE THAN \$10.4 MILLION.	

THE MISSION OF THE WOMEN'S FUND REMAINS THE SAME: TO ENABLE WOMEN TO PROVIDING SIGNIFICANT GRANTS FOCUSED COMBINE THEIR CHARITABLE DOLLARS, ON THE NEEDS OF WOMEN, CHILDREN, AND FAMILIES IN SOUTH SANTA BARBARA COUNTY.

SECTION B, LINE 11B: FORM 990 PART VI

THE FINANCE COMMITTEE OF THE WOMEN'S FUND REVIEWED THE FORM 990 PRIOR TO PRIOR TO FILING THE 990, FILING THE FORM WITH THE IRS. IN ADDITION FORM WAS DISTRIBUTED TO EACH VOTING MEMBER OF THE BOARD

PART VI SECTION B, LINE 12C:

BOARD AND COMMITTEE MEMBERS REVIEW THE CONFLICT-OF-INTEREST POLICY AND COMPLETE A CONFLICT-OF-INTEREST FORM ANNUALLY. COMMITTEE MEMBERS AND BOARD MEMBERS RECUSE THEMSELVES BEFORE ACTIONS ARE TAKEN DURING MEETINGS IF THEY

HAVE A CONFLICT OF INTEREST.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page 2
Name of the organization WOMEN'S FUND OF SANTA BARBARA	Employer identification number 82-5169678
FORM 990, PART VI, SECTION C, LINE 19:	
WOMEN'S FUND FINANCIAL STATEMENTS AND FORM 990 ARE AVAILAB	LE ON THE WOMEN'S
FUND WEBSITE AND UPON REQUEST. ARTICLES OF INCORPORATION,	BY-LAWS, AND
OTHER POLICIES ARE AVAILABLE UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF AGENCY ENDOWMENT HELD AT SANTA BARBARA	
FOUNDATION	76,778.
	_