Form **990**

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.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury

A For the 2022 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change WOMEN'S FUND OF SANTA BARBARA Name change 82-5169678 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated (805) 303-1205 133 E. DE LA GUERRA STREET 1,060,830. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return SANTA BARBARA, CA 93101 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: LYNN KARLSON for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: **X** 501(c)(3) 501(c) (4947(a)(1) or (insert no.) If "No," attach a list. See instructions WWW.WOMENSFUNDSB.ORG **H(c)** Group exemption number K Form of organization: X Corporation Trust Other L Year of formation: 2018 M State of legal domicile: CA Association Part I Summary Briefly describe the organization's mission or most significant activities: THE WOMEN'S FUND OF SANTA Activities & Governance BARBARA IS A VOLUNTEER-LED COLLECTIVE DONOR ORGANIZATION. if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 16 3 Number of independent voting members of the governing body (Part VI, line 1b) 16 4 0 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 192 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7h **Prior Year Current Year** 1,053,612. 1,013,187. Contributions and grants (Part VIII, line 1h) 8 0. Program service revenue (Part VIII, line 2g) 1.691. 7,218. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 1,014,878. 1,060,830. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 750,000. 900,000. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 123,894. 110,141. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 873,894. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,010,141. 140,984. 50,689. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 1,643,491. 1,692,365. Total assets (Part X, line 16) 23,603. 106,886. 21 Total liabilities (Part X, line 26) 619,888. 585,479 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign KATHY DUNLAP, CFO/TREASURER Here Type or print name and title Date PTIN X Print/Type preparer's name Preparer's signature "self-employed P00544237 TRAVIS J. WILSON Paid TRAVIS J. WILSON, CPA, CFP Preparer Firm's name Firm's EIN Firm's address POST OFFICE BOX 22807 Use Only Phone no. (805) 452-7830 SANTA BARBARA, CA 93121

X Yes

May the IRS discuss this return with the preparer shown above? See instructions

Pa	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
3	· · · · · · · · · · · · · · · · · · ·
_	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
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 917,040 . including grants of \$ 900,000 .) (Revenue \$)
	GRANTMAKING: IN MAY 2022, THE WOMEN'S FUND AWARDED \$900,000 IN GRANTS
	TO 10 NONPROFIT AGENCIES, FUNDED BY DONATIONS RECEIVED IN 2021. GRANT
	RECIPIENTS WERE RECOMMENDED BY OUR MEMBERS FROM A BALLOT OF POSSIBLE
	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 2022
	GRANTS AND OUR PROCEDURES TO MONITOR THE USE OF THE GRANT FUNDS.
41:	(Code:) (Expenses \$ 34,659. including grants of \$) (Revenue \$)
4b	
	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 2022, THE WOMEN'S FUND PRODUCED 3 VIRTUAL
	EDUCATION EVENTS VIEWED BY 478, 3 IN-PERSON EVENTS ATTENDED BY 442, AND
	5 VIDEOS VIEWED BY 371 MEMBERS.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 951,699.
	Form 990 (2022)

Form 990 (2022) 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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	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			
	Schedule D, Part III	8		Х
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?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
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,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			7.7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			7.7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in		37	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	37
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40		х
	Schedule D, Parts XI and XII	12a		Λ
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		Х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Λ
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	, 55 5	446		х
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		21
15		15		х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		21
16		16		х
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		21
17		17		х
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		-23
10		18		х
10	1c and 8a? If "Yes," complete Schedule G, Part II	10		- 22
19	,	19		х
20a	complete Schedule G, Part III	20a		X
		20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
41	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х	
	3 - Strand Contractor, Societing V, mile 1. II 165. Complete Schedule I, Falts Land II			1

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Pa	rt IV Checklist of Required Schedules (continued)			
00	Did the exemination vaport move than \$5,000 of events ay other exciptance to ay fay demantic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		Х
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			21
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	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 or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	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		Х
28	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			v
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
^4	contributions? If "Yes," complete Schedule M	30		X
31 20	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		^
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		х
22	Schedule N, Part II	32		Λ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		Λ
34		34		Х
	Part V, line 1	34		Λ •

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 36 X If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 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 38

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check it 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	1a	6			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	le gaming			
	(gambling) winnings to prize winners?			1c	Х	

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

				Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	, , , , , , , , , , , , , , , , , , , ,	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	?	2 b		
За			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other au				
	financial account in a foreign country (such as a bank account, securities account, or other financial account	count)?	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 Acc	1 1	_		v
5a			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transacti		5b		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-	6-		Х
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contribution		6a		- 21
D	were not tax deductible?	•	6b		
7	Organizations that may receive deductible contributions under section 170(c).		OD		
' а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service	res provided to the payor?	7a		Х
b		provided to the payor:	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		1.0		
	to file Form 8282?	•	7с		Х
d		7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con		7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Forn		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	on file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained b	y 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	· · · · · · · · · · · · · · · · · · ·	10a			
b	, , , , ,	10b			
11	Section 501(c)(12) organizations. Enter:				
a		11a			
D	Gross income from other sources. (Do not net amounts due or paid to other sources against	146			
122	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	11b 0412	12a		
		12b	ıza		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	125			
	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				
		13b			
С		13c			
			14a		X
	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 remunerate				
	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 in	ncome?	16		Х
	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 activ				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

WOMEN'S FUND OF SANTA BARBARA 82-5169678 Form 990 (2022) Page 6 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 16 **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. 16 **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 X 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 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Х 6 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 persons other than the governing body? X 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?

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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
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	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	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			
	taxable entity during the year?	16a		Х
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

17	List the states with which a copy of this Form 990 is required to be filed	CA

18	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

BLUEISLE BOOKKEEPING (JANET AMES) - (805) 965-3314 215 W. FIGUEROA STREET, SANTA BARBARA, CA 93101

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 hours per	box	not c	Posi heck i	more rson i	than	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	in stitutional 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) LYNN KARLSON	20.00	Ā				- 0	Ä			
BOARD CHAIR		X		X				0.	0.	0.
(2) KATHY DUNLAP	15.00									
CFO/TREASURER & FINANCE CHAIR		X		Х				0.	0.	0.
(3) MELISSA GOUGH	8.00									
CORPORATE SECRETARY		X		X				0.	0.	0.
(4) JACKI BELT	12.00									
VOLUNTEER ENGAGEMENT CHAIR		X						0.	0.	0.
(5) MARY BROWN	8.00									
EDUCATIONAL EVENTS & MEMBERSHIP		X						0.	0.	0.
(6) SARAH DE TAGYOS	20.00									
COMMUNICATIONS COMMITTEE		X						0.	0.	0.
(7) JAMIE DUFEK	15.00									
COMMUNICATIONS CHAIR		X						0.	0.	0.
(8) NANCY HARTER	10.00									
GOVERNANCE CHAIR		X						0.	0.	0.
(9) KATHY HOLLIS	15.00									
VOLUNTEER ENGAGEMENT & ED. EVENTS		X						0.	0.	0.
(10) MICHELE NEELY SALTOUN	10.00									
RESEARCH CO-CHAIR		X						0.	0.	0.
(11) LAUREN TRUJILLO	15.00							_	_	_
MEMBERSHIP CHAIR		X						0.	0.	0.
(12) LAUREL TUMBLER	30.00									_
INFORMATION TECHNOLOGY CHAIR	1	X						0.	0.	0.
(13) SABINA WHITE	15.00									_
RESEARCH CO-CHAIR		X						0.	0.	0.
(14) MARY LUTHY	20.00									
COMMUNICATIONS CO-CHAIR	10.00	X						0.	0.	0.
(15) MARITA HAWRYLUK	10.00									•
RESEARCH CO-CHAIR	10.00	X						0.	0.	0.
(16) DENISE HINKLE	10.00									•
COMMUNICATIONS COMMITTEE		X				-		0.	0.	0.
		-								

(A) Name and title	(B) Average		F	(C Posi	•			(D) Reportable	(E) Reportable		(F) Estimate	~ 4
Name and title	hours per week (list any hours for related organizations below line)	tee or director	not ch unles	eck n	nore f son is rector	Highest compensated highest compensated employee	an ee)	compensation from the organization (W-2/1099-MISC/ 1099-NEC)	compensation from related organizations (W-2/1099-MISO 1099-NEC)		amount other compensa from th organizat and relat organizati	of atio ne tion
		-	_		<u>×</u>							
		-						5				
							4					_
					_							
		-										
							4					
b Subtotal c Total from continuation sheets to Pa								0.		0.		
d Total (add lines 1b and 1c) Total number of individuals (including								0 • ceived more than \$100,		0.		
compensation from the organization											Yes	١
Did the organization list any former of line 1a? If "Yes," complete Schedule J	1		•	•	•		•	•	•		3	
For any individual listed on line 1a, is t	he sum of reportabl	e cor	mpe	nsat	tion	and	oth	er compensation from th	ne organization			
and related organizations greater than											4	Ľ
Did any person listed on line 1a receiv rendered to the organization?											5	
ection B. Independent Contractors	- COMPLETE CONCAUN	2010	<i>n</i> 50	<u> </u>	<i>/C/3</i> (<i>.</i>						
Complete this table for your five highe the organization. Report compensation										ensati	on from	
(A		Jai Ci	IIIIII	9 111	1110	/I VVII		(B)			(C)	-
Name and bus	iness address	NC	NE					Description of s	ervices	Co	mpensatio	n
\leftarrow												
Total number of independent contract	ors (including but n	ot lim	nited	to t	hos:		ted	above) who received mo	ore than			

			2022) WOMEN'S FUND	OF	SANTA	BARBARA		82-5169	678 Page 9
Pai	rt \	/III	Statement of Revenue						
			Check if Schedule O contains a response	or not	te to any lin	e in this Part VIII			
			erioda ir corredate e corridatio a response	01 1101	io to uny iii	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded from tax under
							Turiction revenue	business revenue	sections 512 - 514
ņς	1	а	Federated campaigns 1a						
and m	-		Membership dues 1b						
පු ව			Fundraising events 1c	C	9,050.				
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations 1d		,,050.				
<u>a</u>									
ns, Sir			Government grants (contributions) 1e						
er të		Ť	All other contributions, gifts, grants, and	044	I E 6 2				
듗된				, 044	1,562.				
g g		_	Noncash contributions included in lines 1a-1f 1g \$		272.	1 050 610			
<u>ठ</u> ह		h	Total. Add lines 1a-1f			1,053,612.			
				Busi	iness Code				
e l	2	а							
Ξď		b							
Se		С							
e a		d							
Program Service Revenue		е							
Pro			All other program service revenue						
_			Total. Add lines 2a-2f						
$\overline{}$	3								
	3		Investment income (including dividends, inter			7,218.			7,218.
			other similar amounts)			7,210.	1		1,210.
	4		Income from investment of tax-exempt bond		eds				
	5		Royalties						
			(i) Real	(11)	Personal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
		d	Net rental income or (loss)						
	7	а	Gross amount from sales of (i) Securities	(i	i) Other				
			assets other than inventory 7a						
		b	Less: cost or other basis						
ē			and sales expenses						
Revenue		c	Gain or (loss) 70						
ě			Net gain or (loss)						
× =			Gross income from fundraising events (not						
Other	0	а							
0			including \$ 9,050. of						
			contributions reported on line 1c). See		0				
			Part IV, line 18		0.				
			Less: direct expenses 8t	ວ	0.				
			Net income or (loss) from fundraising events			0.			
	9	а	Gross income from gaming activities. See						
			Part IV, line 19	а					
		b	Less: direct expenses 9t	o					
		С	Net income or (loss) from gaming activities	<u></u> .					
	10	а	Gross sales of inventory, less returns						
	K		and allowances 10	а					
	◂	b	Less: cost of goods sold 10	b					
			Net income or (loss) from sales of inventory						
					iness Code				
sn	11	а			>				
Miscellaneous Revenue	"								
llar Æn		b							
sce Be		C	All all and an analysis						
Σ			All other revenue						
			Total. Add lines 11a-11d			1 060 000	•	_	E 010
	12		Total revenue. See instructions			1,060,830.	0.	0.	7,218.

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. Program service expenses Total expenses Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 900,000. 900,000. 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 125. 125. Legal 3,700 3,700. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 21,379. 1,992. 17,395. 1,992. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 10,138. 3,961. 3,086. 3,091. Office expenses 13 14,861. 7,631. 3,936. 3,294. Information technology 14 15 Royalties 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 1,683. 1,683. 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.) 748. 2,307. 37,714. 34,659. EVENT EXPENSES BANK & CREDIT CARD FEES 15,755. 15,755. 2,486. 1,616. 622. 248. WEBSITE DEVELOPMENT 2,300. 1,840. 230. 230. d DUES & SUBSCRIPTIONS **e** All other expenses 1,010,141. 951,699. 47,280. 11,162. 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 (2022)

Part X | Balance Sheet

Part 2	X	Balance Sheet				
		Check if Schedule O contains a response or r	ote to any line in this Part X		<u></u>	
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		55,536.	1	62,510
	2	Savings and temporary cash investments		1,019,392.	2	1,128,393
	3	Pledges and grants receivable, net		3.		
.		Accounts receivable, net	2,750.	4	0	
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, sul				
		controlled entity or family member of any of the		5		
	6	Loans and other receivables from other disqu	alified persons (as defined			
		under section 4958(f)(1)), and persons describ	ed in section 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net			7	
2222		Inventories for sale or use			8	
έ	9	Donat del como con con el el efermo el electrone		3,000.	9	2,475
1	0a	Land, buildings, and equipment: cost or other	.			
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
1	1	Investments - publicly traded securities			11	
1	2	Investments - other securities. See Part IV, lin	e 11		12	
1	3	Investments - program-related. See Part IV, lin	e 11		13	
1	4	Intangible assets			14	
1	5	Other assets. See Part IV, line 11		562,813.	15	498,98
1	6	Total assets. Add lines 1 through 15 (must e	qual line 33)	1,643,491.	16	1,692,365
1	7	Accounts payable and accrued expenses		23,603.	17	6,886
1	8	Grants payable			18	100,000
1	9	Deferred revenue			19	
2	20	Tax-exempt bond liabilities			20	
2	1	Escrow or custodial account liability. Complete	e Part IV of Schedule D		21	
2	2	Loans and other payables to any current or fo	rmer officer, director,			
2		trustee, key employee, creator or founder, sul				
5		controlled entity or family member of any of the	nese persons		22	
1 2	3	Secured mortgages and notes payable to unr	elated third parties		23	
2	4	Unsecured notes and loans payable to unrela	ted third parties		24	
2	:5	Other liabilities (including federal income tax,	payables to related third			
		parties, and other liabilities not included on lir	ies 17-24). Complete Part X			
				00.000	25	105 004
2	:6	Total liabilities. Add lines 17 through 25		23,603.	26	106,880
,		Organizations that follow FASB ASC 958, c	heck here X			
		and complete lines 27, 28, 32, and 33.		1 111 014		1 126 647
2		Net assets without donor restrictions		1,111,814.	27	1,136,647
2	8	Net assets with donor restrictions		508,074.	28	448,832
<u> </u>		Organizations that do not follow FASB ASC	958, check here			
		and complete lines 29 through 33.				
2		Capital stock or trust principal, or current fund			29	
3	0	Paid-in or capital surplus, or land, building, or			30	
2 2 2 3 3 3 3		Retained earnings, endowment, accumulated		1 (10 000	31	1 505 450
_		Total net assets or fund balances		1,619,888.	32	1,585,479
3	3	Total liabilities and net assets/fund balances		1,643,491.	33	1,692,365 Form 990 (20

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) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	1,06 1,01 5 1,61	0,83 0,14 0,68 9,88	41. 39. 38.
<u> </u>		1,58	5,47	<u> 19.</u>
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			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 O.		Yes	NO
2a		2a		Х
Zu	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	Zu		
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 audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number** WOMEN'S FUND OF SANTA BARBARA 82-5169678 Reason for Public Charity Status. (All organizations must complete this part.) See instructions Part I 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 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) above (see instructions))

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

(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	250.	1284396.	874,307.	1013187.	1053612.	4225752.
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	250.	1284396.	874,307.	1013187.	1053612.	4225752.
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)						
	Public support. Subtract line 5 from line 4.						4225752.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	250.	1284396.	874,307.	1013187.	1053612.	4225752.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,		0 601	2 007	T 060	E 010	00 105
	and income from similar sources		2,621.	3,287.	7,069.	7,218.	20,195.
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.)						4045047
	Total support. Add lines 7 through 10						4245947.
	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for th	· •		•			
Sac	organization, check this box and stop ction C. Computation of Publi						
	Public support percentage for 2022 (I			olumn (fl)		14	99.52 %
	Public support percentage from 2021				ſ	15	99.52 %
	33 1/3% support test - 2022. If the o						
IUa	stop here. The organization qualifies	-					77
h	33 1/3% support test - 2021. If the o		•				
D	and stop here. The organization qual	-					
17a	10% -facts-and-circumstances test						
174	and if the organization meets the fact						
	meets the facts-and-circumstances te					viriow the organiz	
h	10% -facts-and-circumstances test	•	•				
	more, and if the organization meets the	_					. 5, 5 5.
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization				•		
				, ,	, 200, 41		(Form 990) 2022

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	elow, please comp	nete i ait ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	(4) 2010	(2) 2010	(0) 2020	(4) 2021	(5) 2322	(i) rotar
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
_	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities				_		
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
		(2) 2019	(b) 2010	(a) 2020	(4) 2021	(a) 2022	(f) Total
	ndar year (or fiscal year beginning in) Amounts from line 6	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gross income from interest,						
102	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
r	Unrelated business taxable income						
_	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax y	year as a section s	501(c)(3) organization	on,
	check this box and stop here						
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2022 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	<u>%</u>
198	33 1/3% support tests - 2022. If the						
L	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	=	-		• •		
Ĺ	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

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
_		
1		
2		
За		
Sa		
3b		
3с		
_		
4a		
4b		
4c		
5a		
5b		
5с		
6		
7		
8		
0		
9a		
9b		
9с		
90		
10a		
10b		
	_	

Sche	edule A (Form 990) 2022 WOMEN'S FUND OF SANTA BARBARA 82-51	6967	8 Pa	age 5
	rt IV Supporting Organizations (continued)			J
	(continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	140
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
u	11c below, the governing body of a supported organization?	11a		
h	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	110		
C		11c		
Sec	detail in Part VI. Stion B. Type I Supporting Organizations	IIC		
	tion b. Type i supporting organizations		V	N
_			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			
•	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	•		
2				
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	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			
600	supported organizations played in this regard.	3		
	supported organizations bidged in this regard.			
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	ction E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)).		
	ction E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test. Complete line 2 below.).		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
1 a	ction E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test. Complete line 2 below.		rs).	
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.		s). Yes	No
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in			No
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in Activities Test. Answer lines 2a and 2b below.			No
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in Activities Test. Answer lines 2a and 2b below. 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			No
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in Activities Test. Answer lines 2a and 2b below. 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,			No
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in Activities Test. Answer lines 2a and 2b below. 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			No
1 a b c 2 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in Activities Test. Answer lines 2a and 2b below. 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.	estruction		No

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

these activities but for the organization's involvement.

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.**

Part VI the reasons for the organization's position that its supported organization(s) would have engaged in

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) 2022

2b

За

	dule A (Form 990) 2022 WOMEN 'S FUND OF SANTA B			82-5169678 Page 6
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain)	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	t complete	Sections A through E.	
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
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		
Secti	on 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	400	7	
	(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		
Secti	on 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		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrate	ed Type III supporting or	ganization (see

Schedule A (Form 990) 2022

instructions).

10	Line o amount divided by line 9 amount		10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
c	From 2019			
d	From 2020	AV		
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
	Excess from 2020			
d	Excess from 2021			
<u>e</u>	Excess from 2022			

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

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		milar Funds or Ac	counts. Complete if the
	0.50	(a) Donor advised	f funds	(b) Funds 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 v	writing that the assets hel	d in donor advised fund	ds
	are the organization's property, subject to the organization's	-		
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?			Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes	on Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recreat	tion or education)	Preservation of a histo	orically important land area
	Protection of natural habitat		Preservation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribu	tion in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а				2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired a			
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or te	rminated by the organi	zation during the tax
	year			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per		on, handling of	
_	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, l	nandling of violations, and	d enforcing conservation	on easements during the year
7	Amount of expanses incurred in monitoring increasing hand	lling of violations, and onf	araing concernation oc	coments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ning or violations, and em	ording conservation ea	sements during the year
8	Does each conservation easement reported on line 2(d) above	a caticfy the requirements	of section 170(h)(4)(R)	(1)
Ü	and section 170(h)(4)(B)(ii)?	•		·
9	In Part XIII, describe how the organization reports conservation			
Ŭ	balance sheet, and include, if applicable, the text of the footn		•	
	organization's accounting for conservation easements.	ioto to trio organization o	manolal statomores the	at describes the
Par		Art, Historical Trea	sures, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its reve	nue statement and bala	ance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education,	or research in furtherar	nce of public
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that desc	ribes these items.	·
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its revenue	statement and balance	e sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furtherance	e of public 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			
	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			

232051 09-01-22

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

	t III Organizations Maintaining Coll					es or Oth	er Si	milar		(conti		age 🗲
	·									(CONTII	nuea)	
3	Using the organization's acquisition, accession,	and other records	s, cneck	any of the f	Ollowir	ig that make	signii	icant t	ise of its			
	collection items (check all that apply):	_			_							
а	Public exhibition	d		Loan or exc	hange	program			7 🔊			
b	Scholarly research	е		Other								
С	Preservation for future generations											
4	Provide a description of the organization's collection	ctions and explain	how the	ey further th	ie orga	nization's ex	empt	purpos	se in Part	XIII.		
5	During the year, did the organization solicit or re									_		_
	to be sold to raise funds rather than to be mainta									Yes		No
Par	t IV Escrow and Custodial Arrange	ments. Comple	ete if the	organizatio	n answ	ered "Yes" o	n For	m 990	, Part IV,	ine 9, or		
	reported an amount on Form 990, Part X	, line 21.										
1a	Is the organization an agent, trustee, custodian	or other intermedi	ary for c	contributions	s or oth	ner assets no	t inclu	ıded				
	on Form 990, Part X?									Yes		No
b	If "Yes," explain the arrangement in Part XIII and											
										Amoun	t	
С	Beginning balance							1c				
	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance							1f				
	Did the organization include an amount on Form	990 Part X line	21 for 6	scrow or di	etodia	l account liah	ility2			Yes		No
	If "Yes," explain the arrangement in Part XIII. Ch				· \		•			_ 103		1
Par												
		a) Current year		rior year		wo years back		Three v	ears back	(e) Fou	r veare	hack
4.	<u> </u>	562,813.	(6) 1	489,735.		412,721.	+ ` '	тинсь у	cars back	(c) 1 0u	yours	Dack
	Beginning of year balance						_		04 120			
b	Contributions	21,271.		25,742.		25,000	_	4	04,138.			
С	Net investment earnings, gains, and losses	-85,097.	—	47,336.		52,014	•		8,948.			
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses								365.			
g	End of year balance	498,987.		562,813.		489,735	,	4	12,721.			
2	Provide the estimated percentage of the current	year end balance	(line 1g	ı, column (a)) held a	as:						
а	Board designated or quasi-endowment1	0.0500	%									
b	Permanent endowment 69.9300	%										
С	Term endowment 20.0200 %											
	The percentages on lines 2a, 2b, and 2c should	egual 100%.										
За	Are there endowment funds not in the possession	•	tion that	t are held ar	nd adm	inistered for	the					
	organization by:	3									Yes	No
	(i) Unrelated organizations									3a(i)	Х	
	(ii) Related organizations									3a(ii)		Х
h	If "Yes" on line 3a(ii), are the related organization	ne lietad ae raquire	ad on So	rhadula R2						3b		
4	Describe in Part XIII the intended uses of the organization									30		
	t VI Land, Buildings, and Equipmen		willellt it	urius.								
ı uı	Complete if the organization answered "Y		Dart IV	lina 11a S	oo Fori	m 000 Part \	(line	10				
	Description of property	(a) Cost or of basis (investment)	- 1	(b) Cost	or oth (other)			mulate ciation	ea	(d) Boo	k value	е
		Dasis (IIIVESIII	iGHL)	Dasis	(Oti ICI)		ishi et	natiOH				
	Land											
	Buildings											
	Leasehold improvements											
	Equipment											
	Other											
Total	. Add lines 1a through 1e. (Column (d) must equa	l Form 990, Part X	X, colum	n (B), line 1	0c.)							0.

	(Form 990) 2022	WOMEN'S FUN	ID OF	SANTA	BAR	BARA		82-5169678 F	Page 3
Part VII		Other Securities.	_						
		anization answered "Yes"	_						
		JOTY (including name of security)	(b) Book value)	(c) Method of val	uation: Cost or	r end-of-year market valu	ue
	held equity interests								
(3) Other									
(A)						4			
(B)									
(C) (D)									
(E)									
(F)									
(G)									
(H)									
	h) must equal Form 990), Part X, col. (B) line 12.)							
Part VIII	Investments -	Program Related.							
	Complete if the org	anization answered "Yes	on Form	990, Part IV	/, line 1	1c. See Form 990, Pa	art X, line 13.		
	(a) Description of	investment	(b) Book value	,	(c) Method of val	uation: Cost or	r end-of-year market valu	ue
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
Total. (Col. (b) must equal Form 990), Part X, col. (B) line 13.)							
Part IX	Other Assets.								
	Complete if the org	anization answered "Yes"	$\overline{}$		/, line 1	10. See Form 990, Pa	art X, line 15.	/h) Daalaaska	
(1) AC	ENCV EIND	HELD AT SANTA	Descrip		CITATIO	ΣΠΤΟΝ		(b) Book value 498,9	
	ENCI FUND	HELD AT SANTA	DAKI	DAKA FC	JOIND.	ATTON		430,3	707.
(2)									
(3)									
(4)									
(5) (6)									
(7)									
(8)									
(9)									
•	mn (b) must equal Fo	orm 990, Part X, col. (B) lir	ne 15)					498,9	987.
Part X	Other Liabilitie	es.	<u>,</u>					···	
	Complete if the org	anization answered "Yes'	on Form	990, Part IV	/, line 1	1e or 11f. See Form 9	990, Part X, line	э 25.	
1.	(a) D	escription of liability						(b) Book valu	e
(1) Fed	eral income taxes								
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
		orm 990, Part X, col. (B) lir							
2. Liability	for uncertain tax pos	sitions. In Part XIII, provid	e the text	of the footn	ote to t	the organization's fina	ancial statemer	nts 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

232053 09-01-22

Par	T XI	Reconciliation of Revenue per Audited Financial Statemen	ts with Revenue per Re	turn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Totalı	revenue, gains, and other support per audited financial statements		1	
2		nts included on line 1 but not on Form 990, Part VIII, line 12:			
а		nrealized gains (losses) on investments	2a		
b	Donat	ed services and use of facilities	2b		
С		eries of prior year grants	2c		
d	Other	(Describe in Part XIII.)	2d		
е		nes 2a through 2d		2e	
3		act line 2e from line 1		3	
4		nts included on Form 990, Part VIII, line 12, but not on line 1:			
		ment expenses not included on Form 990, Part VIII, line 7b			
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	
Par	T XII	Reconciliation of Expenses per Audited Financial Statement	nts with Expenses per H	eturn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total (expenses and losses per audited financial statements		1	
2		nts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donat	ed services and use of facilities	2a		
b	Prior y	rear adjustments	2b		
С	Other	losses	2c		
d		(Describe in Part XIII.)			
е		nes 2a through 2d		2e	
3	Subtra	act 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		
С	Add li	nes 4a and 4b	<i></i>	4c	
5	Total	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
		Supplemental Information.			
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV		; Part X, line 2; Pai	rt XI,
ines	2d and	4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional and additional additiona	onal information.		
		T TAND. 4			
PAF	K.T. A	, LINE 4:			
	1 570	MENT C FUND THROUGHTONE WAS OPERATED TO THE		DII IMW 00	OTTE
LHE	i WO.	MEN'S FUND ENDOWMENT WAS CREATED TO ENSI	DRE THE SUSTAINA	BILITY OF	OUR
AD C	1 7 NT T	ZAMION AC OUD MEMBERCUITE CROWC AND OUR	NIMBEACH EVDANDG	TM TC	
JRG	MIN T	ZATION AS OUR MEMBERSHIP GROWS AND OUR (DUTREACH EXPANDS	• IT IS	
г хтп	רואיםו	ED MO DROWINE & DEDMANEUM COURCE OF FUND	OTNO MO CUDDODM	OUD MICCI	ON.
T 1/1.1	. БИО	ED TO PROVIDE A PERMANENT SOURCE OF FUNI	DING TO SUPPORT	OUR MISSI	ON:
тълг	DOTA	THE MUE LIVER OF MOMEN CUIT DEEN AND E	MITTER IN COUNT	CANTOA	
TIATE	KUV	ING THE LIVES OF WOMEN, CHILDREN, AND FA	AMILIES IN SOUTH	SANIA	
D 7 E	ום גם כ	A COUNTY.			
DAF	CDAK	A COUNTY.			
	M				
	-				

SCHEDULE I (Form 990)

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.

2022
Open to Public

Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

WOMEN'S FUND OF SANTA BARBARA

Employer identification number 82-5169678

		VIII BIII(BIII(II					32 3103070
Part I General Information on Grants a							
1 Does the organization maintain records t							
criteria used to award the grants or assis	stance?						X Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to	•				anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$	\$5,000. Part II can	be duplicated if addition	onal space is need	ed.	(C) Mathematical	1	I
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of valuation (book,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
or government		(if applicable)	cash grant	noncash assistance	FMV, appraisal,	HOHCASH ASSISTANCE	Or assistance
			4		other)		
CHANNEL ISLANDS YMCA							NEW FACILITY FOR STREET
105 E. CARRILLO ST.							OUTREACH SERVICES FOR
SANTA BARBARA, CA 93101	95-1643379	E01/G\/2\	75,000.	0.			YOUTH
SANIA BARBARA, CA 93101	95-1043379	501(C)(3)	75,000.	0.			1001h
DIGNITYMOVES							CASE MANAGEMENT OFFICE
2406 BUSH STREET							FOR INTERIM HOUSING
SAN FRANCISCO, CA 94115	87-1111468	501(C)(3)	75,000.	0.			COMMUNITY
Marine Ma	07 1111400	301(0)(3)	73,000.	0.			COMMONITI
FOODBANK OF SANTA BARBARA COUNTY							
1525 STATE ST., STE 100							HOME DELIVERY OF
SANTA BARBARA, CA 93101	77-0169214	501(C)(3)	55,000.	0.			GROCERIES TO SENIORS
			,				
FREEDOM 4 YOUTH							FEM-POWERMENT PROGRAM FOR
187 SOUTH PATTERSON AVENUE							GIRLS IN THE JUVENILE
SANTA BARBARA, CA 93111	27-4437945	501(C)(3)	100,000.	0.			LEGAL SYSTEM
			,				
GIRLS INC. OF CARPINTERIA							
5315 FOOTHILL RD.							ON-CAMPUS MENTAL WELLNESS
CARPINTERIA, CA 93013	23-7430292	501(C)(3)	100,000.	0.			PROGRAM
PEOPLE'S SELF-HELP HOUSING							
1060 KENDALL RD.							
SAN LUIS OBISPO, CA 93401	95-2750154	501(C)(3)	40,000.	0.			COLLEGE CLUB
2 Enter total number of section 501(c)(3) a	nd government ord	anizations listed in the	e line 1 table		1	1	,
	-	•					

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

3 Enter total number of other organizations listed in the line 1 table

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(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
SANCTUARY CENTERS OF SANTA BARBARA P.O. BOX 551 SANTA BARBARA, CA 93102	95-3066786	501(C)(3)	100,000.	0.			MENTAL HEALTH INTEGRATED CARE CLINIC SERVING YOUTH
SANTA BARBARA EDUCATION FOUNDATION 1330 STATE ST., SUITE 201 SANTA BARBARA, CA 93101	77-0071544	501(C)(3)	100,000.	0.			HARDING ELEMENTARY SCHOOL OUTDOOR LEARNING ENVIRONMENT FOR PRE-SCHOOL AND ELEMENTARY
SANTA BARBARA NEIGHBORHOOD CLINICS 414 E. COTA ST. SANTA BARBARA, CA 93101	77-0496382	501(C)(3)	100,000.	0.			MOBILE DENTAL CLINIC
SB ACT - SANTA BARBARA ALLIANCE FOR COMMUNITY TRANSFORMATION - P.O. BOX 217 - SANTA BARBARA, CA 93102	46-2832064	501(C)(3)	100,000.	0.			NEIGHBORHOOD NAVIGATION CENTERS EXPANSION
STORYTELLER CHILDREN'S CENTER 2115 STATE STREET SANTA BARBARA, CA 93105	77-0283072	501(C)(3)	55,000.	0.			FAMILY ADVOCATE PROGRAM
	(C						

Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.	. Complete il trie	organization answe	sied les diffollits	90, Fait 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
				S	
			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	Iditional 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	E 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	NG MEMBERS	TO SEE OR	
HEAR ABOUT THE OUTCOMES DIRECTLY THE					
FORUMS.					
▼					

SCHEDULE O (Form 990)

Department of the Treasury

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.

2022
Open to Public Inspection

Internal Revenue Service

Name of the organization

WOMEN'S FUND OF SANTA BARBARA

Employer identification number 82-5169678

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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 OWN THOROUGH

RESEARCH. WE EDUCATE AND INSPIRE OUR MEMBERS TO BECOME MORE ENGAGED IN

THE COMMUNITY.

OVER THE PAST 18 YEARS, THE WOMEN'S FUND HAS GROWN TO OVER 1,100 MEMBERS, DISTRIBUTING GRANTS OF MORE THAN \$9.5 MILLION.

THE MISSION OF THE WOMEN'S FUND REMAINS THE SAME: TO ENABLE WOMEN TO

COMBINE THEIR CHARITABLE DOLLARS, PROVIDING SIGNIFICANT GRANTS FOCUSED

ON THE NEEDS OF WOMEN, CHILDREN, AND FAMILIES IN SOUTH SANTA BARBARA

COUNTY.

FORM 990, PART VI, SECTION B, LINE 11B:

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

FORM 990, 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

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

Schedule O (Form 990) 2022

HAVE A CONFLICT OF INTEREST.

Schedule O (Form 990) 2022	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 AVAILA	BLE 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	-85,098.