

Return of Organization Exempt from Income Tax

2001

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2001 calendar year, or tax year beginning, 2001, and ending, 20

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

WOMENS ECONOMIC VENTURES - SANTA BARBARA 1136 E MONTECITO STREET SANTA BARBARA, CA 93103

D Employer Identification Number 95-3674624 E Telephone number 805-965-6073 F Accounting method X Cash Accrual

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

- H and I are not applicable to Section 527 organizations H (a) Is this a group return for affiliates? H (b) If yes enter number of affiliates H (c) Are all affiliates included? H (d) Is this a separate return filed by an organization covered by a group ruling?

G Web site N/A

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

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

I Enter 4-digit group GEN M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 691,586

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions)

Table with 21 rows and 4 columns: Description, (A) Securities, (B) Other, Amount. Includes lines 1-21 for revenue, expenses, and net assets.

NOV 18 '02

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**Part II Statement of Functional Expenses** All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

| Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I   |     | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|--|-----|-----------|----------------------|----------------------------|-----------------|
| 22 Grants and allocations (att sch)<br>(cash \$ _____<br>non cash \$ _____)  | 22  |           |                      |                            |                 |
| 23 Specific assistance to individuals (att sch)  | 23  |           |                      |                            |                 |
| 24 Benefits paid to or for members (att sch)   | 24  |           |                      |                            |                 |
| 25 Compensation of officers, directors, etc  | 25  |           |                      |                            |                 |
| 26 Other salaries and wages  | 26  | 317,991   | 257,964              | 15,101                     | 44,926          |
| 27 Pension plan contributions  | 27  | 7,194     | 5,836                | 342                        | 1,016           |
| 28 Other employee benefits   | 28  | 12,924    | 10,484               | 614                        | 1,826           |
| 29 Payroll taxes   | 29  | 27,212    | 22,075               | 1,292                      | 3,845           |
| 30 Professional fundraising fees   | 30  |           |                      |                            |                 |
| 31 Accounting fees   | 31  | 19,452    | 2,918                | 16,534                     |                 |
| 32 Legal fees  | 32  |           |                      |                            |                 |
| 33 Supplies  | 33  | 11,957    | 10,862               | 598                        | 497             |
| 34 Telephone   | 34  |           |                      |                            |                 |
| 35 Postage and shipping  | 35  | 5,761     | 3,774                | 288                        | 1,699           |
| 36 Occupancy   | 36  | 18,889    | 15,323               | 897                        | 2,669           |
| 37 Equipment rental and maintenance  | 37  | 7,154     | 5,724                | 715                        | 715             |
| 38 Printing and publications   | 38  | 6,607     | 3,642                | 330                        | 2,635           |
| 39 Travel  | 39  | 5,857     | 5,794                | 2                          | 61              |
| 40 Conferences, conventions, and meetings  | 40  |           |                      |                            |                 |
| 41 Interest  | 41  | 22        |                      | 22                         |                 |
| 42 Depreciation, depletion, etc (attach schedule)  | 42  | 7,186     | 5,830                | 341                        | 1,015           |
| 43 Other expenses not covered above (itemize)  |     |           |                      |                            |                 |
| a SEE STATEMENT 4  | 43a | 97,869    | 82,683               | 10,516                     | 4,670           |
| b -----  | 43b |           |                      |                            |                 |
| c -----  | 43c |           |                      |                            |                 |
| d -----  | 43d |           |                      |                            |                 |
| e -----  | 43e |           |                      |                            |                 |
| 44 Total functional expenses (add lines 22-43)<br>Organizations completing columns (B) - (D),<br>carry these totals to lines 13-15 | 44  | 546,075   | 432,909              | 47,592                     | 65,574          |

Joint Costs Check  if you are following SOP 98 2  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If Yes, enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to program services \$ \_\_\_\_\_, (iii) the amount allocated to management and general \$ \_\_\_\_\_, and (iv) the amount allocated to fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

| What is the organization's primary exempt purpose? <input type="checkbox"/><br>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) & (4) organizations & section 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others) | Program Service Expenses<br>(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others) |
|--|--|
| a SEE STATEMENT 5<br>-----<br>-----<br>-----<br>(Grants and allocations \$ _____)  | 432,909  |
| b -----<br>-----<br>-----<br>(Grants and allocations \$ _____)   |  |
| c -----<br>-----<br>-----<br>(Grants and allocations \$ _____)   |  |
| d -----<br>-----<br>-----<br>(Grants and allocations \$ _____)   |  |
| e Other program services (Grants and allocations \$ _____)   |  |
| f Total of Program Service Expenses (should equal line 44, column (B), program services)   | 432,909  |

**Part IV Balance Sheets** (See instructions)

| Note                        |   | Where required, attached schedules and amounts within the description column should be for end of year amounts only   |   | (A)<br>Beginning of year |         | (B)<br>End of year |
|-----------------------------|---|---|---|--------------------------|---------|--------------------|
| ASSETS                      | 45  | Cash – non interest bearing   |   | 58,482                   | 45      | 271,718            |
|                             | 46  | Savings and temporary cash investments  |   |                          | 46      |                    |
|                             | 47a   | 47a   | 8,090   |                          |         |                    |
|                             |   | b   | Less allowance for doubtful accounts                | 81,861                   | 47c     | 8,090              |
|                             | 48a   | 48a   | 40,000  |                          |         |                    |
|                             |   | b   | Less allowance for doubtful accounts                |                          | 48c     | 40,000             |
|                             | 49  | Grants receivable   |   | 100,000                  | 49      | 261,505            |
|                             | 50  | Receivables from officers, directors, trustees, and key employees (attach schedule)   |   |                          | 50      |                    |
|                             | 51a   | 51a   | 197,870   |                          |         |                    |
|                             |   | b   | Less allowance for doubtful accounts                | 313,584                  | 51c     | 197,870            |
|                             | 52  | Inventories for sale or use   |   |                          | 52      |                    |
|                             | 53  | Prepaid expenses and deferred charges   |   |                          | 53      | 2,795              |
|                             | 54  | Investments – securities (attach schedule)  |   | 11,568                   | 54      | 10,596             |
|                             |   |   |   |                          |         |                    |
|                             | 55a   | 55a   |   |                          |         |                    |
|                             | b   | Less accumulated depreciation (attach schedule)   |   | 55c                      |         |                    |
| 56                          | Investments – other (attach schedule)   |   |   | 56                       |         |                    |
| 57a                         | 57a   | 90,268  |   |                          |         |                    |
|                             | b   | Less accumulated depreciation (attach schedule) STATEMENT 6   | 18,427  | 57c                      | 33,655  |                    |
| 58                          | Other assets (describe ▶ _____ )  |   | 1   | 58                       |         |                    |
| 59                          | <b>Total assets</b> (add lines 45 through 58) (must equal line 74)  |   | 583,923   | 59                       | 826,229 |                    |
| LIABILITIES                 | 60  | Accounts payable and accrued expenses   |   | 2,097                    | 60      | 5,971              |
|                             | 61  | Grants payable  |   |                          | 61      |                    |
|                             | 62  | Deferred revenue  |   |                          | 62      |                    |
|                             | 63  | Loans from officers, directors, trustees, and key employees (attach schedule)   |   |                          | 63      |                    |
|                             | 64a   | 64a Tax-exempt bond liabilities (attach schedule)   |   |                          | 64a     |                    |
|                             |   | b   | Mortgages and other notes payable (attach schedule) |                          | 64b     |                    |
|                             | 65  | 65 Other liabilities (describe ▶ SEE STATEMENT 7 )  |   | 1,594                    | 65      | 369,590            |
| 66                          | <b>Total liabilities</b> (add lines 60 through 65)  |   | 3,691   | 66                       | 375,561 |                    |
| NET ASSETS OR FUND BALANCES | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74 |   |   |                          |         |                    |
|                             | 67  | 67 Unrestricted   |   | 266,648                  | 67      | 391,820            |
|                             | 68  | 68 Temporarily restricted   |   | 313,584                  | 68      | 58,848             |
|                             | 69  | 69 Permanently restricted   |   |                          | 69      |                    |
|                             | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74                         |   |   |                          |         |                    |
|                             | 70  | 70 Capital stock, trust principal, or current funds   |   |                          | 70      |                    |
|                             | 71  | 71 Paid in or capital surplus, or land, building, and equipment fund  |   |                          | 71      |                    |
|                             | 72  | 72 Retained earnings, endowment, accumulated income, or other funds   |   |                          | 72      |                    |
|                             | 73  | 73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21) |   | 580,232                  | 73      | 450,668            |
|                             | 74  | 74 <b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)  |   | 583,923                  | 74      | 826,229            |

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

BAA



**Part VI Other Information** (See specific instructions)

|   |  | Yes | No  |
|---|--|-----|-----|
| 76  | Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity   | 76  | X   |
| 77  | Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes   | 77  | X   |
| 78a   | Did the organization have unrelated business gross income of \$1 000 or more during the year covered by this return?   | 78a | X   |
| b   | If 'Yes' has it filed a tax return on Form 990-T for this year?  | 78b | N/A |
| 79  | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement  | 79  | X   |
| 80a   | Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc. to any other exempt or nonexempt organization?   | 80a | X   |
| b   | If 'Yes' enter the name of the organization ▶ N/A  |     |     |
| ----- and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt   |  |     |     |
| 81a   | Enter direct or indirect political expenditures See line 81 instructions   | 81a | 0   |
| b   | Did the organization file Form 1120-POL for this year?   | 81b | X   |
| 82a   | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?  | 82a | X   |
| b   | If 'Yes,' you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)  | 82b | N/A |
| 83a   | Did the organization comply with the public inspection requirements for returns and exemption applications?  | 83a | X   |
| b   | Did the organization comply with the disclosure requirements relating to quid pro quo contributions?   | 83b | X   |
| 84a   | Did the organization solicit any contributions or gifts that were not tax deductible?  | 84a | X   |
| b   | If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | 84b | N/A |
| 85  | 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?   | 85a | N/A |
| b   | Did the organization make only in-house lobbying expenditures of \$2,000 or less?  | 85b | N/A |
| If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year |  |     |     |
| c   | Dues, assessments, and similar amounts from members  | 85c | N/A |
| d   | Section 162(e) lobbying and political expenditures   | 85d | N/A |
| e   | Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices   | 85e | N/A |
| f   | Taxable amount of lobbying and political expenditures (line 85d less 85e)  | 85f | N/A |
| g   | Does the organization elect to pay the Section 6033(e) tax on the amount on line 85f?  | 85g | N/A |
| h   | If Section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?                             | 85h | N/A |
| 86  | 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12  | 86a | N/A |
| b   | Gross receipts, included on line 12, for public use of club facilities   | 86b | N/A |
| 87  | 501(c)(12) organizations Enter a Gross income from members or shareholders   | 87a | N/A |
| b   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  | 87b | N/A |
| 88  | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations Sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX | 88  | X   |
| 89a   | 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under Section 4911 ▶ 0, Section 4912 ▶ 0, Section 4955 ▶ 0   |     |     |
| b   | 501(c)(3) and 501(c)(4) organizations Did the organization engage in any Section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction | 89b | X   |
| c   | Enter Amount of tax imposed on the organization managers or disqualified persons during the year under Sections 4912, 4955, and 4958   |     | 0   |
| d   | Enter Amount of tax on line 89c, above, reimbursed by the organization   |     | 0   |
| 90a   | List the states with which a copy of this return is filed ▶ NONE   |     |     |
| b   | Number of employees employed in the pay period that includes March 12, 2001 (see instructions)   | 90b | 0   |
| 91  | The books are in care of ▶ MARSHA BAILEY Telephone number ▶ 805-965-6073<br>Located at ▶ 1136 E MONTECITO ST ZIP + 4 ▶ 93103   |     |     |
| 92  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax exempt interest received or accrued during the tax year   | 92  | N/A |

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

Note Enter gross amounts unless otherwise indicated

|  | Unrelated business income |               | Excluded by section 512, 513, or 514 |               | (E)<br>Related or exempt<br>function income |
|--|---------------------------|---------------|--------------------------------------|---------------|---|
|  | (A)<br>Business code      | (B)<br>Amount | (C)<br>Exclusion code                | (D)<br>Amount |   |
| 93 Program service revenue                                   |                           |               |                                      |               |   |
| a EDUCATION PROGRAM FEE                                      |                           |               |                                      |               | 20,730                                      |
| b LATE FEES EARNED   |                           |               |                                      |               | 386   |
| c LOAN INTEREST EARNED                                       |                           |               |                                      |               | 11,918                                      |
| d MISC INCOME  |                           |               |                                      |               | 5,853                                       |
| e _____  |                           |               |                                      |               |   |
| f Medicare/Medicaid payments                                 |                           |               |                                      |               |   |
| g Fees & contracts from government agencies                  |                           |               |                                      |               |   |
| 94 Membership dues and assessments                           |                           |               |                                      |               |   |
| 95 Interest on savings & temporary cash invmnts              |                           |               |                                      |               |   |
| 96 Dividends & interest from securities                      |                           |               |                                      |               |   |
| 97 Net rental income or (loss) from real estate              |                           |               |                                      |               |   |
| a debt-financed property                                     |                           |               |                                      |               |   |
| b not debt financed property                                 |                           |               |                                      |               |   |
| 98 Net rental income or (loss) from pers prop                |                           |               |                                      |               |   |
| 99 Other investment income                                   |                           |               | 14                                   | 1,392         |   |
| 100 Gain or (loss) from sales of assets other than inventory |                           |               |                                      |               |   |
| 101 Net income or (loss) from special events                 |                           |               |                                      |               | 75,296                                      |
| 102 Gross profit or (loss) from sales of inventory           |                           |               |                                      |               |   |
| 103 Other revenue a _____                                    |                           |               |                                      |               |   |
| b _____  |                           |               |                                      |               |   |
| c _____  |                           |               |                                      |               |   |
| d _____  |                           |               |                                      |               |   |
| e _____  |                           |               |                                      |               |   |
| 104 Subtotal (add columns (B), (D), and (E))                 |                           |               |                                      | 1,392         | 114,183                                     |
| 105 Total (add line 104, columns (B), (D), and (E))          |                           |               |                                      |               | 115,575                                     |

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

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

| Line No | Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes) |
|---------|--|
| 1       | ALL PROGRAM SERVICE FEES HELP SUPPORT WEV IN THEIR QUEST TO PROVIDE CLASSES, EDUCATION, SMALL BUSINESS LOANS TO HELP LOW INCOME AND/OR DISPLACED PERSONS START A NEW BUSINESS AS A MEANS OF SELF SUPPORT               |

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

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

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

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

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

Please  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.

*Mildred A. Bailey* Date 10-29-02  
EXECUTIVE DIRECTOR

Date \_\_\_\_\_ Check if \_\_\_\_\_ Preparer's SSN or PTIN (see General Instruction W)

**Organization Exempt Under  
Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1)  
Nonexempt Charitable Trust Supplementary Information - (See separate instructions)

**2001**

Department of the Treasury  
Internal Revenue Service

Supplementary Information - (see separate instructions)

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

Name of the Organization **WOMENS ECONOMIC VENTURES  
- SANTA BARBARA**

Employer Identification Number  
**95-3674624**

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

| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---|--|------------------|---|--|
| MARSHA BAILEY<br>1136 E MONTECITO ST                          | EXEC DIRECTOR<br>50                                      | 66,101           | 0   | 0  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
| Total number of other employees paid over \$50,000            | 0  |                  |   |  |

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

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

**Part III** Statements About Activities (See instructions)

|  | Yes | No |
|--|-----|----|
| <p>1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities <b>▶ \$</b> <u>N/A</u></p> <p><b>(Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)</b></p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI A Other organizations checking 'Yes,' must complete Part VI-B and attach a statement giving a detailed description of the lobbying activities</p>   |     | X  |
| <p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions)</p> <p>a Sale, exchange, or leasing of property?</p> <p>b Lending of money or other extension of credit?</p> <p>c Furnishing of goods, services, or facilities?</p> <p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p> <p>e Transfer of any part of its income or assets?</p> |     | X  |
| 3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)  |     | X  |
| 4 Do you have a section 403(b) annuity plan for your employees?  |     | X  |
| <p><b>Note</b> Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs 'qualify' to receive payments</p>   |     |    |

**Part IV** Reason for Non-Private Foundation Status (See instructions)

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

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

Provide the following information about the supported organizations (See instructions)

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

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

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting*

**Note** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

| Calendar year (or fiscal year beginning in)  | (a)<br>2000 | (b)<br>1999 | (c)<br>1998 | (d)<br>1997 | (e)<br>Total |
|--|-------------|-------------|-------------|-------------|--------------|
| 15 Gifts, grants and contributions received (Do not include unusual grants. See line 28.)  | 461,527     | 350,826     | 247,437     | 194,071     | 1,253,861    |
| 16 Membership fees received  |             |             |             |             |              |
| 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose   | 36,092      | 19,002      | 20,193      | 15,232      | 90,519       |
| 18 Gross income from interest, dividends, amounts received from payments on securities loans (Section 512(a)(5)), rents, royalties, and unrelated business taxable income (less Section 511 taxes) from businesses acquired by the organization after June 30, 1975  | 17,216      | 23,743      | 19,874      | 24,057      | 84,890       |
| 19 Net income from unrelated business activities not included in line 18   |             |             |             |             |              |
| 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf  |             |             |             |             |              |
| 21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.   |             |             |             |             |              |
| 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. SEE STMT 9  | 57,657      | 83,490      | 10,681      | 10,084      | 161,912      |
| 23 Total of lines 15 through 22  | 572,492     | 477,061     | 298,185     | 243,444     | 1,591,182    |
| 24 Line 23 minus line 17   | 536,400     | 458,059     | 277,992     | 228,212     | 1,500,663    |
| 25 Enter 1% of line 23   | 5,725       | 4,771       | 2,982       | 2,434       |              |
| 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 N/A  |             |             |             |             |              |
| b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.  |             |             |             |             |              |
| c Total support for Section 509(a)(1) test. Enter line 24, column (e)  |             |             |             |             |              |
| d Add Amounts from column (e) for lines 18 _____ 19 _____  |             |             |             |             |              |
| 22 _____ 26b _____   |             |             |             |             |              |
| e Public support (line 26c minus line 26d total)   |             |             |             |             |              |
| f Public support percentage (line 26e (numerator) divided by line 26c (denominator))   |             |             |             |             | %            |
| 27 Organizations described on line 12:   |             |             |             |             |              |
| a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year.  |             |             |             |             |              |
| (2000) _____ 0 (1999) _____ 0 (1998) _____ 0 (1997) _____ 0  |             |             |             |             |              |
| b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year. |             |             |             |             |              |
| (2000) _____ 0 (1999) _____ 0 (1998) _____ 0 (1997) _____ 0  |             |             |             |             |              |
| c Add Amounts from column (e) for lines 15 _____ 16 _____  |             |             |             |             |              |
| 17 _____ 90,519 20 _____ 21 _____  |             |             |             |             |              |
| d Add Line 27a total _____ 0 and line 27b total _____ 0  |             |             |             |             |              |
| e Public support (line 27c total minus line 27d total)   |             |             |             |             |              |
| f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)  |             |             |             |             |              |
| g Public support percentage (line 27e (numerator) divided by line 27f (denominator))   |             |             |             |             | 84.49 %      |
| h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))   |             |             |             |             | 5.34 %       |
| 28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.   |             |             |             |             |              |

**Part V Private School Questionnaire** (See instructions)  
 (To be completed Only by schools that checked the box on line 6 in Part IV)

N/A

29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?

|    | Yes | No |
|----|-----|----|
| 29 |     |    |

30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures catalogues, and other written communications with the public dealing with student admissions, programs and scholarships?

|    |  |  |
|----|--|--|
| 30 |  |  |
|----|--|--|

31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?

|    |  |  |
|----|--|--|
| 31 |  |  |
|----|--|--|

If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement )

-----  
 -----  
 -----

32 Does the organization maintain the following

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

a Records indicating the racial composition of the student body, faculty, and administrative staff?

|      |  |  |
|------|--|--|
| 32 a |  |  |
|------|--|--|

b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?

|      |  |  |
|------|--|--|
| 32 b |  |  |
|------|--|--|

c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?

|      |  |  |
|------|--|--|
| 32 c |  |  |
|------|--|--|

d Copies of all material used by the organization or on its behalf to solicit contributions?

|      |  |  |
|------|--|--|
| 32 d |  |  |
|------|--|--|

If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement )

-----  
 -----

33 Does the organization discriminate by race in any way with respect to

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

a Students' rights or privileges?

|      |  |  |
|------|--|--|
| 33 a |  |  |
|------|--|--|

b Admissions policies?

|      |  |  |
|------|--|--|
| 33 b |  |  |
|------|--|--|

c Employment of faculty or administrative staff?

|      |  |  |
|------|--|--|
| 33 c |  |  |
|------|--|--|

d Scholarships or other financial assistance?

|      |  |  |
|------|--|--|
| 33 d |  |  |
|------|--|--|

e Educational policies?

|      |  |  |
|------|--|--|
| 33 e |  |  |
|------|--|--|

f Use of facilities?

|      |  |  |
|------|--|--|
| 33 f |  |  |
|------|--|--|

g Athletic programs?

|      |  |  |
|------|--|--|
| 33 g |  |  |
|------|--|--|

h Other extracurricular activities?

|      |  |  |
|------|--|--|
| 33 h |  |  |
|------|--|--|

If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement )

-----  
 -----  
 -----

34 a Does the organization receive any financial aid or assistance from a governmental agency?

|      |  |  |
|------|--|--|
| 34 a |  |  |
|------|--|--|

b Has the organization's right to such aid ever been revoked or suspended?

|      |  |  |
|------|--|--|
| 34 b |  |  |
|------|--|--|

If you answered 'Yes' to either 34a or b, please explain using an attached statement

35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation

|    |  |  |
|----|--|--|
| 35 |  |  |
|----|--|--|

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

N/A

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

**Limits on Lobbying Expenditures**

(The term 'expenditures' means amounts paid or incurred)

|  | (a)<br>Affiliated group<br>totals | (b)<br>To be completed<br>for all electing<br>organizations |
|--|-----------------------------------|---|
| <b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)    | <b>36</b>                         |   |
| <b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)    | <b>37</b>                         |   |
| <b>38</b> Total lobbying expenditures (add lines 36 and 37)                                | <b>38</b>                         |   |
| <b>39</b> Other exempt purpose expenditures  | <b>39</b>                         |   |
| <b>40</b> Total exempt purpose expenditures (add lines 38 and 39)                          | <b>40</b>                         |   |
| <b>41</b> Lobbying nontaxable amount Enter the amount from the following table –           |                                   |   |
| <b>If the amount on line 40 is –</b>   |                                   |   |
| Not over \$500,000   |                                   |   |
| Over \$500,000 but not over \$1,000,000  |                                   |   |
| Over \$1,000,000 but not over \$1,500,000  |                                   |   |
| Over \$1,500,000 but not over \$17,000,000   |                                   |   |
| Over \$17,000,000  |                                   |   |
| <b>The lobbying nontaxable amount is –</b>   |                                   |   |
| 20% of the amount on line 40   |                                   |   |
| \$100,000 plus 15% of the excess over \$500,000  |                                   |   |
| \$175,000 plus 10% of the excess over \$1,000,000  |                                   |   |
| \$225,000 plus 5% of the excess over \$1,500,000   |                                   |   |
| \$1,000,000  |                                   |   |
| <b>42</b> Grassroots nontaxable amount (enter 25% of line 41)                              | <b>42</b>                         |   |
| <b>43</b> Subtract line 42 from line 36 Enter 0 if line 42 is more than line 36            | <b>43</b>                         |   |
| <b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38          | <b>44</b>                         |   |
| <b>Caution</b> If there is an amount on either line 43 or line 44, you must file Form 4720 |                                   |   |

**4-Year Averaging Period Under Section 501(h)**

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

| Calendar year<br>(or fiscal year<br>beginning in) ▶      | Lobbying Expenditures During 4-Year Averaging Period |             |             |             |              |
|--|--|-------------|-------------|-------------|--------------|
|  | (a)<br>2001  | (b)<br>2000 | (c)<br>1999 | (d)<br>1998 | (e)<br>Total |
| <b>45</b> Lobbying nontaxable amount                     |  |             |             |             |              |
| <b>46</b> Lobbying ceiling amount (150% of line 45(e))   |  |             |             |             |              |
| <b>47</b> Total lobbying expenditures                    |  |             |             |             |              |
| <b>48</b> Grassroots nontaxable amount                   |  |             |             |             |              |
| <b>49</b> Grassroots ceiling amount (150% of line 48(e)) |  |             |             |             |              |
| <b>50</b> Grassroots lobbying expenditures               |  |             |             |             |              |

**Part VI-B** Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI A) (See instructions)

N/A

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

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

| Yes | No | Amount |
|-----|----|--------|
|     |    |        |
|     |    |        |
|     |    |        |
|     |    |        |
|     |    |        |
|     |    |        |
|     |    |        |
|     |    |        |
|     |    |        |
|     |    |        |

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



**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Supplementary information for  
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545 0047

**2001**

Name of Organization **WOMENS ECONOMIC VENTURES  
- SANTA BARBARA**

Employer Identification Number  
**95-3674624**

Organization type (check one)

Filers of

Form 990 or 990 EZ

Section

- 501(c)( 3 ) (enter number) organization  
 4947(a)(1) nonexempt charitable trust not treated as a private foundation  
 527 political organization

Form 990 PF

- 501(c)(3) exempt private foundation  
 4947(a)(1) nonexempt charitable trust treated as a private foundation  
 501(c)(3) taxable private foundation

Check if your organization is covered by the **general rule** or a **special rule** (Note: Only a Section 501(c)(7) (8), or (10) organization can check box(es) for both the general rule and a special rule – see instructions )

**General Rule –**

- For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II )

**Special Rules –**

- For a Section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II )
- For a Section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990 EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III )
- For a Section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990 EZ, that received from any one contributor, during the year some contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose Do not complete any of the Parts unless the general rule applies to this organization because it received nonexclusively religious, charitable, etc , contributions of \$5,000 or more during the year ) ▶ \$ \_\_\_\_\_

**Caution** Organizations that are not covered by the general rule and/or the special rules do not file Schedule B (Form 990, 990 EZ, or 990 PF) but **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990 PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990 EZ, or 990-PF)

BAA

Schedule B (Form 990, 990 EZ, or 990 PF) (2001)

Name of Organization

Employer Identification Number

WOMENS ECONOMIC VENTURES

95-3674624

**Part I** Contributors (see instructions)

| (a)<br>Number | (b)<br>Name, address and ZIP + 4 | (c)<br>Aggregate contributions | (d)<br>Type of contribution   |
|---------------|----------------------------------|--------------------------------|---|
| 1             |                                  | \$ 5,000                       | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is noncash contribution) |
| 2             |                                  | \$ 5,000                       | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is noncash contribution) |
| 3             |                                  | \$ 5,000                       | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is noncash contribution) |
| 4             |                                  | \$ 52,250                      | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is noncash contribution) |
| 5             |                                  | \$ 13,300                      | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is noncash contribution) |
| 6             |                                  | \$ 10,000                      | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is noncash contribution) |

Name of Organization

Employer Identification Number

WOMENS ECONOMIC VENTURES

95-3674624

**Part I** Contributors (see instructions)

| (a)<br>Number | (b)<br>Name, address and ZIP + 4 | (c)<br>Aggregate<br>contributions | (d)<br>Type of contribution   |
|---------------|----------------------------------|-----------------------------------|---|
| 7             |                                  | \$ 5,000                          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is noncash contribution) |
| 8             |                                  | \$ 5,000                          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is noncash contribution) |
| 9             |                                  | \$ 10,000                         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is noncash contribution) |
| 10            |                                  | \$ 15,723                         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is noncash contribution) |
|               |                                  |                                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is noncash contribution)            |
|               |                                  |                                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is noncash contribution)            |



Name of Organization

Employer Identification Number

WOMENS ECONOMIC VENTURES

95-3674624

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year (Complete cols (a) through (e) and the following line entry)

For organizations completing Part III, enter total of exclusively religious, charitable, etc contributions of \$1,000 or less for the year (enter this information once - see instructions) ▶ \$

| (a)<br>No from<br>Part I                | (b)<br>Purpose of gift | (c)<br>Use of gift                       | (d)<br>Description of how gift is held |
|---|------------------------|--|--|
|   |                        |  |  |
|   |                        |  |  |
|   |                        | (e)<br>Transfer of gift                  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        | (e)<br>Transfer of gift                  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        | (e)<br>Transfer of gift                  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        | (e)<br>Transfer of gift                  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
|   |                        |  |  |
|   |                        |  |  |

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WOMENS ECONOMIC VENTURES  
- SANTA BARBARA

95-3674624

10/18/02

10 40AM

**STATEMENT 1  
FORM 990, PART I, LINE 7  
OTHER INVESTMENT INCOME**

|                           |    |              |
|---------------------------|----|--------------|
| CAPITAL GAINS             | \$ | -1,199       |
| INTEREST AND DIVIDEND INC |    | 2,591        |
| TOTAL                     | \$ | <u>1,392</u> |

**STATEMENT 2  
FORM 990, PART I, LINE 9  
NET INCOME (LOSS) FROM SPECIAL EVENTS**

| SPECIAL EVENTS | GROSS RECEIPTS    | LESS CONTRIBUTIONS | GROSS REVENUE     | LESS DIRECT EXPENSES | NET INCOME (LOSS) |
|----------------|-------------------|--------------------|-------------------|----------------------|-------------------|
| LUNCHEON       | 102,471           | 0                  | 102,471           | 27,175               | 75,296            |
| TOTALS         | <u>\$ 102,471</u> | <u>\$ 0</u>        | <u>\$ 102,471</u> | <u>\$ 27,175</u>     | <u>\$ 75,296</u>  |

**STATEMENT 3  
FORM 990, PART I, LINE 20  
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

|                         |    |                 |
|-------------------------|----|-----------------|
| PRIOR PERIOD ADJUSTMENT | \$ | -247,900        |
| TOTAL                   | \$ | <u>-247,900</u> |

**STATEMENT 4  
FORM 990, PART II, LINE 43  
OTHER EXPENSES**

|                           | (A)<br>TOTAL | (B)<br>PROGRAM SERVICES | (C)<br>MANAGEMENT & GENERAL | (D)<br>FUNDRAISING |
|---------------------------|--------------|-------------------------|-----------------------------|--------------------|
| ADVERTISING               | 6,697        | 6,320                   |                             | 377                |
| BANK CHARGES              | 1,145        |                         | 1,143                       | 2                  |
| CDFI                      | 8,188        | 8,188                   |                             |                    |
| CLASSES/TRAINING          | 2,955        | 2,955                   |                             |                    |
| COMPUTER SOFTWARE         | 2,420        | 2,420                   |                             |                    |
| CULTIVATION & DEVELOPMENT | 2,259        | 1,625                   |                             | 634                |
| DUES & SUBS               | 1,520        | 1,410                   | 25                          | 85                 |
| FACILITY RENTS            | 87           | 87                      |                             |                    |
| FIELD                     | 12,954       | 12,954                  |                             |                    |
| GRANT WRITERS             | 4,113        |                         | 2,056                       | 2,057              |
| INFORMATION SERVICES      | 2,367        | 2,367                   |                             |                    |
| INSTRUCTOR                | 21,161       | 21,161                  |                             |                    |
| INSURANCE D&O             | 2,119        |                         | 2,119                       |                    |
| LIABILITY INSURANCE       | 501          | 406                     | 24                          | 71                 |
| LICENSE FEES              | 40           | 40                      |                             |                    |
| MISC                      | 6,120        | 3,054                   | 3,060                       | 6                  |
| ONLINE                    | 19           | 19                      |                             |                    |
| PAYROLL SERVICES          | 1,566        |                         | 1,566                       |                    |
| RENTALS                   | 23           | 23                      |                             |                    |
| RESOURCE MATERIALS        | 286          | 229                     |                             | 57                 |
| SOLO CONTRACT STAFF       | 704          | 704                     |                             |                    |

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WOMENS ECONOMIC VENTURES  
- SANTA BARBARA

95-3674624

10/18/02

10 40AM

STATEMENT 4 (CONTINUED)  
FORM 990, PART II, LINE 43  
OTHER EXPENSES

|                     | (A)<br>TOTAL     | (B)<br>PROGRAM<br>SERVICES | (C)<br>MANAGEMENT<br>& GENERAL | (D)<br>FUNDRAISING |
|---------------------|------------------|----------------------------|--------------------------------|--------------------|
| SOLO NON STAFF      | 1,785            | 1,785                      |                                |                    |
| TAXES               | 59               |                            | 59                             |                    |
| TELEPHONE           | 6,450            | 5,233                      | 306                            | 911                |
| TRAINING            | 7,894            | 7,894                      |                                |                    |
| UNCOLLECTABLE LOANS | 1,112            | 1,112                      |                                |                    |
| WORKERS COMP        | 3,325            | 2,697                      | 158                            | 470                |
| TOTAL               | <u>\$ 97,869</u> | <u>\$ 82,683</u>           | <u>\$ 10,516</u>               | <u>\$ 4,670</u>    |

STATEMENT 5  
FORM 990, PART III, LINE A  
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

| DESCRIPTION   | GRANTS AND<br>ALLOCATIONS | PROGRAM<br>SERVICE<br>EXPENSES |
|---|---------------------------|--------------------------------|
| WOMEN'S ECONOMIC VENTURES PROVIDES SMALL BUSINESS LOANS, EDUCATION, TECHNICAL ASSISTANCE AND PEER SUPPORT TO HELP LOW-INCOME OR DISPLACED WOMEN START A NEW BUSINESS OR EXPAND AN EXISTING BUSINESS WEV IS ALSO THE ADMINISTRATOR OF THE SMALLBUSINESS LOAN FUND WHICH IS A CONSORTIUM OF SIX LOCAL BANKS, THE CITY OF SANTA BARBARA, AND WEV THE LOAN FUND PROVIDES MICRO ENTERPRISE LOANS OF UP TO \$25,000 TO LOW AND MODERATE INCOME ENTREPRENEURS(MEN AND WOMEN) |                           | 432,909                        |
|   | <u>\$ 0</u>               | <u>\$ 432,909</u>              |

STATEMENT 6  
FORM 990, PART IV, LINE 57  
LAND, BUILDINGS, AND EQUIPMENT

| CATEGORY                | BASIS            | ACCUM<br>DEPREC. | BOOK<br>VALUE    |
|-------------------------|------------------|------------------|------------------|
| FURNITURE AND FIXTURES  | \$ 6,167         | \$ 3,224         | \$ 2,943         |
| MACHINERY AND EQUIPMENT | 84,101           | 53,389           | 30,712           |
| TOTAL                   | <u>\$ 90,268</u> | <u>\$ 56,613</u> | <u>\$ 33,655</u> |

STATEMENT 7  
FORM 990, PART IV, LINE 65  
OTHER LIABILITIES

|                                  |           |
|----------------------------------|-----------|
| NOTE PAYABLE                     | \$ 20,000 |
| PENSION PLAN PAYABLE             | 1,190     |
| SUBORDINATED DEBT (EQUITY EQUIV) | 347,900   |

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WOMENS ECONOMIC VENTURES  
- SANTA BARBARA

95-3674624

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STATEMENT 7 (CONTINUED)  
FORM 990, PART IV, LINE 65  
OTHER LIABILITIES

UNEARNED REVENUE

|       |    |                |
|-------|----|----------------|
|       | \$ | 500            |
| TOTAL | \$ | <u>369,590</u> |

STATEMENT 8  
FORM 990, PART V  
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

| NAME AND ADDRESS   | TITLE AND<br>AVERAGE HOURS<br>PER WEEK DEVOTED | COMPEN-<br>SATION | CONTRI-<br>BUTION TO<br>EBP & DC | EXPENSE<br>ACCOUNT/<br>OTHER |
|--|--|-------------------|----------------------------------|------------------------------|
| ANN BAILEY<br>5276 HOLLISTER AVE #105<br>GOLETA, CA 93117              | BOARD MEMBER<br>AS NEEDED                      | \$ 0              | \$ 0                             | \$ 0                         |
| BARBRA SANCHEZ LOUIS<br>126 SAN CLEMENTE DR<br>SANTA BARBARA, CA 93109 | BOARD MEMBER<br>AS NEEDED                      | 0                 | 0                                | 0                            |
| JULIE KESSLER<br>6238 COVINGTON WAY<br>GOLETA, CA 93117                | PRESIDENT<br>AS NEEDED                         | 0                 | 0                                | 0                            |
| MICHELLE PICKETT<br>21 E CARRILLO ST<br>SANTA BARBARA, CA 82101        | BOARD MEMBER<br>AS NEEDED                      | 0                 | 0                                | 0                            |
| MAEDA PALIUS<br>735 STATE ST #203<br>SANTA BARBARA, CA 93101           | BOARD MEMBER<br>AS NEEDED                      | 0                 | 0                                | 0                            |
| J'AMY BROWN<br>1143 HIGH RD<br>SANTA BARBARA, CA 93108                 | BOARD MEMBER<br>AS NEEDED                      | 0                 | 0                                | 0                            |
| LEE RITENOUR<br>2708 CLINTON TERRACE<br>SANTA BARBARA, CA 93105        | BOARD MEMBER<br>AS NEEDED                      | 0                 | 0                                | 0                            |
| SANDRA DICKERSON<br>910 E STOWELL RD<br>SANTA MARIA, CA 93454          | BOARD MEMBER<br>AS NEEDED                      | 0                 | 0                                | 0                            |
| PATRICIA FARMAR<br>2051 CLIFF DRIVE<br>SANTA BARBARA, CA 93109         | BOARD MEMBER<br>AS NEEDED                      | 0                 | 0                                | 0                            |
| JEAN KING<br>7906 WINCHESTER CIRCLE<br>GOLETA, CA 93117                | BOARD MEMBER<br>AS NEEDED                      | 0                 | 0                                | 0                            |

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WOMENS ECONOMIC VENTURES  
- SANTA BARBARA

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**STATEMENT 8 (CONTINUED)**  
**FORM 990, PART V**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

| <u>NAME AND ADDRESS</u>   | <u>TITLE AND<br/>AVERAGE HOURS<br/>PER WEEK DEVOTED</u> | <u>COMPEN-<br/>SATION</u> | <u>CONTRI-<br/>BUTION TO<br/>EBP &amp; DC</u> | <u>EXPENSE<br/>ACCOUNT/<br/>OTHER</u> |
|---|---|---------------------------|---|---------------------------------------|
| DEBORAH NAISH<br>4600 VIA CLARICE<br>SANTA BARBARA, CA 93111      | BOARD MEMBER<br>AS NEEDED                               | \$ 0                      | \$ 0  | \$ 0                                  |
| BARBARA AUE<br>6156 BARRINGTON WAY<br>GOLETA, CA 93117            | TREASURER<br>AS NEEDED                                  | 0                         | 0   | 0                                     |
| CHARMAINE JACOBS<br>3910 PUEBLO AVE<br>SANTA BARBARA, CA 93110    | BOARD MEMBER<br>AS NEEDED                               | 0                         | 0   | 0                                     |
| DIDI REYNOSO<br>402 E MAIN ST<br>SANTA MARIA, CA 93454            | BOARD MEMBER<br>AS NEEDED                               | 0                         | 0   | 0                                     |
| LYNDA NAHRA<br>5827 HOLLISTER AVE<br>GOLETA, CA 93117             | BOARD MEMBER<br>AS NEEDED                               | 0                         | 0   | 0                                     |
| KATHRYN DINKIN<br>432 FOXEN DRIVE<br>SANTA BARBARA, CA 93105      | BOARD MEMBER<br>AS NEEDED                               | 0                         | 0   | 0                                     |
| ALEX RODRIGUEZ<br>3905 STATE ST #7-231<br>SANTA BARBARA, CA 93105 | BOARD MEMBER<br>AS NEEDED                               | 0                         | 0   | 0                                     |
| JUDY HAWKINS<br>426 WEST VICTORIA<br>SANTA BARBARA, CA 93103      | VICE PRESIDENT<br>AS NEEDED                             | 0                         | 0   | 0                                     |
| MICHAEL KAUFMAN<br>1150 LA VISTA RD<br>SANTA BARBARA, CA 93110    | BOARD MEMBER<br>AS NEEDED                               | 0                         | 0   | 0                                     |
| SUE COLIN<br>781 LILAC DRIVE<br>SANTA BARBARA, CA 93108           | BOARD MEMBER<br>AS NEEDED                               | 0                         | 0   | 0                                     |
| JANEAN ACEVEDO DANIELS<br>505 BATH ST<br>SANTA BARBARA, CA 93101  | BOARD MEMBER<br>AS NEEDED                               | 0                         | 0   | 0                                     |
| TOTAL   |   | \$ 0                      | \$ 0  | \$ 0                                  |

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STATEMENT 9  
SCHEDULE A, PART IV-A, LINE 22  
OTHER INCOME

| DESCRIPTION    | (A) 2000         | (B) 1999         | (C) 1998         | (D) 1997         | (E) TOTAL         |
|----------------|------------------|------------------|------------------|------------------|-------------------|
| SPECIAL EVENTS | \$ 57,657        | \$ 77,951        | \$ 7,715         | \$ 9,381         | \$ 152,704        |
| OTHER REVENUE  | 0                | 5,539            | 2,966            | 703              | 9,208             |
| TOTAL          | <u>\$ 57,657</u> | <u>\$ 83,490</u> | <u>\$ 10,681</u> | <u>\$ 10,084</u> | <u>\$ 161,912</u> |

12/31/01

**2001 FEDERAL BOOK DEPRECIATION SCHEDULE**  
**WOMENS ECONOMIC VENTURES**  
**- SANTA BARBARA**

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10/18/02

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| NO.                         | DESCRIPTION             | DATE ACQUIRED | DATE SOLD | COST/<br>BASIS | BUS<br>PCT. | CUR<br>179<br>BONUS | SPECIAL<br>DEPR<br>ALLOW. | PRIOR<br>179/<br>BONUS/<br>SP. DEPR. | PRIOR<br>DEC BAL<br>DEPR. | SALVAGE<br>/BASIS<br>REDUCT. | DEPR<br>BASIS | PRIOR<br>DEPR. | METHOD | LIFE | RATE | CURRENT<br>DEPR. |   |       |       |
|-----------------------------|-------------------------|---------------|-----------|----------------|-------------|---------------------|---------------------------|--------------------------------------|---------------------------|------------------------------|---------------|----------------|--------|------|------|------------------|---|-------|-------|
|                             |                         |               |           |                |             |                     |                           |                                      |                           |                              |               |                |        |      |      |                  |   |       |       |
| FORM 990/990 PF             |                         |               |           |                |             |                     |                           |                                      |                           |                              |               |                |        |      |      |                  |   |       |       |
| FURNITURE AND FIXTURES      |                         |               |           |                |             |                     |                           |                                      |                           |                              |               |                |        |      |      |                  |   |       |       |
| 4                           | FILE CABINET            | 1/01/93       |           | 161            |             |                     |                           |                                      |                           |                              | 161           | 161            | S/L    | HY   | 5    | 0                |   |       |       |
| 10                          | FILE CABINET            | 10/05/95      |           | 156            |             |                     |                           |                                      |                           |                              | 156           | 116            | S/L    | HY   | 7    | 14290            |   |       |       |
| 21                          | DESKS AND FILE CABINETS | 3/04/98       |           | 5,850          |             |                     |                           |                                      |                           |                              | 5,850         | 1,755          | S/L    | HY   | 5    | 20000            |   |       |       |
| 28                          | LATERAL FILE CABINET    | 1/10/01       |           | 323            |             |                     |                           |                                      |                           |                              | 323           | 323            | S/L    | HY   | 5    | 10000            |   |       |       |
| 30                          | BOOKSHELVES             | 2/06/01       |           | 485            |             |                     |                           |                                      |                           |                              | 485           | 485            | S/L    | HY   | 5    | 10000            |   |       |       |
| 31                          | DRAW PULLS              | 2/06/01       |           | 53             |             |                     |                           |                                      |                           |                              | 53            | 53             | S/L    | HY   | 5    | 10000            |   |       |       |
| 34                          | LATERAL FILE #2         | 7/20/01       |           | 473            |             |                     |                           |                                      |                           |                              | 473           | 473            | S/L    | HY   | 5    | 10000            |   |       |       |
| TOTAL FURNITURE AND FIXTURE |                         |               |           |                |             |                     |                           |                                      |                           |                              |               | 7,501          | 0      | 0    | 0    | 0                | 0 | 2,032 | 1,325 |

## MACHINERY AND EQUIPMENT

|                         |                         |          |  |        |  |  |  |  |  |  |        |        |     |    |   |       |
|-------------------------|-------------------------|----------|--|--------|--|--|--|--|--|--|--------|--------|-----|----|---|-------|
| MACHINERY AND EQUIPMENT |                         |          |  |        |  |  |  |  |  |  |        |        |     |    |   |       |
| 1                       | 1988 OFFICE EQUIPMENT   | 1/01/88  |  | 503    |  |  |  |  |  |  | 503    | 503    | S/L | HY | 5 | 0     |
| 2                       | 1989 OFFICE EQUIPMENT   | 1/01/89  |  | 4,653  |  |  |  |  |  |  | 4,653  | 4,423  | S/L | HY | 5 | 0     |
| 3                       | 1991 OFFICE EQUIPMENT   | 1/01/91  |  | 14,865 |  |  |  |  |  |  | 14,865 | 14,865 | S/L | HY | 7 | 0     |
| 5                       | MISC COMPUTER EQUIPMENT | 7/01/93  |  | 377    |  |  |  |  |  |  | 377    | 377    | S/L | HY | 5 | 0     |
| 6                       | LASER III PRINTER       | 7/01/93  |  | 3,548  |  |  |  |  |  |  | 3,548  | 3,548  | S/L | HY | 5 | 0     |
| 7                       | 486DX COMPUTER          | 7/01/93  |  | 2,090  |  |  |  |  |  |  | 2,090  | 2,090  | S/L | HY | 5 | 0     |
| 8                       | PHONE SYSTEM            | 7/01/93  |  | 1,114  |  |  |  |  |  |  | 1,114  | 1,114  | S/L | HY | 5 | 0     |
| 9                       | COMPUTER SYSTEM         | 9/26/95  |  | 2,233  |  |  |  |  |  |  | 2,233  | 2,123  | S/L | HY | 5 | 0     |
| 11                      | COPIER AND COMPONENTS   | 10/31/95 |  | 9,047  |  |  |  |  |  |  | 9,047  | 8,443  | S/L | HY | 5 | 0     |
| 12                      | PHONE SYSTEM            | 10/31/95 |  | 225    |  |  |  |  |  |  | 225    | 211    | S/L | HY | 5 | 0     |
| 13                      | OFFICE EQUIPMENT        | 2/19/96  |  | 126    |  |  |  |  |  |  | 126    | 121    | S/L | HY | 5 | 10000 |
| 14                      | OFFICE EQUIPMENT        | 2/28/96  |  | 221    |  |  |  |  |  |  | 221    | 203    | S/L | HY | 5 | 10000 |
| 15                      | OFFICE EQUIPMENT        | 5/01/96  |  | 129    |  |  |  |  |  |  | 129    | 121    | S/L | HY | 5 | 10000 |
| 16                      | COMPUTER EQUIPMENT      | 11/12/96 |  | 7,915  |  |  |  |  |  |  | 7,915  | 6,599  | S/L | HY | 5 | 10000 |

12/31/01

2001 FEDERAL BOOK DEPRECIATION SCHEDULE  
WOMENS ECONOMIC VENTURES  
- SANTA BARBARA

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| NO.                         | DESCRIPTION               | DATE ACQUIRED | DATE SOLD | COST/<br>BASIS | BUS<br>PCT | CUR<br>179<br>BONUS | SPECIAL<br>DEPR<br>ALLOW | PRIOR<br>179/<br>BONUS/<br>SP DEPR | PRIOR<br>DEC BAL<br>DEPR | SALVAGE<br>/BASIS<br>REDUCT | DEPR<br>BASIS | PRIOR<br>DEPR | METHOD | LIFE | RATE     | CURRENT<br>DEPR |        |        |       |
|-----------------------------|---------------------------|---------------|-----------|----------------|------------|---------------------|--------------------------|------------------------------------|--------------------------|-----------------------------|---------------|---------------|--------|------|----------|-----------------|--------|--------|-------|
| 17                          | PHONE SYSTEM VISION COMM  | 8/18/00       |           | 6,500          |            |                     |                          |                                    |                          |                             | 6,500         |               | S/L    | HY   | 5 .20000 | 1,300           |        |        |       |
| 18                          | PRINTER SPEEDY OFFICE     | 5/01/00       |           | 2,193          |            |                     |                          |                                    |                          |                             | 2,193         |               | S/L    | HY   | 5 .20000 | 439             |        |        |       |
| 19                          | SOUND SYSTEM              | 3/01/98       |           | 819            |            |                     |                          |                                    |                          |                             | 819           |               | S/L    | HY   | 5 .20000 | 164             |        |        |       |
| 20                          | NOTEBOOK COMPUTER         | 3/04/98       |           | 5,129          |            |                     |                          |                                    |                          |                             | 5,129         |               | S/L    | HY   | 5 .20000 | 1,026           |        |        |       |
| 22                          | PANASONIC COPIER          | 2/28/01       |           | 9,245          |            |                     |                          |                                    |                          |                             | 9,245         |               | S/L    | HY   | 5 10000  | 925             |        |        |       |
| 23                          | COSTCO COMPUTER           | 5/08/01       |           | 2,902          |            |                     |                          |                                    |                          |                             | 2,902         |               | S/L    | HY   | 5 10000  | 290             |        |        |       |
| 24                          | N COUNTY COMPUTER/PRINTER | 6/25/01       |           | 1,562          |            |                     |                          |                                    |                          |                             | 1,562         |               | S/L    | HY   | 5 10000  | 156             |        |        |       |
| 25                          | LAPTOP COMPUTER           | 7/27/01       |           | 1,505          |            |                     |                          |                                    |                          |                             | 1,505         |               | S/L    | HY   | 5 10000  | 151             |        |        |       |
| 26                          | DIGITAL CAMERA            | 9/25/01       |           | 1,295          |            |                     |                          |                                    |                          |                             | 1,295         |               | S/L    | HY   | 5 10000  | 130             |        |        |       |
| 29                          | HP COMPUTER               | 1/23/01       |           | 968            |            |                     |                          |                                    |                          |                             | 968           |               | S/L    | HY   | 5 10000  | 97              |        |        |       |
| 32                          | PRINTER                   | 4/13/01       |           | 735            |            |                     |                          |                                    |                          |                             | 735           |               | S/L    | HY   | 5 10000  | 74              |        |        |       |
| 33                          | N COUNTY COMPUTER         | 6/25/01       |           | 967            |            |                     |                          |                                    |                          |                             | 967           |               | S/L    | HY   | 5 10000  | 97              |        |        |       |
| 35                          | OFFICE EQUIPMENT          | 12/31/01      |           | 1,901          |            |                     |                          |                                    |                          |                             | 1,901         |               | S/L    | HY   | 5 10000  | 190             |        |        |       |
| TOTAL MACHINERY AND EQUIPME |                           |               |           |                |            |                     |                          |                                    |                          |                             | 82,767        | 0             | 0      | 0    | 0        | 0               | 82,767 | 47,395 | 5,862 |
| TOTAL DEPRECIATION          |                           |               |           |                |            |                     |                          |                                    |                          |                             | 90,268        | 0             | 0      | 0    | 0        | 0               | 90,268 | 49,427 | 7,187 |
| GRAND TOTAL DEPRECIATION    |                           |               |           |                |            |                     |                          |                                    |                          |                             | 90,268        | 0             | 0      | 0    | 0        | 0               | 90,268 | 49,427 | 7,187 |

CS  
 MAIL TO  
 Registry of Chantable Trusts  
 P O Box 903447  
 Sacramento, CA 94203-4470  
 Telephone (916) 445-2021

WEBSITE ADDRESS  
 http://ag.ca.gov/chanties/

## 2002 REGISTRATION/RENEWAL FEE REPORT

TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code  
 11 CCR Sections 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1

**RRF-1 EXTENSIONS WILL NOT BE GRANTED**

Enter State Chanty Registration Number, Name, and Address of Organization Below:

State Chanty Registration Number 044676

WOMENS ECONOMIC VENTURES  
 - SANTA BARBARA

Name of Organization

1136 E MONTECITO STREET

Address (Number and Street)

SANTA BARBARA, CA 93103

City or Town

State ZIP Code

Check if.

- Change of address
- Initial report
- Amended report
- Final report

Corporate or Organization No. D-1085238

Federal Employer ID No. 95-3674624

### PART A – ACTIVITIES

|  |                                     |   |
|--|-------------------------------------|---|
| 1 During your most recent full accounting period did your gross receipts or total assets equal \$100,000 or more?  | Yes                                 | No  |
|  | <input checked="" type="checkbox"/> | <input type="checkbox"/>  |
| a If the answer is yes, you are required by Title 11 of the California Code of Regulations, Sections 311 and 312, to attach a check in the amount of \$25 00 to this report. Make check payable to Department of Justice |                                     |   |
| 2 For your most recent full accounting period (beginning <u>1/01/01</u> ending <u>12/31/01</u> ) list  |                                     |   |
| Gross receipts \$ <u>691,586</u>   | Total assets \$ <u>826,229</u>      | Actual <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> |

### PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each 'yes' response. Please review RRF-1 Instructions for information required.

|  | Yes                                 | No                                  |
|--|-------------------------------------|-------------------------------------|
| 1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest? | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 2 During this reporting period, was there any theft embezzlement, diversion or misuse of the organization's charitable property or funds?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 3 During this reporting period, did nonprogram expenditures exceed at least 50% of gross revenues?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 4 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 5 During this reporting period, were the services of a professional fund-raiser or fund-raising counsel used? If 'yes,' provide an attachment listing the name, address, and telephone number of the service provider  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 6 During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number <span style="float: right;">SEE STATEMENT 1</span>                               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

Organization's area code and telephone number 805-965-6073

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of authorized officer

Printed Name

Title

Date

2001

CALIFORNIA STATEMENTS

PAGE 1

CLIENT WEV

WOMENS ECONOMIC VENTURES  
- SANTA BARBARA

95-3674624

10/18/02

10 40AM

STATEMENT 1  
FORM RRF-1, PART B, LINE 6  
GOVERNMENT AGENCY THAT PROVIDED FUNDING

GOVERNMENT FUNDING

\$52250

\$250,000

\$111,551

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

Note Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time -- Must File Original and One Copy.

Name of Exempt Organization: WOMENS ECONOMIC VENTURES - SANTA BARBARA
Employer Identification Number: 95-3674624
Address: 1136 E MONTECITO STREET, SANTA BARBARA, CA 93103

Check type of return to be filed (file a separate application for each return)

Form 990 [ ], Form 990-EZ [X], Form 990-T (Section 401(a) or 408(a) trust) [ ], Form 1041 A [ ], Form 5227 [ ], Form 8870 [ ]
Form 990-BL [ ], Form 990-PF [ ], Form 990-T (trust other than above) [ ], Form 4720 [ ], Form 6069 [ ]

Stop Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868

If the organization does not have an office or place of business in the United States, check this box [ ]
If this is for a group return, enter the organizations four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box [ ] If it is part of the group, check this box [ ] and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3 month extension of time until 11/15, 20 02
5 For calendar year 2001, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_
6 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period
7 State in detail why you need the extension YEAR END AUDIT FOR 12/31/01 IS IN PROCESS, BUT NOT YET COMPLETE THEREFORE, ALL INFORMATION NECESSARY TO COMPLETE THIS RETURN IS NOT YET IN THANK YOU

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ \_\_\_\_\_
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior-year overpayment allowed as a credit and any amount paid previously with Form 8868. \$ \_\_\_\_\_
c Balance due Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required by using EFTPS (Electronic Federal Tax Payment System) See instructions. \$ \_\_\_\_\_

Signature and Verification

Under penalties of perjury I declare that I have examined this form including accompanying schedules and statements and to the best of my knowledge and belief it is true correct and complete and that I am authorized to prepare this form

Signature: Hillary Tentler CPA Date: 7/18/02

Notice to Applicant - To be Completed by the IRS

[X] We have approved this application Please attach this form to the organization's return
[ ] We have not approved this application However, we have granted a 10 day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return Please attach this form to the organization's return
[ ] We have not approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting a 10-day grace period
[ ] We cannot consider this application because it was filed after the due date of the return for which an extension was requested
[ ] Other

EXTENSION APPROVED
AUG 06 2002
LINDA WEISKOPF FIELD DIRECTOR
SUBMISSION PROCESSING
OGDEN

Director \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Name: HILLARY TENTLER C.P.A.
Number and Street (include suite, room, or apartment number) or a P.O. Box Number: 735 STATE ST SUITE 628
City or Town, Province or State, and Country (including postal or ZIP code): SANTA BARBARA, CA 93101-5504