# Form **990**

В

**Return of Organization Exempt From Income Tax** 

, 2023, and ending

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Check if applicable:

For the 2023 calendar year, or tax year beginning

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

, 20

D Employer identification number

	Ac		SANTA CRUZ LOCAL				37-20					
	Na		877 CEDAR ST SUI			Į E	Telephone	number	•			
	Ini	nitial return	SANTA CRUZ, CA 9	5060			(831)	29	1-3456			
	Fin	nal return/terminated					, ,					
		mended return				٥	Gross rece	ints \$	418,629.			
	_	pplication pending	F Name and address of principal	al officer:		H(a) Is this a g						
	, , <sub>t</sub>		Same As C Above		1	H(b) Are all sulf "No," at	bordinates in	cluded?				
$\overline{\mathbf{I}}$	Tav		X 501(c)(3)   501(c) (	) (insert no.) 4947(a)(1) o	or 527	If "No," at	tach a list. S	ee instru	ictions.			
<u>'</u>												
			tps://santacruzl	T T	L.	H(c) Group exe						
K			X Corporation Trust	Association Other L	Year of formation	on: ZUZZ	IVI Sta	te of lega	al domicile: CA			
Pa	rt I	Summary	/	ion or most significant activities.					<b>C</b>			
	1			ion or most significant activities:Pr	roduce 18	air, acc	<u>curate</u>	and				
ဗ္ပ		journalism for the general public.										
퍨												
Activities & Governance	_	Check this box	y liftho organizati	on discontinued its operations or dis		ro than 250		+				
õ	2 3			erning body (Part VI, line 1a)				3	;tS. /I			
∘ŏ				rs of the governing body (Part VI, lir				4	0			
<u>ies</u>				n calendar year 2023 (Part V, line 2				5	0			
₹				necessary)				6	0			
Act	7a	Total unrelate	d business revenue from	Part VIII, column (C), line 12				7a	0.			
	b	Net unrelated	business taxable income	from Form 990-T, Part I, line 11				7b	0.			
						Pric	or Year		Current Year			
4	8	Contributions	and grants (Part VIII, line	e 1h)					418,629.			
Revenue	9	Program serv	ice revenue (Part VIII, line				<u> </u>					
ķ	10	Investment in	come (Part VIII, column (	A), lines 3, 4, and 7d)								
ď	11	Other revenue	e (Part VIII, column (A), li	nes 5, 6d, 8c, 9c, 10c, and 11e)								
	12	Total revenue	<ul> <li>add lines 8 through 11</li> </ul>	(must equal Part VIII, column (A),	line 12)				418,629.			
	13	Grants and sin	milar amounts paid (Part	IX, column (A), lines 1-3)								
	14	Benefits paid	to or for members (Part I									
	15	Salaries, othe	er compensation, employe				246,145.					
Expenses	16a	Professional f	fundraising fees (Part IX,									
ber	h	Total fundrais	ing expenses (Part IX, co									
Ä				nes 11a-11d, 11f-24e)					E0 02E			
			55 (i ait ix, coluilli (A), ii						59,825.			
			s Add lines 13 17 (must					205 070				
				equal Part IX, column (A), line 25).					305,970.			
- 0	19			equal Part IX, column (A), line 25).  8 from line 12					112,659.			
is or	19	Revenue less	expenses. Subtract line 1	18 from line 12		Beginning			112,659. End of Year			
ssets or Balances	19 20	Revenue less Total assets (	expenses. Subtract line ? Part X, line 16)	18 from line 12		Beginning	124,02	8.	112,659. End of Year 242,959.			
t Assets d Baland	19 20 21	Total assets ( Total liabilities	expenses. Subtract line Part X, line 16)s (Part X, line 26)	8 from line 12		Beginning	124,02	8.	112,659. End of Year 242,959. 6,272.			
Net Assets Fund Baland	19 20 21 22	Total assets ( Total liabilities Net assets or	Part X, line 16)s (Part X, line 26) fund balances. Subtract I	18 from line 12		Beginning	124,02	8.	112,659. End of Year 242,959.			
Net Assets Fund Balanc	19 20 21 22 art II	Total assets ( Total liabilities Net assets or Signature	expenses. Subtract line ? Part X, line 16)	ine 21 from line 20.		Beginning	124,02 124,02	8. 0. 8.	112,659. End of Year 242,959. 6,272. 236,687.			
Net Assets Fund Balanc	19 20 21 22 art II	Total assets ( Total liabilities Net assets or Signature	expenses. Subtract line ? Part X, line 16)	ine 21 from line 20.		Beginning	124,02 124,02	8. 0. 8.	112,659. End of Year 242,959. 6,272. 236,687.			
Net Assets Fund Balanc	19 20 21 22 art II	Total assets ( Total liabilities Net assets or Signature	expenses. Subtract line ? Part X, line 16)	8 from line 12		Beginning	124,02 124,02	8. 0. 8.	112,659. End of Year 242,959. 6,272. 236,687.			
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He County Signature Assets	20 21 22 art II er penal plete. De	Total assets ( Total liabilities Net assets or Signature Ities of perjury, I develoclaration of prepar Signature of or KARA M Type or print Print/Type pr	Part X, line 16)	ine 21 from line 20	tements, and to tiledge.	Beginning  he best of my k  Date  EO	124,02 124,02 knowledge an	8. 0. 8. d belief,	112,659. End of Year 242,959. 6,272. 236,687.			
SHe Complete Share Share Parents Balance	20 21 22 art II er penal plete. Do	Total assets ( Total liabilities Net assets or Signature Ities of perjury, I develoclaration of prepar Signature of or KARA M Type or print Print/Type pr DAVID	Part X, line 16)	ine 21 from line 20.  urn, including accompanying schedules and stat all information of which preparer has any know  Preparer's signature  DAVID L. SCHWARTZ, EA	tements, and to	he best of my k  Date  EO	124,02 124,02 knowledge ar	8. 0. 8. d belief,	112, 659. End of Year 242, 959. 6, 272. 236, 687.			
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Pa Under Assets  Onder Assets  Page 1971	20 21 22 art II er penal plete. Do	Total assets ( Total liabilities Net assets or Signature Ities of perjury, I develoclaration of prepar Signature of or KARA M Type or print Print/Type pr DAVID Firm's name	Part X, line 16)	ine 21 from line 20	tements, and to	he best of my k  Date  EO	124,02 124,02 Inowledge and the ck light of the light of	8. 0. 8. d belief,	112, 659. End of Year 242, 959. 6, 272. 236, 687. it is true, correct, and  FIN 00138833			
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Par	t III	Statement of Program Service Accomplishments	
1	Briafly	Check if Schedule O contains a response or note to any line in this Part III	
'	_	dependent nonpartisan newsroom serving Santa Cruz County, California.	
	<u> 1110</u>	ependent nonpartisan newsroom serving santa cruz county, carriornia.	
2	Did th	ne organization undertake any significant program services during the year which were not listed on the prior	
		1 990 or 990-EZ?	s X No
		es," describe these new services on Schedule O.	
3		he organization cease conducting, or make significant changes in how it conducts, any program services?	s X No
		es," describe these changes on Schedule O.	
4	Section	ribe the organization's program service accomplishments for each of its three largest program services, as measured by ion 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	y expenses. expenses.
	and re	revenue, if any, for each program service reported.	,
4a	(Code	<u> </u>	
	<u>Pro</u>	ovided fair, nonpartisan journalism to many of Santa Cruz Couty residents.	
4b	(Code	e:) (Expenses \$ including grants of \$) (Revenue \$	)
4c	(Code	e: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
4d	Other	r program services (Describe on Schedule O.)	
	(Ехре	enses \$ including grants of \$ ) (Revenue \$	)
4e	Total	program service expenses 275,373.	·

# Form 990 (2023) SANTA CRUZ LOCAL INC Part IV Checklist of Required Schedules

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

# Form 990 (2023) SANTA CRUZ LOCAL INC Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		Х
	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V		V	. [
1-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
ВΛΛ	TFFA01041 08/23/23		990 (	(0000)

Form 990 (2023) SANTA CRUZ LOCAL INC

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			res	NO
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Χ
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
·	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
۵	Sponsoring organizations maintaining donor advised funds.	0		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			37
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O.</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.	10		71
1/	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would	17		
	result in the imposition of an excise tax under section 4951, 4952, or 4953?	.,		
	100 to Brazilia seria seria			

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year. . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a **b** Each committee with authority to act on behalf of the governing body?..... 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O..... 9 Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates?..... 10a Χ b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule 0 Χ 12a Did the organization have a written conflict of interest policy? If "No," go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done ... See .Schedule .0 ...... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ Χ **14** Did the organization have a written document retention and destruction policy?..... 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official...... 15a **b** Other officers or key employees of the organization..... 15b X If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?..... 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements?... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records. KARA MEYBERG GUZMAN 311 LAGUNA ST SANTA CRUZ CA 95060 (831)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any relate	ed organiz	ation	con	nper	ısate	ed any	y cu	rrent officer, direct	or, or trustee.	
(A) Name and title	Average hours per week (list any hours for related organizations below dotted line)	box.	unle:	heck ss pe	ition more rson lirecto	than the strict Highest compensated	an ee)	(D) Reportable compensation from the organization (W-2/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) KARA MEYBERG GUZMAN CEO	$-\frac{40}{0}$	Х		Х				60,040.	0.	0.
(2) ELIZABETH CLIFTON DOOLIN Secretary	0	Х		Х				0.	0.	0.
(3) JOHN BALLARD CFO	0	Х		Х				0.	0.	0.
(4) CHRISTY CHIN Director	<u>0</u>	Х						0.	0.	0.
(5)										
(7)										
(9)										
(10)										
(11)										
(12)										
(13)		_								
(14)										

Part VII   Section A. Officers, Directors, Tru	131003, 1	\Cy		•	C)	cs, c	and	Trigilest Coll	ipensated Empi	Оусс	• (cont	писи)
(A) Name and title	(B) Average hours	box,	unles er an	ss pe d a d	more rson i irecto	than o s both r/truste	an ee)	(D)  Reportable compensation from the organization	from compensation from		(F) ated am of other nsation	
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	the o	rganiza d relate anizatio	tion d
<u>(15)</u>		-				1,L.						
(16)		=										
(17)												
(18)												
(19)												
(20)		=										
(21)												
(22)												
(23)												
(24)		-										
(25)												
1b Subtotal		<u> </u>	Ш 				Ш 	60,040.	0.			0.
c Total from continuation sheets to Part VII, Section								0.	0.			0.
d Total (add lines 1b and 1c)								60,040. more than \$100,00	0. 0 of reportable comp	ensatio	า	0.
from the organization 0											1	T
3 Did the organization list any former officer, direct	tor, truste	e, ke	ey ei	mplo	oyee	e, or l	high	nest compensated	employee		Yes	No
on line 1a? If "Yes,"complete Schedule J for such 4 For any individual listed on line 1a, is the sum of	reportab	le co	mpe	ensa	ition	and	oth	er compensation	from	. 3		X
the organization and related organizations greate such individual										. 4		Х
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes	e compen s," comple	isatio ete S	n tr	om <i>dule</i>	any • <i>J f</i> o	unre or suc	iate ch p	ed organization or person	ındıvıdual	. 5		Х
Section B. Independent Contractors  1 Complete this table for your five highest compens	sated inde	epen	dent	t cor	ntrad	ctors	tha	t received more t	nan \$100.000 of			
Complete this table for your five highest compensation from the organization. Report compensation.  (A)		the c	alen	dar	year	endir	ng w	vith or within the or		((	C)	
Name and business address Description of services Com								Compe	nsatio	on		
2 Total number of independent contractors (including b	ut not limi	tod t	a tha	200 1	ictor	l aha	vo) .	who received mare	than			
\$100,000 of compensation from the organization	0	iicu ((	Juic	J3€ 1	1316(	i abu\	v <i>⊂)</i> '	wito received more	uiall			

## SANTA CRUZ LOCAL INC 37-2064285 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII..... (B) Related or (A) Total revenue (D) Unrelated Revenue excluded from tax exempt business under sections 512-514 function revenue revenue ts, Grants, Amounts 1a Federated campaigns . . . . . . . . **b** Membership dues..... 1b 87,478 c Fundraising events..... 1с Gifts, d Related organizations..... 1d e Government grants (contributions) . . . . 1e Contributions, and Other Sin f All other contributions, gifts, grants, and similar amounts not included above . . . 1f 331,151 Noncash contributions included in 1g lines 1a-1f. . . . . . . . . . . . h Total. Add lines 1a-1f . . . . . . . 418,629 **Business Code** Program Service Revenue 2a h All other program service revenue. . . g Total. Add lines 2a-2f ..... Investment income (including dividends, interest, and Income from investment of tax-exempt bond proceeds Royalties..... (i) Real (ii) Personal 6a Gross rents . . . . . . . 6a **b** Less: rental expenses 6b c Rental income or (loss) 6c **d** Net rental income or (loss) (i) Securities (ii) Other **7a** Gross amount from sales of assets other than inventory **b** Less: cost or other basis 7a 7b and sales expenses c Gain or (loss). . . . . . 7с d Net gain or (loss)..... 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . . . . . . . . . . . . . 8a 8b **b** Less: direct expenses..... 9a Gross income from gaming activities. 9a **b** Less: direct expenses..... 9b c Net income or (loss) from gaming activities..... **10a** Gross sales of inventory, less..... returns and allowances. . . . . . . . . . 0a 10b **b** Less: cost of goods sold. . . . c Net income or (loss) from sales of inventory..... **Business Code** Miscellaneous Revenue All other revenue... Total. Add lines 11a-11d.

418,

629

0

0

Total revenue. See instructions.....

12

# Form 990 (2023) SANTA CRUZ LOCAL INC Part IX | Statement of Functional Expenses

	tion 501(a)(2) and 501(a)(4) arganizations must some		ar arganizations must as	manlata aaluma (A)	
Seci	tion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a ru				П
Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.		охронево	3	опролосо
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members	60,040.	54,036.	6,004.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	186,105.	167,495.	18,610.	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)		·		
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
_	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.)	2.212	0.550	2.25	
	Advertising and promotion	3,948.	3,553.	395.	
13	·	12,051.	10,846.	1,205.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	6,850.	6,165.	685.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	98.	88.	10.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23 24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.).	4,447.	4,002.	445.	
а	legal & professional	32,418.	29,176.	3,242.	
	Printing and Publications	12.	11.	1.	
С		1.	1.		
d					
•	All other expenses				
	<b>Total functional expenses.</b> Add lines 1 through 24e	305,970.	275,373.	30,597.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here if following SOP 98-2 (ASC 958-720)	212,212	.,	,	

		Check if Schedule O contains a response or note to	any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash – non-interest-bearing		124,028.	1	242,959.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or forme	r officer, director.			
		trustee, key employee, creator or founder, substantial controlled entity or family member of any of these pers	contributor, or 35%		_	
				5		
	6	Loans and other receivables from other disqualified per			_	
	_	section 4958(f)(1)), and persons described in section 4			6	
	7	Notes and loans receivable, net	F		7	
eţ	8	Inventories for sale or use	_		8	
Assets	9	Prepaid expenses and deferred charges			9	
-	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments – publicly traded securities			11	
	12	Investments – other securities. See Part IV, line 11			12	
	13	Investments – program-related. See Part IV, line 11			13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 3	33)	124,028.	16	242,959.
	17	Accounts payable and accrued expenses			17	6,272.
	18	Grants payable			18	,
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
es	21	Escrow or custodial account liability. Complete Part IV			21	
Liabilities	22	Loans and other payables to any current or former offickey employee, creator or founder, substantial contribut	cer, director, trustee,			
ja		controlled entity or family member of any of these pers	sons		22	
I	23	Secured mortgages and notes payable to unrelated thin	rd parties		23	
	24	Unsecured notes and loans payable to unrelated third p	parties		24	
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24). Comp	s to related third parties, plete Part X of Schedule D.		25	
	26	Total liabilities. Add lines 17 through 25		0.	26	6,272.
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	X			
<u>a</u>	27	Net assets without donor restrictions		124,028.	27	236,687.
æ	28	Net assets with donor restrictions		===, ===	28	===, ===
p		Organizations that do not follow FASB ASC 958, chec	k here			
团		and complete lines 29 through 33.				
Net Assets or Fund Balance	29	Capital stock or trust principal, or current funds			29	
ets	30	Paid-in or capital surplus, or land, building, or equipme	ent fund		30	
155	31	Retained earnings, endowment, accumulated income,	or other funds		31	
it A	32	Total net assets or fund balances		124,028.	32	236,687.
ž	33	Total liabilities and net assets/fund balances		124,028.	33	242,959.
RΔ	Δ	T	EEA0111L 08/23/23			Form <b>990</b> (2023)

Form **990** (2023)

rn	n 990 (2023) SANTA CRUZ LOCAL INC 37-	2064	285	F
aı	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI.			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		418
2	Total expenses (must equal Part IX, column (A), line 25)	2		305
3	Revenue less expenses. Subtract line 2 from line 1	3		112
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		124
5	Net unrealized gains (losses) on investments	5		

## 970 ,659 ,028. Donated services and use of facilities..... 6 6 7 Investment expenses ..... 7 Prior period adjustments ..... 8 9 9 Other changes in net assets or fund balances (explain on Schedule O)..... 0. Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10 236,687. Part XII | Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII..... Yes No 1 Accounting method used to prepare the Form 990: Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Χ 2a Were the organization's financial statements compiled or reviewed by an independent accountant? ...... 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. Consolidated basis Separate basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant?..... Χ 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. Consolidated basis Separate basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?..... If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Χ Guidance, 2 C.F.R. Part 200, Subpart F?..... За b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits ...... 3b

## **SCHEDULE A** (Form 990)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name o	of th	e organization					Employer identification	ation number	
SAN	TΑ	CRUZ LOCAL INC					37-206428	5	
Par								ctions.	
The c	rga	anization is not a private found	dation because it is: (	For lines 1 through 12,	check o	nly one	box.)		
1		A church, convention of church	,		,	b)(1)(A)(	i).		
2		A school described in <b>sectio</b>	n 170(b)(1)(A)(ii). (Att	ach Schedule E (Form	990).)				
3		A hospital or a cooperative h	nospital service organ	ization described in sec	tion 170	)(b)(1)(A	A)(iii).		
4		A medical research organiza	tion operated in conju	unction with a hospital of	describe	d in <b>sec</b>	tion 170(b)(1)(A)(iii). E	nter the hospital's	
		name, city, and state:							
5		An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a colle emplete Part II.)	ege or university owned	or opera	ated by	a governmental unit de	escribed in	
6	6 A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v)</b> .								
7	X	An organization that normally rin section 170(b)(1)(A)(vi).	receives a substantial p Complete Part II.)	part of its support from a	governm	ental un	it or from the general pul	olic described	
8		A community trust described	in section 170(b)(1)(	A)(vi). (Complete Part I	l.)				
9	Г	An agricultural research organi	ization described in sec	ction 170(b)(1)(A)(ix) oper	ated in c	onjunctio	on with a land-grant colle	ege	
	<u> </u>	or university or a non-land-graduniversity:	nt college of agriculture	e (see instructions). Enter	the nam	ne, city,	and state of the college of	or	
10		An organization that normall	v receives (1) more th	han 33-1/3% of its sunr	ort from		outions membershin fe	es and gross receints	
	<u></u>	An organization that normall from activities related to its	exempt functions, sub	ject to certain exception	ns; and	(2) no r	nore than 33-1/3% of i	ts support from gross	
		investment income and unre June 30, 1975. See section !			511 tax)	from b	usinesses acquired by	the organization after	
11	Г	An organization organized a		•	etv. See	section	1 509(a)(4).		
12	-	An organization organized a	•	,	,		( // /	it the nurnoses of one	
		or more publicly supported of lines 12a through 12d that de	organizations describe escribes the type of s	ed in <b>section 509(a)(1)</b> our upporting organization is	r <b>sectio</b> and com	<b>n 509(a</b> iplete lii	<b>)(2).</b> See <b>section 509(a</b> nes 12e, 12f, and 12g.	)(3). Check the box on	
а		Type I. A supporting organizati organization(s) the power to re complete Part IV, Sections A	gularly appoint or elect	d, or controlled by its sup t a majority of the director	ported or rs or trus	rganizat tees of t	ion(s), typically by giving the supporting organization	the supported on. <b>You must</b>	
b		Type II. A supporting organiz		controlled in connection	with its	support	ed organization(s) by	having control or	
	<u> </u>	management of the supporting must complete Part IV, Sect	organization vested in	the same persons that co	ontrol or	manage	the supported organizat	ion(s). <b>You</b>	
С		Type III functionally integrated organization(s) (see instruction	. A supporting organizations). <b>You must com</b>	tion operated in connection	n with, ar <b>A. D. an</b>	nd function	onally integrated with, its	supported	
d		Type III non-functionally integ functionally integrated. The continuation of the conti	rated. A supporting org	anization operated in cor	nection	with its	supported organization(s)	) that is not	
		instructions). You must com	plete Part IV, Section	is A and D, and Part V.	tion roq	an onnon	t and an attentiveness	roquironnoni (500	
е		Check this box if the organiz	ation received a writt	en determination from t	he IRS	that it is	a Type I, Type II, Typ	e III functionally	
f	_	integrated, or Type III non-function inter the number of supported in							
q		rovide the following information	-						
		ame of supported organization		(iii) Type of organization	(iv)	s the	(v) Amount of monetary	(vi) Amount of other	
	.,		(-7 =	(described on lines 1-10 above (see instructions))	organizat in your g	ion listed	support (see instructions)	support (see instructions)	
				,,,	docur	nent?			
					Yes	No			
(A)									
(B)									
<u>(C)</u>									
(D)									
(E)									
Total									

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

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

Sec	tion A. Public Support					_	
Cale begi	ndar year (or fiscal year nning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	<b>(d)</b> 2022	<b>(e)</b> 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					87,478.	87,478.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	0.	0.	0.	0.	87,478.	87,478.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6	<b>Public support.</b> Subtract line 5 from line 4						87,478.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	(d) 2022	<b>(e)</b> 2023	(f) Total
7	Amounts from line 4	0.	0.	0.	0.	87,478.	87,478.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						87,478.
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	0.
13	First 5 years. If the Form 990 is organization, check this box and	for the organization	on's first, second,	third, fourth, or fi	ifth tax year as a	section 501(c)(3)	X
Sec	tion C. Computation of Pu	blic Support P	ercentage				
14	Public support percentage for 20	23 (line 6, columi	n (f), divided by lin	ne 11, column (f))	)	14	%
15	Public support percentage from	2022 Schedule A,	Part II, line 14				%
16a	<b>33-1/3% support test—2023.</b> If to and <b>stop here.</b> The organization	he organization di qualifies as a pub	d not check the b blicly supported or	ox on line 13, and rganization	d line 14 is 33-1/3	% or more, check	this box
b	<b>33-1/3% support test—2022.</b> If the and <b>stop here.</b> The organization	ne organization did qualifies as a pul	I not check a box olicly supported o	on line 13 or 16a	, and line 15 is 33	3-1/3% or more, c	heck this box
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	test, check this b	oox and stop here	• Explain in Part \	/I how
	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the facts-and	meets the facts-a d-circumstances to	nd-circumstances est. The organizat	test, check this to ion qualifies as a	oox and <b>stop here</b> publicly supporte	Explain in Part \ d organization	/I how the
18	Private foundation. If the organize	zation did not che	ck a box on line 1	13, 16a, 16b, 17a,	, or 17b, check thi	s box and see ins	tructions

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

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

Sac	tion A. Public Support		produce comprete i				
		(a) 2010	<b>(b)</b> 2020	<b>(c)</b> 2021	(4) 2022	(0) 2022	(A) Total
	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	<b>(a)</b> 2019	<b>(b)</b> 2020	(C) 2021	(d) 2022	<b>(e)</b> 2023	<b>(f)</b> Total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						_
8	<b>Public support.</b> (Subtract line 7c from line 6.)						
Sec	tion B. Total Support		T		1	,	
	dar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	<b>(d)</b> 2022	<b>(e)</b> 2023	<b>(f)</b> Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b.  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or f	ifth tax year as a	section 501(c)(3)	
	tion C. Computation of Pul						
	Public support percentage for 20	•			•		%
	Public support percentage from 2						%
Sec	tion D. Computation of Inv					, .	
17		•		-		-	%
	Investment income percentage f					<u> </u>	8
	<b>33-1/3% support tests—2023.</b> If t is not more than 33-1/3%, check	this box and <b>sto</b>	<b>p here.</b> The organ	ization qualifies a	as a publicly supp	orted organization	
	<b>33-1/3% support tests—2022.</b> If t line 18 is not more than 33-1/3% <b>Private foundation.</b> If the organization	, check this box a	and <b>stop here.</b> Th	e organization qu	ialifies as a public	ly supported organ	ization

Part IV Supporting Organizations

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

## **Section A. All Supporting Organizations**

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI.</b>	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9с		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Pa	rt IV	/  Supporting Organizations (continued)			
11	Lام	s the organization accepted a gift or contribution from any of the following persons?		Yes	No
	a A p	person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,	44		
		e governing body of a supported organization?	11a		
ı	<b>)</b> A T	family member of a person described on line 11a above?	11b		
		5% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .	11c		
Sec	ctioi	n B. Type I Supporting Organizations		1	
1	Dic	d the governing body, members of the governing body, officers acting in their official capacity, or membership of one		Yes	No
•	or offi org tha	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's icers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported ganization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more an one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees			
		ere allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers ring the tax year.	1		
2	tha <i>bei</i>	d the organization operate for the benefit of any supported organization other than the supported organization(s) at operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such nefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the poporting organization.	2		
Sec	tio	n C. Type II Supporting Organizations			
	,	n or type it supporting organizations		Yes	No
1	We	ere a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees			
	of	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the pporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tio	n D. All Type III Supporting Organizations			
_				Yes	No
1		If the organization provide to each of its supported organizations, by the last day of the fifth month of the ganization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		ar, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the ganization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	010	gamization's governing documents in enection the date of notification, to the extent not previously provided.			
2	org	ere any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported ganization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how e organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	Rv	reason of the relationship described on line 2, above, did the organization's supported organizations have a significant			
J	voi	ice in the organization's investment policies and in directing the use of the organization's income or assets at			
		times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played this regard.	3		
Sec		n E. Type III Functionally Integrated Supporting Organizations			
1	Ch	eck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
	а	The organization satisfied the Activities Test. Complete line 2 below.			
	b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
	c _	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see	instru	ıctions	5).
2	Ac	tivities Test. Answer lines 2a and 2b below.		Yes	No
i	sup org	d substantially all of the organization's activities during the tax year directly further the exempt purposes of the opported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported ganizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was sponsive to those supported organizations, and how the organization determined that these activities constituted			
		bstantially all of its activities.	2a		
	mo	d the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or or the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the asons for the organization's position that its supported organization(s) would have engaged in these activities			
		t for the organization's involvement.	2b		
		rent of Supported Organizations. Answer lines 3a and 3b below.			
i	a Dic	d the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of ch of the supported organizations? If "Yes" or "No," provide details in <b>Part VI.</b>	За		
		the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its ported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizati	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on No ns mus	v. 20, 1970 (explain in t complete Sections A	n Part VI). <b>See</b> through E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
ā	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
•	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	egrated	Type III supporting or	ganization

BAA Schedule A (Form 990) 2023

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Sec	Section D — Distributions		Current Year			
1	Amounts paid to supported organizations to accomplish exempt purposes	1				
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2				
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3				
4	Amounts paid to acquire exempt-use assets	4				
5	Qualified set-aside amounts (prior IRS approval required — provide details in Part VI)	5				
6	Other distributions (describe in <b>Part VI</b> ). See instructions.	6				
7	Total annual distributions. Add lines 1 through 6.	7				
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	8				
9	Distributable amount for 2023 from Section C, line 6	9				
10	Line 8 amount divided by line 9 amount	10				

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required — explain in <b>Part VI</b> ). See instructions.			
3 Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
f Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
<b>b</b> Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

BAA Schedule A (Form 990) 2023

Part VI

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

BAA TEEA0408L 08/14/23 Schedule A (Form 990) 2023

## SCHEDULE O (Form 990)

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SANTA CRUZ LOCAL INC

Employer identification number 37-2064285

## Form 990, Part VI, Line 11b - Form 990 Review Process

FORM 990 WAS SHARED WITH ALL BOARD MEMBERS DURING A REGULARLY SCHEDULED BOARD MEETING.

## Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

BOARD MEMBERS ARE REQUIRED TO SUBMIT A SIGNED CONFLICT OF INTEREST STATEMENT ANNUALLY.

## Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

No other documents available to the public.