			EXTENDED TO MAY 15, 2020		OMD No. 1545-0047	
For	m <b>9</b>	90	Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	(except private foundations	OMB No. 1545-0047	
		of the Treasury	Do not enter social security numbers on this form as it m		Open to Public	
		enue Service	► Go to www.irs.gov/Form990 for instructions and the la ar year, or tax year beginning JUL 1, 2018 and ending	JUN 30, 2019	Inspection	
		-				
Б	Check if applicat	le:	f organization	D Employer identificat	lion number	
	Addr chan Name chan		NORTHERN CALIFORNIA, INC.	94-313	17758	
	Initial return Final return	Number $1/233$	and street (or P.O. box if mail is not delivered to street address) Room/s SANSOME STREET 400	uite E Telephone number (415)	986-0521	
	termi ated Amer returr	City or t	own, state or province, country, and ZIP or foreign postal code FRANCISCO, CA 94104	G Gross receipts \$ H(a) Is this a group retu	2,892,664. m	
	Appli tion pend	<sup>ca-</sup> <b>F</b> Name a	nd address of principal officer: LANEY WHITCANACK AS C ABOVE	for subordinates? H(b) Are all subordinates inclu	Yes X No	
				527 If "No," attach a lis		
			CORO.ORG/SF	H(c) Group exemption r		
				Year of formation: 1990 M S		
	art I					
	1		e the organization's mission or most significant activities:	TO BE AN EFFE	CTIVE	
Governance	1.	LEADER	IS A LIFE-LONG JOURNEY. CORO NORTHER	N CALIFORNIA IS	S A	
'nai	2					
vel	3					
Ğ	4		18 18			
Activities &	5	······································			17	
itie	6		of volunteers (estimate if necessary)		0	
Ę	79		d business revenue from Part VIII, column (C), line 12		0.	
Ă			business taxable income from Form 990-T, line 38		0.	
				Prior Year	Current Year	
•	8	Contributions	and grants (Part VIII, line 1h)	519,369.	547,743.	
nu	9		ce revenue (Part VIII, line 2g)	1,574,180.	2,300,016.	
Revenue	10	•	come (Part VIII, column (A), lines 3, 4, and 7d)	8,516.	1,813.	
č	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-4,155.	-3,668.	
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,097,910.	2,845,904.	
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	128,221.	169,900.	
	14		to or for members (Part IX, column (A), line 4)	0.	0.	
s			r compensation, employee benefits (Part IX, column (A), lines 5-10)	1,030,510.	1,381,385.	
JSe	16a		undraising fees (Part IX, column (A), line 11e)	0.	0.	
Expenses	Ь		ing expenses (Part IX, column (D), line 25)  145,388.			
ñ	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	940,874.	1,289,927.	
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,099,605.	2,841,212.	
	19		expenses. Subtract line 18 from line 12	-1,695.	4,692.	
OC NO			•	Beginning of Current Year	End of Year	
Net Assets or	20	Total assets (I	Part X, line 16)	1,565,571.	1,497,920.	
ASS	21	-	(Part X, line 26)	655,145.	582,802.	
Flux	22		fund balances. Subtract line 21 from line 20	910,426.	915,118.	
	art II			· · · · · · · · · · · · · · · · · · ·	-	
Und	ler pen	-	I declare that I have examined this return, including accompanying schedules and st	atements, and to the best of my k	nowledge and belief, it is	
			Declaration of preparer (other than officer) is based on all information of which prep			

Sign Here	Signature of officer LANEY WHITCANACK, CEO Type or print name and title			Date			
Paid	Print/Type preparer's name BRUCE WRIGHT	Preparer's signature	Date	Check PTIN if self-employed P00083251			
Preparer	Firm's name SINGERLEWAK LLP			Firm's EIN <b>95-2302617</b>			
Use Only	Firm's address 🖕 262 GRAND AVENUE						
	S SAN FRANCISCO,	CA 94080		Phone no. (650) 872-7600			
May the II	May the IRS discuss this return with the preparer shown above? (see instructions)						
832001 12-3	2001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1990 (2018) CORO NORTHERN CALIFORNIA, INC.	94-3117758	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: CORO NORTHERN CALIFORNIA (CORO) IS A NONPARTISAN NONPRO		
	ORGANIZATION FOCUSED ON REDEFINING LEADERSHIP. CORO'S M		<u> </u>
	EQUIP PEOPLE WITH SKILLS, KNOWLEDGE, AND NETWORKS TO CO.		
	ACCELERATE POSITIVE CHANGE WHEREVER THEY ARE. FOUNDED I		
		N SAN FRANCI	500
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	s measured by expenses	S.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	ers, the total expenses,	and
	revenue, if any, for each program service reported.		
4a	(Code: ) (Expenses \$ 507, 388 • including grants of \$ 141,040 • ) (Reven	ue\$ 146,	319.)
10	FELLOWS PROGRAM IN PUBLIC AFFAIRS. FOR 76 YEARS, THIS F		/
	NINE-MONTH PROGRAM HAS PREPARED A NEW GENERATION OF LEA		iG
	DIVERSE BACKGROUNDS, EXPERIENCE, AND POLITICAL AFFILIAT		
	CIVIC CHALLENGES AND WORK ACROSS DIFFERENCES.	TOND TO ADDA	.00
	CIVIC CHADDENGES AND WORK ACKOSS DIFFERENCES.		
	TH $2010$ 10 1 046 DEDITATES WE ENGLAPED TH 17 ODD LEEDE		Ma
	IN 2018-19, 1,046 PARTICIPANTS ENGAGED IN 17 CORO LEADE		
	AND SEMINARS. 96% OF OUR GRADS REPORTED INCREASED LEADE	RSHIP SKILLS	•
4b	(Code: ) (Expenses \$ 143, 117. including grants of \$ 18, 210.) (Reven	ue \$	)
	EXPLORING LEADERSHIP. THRIVING FOR 20 YEARS, EXPLORING	LEADERSHIP I	S AN
	INTENSIVE SIX-WEEK SUMMER PROGRAM FOR HIGH SCHOOL STUDE	NTS IN THE B	AY
	AREA. STUDENTS LEARN TO BECOME ACTIVE CITIZENS AND ASSU	ME LEADERSHI	Р
	ROLES IN THEIR SCHOOLS, COMMUNITIES, AND FAMILIES.		
	· · ·		
		·	
	1 604 004 10 000	<u> </u>	070
4c	(Code: ) (Expenses \$ 1,624,994. including grants of \$ 10,200.) (Reven	ues 2,116,	
	ISSUE-BASED INITIATIVES. CORO'S LEADERSHIP MODEL EQUIPS		5
	PROFESSIONALS TO WORK COLLABORATIVELY AND EFFECTIVELY O		
	ISSUES, INCLUDING: CALIFORNIA'S WATER CHALLENGES (WATER		
	NETWORK), RESPONSES TO HUMAN TRAFFICKING (HUMAN TRAFFIC		
	ACADEMY), AND INCREASING THE PIPELINE OF DIVERSE LEADER	S IN SACRAME	NTO
	(NEHEMIAH EMERGING LEADERS PROGRAM).		
	LEADERSHIP COLLABORATIVE. A CUSTOMIZED OFFERING BRINGIN	G THE CORO B	RAND
	OF LEADERSHIP TRAINING TO A VARIETY OF ORGANIZATIONS, I		
	COMMUNITIES SEEKING TO INCREASE STAFF AND INSTITUTIONAL		
	SKILLS, INCLUDING THE UC SYSTEM, UCSF, UC DAVIS, UC BER		
	SAN FRANCISCO FEDERAL EXECUTIVE BOARD.		
4d	Other program services (Describe in Schedule O.)	CC 100	
	(Expenses \$ 93,378 · including grants of \$ 450 · ) (Revenue \$	66,100. <sub>)</sub>	
4e	Total program service expenses ► 2,368,877.		
		Eorm O	90 (2018)

Form	990	(2018)

 Form 990 (2018)
 CORO
 NORTHERN
 CALIFORNIA,
 INC.

 Part IV
 Checklist of Required Schedules
 Context
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			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?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	•		
•	during the tax year? If "Yes," complete Schedule C, Part II	4		x
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	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? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i>	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			37
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	444		x
•	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	TIE		<u> </u>
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
a	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		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	114		
-	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? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>	15		x
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		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
~~	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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		x
	uomesuo yoveniment on Fartin, uolunin (A), inte 1911 res, uompiete ocheude 1, Farts Fartu II	<b>Z</b> I		- <u></u>

Form	990	(2018)
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 Form 990 (2018)
 CORO
 NORTHERN
 CALIFORNIA,
 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	Х	
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? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	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	0.5		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
a	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25h		x
26		25b		- 23
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If</i> "Yes,"			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
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		X
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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
05	Part V, line 1	34	ļ	X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
α	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)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	35b		
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	350		
36	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
-	Note. All Form 990 filers are required to complete Schedule O	38	х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 18			
b				
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		_	
	(gambling) winnings to prize winners?	1c	Х	

Form 990	
Part V	Sta

 018)
 CORO NORTHERN CALIFORNIA, INC.

 Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 17			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in 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		X
b	If "Yes," enter the name of the foreign country:			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u>л</u>
C Fo	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
08	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		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	0a		
D	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	00		
'a	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		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	5 , , , , , , , 5			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a L	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	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 11a			
	Gross income from members or shareholders       11a         Gross income from other sources (Do not net amounts due or paid to other sources against       1			
5	amounts due or received from them.)			
12a	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 12b			
13	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		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<b> </b>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			v
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.			

Form **990** (2018)

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Form	990	(2018)

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	18			
	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 in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent 1b	18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
	officer, director, trustee, or key employee?				X
3	Did the organization delegate control over management duties customarily performed by or under the dire	ect supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w	as filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		Х
6	Did the organization have members or stockholders?		6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	t one or			
	more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stock				
	persons other than the governing body?		7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by t	-			
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached				
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	ie Code.)			
				Yes	No
	Did the organization have local chapters, branches, or affiliates?		10a		X
b	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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body bef	ore filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			v	
12a				X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to co		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," of	lescribe		x	
	in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	X	
14 45	Did the organization have a written document retention and destruction policy?		14	~	
15	Did the process for determining compensation of the following persons include a review and approval by	ndependent			
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		15.0	x	
	The organization's CEO, Executive Director, or top management official		15a	- 23	x
U	Other officers or key employees of the organization		150		<u> </u>
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	with a			
100	taxable entity during the year?		16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		154		
0	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization				
	exempt status with respect to such arrangements?	0113	16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ CA				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, and 99	0-T (Section 501(c)(3))	s onlv)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.		,)		
	Own website Another's website X Upon request Other <i>(explain in So</i>	hedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			cial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books a	nd records 🕨			
	LANEY WHITCANACK - (415) 986-0521				
	233 SANSOME STREET, 4TH FLOOR, SAN FRANCISCO, CA 943	LII			

6

CORO NORTHERN CALIFORNIA, INC.

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

**Section A. Governing Body and Management** 

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

94-3117758

Page **6** 

Х

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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization is 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(da		Pos	ition	) than		Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		cer an	nd a d I	recto	or/trus	stee)	from	from related	other
	(list any	ndividual trustee or director						the	organizations	compensation
	hours for related	or di	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	rustee	trust		ee	npen		(00-2/1099-00130)		organization and related
	below	d ual t	nstitutional trustee		Key employee	Highest compensated employee	5			organizations
	line)	Indivi	nstitu	Officer	Key ei	Highe	Former			5
(1) JAMES ARABY	2.00			_						
CHAIR		x		x				0.	Ο.	Ο.
(2) MOTHUSI PAHL	2.00									
VICE CHAIR		X		X				0.	0.	0.
(3) CHRISTINE JOHNSON	2.00									
SECRETARY		X		X				0.	0.	0.
(4) MIKE THIEL	2.00									
TREASURER		X		X				0.	0.	0.
(5) DUNSTAN ALLISON-HOPE	1.00									
DIRECTOR		X						0.	0.	0.
(6) JOSE BODIPO-MEMBA	1.00									
DIRECTOR		X						0.	0.	0.
(7) RYAN DONNELLY	1.00									
DIRECTOR		X						0.	0.	0.
(8) FRANCA GARGIULO	1.00									
DIRECTOR		X						0.	0.	0.
(9) SEAN GIBSON	1.00									
DIRECTOR		Х						0.	0.	0.
(10) LINDA GREGORY	1.00									
DIRECTOR		Х						0.	0.	0.
(11) ERICK HOWARD	1.00									
DIRECTOR		Х						0.	0.	0.
(12) WILLIAM JACKSON	1.00									
DIRECTOR		Х						0.	0.	0.
(13) MICHAEL MACBRYDE	1.00									
DIRECTOR		Х						0.	0.	0.
(14) JENNA NARAYANAN	1.00									
DIRECTOR		X						0.	0.	0.
(15) CHRIS PATTERSON	1.00									
DIRECTOR		X						0.	0.	0.
(16) MARIANNA PISANO	1.00								_	_
DIRECTOR		X						0.	0.	0.
(17) EVONNE SILVA	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.

832007 12-31-18

Form 990 (2018)

Form 990 (2018) CORO NOR	THERN CA	AL I	EFC	DRI	JI <i>P</i>	Α,	IJ	NC.	94-31	.17	758	Page <b>8</b>
Part VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C	Compensated Employe	es (continued)	r		
(A) Name and title	(B) Average hours per week	box offic	not c , unle	(C)(D)(E)Position not check more than one unless person is both an er and a directr/trustee)Reportable compensation fromReportable compensation from related			Estir amo	F) nated unt of her				
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fron organ and r	nsation n the ization elated zations
(18) ALBERTO TORRICO DIRECTOR	1.00	x						0.		0.		0.
(19) LANEY WHITCANACK	40.00											
CEO (20) COURTNEY YOUNG-LAW	40.00			X				182,700.		0.	9	,270.
VP PROGRAMS	40.00					x		134,280.		0.	7	<u>,250.</u>
										_		
1b Sub-total								316,980.		0.	16	,520.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)								0. 316,980.		0.	16	0. ,520.
2 Total number of individuals (including but n compensation from the organization ►							no r	-	,000 of reportable	Э		2
											Y	es No
3 Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for su					•			•			3	x
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportab	le co	omp	ensa	ation	n and	l ot	her compensation from	the organization		4	x
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i>	-				-			-			5	x
Section B. Independent Contractors									•			
1 Complete this table for your five highest con the organization. Report compensation for t								n the organization's tax		pensa		m
(A) Name and business WATER EDUCATION FOR LATIN		סק	-	0.2	20			(B) Description of s	ervices	C	(C) ompens	ation
COLORADO BLVD, BLDG 2, LO DIG IN			-					CO-FACILITAT	E/DESIGN		197	<u>,600.</u>
1300 BLAKE STREET, BERKEI	LEY, CA	94	170	)2			_	CO-FACILITAT	E/DESIGN		140	<u>,200.</u>
2 Total number of independent contractors (in \$100,000 of compensation from the organiz	•	iot lii	mite	d to		se lis 2	stec	d above) who received m	nore than		_	

			Check if Schedule O contained	ains a res	nonse	or note to any li	ne in this Part VIII			
					ponoc		(A)	(B)	(C)	(D)
							Total revenue	Related or	Unrelated	Revenuè éxcluded from tax under
								exempt function revenue	business revenue	sections 512 - 514
s s	_	_	Fordering and a surrout strengt		4-			levende	Tevende	512-514
ant			Federated campaigns	F	1a		-			
D D			Membership dues		1b	180,000.	-			
fts,			Fundraising events		1c	100,000.	-			
ilai			Related organizations	Г	1d		-			
Sin',			Government grants (contributi		1e		-			
utio er (		f	All other contributions, gifts, grant							
ft			similar amounts not included abov	'e	1f	367,743.	_			
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in lines	1a-1f: \$						
a Č		h	Total. Add lines 1a-1f			🕨	547,743.			
						Business Code				
e	2		CONTRACT SERVIC	E FEI	ΞS		2,103,945.			
e vi			PLACEMENT FEES			611430	106,550.	106,550.		
Senu Se		с	TUITION			611430	86,569.			
ev€		d	MISCELLANOUS IN	COME		611430	2,952.	2,952.		
Program Service Revenue		е								
Ā			All other program service reven	nue						
							2,300,016.			
	3		Investment income (including							
			other similar amounts)				1,813.			1,813.
	4		Income from investment of tax							
	5		Royalties							
	Ŭ		noyatioo	(i) R		(ii) Personal				
	6	2	Gross rents	() 11	cai		-			
			Gross rents Less: rental expenses				-			
			Rental income or (loss)				-			
			Net rental income or (loss)							
	-		Gross amount from sales of	(i) Secu						
	'	a			Innes	(ii) Other	-			
		L.	assets other than inventory				-			
		D	Less: cost or other basis							
			and sales expenses				-			
			Gain or (loss)							
			Net gain or (loss)			······ <b>&gt;</b>				
en	8	а	Gross income from fundraising							
Other Reven			including \$ 180,0							
Rev			contributions reported on line	,		42.000				
er			Part IV, line 18			43,092.				
đ			Less: direct expenses			46,760.				2 6 6 9
-			Net income or (loss) from fund			····· <b>&gt;</b>	-3,668.			-3,668.
	9	а	Gross income from gaming ac							
			Part IV, line 19							
			Less: direct expenses				_			
		С	Net income or (loss) from gam	ing activi	ties	🕨				
	10	а	Gross sales of inventory, less	returns						
			and allowances		a					
		b	Less: cost of goods sold		b					
		с	Net income or (loss) from sales	s of inver	ntory	►				
			Miscellaneous Revenue	Э		Business Code				
	11	а								
		b								
		с								
		d	All other revenue							
			Total. Add lines 11a-11d							
	12		Total revenue. See instructions				2,845,904.	2,300,016.	0.	-1,855.

CORO NORTHERN CALIFORNIA, INC.

Form 990 (2018) CORO NOR
Part VIII Statement of Revenue

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CORO NORTHERN CALIFORNIA, INC. Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				1
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	169,900.	169,900.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	191,970.	94,065.	57,591.	40,314
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	999,357.	797,473.	157,429.	44,455
8	Pension plan accruals and contributions (include		10 000	2 4 2 2	4 504
	section 401(k) and 403(b) employer contributions)	24,946.	19,982.	3,433. 9,949.	1,531 3,490
9	Other employee benefits	72,942.	59,503.	9,949.	3,490
10	Payroll taxes	92,170.	73,195.	13,124.	5,851
11	Fees for services (non-employees):				
а	Management				
b	Legal	F0 110	40.000	0 4 4 1	
С	Accounting	59,110.	49,669.	9,441.	
d	Lobbying				
е	стан стан стан стан стан стан стан стан				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,		EEC 14E	21 504	2 225
	column (A) amount, list line 11g expenses on Sch 0.)	590,884.	556,145.	31,504.	3,235
12	Advertising and promotion	12 052	10 001	1 720	1 242
13	Office expenses	13,953.	10,981.	1,730.	1,242
14	Information technology				
15	Royalties	00 072	80,988.	12 662	5 100
16	Occupancy	99,072.	00,900.	12,662.	5,422
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	291,030.	288,801.	1,041.	1,188
19	Conferences, conventions, and meetings	1,433.	200,001.	1,433.	1,100
20		1,455.		,433•	
21	Payments to affiliates	17,678.	14,182.	2,448.	1 0/8
22	Depreciation, depletion, and amortization	8,847.	7,097.	1,225.	1,048
23	Insurance	0,047.	7,057.	1,223.	525
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MISCELLANEOUS	89,971.	59,762.	16,297.	13,912
a b	PROGRAM RELATED EXPENSE	40,495.	39,657.	587.	251
с С	DUES AND SUBSCRIPTIONS	26,199.	14,357.	3,117.	8,725
d	TELECOMMUNICATION	18,925.	15,262.	2,565.	1,098
	All other expenses	32,330.	17,858.	1,371.	13,101
25 25	Total functional expenses. Add lines 1 through 24e	2,841,212.	2,368,877.	326,947.	145,388
26	Joint costs. Complete this line only if the organization	, · , <b> ·</b>	, ,		,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	0 12-31-18				Form <b>990</b> (201

CORO NORTHERN CALIFORNIA, INC
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		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	685,263.	1	521,643.
	2	Savings and temporary cash investments		2	99,173.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	585,154.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ŝts		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
◄	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	12,885.	9	6,850.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 110, 959			
	b	Less: accumulated depreciation 10b 78,003		10c	32,956.
	11	Investments - publicly traded securities		11	238,979.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	10 105
	15	Other assets. See Part IV, line 11		15	13,165.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	1,497,920.
	17	Accounts payable and accrued expenses		17	191,112.
	18	Grants payable		18	
	19	Deferred revenue			375,903.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to current and former officers, directors, trustees,			
oilit		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of	23,972.	05	15,787.
	00	Schedule D	655,145.	25 26	582,802.
	26	Total liabilities. Add lines 17 through 25         Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	000,140	20	502,002.
6		complete lines 27 through 29, and lines 33 and 34.			
čě	27	Unrestricted net assets	439,325.	27	489,892.
alar	28	Temporarily restricted net assets	000 101	28	180,226.
Ä	29		245 000	29	245,000.
ŭ		Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here		25	
Ĕ		and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	<u> </u>
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	<u> </u>
Ne	33	Total net assets or fund balances		33	915,118.
	34	Total liabilities and net assets/fund balances		34	1,497,920.
			, ,		

Form **990** (2018)

Form 990 (			
Part X	Bal	ance	Sheet

Form	ORO NORTHERN CALIFORNIA, INC.	94-31	17758	Pag	ge <b>12</b>
Pa	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	2,845		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,841	L <b>,2</b> 1	12.
3	Revenue less expenses. Subtract line 2 from line 1	3			92.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	91(	),4:	26.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	915	5 <b>,</b> 1:	18.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				v
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<b>2</b> a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
_	Separate basis Consolidated basis Both consolidated and separate basis			x	
b	Were the organization's financial statements audited by an independent accountant?		<b>2</b> b	^	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
_	X Separate basis Consolidated basis Both consolidated and separate basis	19			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		2c	x	
	review, or compilation of its financial statements and selection of an independent accountant?		20	-	
2-	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
Ja	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Act and OMB Circular A-133?	igie Audit			x
F	Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	irod oudit	<u>3a</u>		
u	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
	טו מעמונה, באסומוד שרוץ וד סטורכעטוב ט מווע עבוטושב מדץ גובטיג נמגבוד נט טוועבועט געטו מעמונג	<u></u>	Form <sup>9</sup>	990 (	2018)

SCHEDULE A	
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Department of the Treasury

Internal Revenue Service

1	Form	990	or	990-EZ
1		550		

# 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
2018
Open to Public Inspection

Name of the organization

CORO         NORTHERN         CALIFORNIA, INC.         94-3117758           Part         Reason for Public Charity Status (Al organizations must complete this part.) See instructions.         Image: Complete Text (Complete Tex	nber									
<ul> <li>The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)</li> <li>A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).</li> <li>A chool described in section 170(b)(1)(A)(ii) (Latch Schedule (E-form 990 or 990-E2).)</li> <li>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name city, and state:</li> <li>A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iii). Enter the hospital's name city, and state:</li> <li>A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)</li> <li>A forderal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>An agricultural research organization described in section 170(b)(1)(A)(x) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or a non-land grant college or low inversity:</li> <li>An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts fi activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investin income and unrelated business taxable income (less section 509(a)(2). Complete Part II.)</li> <li>An organization organized and operated exclusively to test for pub</li></ul>										
<ul> <li>A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).</li> <li>A school described in section 170(b)(1)(A)(i). (Attach Schedule E (Form 990 or 990-E1).)</li> <li>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii).</li> <li>A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name city, and state:</li> <li>An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)</li> <li>A fedderal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>A roganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>A norganization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts fi activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investrincome and unrelated business taxable income (less section 501(a)(1) on section 509(a)(4).</li> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</li> <li>An organization add operated exclusively to test for public safety. See section 509(a)(3). Check the box in lines 12a through 12d that described in section 509(a)(1) or section 509(a)(4).</li> <li>An or</li></ul>										
<ul> <li>A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-E2).)</li> <li>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</li> <li>A modical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name city, and state:</li> <li>An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)</li> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>A norganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:</li> <li>An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts factivities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investr income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1973. See section 509(a)(2). (Complete Part III.)</li> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(3). Check the box in lines 12a ftrough 12d that describes the type of supporting organization and complete lines</li></ul>										
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<ul> <li>An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(xi) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university is related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gorss investri income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1973. See section 509(a)(2). (Complete Part III.)</li> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</li> <li>An organization organization becribed in section 509(a)(1) or section 509(a)(2). Genet the busines in section 509(a)(2). Complete Part III.)</li> <li>An organization organization operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization operated, supervised, or controlled by its supported organization(s). Type II. A supporting organization spervised, or controlled by its supported organization(s), the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. Supervised or controlled by its supported organization(s), by having control or management of the supporting organization overted in the same persons that control or manage the supported organization(s)</li></ul>	е,									
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<ul> <li>activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investri income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)</li> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</li> <li>An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.</li> <li>a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.</li> <li>b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.</li> <li>c Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organ</li></ul>										
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functionally integrated, or Type III non-functionally integrated supporting organization.										
f Enter the number of supported organizations										
f Enter the number of supported organizations										
g Provide the following information about the supported organization(s).										
(i) Name of supported (ii) EIN (iii) Type of organization (described on lines 1-10 (described on lines 1-10 (ces instruction)) (v) Amount of monetary (v) Amount of oth support (see instructions) (v) Amount of the support (see instruction) (v)										
above (see instructions)) Yes No support (see instructions) support (see instructions)	10113)									
Total										

#### Schedule A (Form 990 or 990-EZ) 2018 CORO NORTHERN CALIFORNIA, INC.

94-3117758 Page 2

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.)

See	Section A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	<b>(f)</b> Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	598,179.	564,453.	496,976.	519,415.	547,743.	2,726,766.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	598,179.	564,453.	496,976.	519,415.	547,743.	2,726,766.			
	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)						344,341.			
6	Public support. Subtract line 5 from line 4.						2,382,425.			
	ction B. Total Support						, ,			
	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
	Amounts from line 4	598,179.	564,453.	496,976.	519,415.	547,743.	2,726,766.			
	Gross income from interest,	-	-							
-	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	8,703.	8,001.	6,233.	6,672.	1,813.	31,422.			
9	Net income from unrelated business				- / -	,				
Ū	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
10	or loss from the sale of capital									
	assets (Explain in Part VI.)									
11	Total support. Add lines 7 through 10						2,758,188.			
	Gross receipts from related activities,	etc (see instructi	ans)			12 5	,992,221.			
	First five years. If the Form 990 is for	•	,	d fourth or fifth ta	 ax vear as a sectio		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
10	organization, check this box and <b>stop</b>	-			-					
Sec	ction C. Computation of Publ	ic Support Pe								
	Public support percentage for 2018 (I			olumn (f))		14	86.38 %			
	Public support percentage from 2017					15	82.20 %			
	<b>33 1/3% support test - 2018.</b> If the c									
	stop here. The organization qualifies						► X			
h										
~	<b>b 33 1/3% support test - 2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization									
17a	10% -facts-and-circumstances tes						or more			
	and if the organization meets the "fac									
	meets the "facts-and-circumstances"			-	-	-				
L										
L.	10% -facts-and-circumstances tes	-								
	more, and if the organization meets the									
40	organization meets the "facts-and-circ									
18	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions									

Schedule A (Form 990 or 990-EZ) 2018

#### Schedule A (Form 990 or 990-EZ) 2018 CORO NORTHERN CALIFORNIA, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to the organization without charge						
6	Total. 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						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in 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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for t	the organization'	's first, second, thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3) orga	nization,
			•				▶∟
-	ction C. Computation of Public						
	Public support percentage for 2018 (lin			column (f))		15	%
	Public support percentage from 2017					16	%
	ction D. Computation of Inves						
	Investment income percentage for 201			ine 13, column (f))		17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2018. If the c	-					ie 17 is not
	more than 33 1/3%, check this box an						▶∟
b	33 1/3% support tests - 2017. If the c	•			•		
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization	ı did not check a	a box on line 14, 19	9a, or 19b, check t			
83202	23 10-11-18				Sch	nedule A (Form 9	990 or 990-EZ) 2018

Yes

No

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

10b

## Schedule A (Form 990 or 990-EZ) 2018 CORO NORTHERN CALIFORNIA, INC. Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	0		
<u> </u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(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.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
~	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	2.5		
з а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	3a		
h		Jd		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<b>2</b> L		
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

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### Schedule A (Form 990 or 990-EZ) 2018 CORO NORTHERN CALIFORNIA, INC.

#### Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion 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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
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 1-1/2% 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 .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	vintearate	d Type III supporting or	

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

Schedule A (Form 990 or 990-EZ) 2018

### Schedule A (Form 990 or 990 EZ) 2018 CORO NORTHERN CALIFORNIA, INC.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sect	ion D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exe	mpt purposes					
2	Amounts paid to perform activity that directly furthers exemp						
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpose						
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e				
	(provide details in <b>Part VI</b> ). See instructions.						
9	Distributable amount for 2018 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018			
1	Distributable amount for 2018 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2018 (reason-						
	able cause required- explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2018						
a	From 2013						
b	From 2014						
c	From 2015						
d	From 2016						
e	From 2017						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2018 distributable amount						
<u>    i</u>	Carryover from 2013 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2018 from Section D,						
	line 7: \$						
	Applied to underdistributions of prior years						
	Applied to 2018 distributable amount						
	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2018, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in <b>Part VI.</b> See instructions.						
6	Remaining underdistributions for 2018. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2019. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
-	Excess from 2014						
-	Excess from 2015						
	Excess from 2016						
	Excess from 2017						
e	Excess from 2018						

Schedule A (Form 990 or 990-EZ) 2018

Schedule A	(Form 990 or 990-EZ) 2018 CORO	NORTHERN	CALIFORNIA,	INC.	94-3117758 Page 8
Part VI	Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3c line 1; Part IV, Section D, lines 2 and Section D, lines 5, 6, and 8; and Pa (See instructions.)	, 4b, 4c, 5a, 6, 9a, d 3; Part IV, Sectio	9b, 9c, 11a, 11b, and 11 n E, lines 1c, 2a, 2b, 3a,	c; Part IV, Section B, lines and 3b; Part V, line 1; Part	1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,

SCHEDULE [	)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service Name of the organization

#### CORO NORTHERN CALIFORNIA TNC

Employer identification number 94-3117758

Schedule D (Form 990) 2018

De	t L Organizationa Maintaining Danar Advised Euro	-	94-3117758
Pa		is or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		
		a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing th	at the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's exclusive		
6	Did the organization inform all grantees, donors, and donor advisors in		
-	for charitable purposes and not for the benefit of the donor or donor a		
	impermissible private benefit?		
Pa			
	•		
1	Purpose(s) of conservation easements held by the organization (check		
	Preservation of land for public use (e.g., recreation or education		orically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified const	ervation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
с	Number of conservation easements on a certified historic structure in	cluded in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25	5/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, e.		
	year ►	5	5 5
4	Number of states where property subject to conservation easement is	located	
5	Does the organization have a written policy regarding the periodic mo		
Ŭ	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling		
U		of violations, and enforcing con	servation easements during the year
-	Annual of superson incomed in monitoring, incompation, howelling of u		
7	Amount of expenses incurred in monitoring, inspecting, handling of view	blations, and emorcing conserva	mon easements during the year
-	▶ \$		
8	Does each conservation easement reported on line 2(d) above satisfy		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easen	nents in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's fina	incial statements that describes	the organization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections of Art, H		ther Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Par	t IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), r	not to report in its revenue stater	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, e	ducation, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these	e items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), t	o report in its revenue statemen	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education,		
	relating to these items:		, C
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
2	If the organization received or held works of art, historical treasures, o		
2	-		
-	the following amounts required to be reported under SFAS 116 (ASC		
a	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		🕨 💲

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990
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Sche	dule D (Form 990) 2018 CORO NO	RTHERN CAL	IFORNIA, I	INC.			94-31	17758	Page <b>2</b>
Par	t III   Organizations Maintaining C	collections of A	rt, Historical T	reasures, o	or Othe	er Simil	ar Asse	<b>ts</b> (continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	e following that	at are a s	ignificant	use of its	collection	items
	(check all that apply):								
а	Public exhibition	d	Loan or ex	change progra	ams				
b	Scholarly research	e	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how they further	the organizati	ion's exe	mpt purpo	ose in Par	t XIII.	
5	During the year, did the organization solicit of							-	
	to be sold to raise funds rather than to be ma							Yes	No No
Par	t IV Escrow and Custodial Arran		ete if the organizati	on answered	"Yes" on	Form 990	), Part IV,	line 9, or	
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod							-	
	on Form 990, Part X?						L	Yes	No No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:			·			
								Amount	
	Beginning balance								
	Additions during the year								
е	Distributions during the year					1e			
f	Ending balance								
	Did the organization include an amount on F					• • • • • • • • • • • • • • • • • • • •	L	Yes	No No
	If "Yes," explain the arrangement in Part XIII.								
Par	<b>t V Endowment Funds.</b> Complete i	-		-				_	<u> </u>
		(a) Current year	(b) Prior year	(c) Two yea				(e) Four y	
	Beginning of year balance	245,000.	245,000	. 24	5,000.	2	45,000.	2	45,000.
	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
	Administrative expenses								
g	End of year balance	245,000.	245,000		5,000.	2	45,000.	2	45,000.
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column	(a)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse	ession of the organization	ation that are held	and administe	ered for t	he organiz	zation		
	by:								es No
	(i) unrelated organizations							3a(i)	X
	(ii) related organizations							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organization			?				3b	
4	Describe in Part XIII the intended uses of the		wment funds.						
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answere								
	Description of property	(a) Cost or o		t or other		ccumulate		(d) Book	value
		basis (investr	nent) basis	(other)	de	preciation			
	Land								
	Buildings								
	Leasehold improvements					70 0	<u></u>		052
	Equipment			LO,959.		78,0	03.	32	,956.
	Other								052
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line	10c.)				32	,956.

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 CORO NORTHERN CALIFORNIA, INC
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Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Schedule D (Form 990) 2018

►

(3)
(4)
(5)
(6)
(7)
(8)
(9)

Part X

(2)
(3)
(4)
(5)
(6)
(7)
(8)
(9)

1.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

CAPITAL LEASE OBLIGATION

(a) Description of liability

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

Other Liabilities.

(1) Federal income taxes

(b) Book value

15,787.

15,787.

Schedule D (Form 990) 2018 CORO NORTHERN CALIFORNIA	, INC.	94-3	3117758 Page 4
Part XI Reconciliation of Revenue per Audited Financial State	ments With Reve		
Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1 Total revenue, gains, and other support per audited financial statements			2,845,904.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a		
<b>b</b> Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d		2e	0.
3 Subtract line 2e from line 1			2,845,904.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		
c Add lines <b>4a</b> and <b>4b</b>		4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			2,845,904.
		••••••	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ements With Expe	••••••	rn.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Stat	ements With Expe 12a.	enses per Retu	
<ul> <li>5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)</li> <li>Part XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line</li> <li>1 Total expenses and losses per audited financial statements</li> <li>2 Amounts included on line 1 but not on Form 990, Part IX, line 25:</li> </ul>	ements With Expe	enses per Retu	rn.
<ul> <li>5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)</li> <li>Part XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line</li> <li>1 Total expenses and losses per audited financial statements</li> </ul>	ements With Expe	enses per Retu	rn.
<ul> <li>5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)</li> <li>Part XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line</li> <li>1 Total expenses and losses per audited financial statements</li> <li>2 Amounts included on line 1 but not on Form 990, Part IX, line 25:</li> </ul>	ements With Expe 12a	enses per Retu	rn.
<ul> <li>5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)</li> <li>Part XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line</li> <li>1 Total expenses and losses per audited financial statements</li> <li>2 Amounts included on line 1 but not on Form 990, Part IX, line 25:</li> <li>a Donated services and use of facilities</li> </ul>	ements With Expe 12a 2a 2b	enses per Retu	rn.
<ul> <li>5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)</li> <li>Part XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line</li> <li>1 Total expenses and losses per audited financial statements</li> <li>2 Amounts included on line 1 but not on Form 990, Part IX, line 25:</li> <li>a Donated services and use of facilities</li> <li>b Prior year adjustments</li> </ul>	ements With Expense           12a.              2a              2b           2c	enses per Retu	rn.
<ul> <li>5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)</li> <li>Part XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line</li> <li>1 Total expenses and losses per audited financial statements</li> <li>2 Amounts included on line 1 but not on Form 990, Part IX, line 25:</li> <li>a Donated services and use of facilities</li> <li>b Prior year adjustments</li> <li>c Other losses</li> <li>d Other (Describe in Part XIII.)</li> <li>e Add lines 2a through 2d</li> </ul>	ements With Expense           12a.            2a            2b            2c            2d	enses per Retu	rn. 2,841,212. 0.
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<ul> <li>5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)</li> <li>Part XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line</li> <li>1 Total expenses and losses per audited financial statements</li> <li>2 Amounts included on line 1 but not on Form 990, Part IX, line 25:</li> <li>a Donated services and use of facilities</li> <li>b Prior year adjustments</li> <li>c Other losses</li> <li>d Other (Describe in Part XIII.)</li> <li>e Add lines 2a through 2d</li> <li>3 Subtract line 2e from line 1</li> <li>4 Amounts included on Form 990, Part IX, line 25, but not on line 1:</li> </ul>	2a           2b           2c           2d           2d	enses per Retu	rn. 2,841,212. 0. 2,841,212.
<ul> <li>5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)</li> <li>Part XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line</li> <li>1 Total expenses and losses per audited financial statements</li> <li>2 Amounts included on line 1 but not on Form 990, Part IX, line 25:</li> <li>a Donated services and use of facilities</li> <li>b Prior year adjustments</li> <li>c Other losses</li> <li>d Other (Describe in Part XIII.)</li> <li>e Add lines 2a through 2d</li> <li>3 Subtract line 2e from line 1</li> <li>4 Amounts included on Form 990, Part IX, line 25, but not on line 1:</li> <li>a Investment expenses not included on Form 990, Part VIII, line 7b</li> </ul>	ements With Expense           12a.           2a           2b           2c           2d           2d           4a           4b	2e 3	rn. 2,841,212. 0. 2,841,212. 0.
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Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### PART V, LINE 4:

PACELLI,	VENEMAN,	LUCHETTA	AND	GUGGEHMINE	FUNDS	-	\$195,000,	EARNINGS	USED
----------	----------	----------	-----	------------	-------	---	------------	----------	------

FOR SCHOLARSHIPS; ROSS FUND - \$50,000, EARNINGS USED FOR GENERAL SUPPORT

Part I       General Information on Grants and Assistance         1       Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
CORO NORTHERN CALIFORNIA, INC.       94-31         Part I       General Information on Grants and Assistance         1       Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
•	X No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	
1 (a) Name and address of organization or government       (b) EIN       (c) IRC section (if applicable)       (d) Amount of cash grant       (e) Amount of non-cash assistance       (f) Metrido of valuation (book, FMV, appraisal, other)       (g) Description of noncash assistance       (h) Purpose of or assistance	•
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table     Enter total number of other organizations listed in the line 1 table     HA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	

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

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Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FELLOWS STIPENDS AND INSURANCE	55	169,900.	0.		

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

832102 11-02-18

	HEDULE J rm 990)	<b>Compensation Information</b> For certain Officers, Directors, Trustees, Key Employees, and Highest	ŀ	OMB No.		
0 0	ini 990j	Compensated Employees		20	Ŋ	j –
		Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		Open to	Publ	ic
	tment of the Treasury al Revenue Service	Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
_	e of the organizatio		Employer	identificati	on nu	mber
		CORO NORTHERN CALIFORNIA, INC.	94-2	311775	8	
Pa	rt I Question	s Regarding Compensation				
	•				Yes	No
1a	Check the appropr	iate box(es) if the organization provided any of the following to or for a person listed on Form	1 990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o	charter travel Housing allowance or residence for perso	onal use			
	Travel for con	panions	sidence			
	Tax indemnifi	cation and gross-up payments Health or social club dues or initiation fee	S			
	Discretionary	spending account Personal services (such as maid, chauffe	ur, chef)			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or	provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	Did the organizatio	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	ers, including the CEO/Executive Director, regarding the items checked on line 1a?		2	Х	
3	,	ny, of the following the filing organization used to establish the compensation of the organization				
		ector. Check all that apply. Do not check any boxes for methods used by a related organizat	ion to			
	·	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
		compensation consultant				
	X Form 990 of c	ther organizations	committee			
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
_	0	lated organization:		4-		x
a L		ce payment or change-of-control payment?				X
b		ceive payment from, a supplemental nonqualified retirement plan?				X
С		ceive payment from, an equity-based compensation arrangement?		4C		
	I res to any or i	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
5	contingent on the		0.1			
я	•			5a		x
h	Any related organiz	ration?		5u 5b		X
~		or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
-	contingent on the					
а	•	с 		6a		Х
		ration?				X
		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	S			
		nes 5 and 6? If "Yes," describe in Part III		7		Х
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to				
		eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		Х
9		id the organization also follow the rebuttable presumption procedure described in				
		n 53.4958-6(c)?		9		
LHA		eduction Act Notice, see the Instructions for Form 990.		dule J (Forr	n 990)	) 2018

Schedule J (Form 990) 2018

94-3117758

Page **2** 

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) LANEY WHITCANACK (i)	182,700.	0.	0.	9,270.	0.	191,970.	0.
CEO (ii)	0.	0.	0.		0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i) (ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i) (ii)							
(i) (i)							
(ii)							
(i)							
(ii)							

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2018

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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 990-EZ.

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

EZ
OMB No. 1545-0047
2018
Open to Public
Inspection
Employer identification number

CORO NORTHERN CALIFORNIA, INC.

94-3117758

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

NON-PROFIT, NON-PARTISAN ORGANIZATION THAT PROVIDES EXPERIENTIAL AND

SEMINAR TRAINING TO GROUPS OF DIVERSE LEADERS.

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

IN 1942, CORO HAS A 76-YEAR TRACK RECORD OF CULTIVATING EMERGING

LEADERS THROUGH EXPERIENTIAL LEADERSHIP PROGRAMS FOR YOUTH, RECENT

COLLEGE GRADUATES, AND PROFESSIONALS. CORO HELPS EMERGING LEADERS FIND

THEIR VOICES, PATHS, AND PASSIONS-AND IGNITE CHANGE IN THEIR

COMMUNITIES.

CORO OFFERS AN INNOVATIVE, HANDS-ON APPROACH TO DEVELOP LEADERSHIP SKILLS THROUGH INTENSIVE EXPERIENTIAL LEARNING AND INTERNSHIP PLACEMENTS, GROUP INTERACTION, AND COLLABORATIVE COMMUNICATION. OUR PROGRAMS ARE COMPREHENSIVE AND TRANSFORMATIVE, GIVING PARTICIPANTS LIFELONG SKILLS AND CONFIDENCE. WE ARE DEDICATED TO SERVING DIVERSE

COMMUNITIES AND WE EMPOWER PARTICIPANTS TO DEVELOP AND APPLY THEIR

SKILLS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

WOMEN IN LEADERSHIP. SUPPORTING THE LEADERSHIP DEVELOPMENT OF WOMEN

WORKING IN THE PRIVATE, NONPROFIT, AND GOVERNMENT SECTORS ACROSS THE

BAY AREA. THE PROGRAM ESTABLISHES A PIPELINE FOR PROFESSIONAL

ADVANCEMENT AND CREATES A CROSS-SECTOR NETWORK OF WOMEN WHO SUPPORT

EACH OTHER'S CAREER GROWTH.

lame of the organization	Pag Employer identification numb
CORO NORTHERN CALIFORNIA, INC.	94-3117758
EXPENSES \$ 93,378. INCLUDING GRANTS OF \$ 450. REVENUE	E \$ 66,100.
FORM 990, PART VI, SECTION B, LINE 11B:	
LINE 11B EXPLANATION - THE 990 IS REVIEWED BY THE FINANC	E COMMITTEE AND
THEN PRESENTED TO THE BOARD OF DIRECTORS FOR APPROVAL.	ONCE APPROVED, THI
TREASURER WILL SIGN THE RETURN AND IT IS FILED.	
FORM 990, PART VI, SECTION B, LINE 12C:	
ANNUALLY, BOARD MEMBERS SIGN A CONFLICT OF INTEREST FORM	. ANY POTENTIAL
CONFLICTS ARE REVIEWED BY THE BOARD OF DIRECTORS.	
FORM 990, PART VI, SECTION B, LINE 15A:	
COMPENSATION IS REVIEWED ANNUALLY BY THE BOARD OF DIRECTO	ORS AS PART OF TH
BUDGET PROCESS.	
FORM 990, PART VI, SECTION C, LINE 19:	
PROVIDED UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER SERVICES:	
PROGRAM SERVICE EXPENSES	556,14
IANAGEMENT AND GENERAL EXPENSES	31,50
FUNDRAISING EXPENSES	3,23
TOTAL EXPENSES	590,88
	590,884