D Employer Identification number

27-5264908

Number >

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(626) 297-4227

OMB No. 1545-1150

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71,935

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Short Form
Return of Organization Exempt From Income Tax

Information about Form 990-EZ and its Instructions is at www.irs.gov/form990.

07-01 , 2017, and ending

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

PASADENA ALTADENA COALITION OF TRANSFORMATIVE LEAD

<u></u>	<u> </u>	57,632
		Form 990-EZ (2017)
		*

**SCANNED AUG 1 6 202**8

Form 990-EZ

Department of the Treasury Internal Revenue Service

Check if appliesble: Address change

For the 2017 calendar year, or tax year beginning

78 Gross sales of inventory, less returns and allowances

Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8

Grants and similar amounts paid (list in Schedule O)

Benefits paid to or for members ......

Other revenue (describe in Schedule O)

c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)

b Less: cost of goods sold

15

16

17

12 Salaries, other compensation, and employee benefits . . . 19 53,514 Professional fees and other payments to independent contractor MAR 3 0 2020 14 24,803 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 **B1,297** Total expenses. Add tines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 (9,362)Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 66,994 . . . . . . . . Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of yeer. Combine lines 18 through 20 For Papenwork Reduction Act Notice, see the separate Instructions. RECEIVED BY IRS-EEFAX 03/19/2020 6:24PM (GMT-04:00)

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	I the organiz	audii used Sci	neaule O to re	spond to any questi			<del></del>		
						eginnin <b>g of y</b> ear	<del> </del>	(B) End of year	•
. •				• • • • • • • • • •	<del></del>	66,994		57,632	
2 Land and buildin	U -					0	23	0	
						0	24	0_	
						66,994	25	57,632	
	•	•				0	28	<u> </u>	•
7 Net assets or fu				wan was 21)	otions for Port III)	66,994	1211	57,632	
				espond to any quest			į.	Expenses	
Vhat is the organiza					With the Calt of	••••	(Rec	Tuined for section	
				·	<del></del>	<del></del>	501(	(c)(3) and 501(c)(4)	
lescribe the organiz a measured by expr ersons benefited, a	enses. In a clear	and concise may	nner, describe th	h of its three largest pro e services provided, th	ogram services, e number of		offic	onizations; optional for 178.)	
8 PARENTING		(((I))) ((I))	acar program un	e			1	T	
							ļ	· <del>u</del> .	
(Grants &		· )	If this amount in	dudes foreign grants, o	heck here	···· • 🗍	289	_13,720	
9							1	1	
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(Grants \$			If this amount in	gjudes fareign grams, o	hack hora	<b>F</b>	29a	Ì	
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(Grants \$				cludes foreign grants, c			30a		
1 Other program so (Grants \$	ervices (describe	•		cludes foreign grants, o			218	1 .	
	RIVICE SYNENGE			omgea totelitu diarus' c			32		
				yees (list each one eve					
				any question in this P		· · · · · · · · · · · · · · · · · · ·	• • •	<u></u>	
				(b) Average	(c) Reportable entrepensetion	(d) Heelth benefit partifications to eng		(e) Estimated amount of	
	elife berg eman (e)			hours per week devoted to position	(Forms W-2/1099-MISC)	benefit plans, on	d	other compensation	
OLAND TREVIN	0	<del></del>			(17 not paid, enjoy 40-)	deliture countelity	JIPO -		
RESIDENT				20.00	22,750	l	٥	0	
OBERT MONZON									
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Form 6	90-52 (2017) PASADENA ALTADENA COALITION OF TRANSFORMATIVE LEAD 27-5264	908	F	<b>999</b> 3
2002	Other Information (Note the Schedule A and personal benefit contract statement requirements in the			_
m_a	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V	• • •		<u>. D</u>
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	$\Gamma$		
	detailed description of each activity in Schedule O	33	1	Х
34	Were any algnificant changes made to the organizing or governing documents? If "Yes," attach a conformed			
<b></b>	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	1	,	ļ
		34		х
0F -		1	_	<del>  ^</del> `
33 8	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	35a	1	X
_	activities (such as those reported on lines 2, 6s, and 7a, among others)?	35b	-	<b>├</b> ─
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	350	-	
¢	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(8) notice,	25-		v
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	85c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	186		х
	during the year? If "Yes," complete applicable parts of Schedule N	20	23.00	
	Enter amount of political expenditures, direct or indirect, as described in the instructions 27a		200	<b>P</b> (52
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any toans to, any officer, director, trustee, or key employee or were	1300		
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	28e	1	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	_X		7.12
39	Section 601(c)(7) organizations. Enter:			
8	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.		3	
:	Section 4911 >			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year	1	1	
	that has not been reported on any of its prior Forms 990 or 980-EZ? If "Yes," complete Schedule L, Part 1	405		X
C	Section 501(c)(3), 501(c)(4), and 601(c)(29) organizations. Enter amount of tax imposed	- 2	Ş. 1	88
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
đ	Section 801(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line		5	
	40c reimbursed by the organization		4	
е	All organizations, At any time during the lax year, was the organization a party to a prohibited tax shetter			200
	transaction? If "Yes," complete Form 8888-T	40a	L	ĹΧ
41	List the states with which a copy of this return is filled			
42 a	The organization's books are in care of VOLAND TREVINO Telephone no. 626-	<u> 297–4</u>	227	
	Located at > 4234 CANYON CREST RD, ALTADENA, CA ZIP+4 > 9100:			
b	At any time during the calendar year, did the organization have an interest in or a signature or other suthonly over		Yes	No_
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	- C	X
	If "Yes," enter the name of the foreign country:	2.7		<b>183</b>
	See the instructions for exceptions and filing requirements for FINCEN Form 114, Report of Foreign Bank and			鑁
	Financial Accounts (FBAR).			<b>488</b>
c	At any time during the calendar year, did the organization maintain on office outside the United States?	42c		<u> </u>
	If "Yes," enter the name of the foreign country.			
43	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in tieu of Form 1041-Check here			ᆫ
	and enter the amount of tex-exempt interest received or accrued during the tax year	1		<u> </u>
		6	Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	448	CHECK THE STREET	X
þ	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			200
	completed instead of Form 980-EZ	446	<u> </u>	<u> X</u> _
¢	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	440		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	458		X.
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(19)? If Yes," Form 990 and Schedule R may need to be completed instead of	3.5		
	Form 980-EZ (see instructions)	45b		<u>X</u>
EE	DECEMBED DISTRICT	om 59	0-EZ (	2017)

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Unit BBU CZ (Z	EASADERA ALTADE	NA COMMITTION OF	THUMSTORMATIVE	275.	7 8984
46 Did th	ne organization engage, directly or indirectly, in	political campaign activit	iss on behalf of or in oppo	osition	Yes No
lo car	adidates for public office? If "Yes," complete S		<u> </u>		· · 48 X
	Section 501(c)(3) organizations				
	All section 501(c)(3) organizations	must answer quest	tions 47 - 49 <b>b</b> and 5	2, and complete the	e tables for lines
	50 and 51.				ŧ <u>.</u>
	Check if the organization used Sci	nedule O to respond	to any question in	this Part VI	<u> </u>
					Yes No
	ie organization engage in lobbying activities or	hava a section 501(h) ele	action in effect during the	tex	1 1 1
-	• • • • • • • • • • • • • • • • • • • •			· · · · · · · · · · · · · · · · · · ·	47
	organization a school as described in section		-	• • • • • • • • • • •	· · 48 X
	e organization make any transfers to an exam	•	organization? · · ·		· · 49a
	s," was the related organization e section 527			• • • • • • • • • •	· · 49b
	lete this table for the organization's five highe:				
empio	lyses) who each received more than \$100,000	of compensation from the	e organization. If there is	none, enter "None."	<del></del>
		(b) Average	(c) Reportable	(d) Health berzeits, contributions to employee	(e) Estimated amount of
	(a) Name and like of each employee	hours par week	companyation	benefit plans, and deformed	other compensation
		devoted to position	(Forms W-2/1099-MUSC)	comparation	<del></del>
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		1	ļ	<b>}</b>	•
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		Ì	}	}	ł
f Total n	number of other employees paid over \$100,00	0	·	<u> </u>	<del></del>
	lete this table for the organization's five highes		ent contractors who each	received more than	4
	000 of compensation from the organization. If				₹.,
ب 	Name and business address of each independent contra		(b) Type of marvio	•	c) Compensation
				· ·	
	<u> </u>		·		
	•			ł	
····					
			<u> </u>	_:	
	umber of other independent contractors each				
	e organization complete Schedule A? Note: All				. <i>1</i> 7 w. □
	eted Schedule A		· · · · · · · · · · · · · · · · · · ·		Yes No
	o of perjury, I declare that I have examined this retu				ige and belief, it is 🕝 🗻
ie, conect, e	and complete. Declaration of presenter (other than be	een is bested on all informat	tion of which preparer has at		
ian	YOLAND TREVING	- MAR ( I COLL		3-19-2	<u>ت</u>
ign ere	Signature of officer	7	_	Data	
101E	YOLAND TREVING, PRESIDENT Type or print name and side		· · · · · · · · · · · · · · · · · · ·		TO ANGELO
	Print/Type or print name and title		1/1 10=	17   17	PTIN TO THE TOTAL
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aiu reparer	Kenneth Baldwin	nneth Baldwin	b3-19-20	<del></del>	P00679676
se Only	First name BALDWIN BUSINESS			Find EIN:	
ae ouiy	Finits address a Pap O BOX -3115 1				
ev the IDC	- CHACAWOL DISCA 91	31-3 == **********************************	****		357-7684 THE STATE OF THE STATE
ay ule ires c	discuss this return with the preparer shown ab	over : See Instructions		· · · · · · · · · · · · · · · · · · ·	Yes No
CIST	MAGE DO NOT COR	RESPOND	EOD-CIÒNIA	THE	Form 990-EZ (2017)
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## SCHEDULE A (Form 990 or 990-EZ)

Department of the Tressury Internal Revenue Service

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Public Charity Status and Public Support
Complete If the organization is a section 501(CK3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 980 or Form 990-EZ.

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

OMB No. 1648-0047

2017

Nerto	of the	e organization						Futbiolds organis	CERTON WITHINGS.	
PAS	ADE	NA ALTADENA COALITION OF	TRANSFORMA	TVE LEAD	) <u>.</u>		10 To Table	27-52649		
								t.) See instructio	ns.	
The	orga	nization is not a private foundation beca	ause it is: (For lines	1 through 12	, check onl	A oue pox;	)			
1	Ш	A church, convention of churches, or	Turb to notiscoass	ches describe	ed in sectio	n 170(b){1	)(A)(i).		$\sim C_{\rm l}$	
Z		A school described in section 170(b)							()	
3		A hospital or a cooperative hospital se							0 1	
4		A medical research organization oper	ated in conjunction	with a hospit	al described	in section	з 170(b)(1	(A)(iil). Enter the		
		hospital's name, city, and state:								
5		An organization operated for the bene	of a college or u	niversity own	ed or opera	ted by a go	vernment	al unit described in		
		section 170(b)(1)(A)(iv). (Complete i	Part II.)						ţ	<u> </u>
6		A federal, state, or local government of	or governmental un	it described in	section 1	70(b)(1){A	(v).			-
7		An organization that normally received	naq isimetedue e e	of its support	from a gov	letnemme	unit or from	n the general public		
		described in section 170(b)(1)(A)(vi)	, (Complete Part II,	)						
8		A community trust described in section								
9		An agricultural research organization							)	
		or university or a non-tand-grant colle-	ge of agriculture (s	ee instruction	s). Enter th	a name, cit	y, and stat	e of the college or		
		university:								
10	図	An organization that normally receives							3	
		receipts from activities related to its ex								
		support from gross invastment incom-	e and unrelated bu	siness taxabl	e income (le	ssa section	511 tax) fr	eseanieud mo		
		acquired by the organization after Jun	e 30, 1975. See <del>s</del> e	ction 509(a)	(2). (Comple	ete Part III.	)			
11		An organization organized and operat								
12		An organization organized and operat								
		of one or more publicly supported orga								
		Check the box in fines 12a through 12								
	2	Type I. A supporting organization							•	
		the supported arganization(s) the	power to regularly	appoint or ek	cd a majorii	ly of the dir	ectors or t	rustees of the		
		supporting organization. You must								
	Þ	Type II. A supporting organization								
		control or management of the sur	ottasinagro gnitroqu	on vested in th	ne same për	sons that	centrol or r	nanage the supporter	3	
		organization(e) You must comp								
	C	Type ill functionally integrated.							),	
		eea) (e)noiteszinagro betroqqua ati								
	d	Type til non-functionally integr								
		that is not functionally integrated.						t and en ettentivenes	8	
		requirement (see instructions). Yo								
	e	Check this box if the organization					a Type I,	Type II, Type III		
		functionally integrated, or Type III	non-functionally in	tegrated supp						
	f	Enter the number of supported organi	· · · enoitas		• • • •	• • • • •	• • • • •		·····	
	<u>a</u>	Provide the following information abou	it the supported or	gantzation(s).						
	0.	Name of supported expanization	(U) EUY	(iii) Typo of o			rgantzetien	(v) Arrount of manetary support (see	(vs) Amoust of other support (sate	
			1	no bedicaseb) (described on (described on		GOOTH ACT	r governing ort?	(Astructions)	instructione)	
						Yes	No_			
(A)				ì		} -•_e	١.			
						₹				
· (B)	1				•	74,78		m.,		
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(C)					Agr. 4	and in				•
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(D)		The state of the s	- 1				######################################	***		~_=
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(E)		The Control of the			- 11	7	بتنديد	# -		el.
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Total	-	Contractor - Acade -	-					14		-

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 880-EZ.

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		ADENA ALTADE	NA COALITION	OF TRANSFO	RMATIVE LEAD	27-526490	
2.0	Support Schedule for Or (Complete only if you ched	ganizations L	Described in Si	of Part Locifé	the omenization	n failed to qual	ify under
	Part III. If the organization	fails to qualify	under the tests	listed below.	please comple	te Part ()(.)	
Sec	ction A. Public Support	iono to quenty		,			
_	ondar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017/	(f) Total
1.	Gifts, grants, contributions, and			1			
•	membership fees received. (Do not include any "unusual grants.")	L			,		
2	Tax revenues levied for the organization'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						
A	organization without charge Total. Add irnes 1 through 3	<u> </u>	<del>                                      </del>	<del> </del>	<del>  /                                   </del>		<del> </del>
5	The portion of total contributions by						*
-	each person (other than a						i i
•	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						# 9
6	Shown on line 11, column (f) Public support. Subtract line 6 from line 4						
	ction B. Total Support	A CONTRACTOR OF THE CONTRACTOR		The second secon			·
	ndar year (or fiscal year beginning in)	(8) 2013	(b) 2014	/ (c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> .	Amounts from line 4		<i>f</i>			<u> </u>	
8	Gross income from interest, dividends, payments received on securities loans,			[		ł	,
٠	rents, royatties and income from similar sources	} ;	1 /	Ì		}	-
ġ	Net income from unrelated business activities, whether or not the business						
	is regularly carried on	<b></b>	<i> </i>	<b></b>	<del> </del>	<b></b>	
10	Other income. Do not include gain or toss from the sale of capital assets (Explain in Part VI.)						
	•	7.365.70			100000000000000000000000000000000000000	évanos so	
11	Total support. Add lines 7 through 10 .	The second of the second					
11 12	Grose receipts from related activities, etc. (a	y .			· · · · · · · · · · · ·	12	
12 13	Gross receipts from related activities, etc. (a First five years. If the Form 990 is for the o organization, check this box and stop here	rganization's first,	<u> </u>	o, or filth tax year s	as a section 501(c)(	3)	▶□
12 13 Sec	Grose receipts from releted activities, etc. (a First five years, if the Form 890 is for the o organization, check this box and stop here tion C. Computation of Public St.	rganization's first,	ntage	· · · · · · · · · · · · · · ·		3)	
12 13 <u>Sec</u> 14	Grose receipts from releted activities, etc. (s First five years. If the Form 990 is for the o organization, check this box and stop here zion C. Computation of Public St Public support percentage for 2017 (line 8, 4)	rgenization's first, support Percent column (f) divided	itage by line 11, column (	<u> </u>		3)	96
12 13 Sec	Grose receipts from releted activities, etc. (a First five years, if the Form 890 is for the o organization, check this box and stop here tion C. Computation of Public St.	rgenization's first, Ipport Percent column (fydlydddd Jule A, Part II, fine	htage by line 11, column (	f))		14 15	
12 13 Sec 14 15 16a	Grose receipts from related activities, etc. (s First five years. If the Form 990 is for the o organization, check this box and stop here zion C. Computation of Public St. Public support percentage for 2017 (line 8, o Public support percentage from 2016 Schee 33 1/3% support test - 2017, if the organization qualifie	rgenization's first, sipport Percencolumn (f) divided luie A, Part II, fine aton did not checkes as a publicly su	by line 11, column ( 14	n))	1/3% or more, chec	14 15 k this	% %_
12 13 Sec 14 15 16a	Grose receipts from releted activities, etc. (s First five years. If the Form 990 is for the o organization, check this box and stop here zion C. Computation of Public St. Public support percentage for 2017 (line 6, c) Public support percentage from 2016 Sched 33 1/3% support test - 2017. If the organiza- box end stop here. The organization qualifit 33 1/3% support test - 2016, if the organiza-	rgenization's first, support Percent column (f) divided flute A. Part II, fine orion did not checkes as a publicity sujettori did not checkes	htage by line 11, column ( 14 the box on line 13, pported organization a box on line 13 or	n) and line 14 is 33	1/3% or more, chec	14 15 k tris	% %_
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27-5264908

Section A. Public Support

Schedule A (Form 500 or 500 e2) 2017

PASADENA ALTADENA COALITION OF TRANSFORMATIVE LEAD

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 falled to qualify under Part II. If the organization falls to qualify under the tests listed below, please complete Part II.)

Cal	endar year (or fisca) year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Giffs, granta, contributions, and membership fees received. (Do not include any "unusual grants.")		l	99,438	65,934	71,935	237,307
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tex-exempt purpose						
3	Gross receipts from activities that are not an unratefed trade or business under section 513						·
4	Tax rarverues leviad for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
8	Total, Add lines 1 through 5			99,436	65,934	71,935	237,307
7e	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts bududed 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 7e and 7b						
8	Public support. (Subtract the 7c from						022 207
80	tine 8.)	SELECTION ALL		State Carlotte	31.22. 31.35.00 St	S Almining sections of	237,307
	ction B. Total Support	1 (0) 2012	(h) 2014	(c) 2015	(d) 2018	(e) 2017	(f) Total
9	ender year (or fiscal year beginning (n) 🕨	(a) 2013	(b) 2014	99,438	65,934	71,935	237,307
	Gross income from Interest, dividends, payments received on securities loans, rents, royalbas and Income from similar sources			,			
b	Unrelated business texable income (less section 511 faces) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b			ļ			
11	Net income from unretared 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.)		L				
13	Total support. (Add lines 9, 10c. 11, and 12.)	0		99,438	65,934	71,935	237,307
_	First five years. If the Form 990 is for the or organization, check this box and stop here			<del></del>	a section 501(c)(3)	<u> </u>	<b>▶</b> □
	ction C. Computation of Public Su				<del></del>	46	100.00
	Public support percentage for 2017 (line 8, or					15	100.00 %
	Public support percentage from 2016 Schedu				· · · · · · · · · · · · · · · · · · ·	16	<u>~ 0.00 %</u>
	ction D. Computation of Investme					17	
17 40 -	Investment income percentage for 2017 (line Investment income percentage from 2016 Sc		7	with (1))		18	0.00 %
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- L	33 1/3% support tests - 2017, if the organiza 217 is not more than 33 1/3%, check this box s	and stop here. The	ordanication draft	fies es a publicly su	pported organization	yn <u>*</u>	▶ 🛭
₩ b	33 1/3% support tests - 2016. If the organize line 18 is not more than 33 1/3%, check this b	ation did not check a nox grid stop here.	a box ôn tine 14 or The organization of	tine 19a, and line 1 valifies as a publici	6 is more than 33 t y supported organi	i/3%, and zation 💯 · · ·	<b>→</b> □

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20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

03/19/2020 6:24PM (GMT-04:00)

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Schedule A (Form 990 or 990-EX) 2017

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

- 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.
- 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).
- Did the organization have a supported organization described in section 501(c)(4). (5), or (6)? If "Yes," answer (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(a)(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.
- 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.
- 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.
- 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.
- 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 emendment to the organizing document).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).
- Did the organization make a loan to a disqualified person (as defined in section 4938) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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.
- 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.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or denve any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part, VI.
- 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.
- 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.)

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11 Has the organization accepted a gift or contribution from any of the following persons?  a A person who directly or indirectly contribs, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?  b A family member of a person described in (c) above?  c A 35% controlled entity of a person described in (a) or (b) above? If Yes* to a, b, or c, provide detail in Part V.  Section B. Type I Supporting Organizations  1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or stact at least a majority of the organization's directors or trustees set all times during the tax year? If Yoc, describe the Part VI how the supported organization had more than one supported organization, describe how the powers to appoint andor 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.  2 Did the organization operate for the benefit of any supported organization other than the supported organization object that organization with a supported organization with a supported organization with a supported organization with the supported organization with the supported organization with the supported organization of the organizations.  2 Did the organization operate for the benefit of any supported organization with the supported organization with the supported organizations of the organizations of the supporting Organizations.  1 Were a majority of the organizations directors or trustees during the tax year elso a majority of the directors or trustees of each of the organizations and the supported organizations of the organization and the supported organizations or trustees of each of the organization with the supported organizations or trustees of each of the organization organizations are certified to the date of a supported organization of the organization organization organizations are certified tor	Scher	WAA (Form 980 or 980-EZ) 2017 PASADENA ALTADENA COALITION OF TRANSFORMATIVE LEAD 27-5264	1908 Page 5
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School to A (Form 980 or 990-52) 2017 PASADENA ALTADENA COALITION OF TRANSFOR	MA:	TIVE LEAD 27-3264	Page 0
Type III Non-Functionally Integrated 509(a)(3) Supporting Org	janr	zauons	In 17-41/11 17-4
1 Check here if the organization satisfied the Integral Part Test as a qualifying	MSI	On Nov. 20, 1970 (explain	in Part vij. See
instructions. All other Type III non-functionally integrated supporting organization	alio	ns must complete Section	(D) Curred Year
Section 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		<del></del>
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	14	<u> </u> _	·
5 Depreciation and depletion	5	<u> </u>	<u> </u>
6 Portion of operating expenses paid or incurred for production or		1	
collection of gross income or for management, conservation, or	1		_
maintenance of property held for production of income (see instructions)	6		: · · · · · · ·
7 Other expenses (see instructions)	7		- 1
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8		
		(A) Prior Year	(B) Current Year
Section B - Minimum Asset Amount		(2) 1101 1021	(optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		·
b Average monthly cash balances	10		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	14		
e Discount dalmed for blockage or other	. Y		
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt-use. Enter 1-1/2% of line 3 (for greater amount,	Τ		
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		<del></del>
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 5)	8		<u> </u>
Section 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
4 Enter greater of line 2 or line 3.	14		1.
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	1		
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	-inte	egrated Type III supporting	organization (see
instructions).	17.44		
GTA		· Schedule	A (Form 990 or 930-62) 2017

medu	9 A (Form 970 σ 990 EZ) 2017 PASADENA ALTADENA CUALIT	ION OF TRANSPORMAT	11AE 115MO - 51-25	06309 - aRc
	Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)	Current Year
	tion D · Distributions ·	mel european		Current real
	Amounts paid to supported organizations to accomplish exer			3.9.
Z	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		11 11 11 11 11 11 11
_	organizations, in excess of income from activity		NAA-	
	Administrative expenses paid to accomplish exampt purpose	s of Bupported organiza	(lons	<del></del>
	Amounts paid to acquire exempt-use assets			<del> </del>
	Qualified set-aside amounts (prior IRS approval required)			<del></del>
	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.		<del></del>	ļ
	Distributions to attentive supported organizations to which the	e organization is respon	sve	<b>,</b>
	(provide detaits in Part VI). See instructions.			
_	Distributable amount for 2017 from Section C, line 8			<u></u>
0	Line 8 amount divided by Line 9 amount	,	75	700
S	ection E - Distribution Allocations (see Instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
	Distributable amount for 2017 from Section C, line 6		Marie Marie Constant	
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required - explain in Part VI). See		•	
	instructions.			
3	Excess distributions carryover, if any, to 2017			19 - 19 7 - 19
	From 2013			
c	From 2014			
đ	From 2015			
8	From 2016			
f	Total of lines 3a through e			
9	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder, Subtract lines 3g, 3h, and 3l from 3f.			
	Distributions for 2017 from		Betriller German	6-67-1-67-11-57
	Section D, line 7:			
a	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount	100 / 100 /		
	Remainder. Subtract lines 4s and 4b from 4.			
	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
	Remaining underdistributions for 2017. Subtract lines 3h			•
	and 4b from line:1. For result greater than zero, explain in			. ,
	Part VI. See Instructions.			- Pr
	Excess distributions carryover to 2018. Add lines 3			
	and 4c.	j i		
	Breakdown of line 7;	100		
	Excess from 2013			
_	Excess from 2014			
יסי				
	EXCOSE from 2035			
C	Excess from 2015			
1	Excess from 2016			

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SCHEDULE O (Form 990 or 980-EZ) Supplemental information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 980-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

CMB No. 1645-0047

Department of the Treasury Internal Revenue Service Employer identification number Name of the organization 27-5264908 PASADENA ALTADENA COALITION OF TRANSFORMATIVE LEAD 01. Description of other expanses (Part I, line 16) AMOUNT DESCRIPTION 2,980 **VARIOUS** -1-4-1 1388 ----Minimus-.......... -----PARTY AND APPLE And white his Schedula () (Form 880 or 990-EZ) (2017) For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 03/19/2020 6:24PM (GMT-04:00) FRECEIVED BY IRS-EEFAX