PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 56817 | Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

| A F           | or the            | 2024 calendar year, or tax year beginning                     | and  | ending        |   |                               |  |  |  |  |
|---------------|-------------------|---|--|---------------|---|-------------------------------|--|--|--|--|
| <b>B</b> c    | heck if pplicable | C Name of organization  |  |               | D Employer identific                        | cation number                 |  |  |  |  |
|               | Addres            | PARKING REFORM NETWORK  |  |               |   |                               |  |  |  |  |
|               | Name              |   |  |               | 83-45364                                    | 24                            |  |  |  |  |
| F             | Initial           | Number and street (or P.O. box if mail is not del             |  |               |   |                               |  |  |  |  |
|               | Final<br>return/  | 4540 SE YAMHILL ST.   | ivered to entert address)  | Troom, care   | 971-207-                                    |                               |  |  |  |  |
|               | termin-<br>ated   |   |  |               |   |                               |  |  |  |  |
|               | Ameno             |   | in or loreign poolar code  |               | G Gross receipts \$ H(a) Is this a group re | 350,587.                      |  |  |  |  |
|               | Application       |   | Y JORDAN   |               | for subordinates                            |                               |  |  |  |  |
|               | pendin            | SAME AS C ABOVE   |  |               | H(b) Are all subordinates in                |                               |  |  |  |  |
| 1 1           | ax-exe            | empt status: X 501(c)(3) 501(c) ( )                           | (insert no.) 4947(a)(1)  | or 527        | 1 ` ′                                       | list. See instructions        |  |  |  |  |
|               | Vebsit            |   |  | 01 021        | H(c) Group exemptio                         |                               |  |  |  |  |
|               |                   |   | sociation Other  | 1 Year        |   | A State of legal domicile: OR |  |  |  |  |
|               | rt I              | Summary   |  | <b>L</b> 1001 | oriormation, = = = =   I                    | otato or logar dominono       |  |  |  |  |
|               | _                 | Briefly describe the organization's mission or most           | significant activities: SEE  | SCHEDU        | LE O  |                               |  |  |  |  |
| Se            | '                 | Briony describe the organization of mission of most           | <u>===</u>   |               | <u> </u>                                    |                               |  |  |  |  |
| & Governance  | 2                 | Check this box if the organization discor                     | ntinued its operations or dispos   | sed of more   | than 25% of its net ass                     | sets                          |  |  |  |  |
| Ver           | l                 | Number of voting members of the governing body (              |  |               | 3   | 7                             |  |  |  |  |
| Ĝ             |                   | Number of independent voting members of the gov               |  |               |   | 7                             |  |  |  |  |
| م<br>س        | I                 | Total number of individuals employed in calendar y            |  |               |   | 0                             |  |  |  |  |
| ij            |                   | Total number of volunteers (estimate if necessary)            |  |               |   | 35                            |  |  |  |  |
| Activities    |                   | Total unrelated business revenue from Part VIII, col          |  |               |   | 0.                            |  |  |  |  |
| Ă             |                   | Net unrelated business taxable income from Form 9             |  |               |   | 0.                            |  |  |  |  |
|               |                   | Total distriction business taxable meeting mem reministration |  |               | Prior Year                                  | Current Year                  |  |  |  |  |
|               | 8                 | Contributions and grants (Part VIII, line 1h)                 |  |               | 0.  | 335,408.                      |  |  |  |  |
| Revenue       |                   |   |  |               | 0.  | 8,908.                        |  |  |  |  |
| Ver           | l                 | Investment income (Part VIII, column (A), lines 3, 4,         |  |               | 0.  | 4,882.                        |  |  |  |  |
| Be            | I                 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c,        |  |               | 0.  | -1,946.                       |  |  |  |  |
|               | l                 | Total revenue - add lines 8 through 11 (must equal            |  |               | 0.  | 347,252.                      |  |  |  |  |
| _             |                   | Grants and similar amounts paid (Part IX, column (A           |  |               | 0.  | 5,500.                        |  |  |  |  |
|               | I                 | Benefits paid to or for members (Part IX, column (A           |  |               | 0.  | 0.                            |  |  |  |  |
|               | 45                |   | netits paid to or for members (Part IX, column (A), line 4)  laries, other compensation, employee benefits (Part IX, column (A), lines 5-10) |               |   |                               |  |  |  |  |
| ses           | 16a               | Professional fundraising fees (Part IX, column (A), li        |  |               | <u> </u>                                    | 139,846.                      |  |  |  |  |
| Expenses      | h.                | Total fundraising expenses (Part IX, column (D), line         |  | 19.           | <b>,</b>                                    |                               |  |  |  |  |
| Ä             | 17                | Other expenses (Part IX, column (A), lines 11a-11d,           | -  |               | 0.  | 81,189.                       |  |  |  |  |
|               |                   | Total expenses. Add lines 13-17 (must equal Part IX           |  |               | 0.  | 226,535.                      |  |  |  |  |
|               |                   | Revenue less expenses. Subtract line 18 from line             |  |               | 0.  | 120,717.                      |  |  |  |  |
| - S           |                   | Toveride 1000 experiesce. Gabtrast into Te from inte          |  | Be            | ginning of Current Year                     | End of Year                   |  |  |  |  |
| ets (         | 20                | Total assets (Part X, line 16)                                |  |               | 108,938.                                    | 229,220.                      |  |  |  |  |
| ASS           | 21                |   |  |               | 1,668.                                      | 1,233.                        |  |  |  |  |
| Net Assets or | 22                | Net assets or fund balances. Subtract line 21 from            |  |               | 107,270.                                    | 227,987.                      |  |  |  |  |
| Pa            | rt II             | Signature Block   |  |               | •   | ,                             |  |  |  |  |
|               |                   | Ities of perjury, I declare that I have examined this return, | including accompanying schedules   | s and stateme | ents, and to the best of my                 | knowledge and belief, it is   |  |  |  |  |
|               |                   | t, and complete. Declaration of preparer (other than office   |  |               |   | •                             |  |  |  |  |
|               |                   |   | •  |               |   |                               |  |  |  |  |
| Sigi          | n                 | Signature of officer  |  |               | Date  |                               |  |  |  |  |
| Her           |                   | TONY JORDAN, PRESIDENT  |  |               |   |                               |  |  |  |  |
|               |                   | Type or print name and title                                  |  |               |   |                               |  |  |  |  |
|               |                   | Preparer's name   | Preparer's signature   | ]             | Date Check                                  | PTIN                          |  |  |  |  |
| Paid          | ı                 | SANG AHN  | · •  |               | if self-employ                              |                               |  |  |  |  |
| Prep          | arer              | Firm's name MCDONALD JACOBS, I                                | P.C.   |               |   | 3-0900579                     |  |  |  |  |
| -             | Only              | Firm's address 121 SW SALMON ST.                              |  |               |   |                               |  |  |  |  |
|               | -                 | PORTLAND, OR 97204  |  |               | Phone no. (5                                | 03) 227-0581                  |  |  |  |  |
| May           | the IF            | RS discuss this return with the preparer shown above          |  |               |   | X Yes No                      |  |  |  |  |

| Pa             | Check if Schoolule O contains a reasonable or note to any line in this Part III   | X  |
|----------------|---|--|
| 1              | Check if Schedule O contains a response or note to any line in this Part III  Briefly describe the organization's mission:  SEE SCHEDULE O  | Α  |
|                |   |  |
|                |   |  |
| 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 X No                                       |
| 4              | Describe the organization's program service accomplishments for each of its three largest program services, as measured by  | expenses.                                      |
|                | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total ex revenue, if any, for each program service reported. | penses, and                                    |
| 4a             | (Code:) (Expenses \$  | 8,908.   |
|                | THE PARKING REFORM NETWORK'S PROGRAMMATIC EXPENDITURES IN 2024 SUPPORTED THE MONITORING AND REPORTING OF PARKING POLICY REFORM  | <u> </u>                                       |
|                | MAINTENANCE OF TOOLS SUCH AS THE PARKING MANDATES MAP, AND THE  | <u>,                                     </u>  |
|                | PROVISION OF INFORMATIONAL RESOURCES. WE DELIVERED PRESENTATION   | S AND  |
|                | OFFERED CONSULTING TO ENHANCE ADVOCACY EFFORTS AND INFORM POLIC   | YMAKERS.                                       |
|                | OUR COMMUNICATION CHANNELS DISSEMINATED NEWS AND BEST PRACTICES   | <u>,                                      </u> |
|                | NURTURING A COMMUNITY DEDICATED TO MUTUAL SUPPORT. THROUGH STRA   |  |
|                | COMMUNITY BUILDING AND ENGAGEMENT, WE AIM TO MAKE PARKING REFOR   |  |
|                | APPROACHABLE, FOSTERING A NETWORK UNITED IN PROMOTING WIDESPREA   | D AND  |
|                | IMPACTFUL POLICY CHANGES.   |  |
| 4b             | (Code:) (Expenses \$  |  |
| <del>1</del> 0 | (Code:) (Expenses \$  |  |
|                |   |  |
|                |   |  |
|                |   |  |
|                |   |  |
|                |   |  |
|                |   |  |
|                |   |  |
|                |   |  |
| 4c             | (Code:) (Expenses \$ including grants of \$) (Revenue \$  | )  |
|                |   |  |
|                |   |  |
|                |   |  |
|                |   |  |
|                |   |  |
|                |   |  |
|                |   |  |
|                |   |  |
| 4d             | Other program services (Describe on Schedule O.)  |  |
|                | (Expenses \$ including grants of \$ ) (Revenue \$   | )  |
| <u>4e</u>      | Total program service expenses 188,616.   | Form <b>990</b> (2024)                         |

16591028 781409 71456

## Form 990 (2024) PARKING REFORM NETWORK Part IV Checklist of Required Schedules

|             |  |          | Yes | No               |
|-------------|--|----------|-----|------------------|
| 1           | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  |          |     |                  |
|             | If "Yes," complete Schedule A  | 1_       | Х   |                  |
| 2           | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions  | 2        | X   |                  |
| 3           | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for  |          |     |                  |
|             | public office? If "Yes," complete Schedule C, Part I   | 3        |     | Х                |
| 4           | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect   |          |     |                  |
|             | during the tax year? If "Yes," complete Schedule C, Part II  | 4        | Х   |                  |
| 5           | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or   |          |     |                  |
|             | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III  | 5        |     | X                |
| 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,  | ۰        |     |                  |
| '           | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | 7        |     | x                |
|             | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>   | <b>-</b> |     |                  |
| 8           | , ,  | _        |     | x                |
| •           | Schedule D, Part III   | 8        |     |                  |
| 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?  |          |     | \ <b>.</b> ,     |
|             | If "Yes," complete Schedule D, Part IV   | 9        |     | X                |
| 10          | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments   |          |     | ٠,,              |
|             | or in quasi-endowments? If "Yes," complete Schedule D, Part V  | 10       |     | X                |
| 11          | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,  |          |     |                  |
|             | as applicable.   |          |     |                  |
| а           | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,  |          |     |                  |
|             | Part VI  | 11a      | X   |                  |
| b           | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total   |          |     |                  |
|             | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b      |     | 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  |          |     |                  |
|             | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c      |     | Х                |
| d           | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in  |          |     |                  |
|             | Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d      |     | Х                |
| е           | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e      | Х   |                  |
| f           | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses  |          |     |                  |
|             | 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  | <u> </u> |     |                  |
|             | Schedule D, Parts XI and XII   | 12a      |     | x                |
| h           | Was the organization included in consolidated, independent audited financial statements for the tax year?  | 124      |     |                  |
| D           |  | 12b      |     | x                |
| 13          | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13       |     | X                |
|             | Did the constitution maintain on office construction and the Light of Obstace  | 14a      |     | X                |
| 14a         | Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,     | 144      |     | <del>- ^ `</del> |
| b           |  |          |     |                  |
|             | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000   | 4.41     |     | x                |
| 45          | or more? If "Yes," complete Schedule F, Parts I and IV   | 14b      |     |                  |
| 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  | 4-       |     | <sub>v</sub>     |
| 40          | foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15       |     | <u> </u>         |
| 16          | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to   | ١        |     | <b>.</b>         |
|             | 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. See instructions   | 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       |     | <u> </u>         |
| 19          | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"   |          |     |                  |
|             | complete Schedule G, Part III  | 19       |     | X                |
| <b>20</b> a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a      |     | X                |
| b           | 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       |     | Х                |

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Form **990** (2024)

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   | <u> </u>   |
| 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   |     | X  |
| 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  | l    |     | 77   |
|        | Schedule K. If "No," go to line 25a   | 24a  |     | <u> </u>   |
|        | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b  |     | <del>                                     </del> |
| C      | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease  | 24c  |     |  |
| d      | any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d  |     |  |
|        | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit  |      |     |  |
|        | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   | 25a  |     | х  |
| b      | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and  |      |     |  |
|        | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete   |      |     |  |
|        | Schedule L, Part I  | 25b  |     | X  |
| 26     | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current   |      |     |  |
|        | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%   |      |     |  |
|        | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II  | 26   |     | X  |
| 27     | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,   |      |     |  |
|        | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled   |      |     | 37   |
|        | entity (including an employee thereof) 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 the Schedule L, Part IV,   |      |     |  |
| _      | instructions for applicable filing thresholds, conditions, and exceptions):   |      |     |  |
| а      | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?  f  | 28a  |     | х  |
| h      | "Yes," complete Schedule L, Part IV  A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV                                  | 28b  |     | X  |
|        | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>   |      |     |  |
|        | "Yes," complete Schedule L, Part IV   | 28c  |     | Х  |
| 29     | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M   | 29   |     | 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   |     | <u> X</u>  |
| 33     | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations  |      |     | 37   |
|        | 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   | 34   |     | х  |
| 35.2   | Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a  |     | X  |
|        | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity   | JJa  |     |  |
|        | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | 35b  |     |  |
| 36     | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  |      |     |  |
|        | If "Yes," complete Schedule R, Part V, line 2   | 36   |     | Х  |
| 37     | Did the organization conduct more than 5% of its activities through an entity that is not a related organization  |      |     |  |
|        | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  | 37   |     | X  |
| 38     | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  |      |     |  |
| D-     | Note: All Form 990 filers are required to complete Schedule 0   | 38   | X   |  |
| Pai    |   |      |     |  |
|        | Check if Schedule O contains a response or note to any line in this Part V  |      |     | <b> </b>   |
| 4-     | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  |      | Yes | No   |
|        | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1b  1b |      |     |  |
|        | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  |      |     |  |
| J      | (gambling) winnings to prize winners?   | 1c   |     |  |
| 432004 | 12-10-24  | Form | 990 | (2024)   |

PARKING REFORM NETWORK

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

|        |  |          | 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 2a0  |          |     |          |  |  |  |
| b      | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 2b       |     |          |  |  |  |
| За     | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a       |     | _X_      |  |  |  |
| b      | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O  | 3b       |     |          |  |  |  |
| 4a     | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a  |          |     |          |  |  |  |
|        | financial account in a foreign country (such as a bank account, securities account, or other financial account)?   | 4a       |     | <u> </u> |  |  |  |
| 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).  |          |     |          |  |  |  |
| 5а     | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a       |     | <u>X</u> |  |  |  |
| b      | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b       |     | <u>X</u> |  |  |  |
|        | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | 5c       |     |          |  |  |  |
| 6a     | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit  |          |     |          |  |  |  |
|        | any contributions that were not tax deductible as charitable contributions?  | 6a       |     | _X_      |  |  |  |
| b      | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts   |          |     |          |  |  |  |
|        | were not tax deductible?   | 6b       |     |          |  |  |  |
| 7      | Organizations that may receive deductible contributions under section 170(c).  | _        |     | 37       |  |  |  |
| 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  | _        |     | v        |  |  |  |
| -1     | to file Form 8282?   | 7c       |     | X        |  |  |  |
| d      | ,  | 7e       |     |          |  |  |  |
| e<br>• | Pid the constration desired the constraint of th |          |     |          |  |  |  |
| f      |  |          |     |          |  |  |  |
| g<br>h | If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?   | 7g<br>7h |     |          |  |  |  |
| 8      | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the   | 711      |     |          |  |  |  |
| Ü      | sponsoring organization have excess business holdings at any time during the year?   |          |     |          |  |  |  |
| 9      |  |          |     |          |  |  |  |
|        | a Did the sponsoring organization make any taxable distributions under section 4966?   |          |     |          |  |  |  |
|        | b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  |          |     |          |  |  |  |
| 10     | Section 501(c)(7) organizations. Enter:  |          |     |          |  |  |  |
| а      | Initiation fees and capital contributions included on Part VIII, line 12   |          |     |          |  |  |  |
|        | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b  |          |     |          |  |  |  |
| 11     | Section 501(c)(12) organizations. Enter:   |          |     |          |  |  |  |
| а      | Gross income from members or shareholders  |          |     |          |  |  |  |
|        | Gross income from other sources. (Do not net amounts due or paid to other sources against  |          |     |          |  |  |  |
|        | 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      |     |          |  |  |  |
| b      | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  |          |     |          |  |  |  |
| 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      |     |          |  |  |  |
|        | <b>Note:</b> 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   |          |     |          |  |  |  |
|        | Enter the amount of reserves on hand   |          |     | 37       |  |  |  |
|        | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a      |     | _X_      |  |  |  |
|        | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  | 14b      |     |          |  |  |  |
| 15     |  |          |     |          |  |  |  |
|        | excess parachute payment(s) during the year?   |          |     |          |  |  |  |
| 40     | If "Yes," see the instructions and file Form 4720, Schedule N.   | 40       |     | X        |  |  |  |
| 16     | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  | 16       |     | Λ        |  |  |  |
| 17     | If "Yes," complete Form 4720, Schedule O.  Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities   |          |     |          |  |  |  |
| 17     | that would result in the imposition of an excise tax under section 4951, 4952 or 4953?   |          |     |          |  |  |  |
|        | If "Yes," complete Form 6069.  | 17       |     |          |  |  |  |
|        | ii res, complete i ultii uuus.   |          |     |          |  |  |  |

432005 12-10-24

Form **990** (2024)

PARKING REFORM NETWORK 83-4536424 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 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 one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes " provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed OR Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request X Another's website \_\_\_ Other (explain on Schedule O) Own website

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97215

OR

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

State the name, address, and telephone number of the person who possesses the organization's books and records

statements available to the public during the tax year.

TONY JORDAN - 971-207-1348 4540 SE YAMHILL ST., PORTLAND,

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

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

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

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

| Check this box if neither the organization |                   |                                |                       |              |              | nper   | nsat     |                 | <b>-</b>                         |                    |
|--|-------------------|--------------------------------|-----------------------|--------------|--------------|--|----------|-----------------|----------------------------------|--------------------|
| (A)  | (B)               |                                |                       | D-(          | C)           | _  |          | (D)             | (E)                              | (F)                |
| Name and title                             | Average           | (do                            |                       | Pos<br>check |              |  | one      | Reportable      | Reportable                       | Estimated          |
|  | hours per         |                                |                       | ss per       |              |  |          | compensation    | compensation                     | amount of          |
|  | week<br>(list any | -                              | T                     | T            |              |  |          | from<br>the     | from related                     | other compensation |
|  | hours for         | direct                         |                       |              |              |  |          | organization    | organizations<br>(W-2/1099-MISC/ | from the           |
|  | related           | ee or                          | stee                  |              |              | nsate  |          | (W-2/1099-MISC/ | 1099-NEC)                        | organization       |
|  | organizations     | trust                          | lal tru               |              | oyee         | ompe   |          | 1099-NEC)       | ,                                | and related        |
|  | below             | Individual trustee or director | Institutional trustee | Officer      | Key employee | Highest compensated employee                     | Former   |                 |                                  | organizations      |
| 74   | line)             | lud                            | lns                   | 0#!          | - Ke         | e Hig  | For      |                 |                                  |                    |
| (1) TONY JORDAN                            | 40.00             | -                              |                       | 7.7          |              |  |          | 20 000          | _                                | _                  |
| PRESIDENT                                  | 1 00              |                                |                       | Х            | ⊢            | -  |          | 30,000.         | 0.                               | 0.                 |
| (2) EVAN MANVEL                            | 1.00              | X                              |                       | x            |              |  |          | 0.              | 0.                               | _                  |
| SECRETARY  (3) LAURA FINGAL-SURMA          | 1 00              | A                              |                       | ╇            | ⊢            | -  |          | 0.              | 0.                               | 0.                 |
|  | 1.00              | X                              |                       | x            |              |  |          | 0.              | 0.                               | 0.                 |
| TREASURER (4) ERIC ARELLANO                | 1.00              | ^                              |                       | ╇            | ├            | <del>                                     </del> |          | 1               | 0.                               | · ·                |
| VICE PRESIDENT                             | 1.00              | X                              |                       | x            |              |  |          | 0.              | 0.                               | 0.                 |
| (5) ANN CHENG                              | 1.00              | ^                              |                       | ^            | $\vdash$     | 1  |          | 0.              | 0.                               | 0.                 |
| DIRECTOR                                   | 1.00              | X                              |                       |              |              |  |          | 0.              | 0.                               | 0.                 |
| (6) JANE WILBERDING                        | 1.00              | -25                            |                       | $\vdash$     | $\vdash$     |  |          | †               | •                                | •                  |
| DIRECTOR                                   |                   | х                              |                       |              |              |  |          | 0.              | 0.                               | 0.                 |
| (7) MICHAEL KWAN                           | 1.00              | 1                              |                       |              | $\vdash$     |  |          |                 |                                  |                    |
| DIRECTOR                                   |                   | Х                              |                       |              |              |  |          | 0.              | 0.                               | 0.                 |
| (8) RAYNELL COOPER                         | 1.00              |                                |                       |              |              |  |          |                 |                                  |                    |
| DIRECTOR                                   |                   | Х                              |                       |              |              |  |          | 0.              | 0.                               | 0.                 |
|  |                   |                                |                       |              |              |  |          |                 |                                  |                    |
|  |                   |                                |                       |              |              |  |          |                 |                                  |                    |
|  |                   |                                |                       |              |              |  |          |                 |                                  |                    |
|  |                   |                                |                       | ╙            | 丄            |  |          |                 |                                  |                    |
|  |                   |                                |                       |              |              |  |          |                 |                                  |                    |
|  |                   |                                |                       | ╙            | <u> </u>     |  |          |                 |                                  |                    |
|  |                   |                                |                       |              |              |  |          |                 |                                  |                    |
|  |                   |                                |                       | ▙            | ₩            | -  |          |                 |                                  |                    |
|  |                   | -                              |                       |              |              |  |          |                 |                                  |                    |
|  |                   |                                |                       | ⊢            | ⊢            | -  |          |                 |                                  |                    |
|  |                   | -                              |                       |              |              |  |          |                 |                                  |                    |
|  | _                 |                                |                       | ⊢            | ⊢            | -  |          |                 |                                  |                    |
|  |                   | -                              |                       |              |              |  |          |                 |                                  |                    |
|  |                   | 1                              | $\vdash$              | $\vdash$     | $\vdash$     | -  | $\vdash$ |                 |                                  |                    |
|  |                   | 1                              |                       |              |              |  |          |                 |                                  |                    |
| -  |                   |                                |                       | $\vdash$     | $\vdash$     | T  | $\vdash$ |                 |                                  |                    |
|  |                   | 1                              |                       |              |              |  |          |                 |                                  |                    |
|  |                   |                                | _                     |              |              |  |          | 1               | I                                | 000                |

Form 990 (2024)

| Part VII   Section A. Officers, Directors, Trus   | tees, Key Emr        | olov                           | ees.            | and     | d Hid        | ghes                            | st C     | ompensated Emplovee       | s (continued)                         |          |                       |        |
|---|----------------------|--------------------------------|-----------------|---------|--------------|---------------------------------|----------|---------------------------|---------------------------------------|----------|-----------------------|--------|
| (A)   | (B)                  |                                | 1               |         | C)           |                                 |          | (D)                       | (E)                                   |          | (F)                   |        |
| Name and title                                    | Average              | 721.                           |                 | Pos     | itior        |                                 | on-      | Reportable                | Reportable                            |          | Estimat               | ed     |
|   | hours per            | box                            | , unles         | ss pe   | rson i       | than o                          | n an     | compensation              | compensation                          |          | amount                | of     |
|   | week                 |                                | cer an          | d a d   | irecto       | r/trus                          | tee)     | from                      | from related                          |          | other                 |        |
|   | (list any            | ector                          |                 |         |              |                                 |          | the                       | organizations                         |          | compens               |        |
|   | hours for related    | or dir                         | 9               |         |              | ated                            |          | organization              | (W-2/1099-MISC                        | /        | from th               |        |
|   | organizations        | ustee                          | trustee         |         | 92           | bens                            |          | (W-2/1099-MISC/           | 1099-NEC)                             |          | organiza              |        |
|   | below                | ual tr                         | tional          |         | ploye        | t com                           | _        | 1099-NEC)                 |                                       |          | and rela<br>organizat |        |
|   | line)                | Individual trustee or director | Institutional t | Officer | Key employee | Highest compensated<br>employee | Former   |                           |                                       |          | organizat             | 10113  |
|   |                      |                                | =               |         |              | 1 0                             |          |                           |                                       | 1        |                       |        |
|   |                      | -                              |                 |         |              |                                 |          |                           |                                       |          |                       |        |
| -   |                      |                                |                 |         |              |                                 |          |                           |                                       | $\dashv$ |                       |        |
|   |                      | -                              |                 |         |              |                                 |          |                           |                                       |          |                       |        |
|   |                      |                                |                 |         |              |                                 |          |                           |                                       | 1        |                       |        |
|   |                      | -                              |                 |         |              |                                 |          |                           |                                       |          |                       |        |
|   |                      |                                |                 |         |              |                                 |          |                           |                                       | 1        |                       |        |
|   |                      | -                              |                 |         |              |                                 |          |                           |                                       |          |                       |        |
|   |                      |                                |                 |         |              |                                 |          |                           |                                       | 1        |                       |        |
|   |                      |                                |                 |         |              |                                 |          |                           |                                       |          |                       |        |
|   |                      |                                |                 |         |              |                                 |          |                           |                                       | $\dashv$ |                       |        |
|   |                      |                                |                 |         |              |                                 |          |                           |                                       |          |                       |        |
| -   |                      |                                |                 |         |              |                                 |          |                           |                                       | $\dashv$ |                       |        |
|   |                      | -                              |                 |         |              |                                 |          |                           |                                       |          |                       |        |
| -   |                      |                                |                 |         |              |                                 |          |                           |                                       | $\dashv$ |                       |        |
|   |                      |                                |                 |         |              |                                 |          |                           |                                       |          |                       |        |
|   |                      |                                |                 |         |              |                                 |          |                           |                                       | $\dashv$ |                       |        |
|   |                      | •                              |                 |         |              |                                 |          |                           |                                       |          |                       |        |
| 1b Subtotal                                       | 1                    |                                |                 |         |              | l                               |          | 30,000.                   | (                                     | ).       |                       | 0.     |
| c Total from continuation sheets to Part VI       |                      |                                |                 |         |              |                                 |          | 0.                        |                                       | 5.       |                       | 0.     |
| d Total (add lines 1b and 1c)                     |                      |                                |                 |         |              |                                 |          | 30,000.                   |                                       | 5.       |                       | 0.     |
| 2 Total number of individuals (including but r    |                      |                                |                 |         |              |                                 |          |                           |                                       | , •      |                       |        |
| compensation from the organization                | iot illilited to til | 036                            | 11316           | u al    | JOVE         | <i>y</i>                        | 010      | cerved more than \$100,   | ood of reportable                     |          |                       | 0      |
| compensation from the organization                |                      |                                |                 |         |              |                                 |          |                           |                                       |          | Yes                   | _      |
| 3 Did the organization list any former officer    | director trusto      | مو ا                           | (ev e           | mnl     | ove          | e or                            | hia      | hest compensated empl     | lovee on                              | Г        |                       |        |
| line 1a? If "Yes," complete Schedule J for s      |                      |                                |                 |         |              |                                 |          |                           |                                       | ľ        | 3                     | Х      |
| 4 For any individual listed on line 1a, is the su |                      |                                |                 |         |              |                                 |          |                           |                                       | ·        |                       |        |
| and related organizations greater than \$150      | •                    |                                | •               |         |              |                                 |          | •                         | •                                     | ı        | 4                     | Х      |
| 5 Did any person listed on line 1a receive or a   |                      |                                |                 |         |              |                                 |          |                           |                                       | "        |                       |        |
| rendered to the organization? If "Yes." con       |                      |                                |                 |         |              |                                 |          |                           |                                       | ı        | 5                     | Х      |
| Section B. Independent Contractors                | IDICIC OCHCODIC      | , 0 /                          | OF SE           | (C// )  | <i>JC13</i>  | <i>OII</i> .                    |          |                           |                                       |          |                       |        |
| Complete this table for your five highest co      | mpensated inc        | lepe                           | nder            | nt co   | ontra        | acto                            | rs th    | nat received more than \$ | 100.000 of compe                      | nsati    | on from               |        |
| the organization. Report compensation for         |                      | -                              |                 |         |              |                                 |          |                           | · · · · · · · · · · · · · · · · · · · |          |                       |        |
| (A)   |                      |                                |                 |         |              |                                 |          | (B)                       |                                       |          | (C)                   |        |
| Name and business                                 | address              | NO                             | ONE             | C       |              |                                 |          | Description of s          | ervices                               | Co       | ompensatio            | on     |
|   |                      |                                |                 |         |              |                                 |          |                           |                                       |          |                       |        |
|   |                      |                                |                 |         |              |                                 |          |                           |                                       |          |                       |        |
|   |                      |                                |                 |         |              |                                 |          |                           |                                       |          |                       |        |
|   |                      |                                |                 |         |              |                                 |          |                           |                                       |          |                       |        |
|   |                      |                                |                 |         |              |                                 |          |                           |                                       |          |                       |        |
|   |                      |                                |                 |         |              |                                 |          |                           |                                       |          |                       |        |
|   |                      |                                |                 |         |              |                                 |          |                           |                                       |          |                       |        |
|   |                      | _                              |                 |         | _            |                                 | _        |                           |                                       | _        |                       |        |
|   |                      |                                |                 |         |              |                                 | $\sqcap$ |                           |                                       |          |                       |        |
|   |                      |                                |                 |         |              |                                 | _        |                           |                                       |          |                       |        |
| 2 Total number of independent contractors (i      | ncluding but n       | ot lir                         | nited           | to      | thos         | se lis                          | ted      | above) who received mo    | ore than                              |          |                       |        |
| \$100,000 of compensation from the organi         |                      |                                |                 |         | (            |                                 |          | <u> </u>                  |                                       |          |                       |        |
|   |                      |                                |                 |         |              |                                 |          |                           |                                       |          | orm <b>990</b>        | (2024) |

Form 990 (2024) PARKING
Part VIII Statement of Revenue

|  |      | Check if Schedule O contains a response                                 | or note to any lin | e in this Part VIII |                                    |                            |                                    |
|--|------|---|--------------------|---------------------|------------------------------------|----------------------------|------------------------------------|
|  |      |   |                    | (A)                 | (B)                                | (C)                        | (D)                                |
|  |      |   |                    | Total revenue       | Related or exempt function revenue | Unrelated business revenue | Revenue excluded<br>from tax under |
|  |      |   |                    |                     | lunction revenue                   | business revenue           | sections 512 - 514                 |
| SΩ   | 1 a  | Federated campaigns1a   |                    |                     |                                    |                            |                                    |
| ant  |      | Membership dues 1b  |                    |                     |                                    |                            |                                    |
| 9  |      | Fundraising events 1c   |                    |                     |                                    |                            |                                    |
| Ę,   |      |   |                    |                     |                                    |                            |                                    |
| ig ig  |      | Related organizations 11d Security Government grants (contributions) 1e |                    |                     |                                    |                            |                                    |
| ons,   |      |   |                    |                     |                                    |                            |                                    |
| utio   | T    | All other contributions, gifts, grants, and                             | 335 100            |                     |                                    |                            |                                    |
| 들<br>된   |      | similar amounts not included above 1f                                   | 335,408.<br>5,696. |                     |                                    |                            |                                    |
| Contributions, Gifts, Grants and Other Similar Amounts | _    | Noncash contributions included in lines 1a-1f                           | 5,090.             | 225 400             |                                    |                            |                                    |
| <u>0</u> 8   | h    | Total. Add lines 1a-1f  |                    | 335,408.            |                                    |                            |                                    |
|  |      |   | Business Code      | F 2F0               | F 250                              |                            |                                    |
| Se   |      | SPEAKING FEES   | 900099             | 5,350.              | 5,350.                             |                            |                                    |
| ΘŽ   | b    | CONSULTING  | 900099             | 3,558.              | 3,558.                             |                            |                                    |
| Program Service<br>Revenue                             | C    | :   |                    |                     |                                    |                            |                                    |
| ar<br>eve  | c    | i   |                    |                     |                                    |                            |                                    |
| oga  | e    |   |                    |                     |                                    |                            |                                    |
| P  | f    | All other program service revenue                                       |                    |                     |                                    |                            |                                    |
|  | g    | Total. Add lines 2a-2f  |                    | 8,908.              |                                    |                            |                                    |
|  | 3    | Investment income (including dividends, inter                           | est, and           |                     |                                    |                            |                                    |
|  |      | other similar amounts)  |                    | 4,882.              |                                    |                            | 4,882.                             |
|  | 4    | Income from investment of tax-exempt bond                               |                    | -                   |                                    |                            | -                                  |
|  | 5    | Royalties   |                    |                     |                                    |                            |                                    |
|  | _    | (i) Real  | (ii) Personal      |                     |                                    |                            |                                    |
|  | 6 a  |   | ( )                |                     |                                    |                            |                                    |
|  |      | Less: rental expenses 6b  |                    |                     |                                    |                            |                                    |
|  |      |   |                    |                     |                                    |                            |                                    |
|  |      |   |                    |                     |                                    |                            |                                    |
|  |      | Net rental income or (loss)  Gross amount from sales of (i) Securities  | (ii) Other         |                     |                                    |                            |                                    |
|  | / a  |   | (ii) Other         |                     |                                    |                            |                                    |
|  |      | assets other than inventory 7a  |                    |                     |                                    |                            |                                    |
|  | b    | Less: cost or other basis   |                    |                     |                                    |                            |                                    |
| <u> </u>   |      | and sales expenses  |                    |                     |                                    |                            |                                    |
| ther Revenue   | C    | Gain or (loss) <b>7c</b>  |                    |                     |                                    |                            |                                    |
| Be   |      | Net gain or (loss)  |                    |                     |                                    |                            |                                    |
| her  | 8 a  | Gross income from fundraising events (not                               |                    |                     |                                    |                            |                                    |
| ₹  |      | including \$ of   |                    |                     |                                    |                            |                                    |
|  |      | contributions reported on line 1c). See                                 |                    |                     |                                    |                            |                                    |
|  |      | Part IV, line 18  | 1                  |                     |                                    |                            |                                    |
|  | b    | Less: direct expenses 8t  |                    |                     |                                    |                            |                                    |
|  | c    | Net income or (loss) from fundraising events                            |                    |                     |                                    |                            |                                    |
|  |      | Gross income from gaming activities. See                                |                    |                     |                                    |                            |                                    |
|  |      | Part IV, line 19  | ,                  |                     |                                    |                            |                                    |
|  | h    | Less: direct expenses 9t  |                    |                     |                                    |                            |                                    |
|  |      | Net income or (loss) from gaming activities                             |                    |                     |                                    |                            |                                    |
|  |      | Gross sales of inventory, less returns                                  | T                  |                     |                                    |                            |                                    |
|  | 10 6 | and allowances10  | 1,389.             |                     |                                    |                            |                                    |
|  |      | Less: cost of goods sold 10   |                    |                     |                                    |                            |                                    |
|  |      | •                                 | -1,946.            |                     |                                    | -1,946.                    |                                    |
| $\dashv$   |      | Net income or (loss) from sales of inventory                            | Business Code      | 1,940.              |                                    |                            | 1,740.                             |
| ဇ္   | 44   |   | Business Code      |                     |                                    |                            |                                    |
| le e   | 11 a |   |                    |                     |                                    |                            |                                    |
| Miscellaneous<br>Revenue                               | b    |   |                    |                     |                                    |                            |                                    |
| Sev<br>Sev   | C    |   |                    |                     |                                    |                            |                                    |
| Αis  | C    | All other revenue   |                    |                     |                                    |                            |                                    |
|  | е    | • Total. Add lines 11a-11d  |                    | 245 050             | 0.000                              | ^                          | 0.006                              |
|  | 12   | Total revenue. See instructions   |                    | 347,252.            | 8,908.                             | 0.                         | 2,936.                             |

Form **990** (2024)

| Secti | on 501(c)(3) and 501(c)(4) organizations must compl   | ete all columns. All othe   | r organizations must com            | plete column (A).                   |                                       |
|-------|---|-----------------------------|-------------------------------------|-------------------------------------|---------------------------------------|
|       | Check if Schedule O contains a respons  | se or note to any line in t | this Part IX                        |                                     | X                                     |
|       | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.                              | (A)<br>Total expenses       | <b>(B)</b> Program service expenses | (C) Management and general expenses | <b>(D)</b><br>Fundraising<br>expenses |
| 1     | Grants and other assistance to domestic organizations   |                             |                                     |                                     |                                       |
|       | and domestic governments. See Part IV, line 21  |                             |                                     |                                     |                                       |
| 2     | Grants and other assistance to domestic   |                             |                                     |                                     |                                       |
|       | individuals. See Part IV, line 22   | 5,500.                      | 5,500.                              |                                     |                                       |
| 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   | 30,000.                     | 26,000.                             | 4,000.                              |                                       |
| 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  | 84,762.                     | 84,762.                             |                                     |                                       |
| 8     | Pension plan accruals and contributions (include  |                             |                                     |                                     |                                       |
|       | section 401(k) and 403(b) employer contributions)   |                             |                                     |                                     |                                       |
| 9     | Other employee benefits   | 17,010.                     | 17,010.                             |                                     |                                       |
| 10    | Payroll taxes   | 8,074.                      | 7,834.                              | 240.                                |                                       |
| 11    | Fees for services (nonemployees):   |                             |                                     |                                     |                                       |
| а     | Management  |                             |                                     |                                     |                                       |
| b     | Legal   |                             |                                     |                                     |                                       |
| С     | Accounting  | 2,610.                      |                                     | 2,610.                              |                                       |
| d     | Lobbying  |                             |                                     |                                     |                                       |
| е     | Professional fundraising services. See Part IV, line 17   |                             |                                     |                                     |                                       |
| f     | Investment management fees  |                             |                                     |                                     |                                       |
| g     | Other. (If line 11g amount exceeds 10% of line 25,  |                             |                                     |                                     |                                       |
|       | column (A), amount, list line 11g expenses on Sch 0.)   | 25,667.                     | 4,460.                              | 14,982.                             | 6,225.                                |
| 12    | Advertising and promotion   | 3,880.                      | 2,453.                              |                                     | 1,427.                                |
| 13    | Office expenses   | 5,302.                      | 1,908.                              | 3,127.                              | 267.                                  |
| 14    | Information technology  | 5,479.                      | 4,385.                              | 1,094.                              |                                       |
| 15    | Royalties   |                             |                                     |                                     |                                       |
| 16    | Occupancy   |                             |                                     |                                     |                                       |
| 17    | Travel  | 18,235.                     | 18,235.                             |                                     |                                       |
| 18    | Payments of travel or entertainment expenses  | -                           | -                                   |                                     |                                       |
|       | for any federal, state, or local public officials   |                             |                                     |                                     |                                       |
| 19    | Conferences, conventions, and meetings  | 5,712.                      | 4,612.                              |                                     | 1,100.                                |
| 20    | Interest  | -                           | ,                                   |                                     | •                                     |
| 21    | Payments to affiliates  |                             |                                     |                                     |                                       |
| 22    | Depreciation, depletion, and amortization   | 687.                        |                                     | 687.                                |                                       |
| 23    | Insurance   |                             |                                     |                                     |                                       |
| 24    | Other expenses. Itemize expenses not covered  |                             |                                     |                                     |                                       |
| •     | above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25. column (A). |                             |                                     |                                     |                                       |
|       | amount, list line 24e expenses on Schedule 0.)  |                             |                                     |                                     |                                       |
| а     | NEWSLETTER AND EDITING  | 11,457.                     | 11,457.                             |                                     |                                       |
| b     | PROFESSIONAL DEVELOPMEN   | 2,160.                      |                                     | 2,160.                              |                                       |
| С     |   | -                           |                                     | -                                   |                                       |
| d     |   |                             |                                     |                                     |                                       |
| е     | All other expenses  |                             |                                     |                                     |                                       |
| 25    | Total functional expenses. Add lines 1 through 24e  | 226,535.                    | 188,616.                            | 28,900.                             | 9,019.                                |
| 26    | Joint costs. Complete this line only if the organization  |                             |                                     |                                     |                                       |
|       | reported in column (B) joint costs from a combined  |                             |                                     |                                     |                                       |
|       | educational campaign and fundraising solicitation.  |                             |                                     |                                     |                                       |
|       | Check here if following SOP 98-2 (ASC 958-720)  |                             |                                     |                                     |                                       |
|       |   |                             |                                     |                                     | 000                                   |

16591028 781409 71456

| Part )                      | ^  | Balance Sneet                                       |             |                       |                                 |        |                           |
|-----------------------------|----|---|-------------|-----------------------|---------------------------------|--------|---------------------------|
|                             |    | Check if Schedule O contains a response or no       | ote to an   | / line in this Part X |                                 |        |                           |
|                             |    |   |             |                       | <b>(A)</b><br>Beginning of year |        | <b>(B)</b><br>End of year |
| -                           | 1  | Cash - non-interest-bearing                         |             | 105,676.              | 1                               | 25,831 |                           |
| 2                           | 2  | Savings and temporary cash investments              |             |                       |                                 | 2      | 199,711                   |
| 3                           | 3  | Pledges and grants receivable, net                  |             |                       |                                 | 3      |                           |
| 4                           |    | Accounts receivable, net                            |             | 4                     |                                 |        |                           |
| 5                           |    | Loans and other receivables from any current        |             |                       |                                 |        |                           |
|                             |    | trustee, key employee, creator or founder, sub      |             |                       |                                 |        |                           |
|                             |    | controlled entity or family member of any of the    |             | 5                     |                                 |        |                           |
| 6                           | 6  | Loans and other receivables from other disqua       | alified per | sons (as defined      |                                 |        |                           |
|                             |    | under section 4958(f)(1)), and persons describe     | ed in sec   | ion 4958(c)(3)(B)     |                                 | 6      |                           |
| <u>.</u> 7                  | 7  | Notes and loans receivable, net                     |             |                       |                                 | 7      |                           |
| Assets                      |    | Inventories for sale or use                         |             |                       |                                 | 8      |                           |
| ₹   ç                       |    | D ''  |             |                       |                                 | 9      |                           |
| 10                          | 0a | Land, buildings, and equipment: cost or other       |             |                       |                                 |        |                           |
|                             |    | basis. Complete Part VI of Schedule D               | . 10a       | 4,448.                |                                 |        |                           |
|                             | b  | Less: accumulated depreciation                      | . 10b       | 770.                  | 3,262.                          | 10c    | 3,678                     |
| 11                          | 1  | Investments - publicly traded securities            |             |                       |                                 | 11     |                           |
| 12                          | 2  | Investments - other securities. See Part IV, line   |             |                       | 12                              |        |                           |
| 13                          | 3  | Investments - program-related. See Part IV, line    |             |                       | 13                              |        |                           |
| 14                          | 4  | Intangible assets                                   |             |                       | 14                              |        |                           |
| 15                          | 5  | Other assets. See Part IV, line 11                  |             |                       |                                 | 15     |                           |
| 16                          | 6  | Total assets. Add lines 1 through 15 (must eq       | ual line 3  | 3)                    | 108,938.                        | 16     | 229,220                   |
| 17                          | 7  | Accounts payable and accrued expenses               |             |                       |                                 | 17     |                           |
| 18                          | 8  | Grants payable                                      |             |                       | 18                              |        |                           |
| 19                          |    | Deferred revenue                                    |             | 19                    |                                 |        |                           |
| 20                          | 0  | Tax-exempt bond liabilities                         |             |                       |                                 | 20     |                           |
| 21                          | 1  | Escrow or custodial account liability. Complete     | e Part IV   | of Schedule D         |                                 | 21     |                           |
| ္က 22                       | 2  | Loans and other payables to any current or for      | rmer offic  | er, director,         |                                 |        |                           |
| ≝                           |    | trustee, key employee, creator or founder, sub      | stantial c  | ontributor, or 35%    |                                 |        |                           |
| Liabilities                 |    | controlled entity or family member of any of the    | ese perso   | ons                   |                                 | 22     |                           |
| ⊐   <u>2</u> 3              | 3  | Secured mortgages and notes payable to unre         | elated thin | d parties             |                                 | 23     |                           |
| 24                          | 4  | Unsecured notes and loans payable to unrelate       | ed third p  | parties               |                                 | 24     |                           |
| 25                          | 5  | Other liabilities (including federal income tax, p  | oayables '  | o related third       |                                 |        |                           |
|                             |    | parties, and other liabilities not included on line | es 17-24)   | Complete Part X       |                                 |        |                           |
|                             |    | of Schedule D                                       |             |                       | 1,668.                          | 25     | 1,233                     |
| 26                          | 6  | Total liabilities. Add lines 17 through 25          |             |                       | 1,668.                          | 26     | 1,233                     |
|                             |    | Organizations that follow FASB ASC 958, ch          | neck her    | • 📙                   |                                 |        |                           |
| Se                          |    | and complete lines 27, 28, 32, and 33.              |             |                       |                                 |        |                           |
| <u>e</u> 27                 |    |   |             |                       |                                 | 27     |                           |
| <u>සි</u>   28              | 8  | Net assets with donor restrictions                  |             | <u></u>               |                                 | 28     |                           |
| בַּ                         |    | Organizations that do not follow FASB ASC           | 958, che    | ck here X             |                                 |        |                           |
| [                           |    | and complete lines 29 through 33.                   |             |                       |                                 |        |                           |
| ō<br>ខ្ល                    |    | Capital stock or trust principal, or current fund   |             |                       | 0.                              | 29     | 0                         |
| ğ   30                      |    | Paid-in or capital surplus, or land, building, or   |             | ı                     | 0.                              | 30     | 0                         |
| <b>&amp;</b> 31             |    | Retained earnings, endowment, accumulated           |             |                       | 107,270.                        | 31     | 227,987                   |
| Net Assets or Fund Balances | 2  | Total net assets or fund balances                   |             |                       | 107,270.                        | 32     | 227,987                   |
| 33                          | 3  | Total liabilities and net assets/fund balances      |             |                       | 108,938.                        | 33     | 229,220                   |

Form **990** (2024)

| Pai | T 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        |      | 7,2        |             |  |  |  |
| 2   | Total expenses (must equal Part IX, column (A), line 25)   | 2        |      | 5,5        |             |  |  |  |
| 3   | Revenue less expenses. Subtract line 2 from line 1   | 3        |      | 0,7<br>7,2 | <u> 17.</u> |  |  |  |
| 4   | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  |          |      |            |             |  |  |  |
| 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 on Schedule O)   | 9        |      |            | 0.          |  |  |  |
| 10  | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,                                   |          |      |            |             |  |  |  |
|     | column (B))  | 10       | 22'  | 7,9        | 87.         |  |  |  |
| Pai | t XII Financial Statements and Reporting   |          |      |            |             |  |  |  |
|     | Check if Schedule O contains a response or note to any line in this Part XII   |          |      |            |             |  |  |  |
|     |  |          |      | Yes        | No          |  |  |  |
| 1   | Accounting method used to prepare the Form 990: X Cash Accrual Other   |          |      |            |             |  |  |  |
|     | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.                    |          |      |            |             |  |  |  |
| 2a  | Were the organization's financial statements compiled or reviewed by an independent accountant?                                      |          | 2a   |            | X           |  |  |  |
|     | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed                      | on a     |      |            |             |  |  |  |
|     | separate basis, consolidated basis, or both:   |          |      |            |             |  |  |  |
|     | Separate basis Consolidated basis Both consolidated and separate basis   |          |      |            |             |  |  |  |
| b   | Were the organization's financial statements audited by an independent accountant?   |          | 2b   |            | X           |  |  |  |
|     | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate                     | basis,   |      |            |             |  |  |  |
|     | consolidated basis, or both:   |          |      |            |             |  |  |  |
|     | Separate basis Consolidated basis Both consolidated and separate basis   |          |      |            |             |  |  |  |
| С   | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the                   | audit,   |      |            |             |  |  |  |
|     | review, or compilation of its financial statements and selection of an independent accountant?                                       |          | 2c   |            |             |  |  |  |
|     | If the organization changed either its oversight process or selection process during the tax year, explain on Scho                   | edule O. |      |            |             |  |  |  |
| За  | 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the                   |          |      |            |             |  |  |  |
|     | Uniform Guidance, 2 C.F.R. Part 200, Subpart F?  |          |      |            |             |  |  |  |
| b   | <b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit |          |      |            |             |  |  |  |
|     | or audits, explain why on Schedule O and describe any steps taken to undergo such audits   |          | 3b   |            |             |  |  |  |
|     |  |          | Form | 990        | (2024)      |  |  |  |

#### **SCHEDULE A**

(Form 990)

<u>Total</u>

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990 or Form 990-EZ.

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

<u> 2024</u>

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

**Employer identification number** 

|                         |            | PARK  |  |   | 3-4536424   |                                  |                      |              |                            |  |  |  |
|-------------------------|------------|---|--|---|---|----------------------------------|----------------------|--------------|----------------------------|--|--|--|
| Pa                      | ırt I      | Reason for Public (   | Charity Status.  | (All organizations must c   | omplete th  | nis part.) S                     | ee instruction:      | s.           |                            |  |  |  |
| The<br>1<br>2<br>3<br>4 | orgar      | nization is not a private found A church, convention of che A school described in section A hospital or a cooperative A medical research organizative, and state:   | urches, or associatio<br>i <b>on 170(b)(1)(A)(ii).</b> (<br>hospital service orga  | n of churches described<br>Attach Schedule E (Form<br>anization described in se | in <b>sectio</b><br>1 990).)<br><b>ection 170</b> | n 170(b)(1<br>(b)(1)(A)(ii       | i).                  | (iii). Enter | the hospital's name,       |  |  |  |
| 5                       |            | An organization operated for  | or the benefit of a col  | lege or university owned  | or operate  | ed by a go                       | vernmental ur        | nit describe | ed in                      |  |  |  |
|                         |            | section 170(b)(1)(A)(iv). (C  |  | ,   |   | , 5                              |                      |              |                            |  |  |  |
| 6                       |            |   |  | ment or governmental unit described in section 170(b)(1)(A)(v).                 |   |                                  |                      |              |                            |  |  |  |
| 7                       | X          |   | nization 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). (C  | omplete Part II.)  |   |   |                                  |                      |              |                            |  |  |  |
| 8                       |            | A community trust describe  | ed in <b>section 170(b)(</b>   | (1)(A)(vi). (Complete Part  | : II.)  |                                  |                      |              |                            |  |  |  |
| 9                       |            | An agricultural research org  | anization described  | in section 170(b)(1)(A)(i   | x) operate  | ed in conju                      | inction with a       | land-grant   | college                    |  |  |  |
|                         |            | or university or a non-land-g   | grant college of agrice  | ulture (see instructions).  | Enter the i                                       | name, city                       | , and state of       | the college  | or                         |  |  |  |
|                         |            | university:   |  |   |   |                                  |                      |              |                            |  |  |  |
| 10                      |            | An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) |  |   |   |                                  |                      |              |                            |  |  |  |
| 11                      |            | An organization organized a   | and operated exclusi   | vely to test for public saf   | ety. See  | section 50                       | )9(a)(4).            |              |                            |  |  |  |
| 12                      |            | An organization organized a   | and operated exclusi   | vely for the benefit of, to   | perform tl  | ne functior                      | ns of, or to car     | ry out the   | purposes of one or         |  |  |  |
|                         |            | more publicly supported org   | ganizations describe   | d in <b>section 509(a)(1)</b> o   | r <b>section</b> (                                | 509(a)(2).                       | See <b>section 5</b> | 609(a)(3). ( | Check the box on           |  |  |  |
|                         |            | lines 12a through 12d that  | describes the type of  | f supporting organization   | and com   | plete lines                      | 12e, 12f, and        | 12g.         |                            |  |  |  |
| а                       |            |   | anization operated, su   | upervised, or controlled I  | by its supp                                       | orted orga                       | anization(s), ty     | pically by   | giving                     |  |  |  |
|                         |            | the supported organization  | on(s) the power to rec   | gularly appoint or elect a  | majority o  | f the direc                      | tors or trustee      | es of the su | pporting                   |  |  |  |
|                         | _          | organization. You must o  | complete Part IV, Se   | ections A and B.  |   |                                  |                      |              |                            |  |  |  |
| b                       | ) <u> </u> |   | · ·  |   |   |                                  | -                    |              | -                          |  |  |  |
|                         |            | control or management o   |  |   | ame perso   | ns that co                       | ntrol or manag       | je the supp  | ported                     |  |  |  |
|                         |            | organization(s). You mus  |  |   |   |                                  |                      |              |                            |  |  |  |
| C                       | : [        |   |  |   |   |                                  |                      | y integrate  | ed with,                   |  |  |  |
| _                       | . —        | its supported organization  |  | ·   |   |                                  |                      |              | 4! - · - (-)               |  |  |  |
| C                       |            |   | =  |   |   |                                  |                      | -            |                            |  |  |  |
|                         |            | that is not functionally int  | -  | * *   | •   |                                  | -                    | an attentiv  | /eness                     |  |  |  |
| е                       |            | requirement (see instructi  Check this box if the orga  | •  | - ·   |   |                                  |                      | I Type III   |                            |  |  |  |
| ٠                       | · L        | functionally integrated, or   |  |   |   |                                  | турет, турет         | i, Type iii  |                            |  |  |  |
| f                       | Ente       | er the number of supported of   |  | iany integrated capportin   | ig organiz  | ation.                           |                      |              |                            |  |  |  |
|                         |            | vide the following information  | •  |   |   |                                  |                      |              |                            |  |  |  |
|                         | (          | (i) Name of supported   | (ii) EIN   | (iii) Type of organization  | (iv) Is the orga<br>in your governi               | inization listed<br>no document? | (v) Amount of        | •            | (vi) Amount of other       |  |  |  |
|                         |            | organization  |  | (described on lines 1-10 above (see instructions))                              | Yes   | No                               | support (see in      | structions)  | support (see instructions) |  |  |  |
|                         |            |   |  |   |   |                                  |                      |              |                            |  |  |  |
|                         |            |   |  |   |   |                                  |                      |              |                            |  |  |  |
|                         |            |   |  |   |   |                                  |                      |              |                            |  |  |  |
|                         |            |   |  |   |   |                                  |                      |              |                            |  |  |  |
|                         |            |   |  |   |   |                                  |                      |              |                            |  |  |  |

#### 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.)

| Se   | ction A. Public Support  | 71                        | <u>,</u>             | ,                   |                             |                     |                 |  |
|------|--|---------------------------|----------------------|---------------------|-----------------------------|---------------------|-----------------|--|
| Cale | ndar year (or fiscal year beginning in)  | (a) 2020                  | <b>(b)</b> 2021      | (c) 2022            | (d) 2023                    | (e) 2024            | (f) Total       |  |
|      | Gifts, grants, contributions, and  | , ,                       |                      | ` ,                 |                             | , ,                 | ,,              |  |
|      | membership fees received. (Do not  |                           |                      |                     |                             |                     |                 |  |
|      | include any "unusual grants.")   |                           |                      |                     | 172,331.                    | 335,408.            | 507,739.        |  |
| 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   |                           |                      |                     | 172,331.                    | 335,408.            | 507,739.        |  |
|      | 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)   |                           |                      |                     |                             |                     | 242,118.        |  |
| 6    | Public support. Subtract line 5 from line 4.   |                           |                      |                     |                             |                     | 265,621.        |  |
|      | ction B. Total Support   |                           | •                    | •                   |                             |                     | ,               |  |
| Cale | ndar year (or fiscal year beginning in)  | (a) 2020                  | <b>(b)</b> 2021      | (c) 2022            | (d) 2023                    | (e) 2024            | (f) Total       |  |
|      | Amounts from line 4  |                           |                      |                     | 172,331.                    | 335,408.            | 507,739.        |  |
|      | Gross income from interest,  |                           |                      |                     |                             |                     |                 |  |
|      | dividends, payments received on  |                           |                      |                     |                             |                     |                 |  |
|      | securities loans, rents, royalties,  |                           |                      |                     |                             |                     |                 |  |
|      | and income from similar sources  |                           |                      |                     |                             | 4,882.              | 4,882.          |  |
| 9    | Net income from unrelated business   |                           |                      |                     |                             | -                   | -               |  |
|      | activities, whether or not the   |                           |                      |                     |                             |                     |                 |  |
|      | business is regularly carried on   |                           |                      |                     |                             |                     |                 |  |
| 10   | Other income. Do not include gain  |                           |                      |                     |                             |                     |                 |  |
|      | or loss from the sale of capital   |                           |                      |                     |                             |                     |                 |  |
|      | assets (Explain in Part VI.)   |                           |                      |                     |                             |                     |                 |  |
| 11   | <b>Total support.</b> Add lines 7 through 10   |                           |                      |                     |                             |                     | 512,621.        |  |
|      | Gross receipts from related activities,  | etc. (see instruction     | ons)                 | <u>'</u>            | •                           | 12                  | 10,297.         |  |
|      | First 5 years. If the Form 990 is for the  |                           |                      |                     |                             | 01(c)(3)            |                 |  |
|      | organization, check this box and stop  | -                         |                      |                     |                             |                     | X               |  |
| Se   | ction C. Computation of Publi  | c Support Per             | rcentage             |                     |                             |                     |                 |  |
| 14   | Public support percentage for 2024 (I  | ine 6, column (f), c      | divided by line 11,  | column (f))         |                             | 14                  | %               |  |
| 15   | Public support percentage from 2023  | Schedule A, Part          | II, line 14          |                     |                             | 15                  | %               |  |
| 16a  | 33 1/3% support test - 2024. If the  | organization did no       | ot check the box o   | n line 13, and line | 14 is 33 1/3% or m          | ore, check this box | x and           |  |
|      | stop here. The organization qualifies  | as a publicly supp        | orted organization   | ١                   |                             |                     |                 |  |
| k    | b 33 1/3% support test - 2023. 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 stop here. The organization qual   | ifies as a publicly       | supported organiz    | ation               |                             |                     |                 |  |
| 17a  | 10% -facts-and-circumstances test  | - 2024. If the org        | ganization did not   | check a box on lin  | ie 13, 16a, or 16b, a       | and line 14 is 10%  | or more,        |  |
|      | and if the organization meets the fact   | s-and-circumstanc         | es test, check this  | box and stop he     | <b>ere.</b> Explain in Part | VI how the organiz  | ation           |  |
|      | meets the facts-and-circumstances te   | st. The organization      | on qualifies as a pu | ublicly supported o | organization                |                     |                 |  |
| k    | 10% -facts-and-circumstances test  | - <b>2023.</b> If the orç | ganization did not   | check a box on lin  | e 13, 16a, 16b, or 1        | 7a, and line 15 is  | 10% or          |  |
|      | more, and if the organization meets the  | ne facts-and-circur       | nstances test, che   | ck this box and     | stop here. Explain in       | n Part VI how the   |                 |  |
|      | organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization                     |                           |                      |                     |                             |                     |                 |  |
| 18   | Private foundation. If the organization  | n did not check a         | box on line 13, 16   | a, 16b, 17a, or 17  | b, check this box ar        | nd see instructions | s               |  |
|      |  |                           |                      |                     |                             | Schedule A          | (Form 990) 2024 |  |

#### 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.)

| Section A. Public S   |  | elow, please comp   | nete i art ii.j     |                       |                      |                        |           |
|---|--|---------------------|---------------------|-----------------------|----------------------|------------------------|-----------|
| Calendar year (or fiscal year   | beginning in)                                | (a) 2020            | <b>(b)</b> 2021     | (c) 2022              | (d) 2023             | (e) 2024               | (f) Total |
| 1 Gifts, grants, contrib membership fees rec  | utions, and<br>eived. (Do not                |                     |                     |                       |                      |                        |           |
| include any "unusual  | , l  |                     |                     |                       |                      |                        |           |
| 2 Gross receipts from a<br>merchandise sold or<br>formed, or facilities from any activity that is re<br>organization's tax-ex | services per-<br>urnished in<br>lated to the |                     |                     |                       |                      |                        |           |
| 3 Gross receipts from a are not an unrelated  | trade or bus-                                |                     |                     |                       |                      |                        |           |
| iness under section 5   |  |                     |                     |                       |                      |                        |           |
| 4 Tax revenues levied ization's benefit and or expended on its b  | either paid to                               |                     |                     |                       |                      |                        |           |
| 5 The value of services<br>furnished by a gover<br>the organization with  | or facilities                                |                     |                     |                       |                      |                        |           |
| 6 Total. Add lines 1 th   | rough 5                                      |                     |                     |                       |                      |                        |           |
| <b>7a</b> Amounts included or 3 received from disq  | , , , , , , , , , , , , , , , , , , ,        |                     |                     |                       |                      |                        |           |
| <b>b</b> Amounts included on lines 2 from other than disqualified exceed the greater of \$5,000 amount on line 13 for the ye  | persons that<br>or 1% of the                 |                     |                     |                       |                      |                        |           |
| c Add lines 7a and 7b   |  |                     |                     |                       |                      |                        |           |
| 8 Public support. (Subtr<br>Section B. Total Su   | act line 7c from line 6.)                    |                     |                     |                       |                      |                        |           |
| Calendar year (or fiscal year   | r beginning in)                              | (a) 2020            | <b>(b)</b> 2021     | (c) 2022              | (d) 2023             | (e) 2024               | (f) Total |
| 9 Amounts from line 6   |  |                     | , ,                 | , ,                   | , ,                  |                        | ,,        |
| 10a Gross income from in<br>dividends, payments<br>securities loans, rent<br>and income from sim                              | nterest,<br>received on<br>s, royalties,     |                     |                     |                       |                      |                        |           |
| <b>b</b> Unrelated business taxa  | Г  |                     |                     |                       |                      |                        |           |
| (less section 511 taxes) acquired after June 30,  |  |                     |                     |                       |                      |                        |           |
| c Add lines 10a and 10  |  |                     |                     |                       |                      |                        |           |
| 11 Net income from unr<br>activities not include<br>whether or not the b<br>regularly carried on                              | elated business<br>d on line 10b,            |                     |                     |                       |                      |                        |           |
| 12 Other income. Do no or loss from the sale assets (Explain in Pa  | of capital                                   |                     |                     |                       |                      |                        |           |
| 13 Total support. (Add lines  | · · · · · · · · · · · · · · · · · · ·        |                     |                     |                       |                      |                        |           |
| 14 First 5 years. If the f  | orm 990 is for th                            | e organization's fi | rst, second, third, | fourth, or fifth tax  | year as a section 5  | 501(c)(3) organization | on,       |
| check this box and s  |  |                     |                     |                       |                      |                        |           |
| Section C. Compute  |  |                     |                     |                       |                      |                        |           |
| 15 Public support perce   | •  |                     | •                   | column (f))           |                      | 15                     | %         |
| 16 Public support perce   |  |                     |                     |                       |                      | 16                     | %         |
| Section D. Computa  |  |                     |                     |                       |                      | т т                    |           |
| 17 Investment income p  |  |                     |                     |                       |                      | 17                     | %         |
| 18 Investment income p  |  |                     |                     |                       |                      | 18                     | <u>%</u>  |
| 19a 33 1/3% support tes   |  |                     |                     |                       |                      |                        | / is not  |
| more than 33 1/3%, 6 b 33 1/3% support tes  | ts - 2023. If the                            | organization did n  | not check a box or  | n line 14 or line 19a | a, and line 16 is mo | ore than 33 1/3%, a    | nd        |
| line 18 is not more th  | nan 33 1/3%, ched                            | ck this box and st  | op here. The orga   | anization qualifies a | as a publicly suppo  | orted organization     |           |
| 20 Private foundation.  | If the organization                          | n did not check a   | box on line 14 19   | a or 19b check th     | nis box and see ins  | structions             | 1 1       |

432023 01-14-25

Schedule A (Form 990) 2024

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

  If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

|     | Yes | No |
|-----|-----|----|
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| 1   |     |    |
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| 9b  |     |    |
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| 9с  |     |    |
|     |     |    |
| 10a |     |    |
|     |     |    |
| 10b |     |    |

| Га       | Gupporting Organizations (continued)   |     | 1   |                |
|----------|--|-----|-----|----------------|
|          |  |     | 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 on lines 11b and   |     |     |                |
|          | 11c below, the governing body of a supported organization?   | 11a |     | <u> </u>       |
|          | A family member of a person described on line 11a above?   | 11b |     |                |
| С        | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,   |     |     |                |
| Sac      | provide detail in Part VI.  Stion B. Type I Supporting Organizations   | 11c |     |                |
| 360      | tion b. Type i Supporting Organizations  |     | 1,, |                |
|          |  |     | Yes | No             |
| 1        | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, |     |     |                |
|          | directors, or trustees at all times during the tax year? If "No," describe in <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 officers, directors, or trustees were allocated among the   |     |     |                |
| 2        | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization operate for the benefit of any supported organization other than the supported                                    |     |     |                |
| _        | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in   |     |     |                |
|          | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,  |     |     |                |
|          | supervised, or controlled the supporting organization.   | 2   |     |                |
| Sec      | stion 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   |     | 100 |                |
| •        | or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control   |     |     |                |
|          | or management of the 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 on line 2, above, did the organization's supported organizations have a  |     |     |                |
|          | significant voice in the organization's investment policies and in directing the use of the organization's   |     |     |                |
|          | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's   |     |     |                |
| <u>C</u> | 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 year (see instructions  | 3). |     |                |
| a        | 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 governmental   |     |     |                |
| •        | entity (see instructions).   |     | V   | N <sub>2</sub> |
| 2        | Activities Test. Answer lines 2a and 2b below.   |     | Yes | No             |
| а        | 3  |     |     |                |
|          | 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  | 2a  |     |                |
| h        | that these activities constituted substantially all of its activities.  Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,  | Za  |     |                |
| D        | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in   |     |     |                |
|          |  |     |     |                |
|          | Part VI 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. <b>Answer lines 3a and 3b below.</b>  |     |     |                |
| а        |  |     |     |                |
| u        | trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .   | 3a  |     |                |
| b        | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each  |     |     |                |
| _ ~      | of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.   | 3b  |     |                |

| 4 | Efficient greater of life 2 of life 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-functionally integrated Type III supporting organization (see |   |  |  |  |
|   | instructions).  |   |  |  |  |

1

2

3

Adjusted net income for prior year (from Section A, line 8, column A)

Minimum asset amount for prior year (from Section B, line 8, column A)

Schedule A (Form 990) 2024

1

Enter 0.85 of line 1.

Schedule A (Form 990) 2024

e Excess from 2024

432028 01-14-25 Schedule A (Form 990) 2024

### Schedule B (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

### **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

PARKING REFORM NETWORK

83-4536424

| Organization type (check one): |   |   |  |  |  |  |  |
|--------------------------------|---|---|--|--|--|--|--|
| Filers of:                     |   | Section:  |  |  |  |  |  |
| Form 990                       | or 990-EZ   | $\boxed{\textbf{X}}$ 501(c)( $3$ ) (enter number) organization  |  |  |  |  |  |
|                                |   | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation  |  |  |  |  |  |
|                                |   | 527 political organization  |  |  |  |  |  |
| Form 990                       | )-PF  | 501(c)(3) exempt private foundation   |  |  |  |  |  |
|                                |   | 4947(a)(1) nonexempt charitable trust treated as a private foundation   |  |  |  |  |  |
|                                |   | 501(c)(3) taxable private foundation  |  |  |  |  |  |
| Note: Or                       | nly a section 501(c)(7  | covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.  |  |  |  |  |  |
| General                        | Rule  |   |  |  |  |  |  |
|                                |   | filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.  |  |  |  |  |  |
| Special I                      | Rules   |   |  |  |  |  |  |
|                                | For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.  |   |  |  |  |  |  |
|                                | For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.   |   |  |  |  |  |  |
|                                | For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$ |   |  |  |  |  |  |
| answer "                       | No" on Part IV, line  | at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990). |  |  |  |  |  |

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (Rev. 12-2024)

Name of organization Employer identification number

#### PARKING REFORM NETWORK

83-4536424

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional | space is needed.           |  |
|------------|---|----------------------------|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 1          |   | \$5,260.                   | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 2          |   | \$\$                       | Person X Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution   |
| 3          |   | \$ <u>12,000.</u>          | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 4          |   | \$5,000.                   | Person X Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions    | (d) Type of contribution   |
| 5          |   | \$5,696.                   | Person Payroll Noncash X (Complete Part II for noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 6          |   | \$\$                       | Person X Payroll   |

Name of organization

Employer identification number

### PARKING REFORM NETWORK

83-4536424

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if ad | ditional space is needed.  |  |
|------------|---|----------------------------|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                     | (c) Total contributions    | (d) Type of contribution   |
| 7          |   | \$\$                       | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                     | (c) Total contributions    | (d) Type of contribution   |
|            |   |                            | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                     | (c)<br>Total contributions | (d) Type of contribution   |
|            |   | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                     | (c) Total contributions    | (d)<br>Type of contribution  |
|            |   | \$                         | Person Payroll Oncash Complete Part II for noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                     | (c) Total contributions    | (d) Type of contribution   |
|            |   | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                     | (c)<br>Total contributions | (d)<br>Type of contribution  |
|            |   |                            | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Name of organization Employer identification number

### PARKING REFORM NETWORK

83-4536424

| Part II                      | rt II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. |   |                                |  |  |  |  |
|------------------------------|---|---|--------------------------------|--|--|--|--|
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given  | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received           |  |  |  |  |
| 5                            | 25 SHARES OF AAPLE STOCK  |   |                                |  |  |  |  |
|                              |   | \$5,696.                                  | 10/03/24                       |  |  |  |  |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given  | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received           |  |  |  |  |
|                              |   | \$  |                                |  |  |  |  |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given  | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received           |  |  |  |  |
|                              |   | \$  |                                |  |  |  |  |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given  | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received           |  |  |  |  |
|                              |   | \$  |                                |  |  |  |  |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given  | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received           |  |  |  |  |
|                              |   | \$  |                                |  |  |  |  |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given  | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received           |  |  |  |  |
|                              |   |   |                                |  |  |  |  |
| 400450 04 00                 |   | \$  | la B (Farm 200) (Barr 40 2004) |  |  |  |  |

Name of organization **Employer identification number** PARKING REFORM NETWORK 83-4536424 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE C**

(Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

| • Section 501(c)(4), (5), or (6) organizations: Complete Part III. |                                    |   |                        |   |                            |  |  |
|--|------------------------------------|---|------------------------|---|----------------------------|--|--|
| Name of o  | oloyer identification number (EIN) |   |                        |   |                            |  |  |
|  | PARKING                            | 83-4536424  |                        |   |                            |  |  |
| Part I-A   | Complete if the org                | anization is exempt und   | ler section 501(c)     | or is a section 527 c   | rganization.               |  |  |
| 2 Politi   | cal campaign activity expendit     | ration's direct and indirect politic<br>ures<br>gn activities               |                        |   |                            |  |  |
| Part I-E   | Complete if the org                | janization is exempt und  | ler section 501(c)(    | 3).   |                            |  |  |
| 1 Enter  |                                    | incurred by the organization und  |                        |   | \$                         |  |  |
| 2 Enter  | the amount of any excise tax       | incurred by organization manag  | ers under section 4955 |   | \$                         |  |  |
|  |                                    | n 4955 tax, did it file Form 4720   |                        |   |                            |  |  |
|  |                                    |   |                        |   |                            |  |  |
|  | es," describe in Part IV.          |   |                        |   |                            |  |  |
| Part I-0   | C Complete if the org              | janization is exempt und  | ler section 501(c),    | except section 501  | c)(3).                     |  |  |
| 1 Enter  | the amount directly expended       | by the filing organization for se   | ection 527 exempt func | tion activities   | \$                         |  |  |
|  | 0 0                                | ization's funds contributed to of   | •                      |   |                            |  |  |
|  |                                    |   |                        |   | \$                         |  |  |
|  | •                                  | s. Add lines 1 and 2. Enter here a  |                        | ,   |                            |  |  |
|  |                                    |   |                        |   | \$                         |  |  |
|  |                                    | 1120-POL for this year?   |                        |   |                            |  |  |
|  |                                    | INs of all section 527 political or<br>nt paid from the filing organization |                        |   |                            |  |  |
| J  | ,                                  | separate political organization,  |                        | •   |                            |  |  |
| •  | ditional space is needed, provide  |   | ouen de d'osparate esg | regarea ranta en a pentida.   | <u> </u>                   |  |  |
|  | (a) Name                           | (b) Address   | (c) EIN                | (d) Amount paid from<br>filing organization's<br>funds. If none, enter -0 | contributions received and |  |  |
|  |                                    |   |                        |   |                            |  |  |
|  |                                    |   |                        |   |                            |  |  |
|  |                                    |   |                        |   |                            |  |  |
|  |                                    |   |                        |   |                            |  |  |
| _  |                                    |   |                        |   |                            |  |  |
|  |                                    |   |                        |   |                            |  |  |

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

Schedule C (Form 990) 2024

Calendar year (or fiscal year beginning in)

(a) 2021
(b) 2022
(c) 2023
(d) 2024
(e) Total

2a Lobbying nontaxable amount
b Lobbying ceiling amount (150% of line 2a, column(e))

c Total lobbying expenditures

d Grassroots nontaxable amount
e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Schedule C (Form 990) 2024

### Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description |   | (a)                          |                   | (b)               |         |
|---|---|------------------------------|-------------------|-------------------|---------|
|   | e lobbying activity.  | Yes                          | No                | Amo               | ount    |
| 1   | During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter   |                              |                   |                   |         |
|   | or referendum, through the use of:  |                              | 37                |                   |         |
|   | Volunteers?   | X                            | X                 |                   |         |
|   | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  |                              | Х                 |                   |         |
|   | Media advertisements?  Mailings to members, legislators, or the public?   |                              | X                 |                   |         |
|   | Publications, or published or broadcast statements?   |                              | X                 |                   |         |
|   | Grants to other organizations for lobbying purposes?  |                              | Х                 |                   |         |
| g   |   | X                            |                   | 1                 | .,184.  |
| h   | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?   |                              | X                 |                   |         |
| i   | Other activities?   |                              | X                 |                   |         |
| j   | Total. Add lines 1c through 1i  |                              |                   | 1                 | .,184.  |
|   | Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?   |                              | X                 |                   |         |
|   | If "Yes," enter the amount of any tax incurred under section 4912   |                              |                   |                   |         |
|   | If "Yes," enter the amount of any tax incurred by organization managers under section 4912  |                              |                   |                   |         |
|   | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  **T III-A   Complete if the organization is exempt under section 501(c)(4), section   | n 501(c)(/                   | 5) or sec         | tion              |         |
| ıaı   | 501(c)(6).  | 11 30 1(0)(                  | <i>J</i> , 01 360 | , tion            |         |
|   |   |                              |                   | Yes               | No      |
| 1   | Were substantially all (90% or more) dues received nondeductible by members?  |                              | 1                 |                   |         |
| 2   | Did the organization make only in-house lobbying expenditures of \$2,000 or less?   |                              |                   |                   |         |
| 3   | Did the organization agree to carry over lobbying and political campaign activity expenditures from the   |                              |                   |                   |         |
| Par   | t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  |                              |                   |                   | e 3, is |
| 1   | Dues, assessments, and similar amounts from members   |                              | 1                 |                   |         |
| 2   | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)   |                              |                   |                   |         |
|   | expenses for which the section 527(f) tax was paid):  |                              |                   |                   |         |
| а   | Current year  |                              | 2a                |                   |         |
| b   | Carryover from last year  |                              | 2b                |                   |         |
| С   | Total   |                              | 2c                |                   |         |
| 3   |   |                              | 3                 |                   |         |
| 4   | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc  |                              |                   |                   |         |
|   | does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p   |                              |                   |                   |         |
| _   | expenditures next year?   |                              |                   |                   |         |
| 5<br>Par  | Taxable amount of lobbying and political expenditures. See instructions  t IV Supplemental Information  |                              | 5                 |                   |         |
| PAI<br>THI<br>LEC<br>LEV  | ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group actions); and Part II-B, line 1. Also, complete this part for any additional information.  RT II-B, LINE 1G  E PARKING REFORM NETWORK ENDORSES AND PROVIDES GUIDAGES AND PREPARE ENDORSEMENT LETTERS, TESTARINGS, PRESS CONFERENCES, AND/OR CONSULT DIRECTLY VARINGS, PRESS CONFERENCES, AND/OR CONSULT DIRECTLY VARINGS. | NCE ON<br>CAL, AN<br>CIFY AT | N SELE<br>ND NAT  | CT<br>IONAL<br>IC |         |
| <u>THI</u>  | EIR STAFFS, GOVERNMENT OFFICIALS, OR A LEGISLATIVE E  | BODY.                        |                   |                   |         |
|   |   |                              |                   |                   |         |

## SCHEDULE D (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

PARKING REFORM NETWORK

**Employer identification number** 83-4536424

| Par | organizations Maintaining Donor Advised<br>organization answered "Yes" on Form 990, Part IV, line  |                           | ' Si  | milar Funds o        | or Ac       | cour          | nts. Complete if the            |
|-----|--|---------------------------|-------|----------------------|-------------|---------------|---------------------------------|
|     |  | (a) Donor adv             | rised | funds                | (           | <b>b)</b> Fun | ds and other accounts           |
| 1   | Total number at end of year  | . ,                       |       |                      |             |               |                                 |
| 2   | Aggregate value of contributions to (during year)  |                           |       |                      |             |               |                                 |
| 3   | Aggregate value of grants from (during year)   |                           |       |                      |             |               |                                 |
| 4   | Aggregate value at end of year   |                           |       |                      |             |               |                                 |
| 5   | Did the organization inform all donors and donor advisors in v   | vriting that the assets   | held  | d in donor advise    | d fund      | ls            |                                 |
|     | are the organization's property, subject to the organization's e   | -                         |       |                      |             |               | Yes No                          |
| 6   | Did the organization inform all grantees, donors, and donor ad   |                           |       |                      |             |               |                                 |
|     | for charitable purposes and not for the benefit of the donor or  |                           |       |                      |             |               |                                 |
|     | impermissible private benefit?   |                           |       |                      |             |               | Yes No                          |
| Par | t II Conservation Easements. Complete if the org   | ganization answered "     | Yes   | ' on Form 990, P     | art IV,     | line 7.       |                                 |
| 1   | Purpose(s) of conservation easements held by the organization  | on (check all that apply  | y).   |                      |             |               |                                 |
|     | Preservation of land for public use (for example, recreat  | tion or education)        |       | Preservation of      | a histo     | rically       | important land area             |
|     | Protection of natural habitat  |                           |       | Preservation of      | a certi     | fied his      | storic structure                |
|     | Preservation of open space   |                           |       |                      |             |               |                                 |
| 2   | Complete lines 2a through 2d if the organization held a qualifi  | ied conservation conti    | ribu  | tion in the form o   | f a cor     | nserva        |                                 |
|     | 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 stru  | ucture included on line   | e 2a  |                      |             | 2c            |                                 |
| d   | Number of conservation easements included on line 2c acqui   |                           |       |                      |             |               |                                 |
|     | on a historic structure listed in the National Register  |                           |       |                      |             | 2d            |                                 |
| 3   | Number of conservation easements modified, transferred, rele   | eased, extinguished, o    | or te | rminated by the o    | organiz     | zation        | during the tax                  |
|     | year   |                           |       |                      |             |               |                                 |
| 4   | Number of states where property subject to conservation eas  |                           |       |                      |             |               |                                 |
| 5   | Does the organization have a written policy regarding the peri   |                           | ectio | on, handling of      |             |               |                                 |
|     | violations, and enforcement of the conservation easements it   |                           |       |                      |             |               | Yes No                          |
| 6   | Staff and volunteer hours devoted to monitoring, inspecting, I   | handling of violations,   | anc   | l enforcing conse    | ervatio     | n ease        | ements during the year          |
| 7   | Amount of expenses incurred in monitoring, inspecting, hand  | ling of violations, and   | enfo  | orcing conservati    | on eas      | ement         | ts during the year              |
| •   | December 2012 and 1012 and 101 |                           |       | of a a ation 170/b)/ | (A) (D) (i) |               |                                 |
| 8   | Does each conservation easement reported on line 2d above  |                           |       |                      |             |               | Yes No                          |
| 9   | and section 170(h)(4)(B)(ii)?  |                           |       |                      |             |               | — —                             |
| 9   | balance sheet, and include, if applicable, the text of the footn   |                           |       |                      |             |               |                                 |
|     | organization's accounting for conservation easements.  | ote to the organization   | 1131  | manolal statemen     | 113 1116    | ii ucsc       | nibes tric                      |
| Par | t III Organizations Maintaining Collections of   | Art, Historical T         | rea   | sures, or Oth        | ner S       | mila          | r Assets.                       |
|     | Complete if the organization answered "Yes" on Form  | 990, Part IV, line 8.     |       |                      |             |               |                                 |
| 1a  | If the organization elected, as permitted under FASB ASC 958   | 8, not to report in its r | ever  | nue statement an     | id bala     | ınce sh       | neet works                      |
|     | of art, historical treasures, or other similar assets held for pub   | lic exhibition, education | on,   | or research in fur   | theran      | ce of p       | oublic                          |
|     | service, provide in Part XIII the text of the footnote to its finan  | icial statements that d   | desc  | ribes these items    | S.          |               |                                 |
| b   | If the organization elected, as permitted under FASB ASC 958   | 8, to report in its rever | nue   | statement and ba     | alance      | sheet         | works of                        |
|     | art, historical treasures, or other similar assets held for public   | exhibition, education,    | , or  | research in furthe   | erance      | of pub        | olic service,                   |
|     | provide the following amounts relating to these items.   |                           |       |                      |             |               |                                 |
|     | (i) Revenue included on Form 990, Part VIII, line 1  |                           |       |                      |             |               | \$                              |
|     |  |                           |       |                      |             |               | \$                              |
| 2   | If the organization received or held works of art, historical treat  | asures, or other simila   | r as  | sets for financial   | gain, p     | orovide       | )                               |
|     | the following amounts required to be reported under FASB AS  |                           |       |                      |             |               |                                 |
| а   | Revenue included on Form 990, Part VIII, line 1  |                           |       |                      |             |               | \$                              |
| b   |  |                           |       |                      |             |               | \$                              |

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

Schedule D (Form 990) (Rev. 12-2024)

#### Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10

| Description of property                               | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land   |                                      |                                 |                              |                |
| <b>b</b> Buildings                                    |                                      |                                 |                              |                |
| c Leasehold improvements                              |                                      |                                 |                              |                |
| d Equipment   |                                      | 4,448.                          | 770.                         | 3,678.         |
| e Other   |                                      |                                 |                              |                |
| Total. Add lines 1a through 1e. (Column (d) must equa | l Form 990. Part X. line 1           | 0c. column (B))                 |                              | 3,678.         |

Schedule D (Form 990) (Rev. 12-2024)

| (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, line 12, col. (B))  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   | 3. St or end-of-year market value |
|--|-----------------------------------|
| 2) Closely held equity interests  (A)  (B)  (C)  (D)  (E)  (F)  (G)  (H)  (tal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))  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: Cos (1)  (2)  (3)  (4)  (5)  (6) |                                   |
| (A)  |                                   |
| (A) (B) (C) (D) (E) (F) (G) (H) (b) must equal Form 990, Part X, line 12, col. (B))  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: Cos (1) (2) (3) (4) (5) (6)   |                                   |
| (B) (C) (D) (E) (F) (G) (H) (otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))  Part VIII Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13c. (a) Description of investment (b) Book value (c) Method of valuation: Cos (1) (2) (3) (4) (5) (6)  |                                   |
| (C) (D) (E) (F) (G) (H)  Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))  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: Cos (1) (2) (3) (4) (5) (6)   |                                   |
| (D) (E) (F) (G) (H) (otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))  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: Cos (1) (2) (3) (4) (5) (6)  |                                   |
| (E) (F) (G) (H)  Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))  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: Cos  (1) (2) (3) (4) (5) (6)   |                                   |
| (F) (G) (H)  Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))  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: Cos  (1) (2) (3) (4) (5) (6)   |                                   |
| (H)  Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))  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: Cos (1)  (2)  (3)  (4)  (5)  (6)   |                                   |
| Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))  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: Cos (1) (2) (3) (4) (5) (6)  |                                   |
| Part VIII Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13c.  (a) Description of investment (b) Book value (c) Method of valuation: Cos (1)  (2)  (3)  (4)  (5)  (6)  |                                   |
| (a) Description of investment       (b) Book value       (c) Method of valuation: Cos         (1)       (2)         (3)       (4)         (5)       (6)  |                                   |
| (1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)   | st or end-or-year market value    |
| (2)<br>(3)<br>(4)<br>(5)<br>(6)  |                                   |
| (3)<br>(4)<br>(5)<br>(6)   |                                   |
| (4)<br>(5)<br>(6)  |                                   |
| (5)<br>(6)   |                                   |
| (6)  |                                   |
|  |                                   |
| (-)  |                                   |
| (8)  |                                   |
| (9)  |                                   |
| Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))   |                                   |
| 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)  |                                   |
| (3)<br>(4)   |                                   |
| (5)  |                                   |
| (6)  |                                   |
| (7)  |                                   |
| (8)  |                                   |
| (9)  |                                   |
| Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))   |                                   |
| Part X Other Liabilities   |                                   |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X,   |                                   |
| 1. (a) Description of liability  | (b) Book value                    |
| (1) Federal income taxes   | 4 000                             |
| (2) CREDIT CARD  | 1,233                             |
| (3)  |                                   |
| (4)  |                                   |
| (5)  |                                   |
| (6)  |                                   |
| (7)  |                                   |
| (8)  |                                   |
| (9)  | 1,233                             |
| Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))  Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial stater   |                                   |

432053 01-02-25

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) (Rev. 12-2024)

# SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service (Rev. December 2024)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public** Inspection

|   |  | 20                                       | 10 www.ii s.gov/i 011           | ilisso ioi ilistiact                 | ons and the latest               | III OI III ationi.                                    |  |  |                                 |
|---|--|--|---------------------------------|--------------------------------------|----------------------------------|---|--|--|---------------------------------|
| Name of the organization                  | PARKING  | REFORM NETWORK                           | VORK                            |                                      |                                  |   |  | Employer identification number<br>83–4536424 | lentification number 83-4536424 |
| Part I General Info                       | General Information on Grants and Assistance   | nd Assistance                            |                                 |                                      |                                  |   |  |  |                                 |
| 1 Does the organizar                      | Does the organization maintain records to substantiate the amount of the criteria used to award the grants or assistance?  | o substantiate the                       |                                 | or assistance, the                   | grantees' eligibility            | for the grants or assis                               | ne grants or assistance, the grantees' eligibility for the grants or assistance, and the selection   | on Yes                                       | SN X                            |
| 2 Describe in Part IV                     | Describe in Part IV the organization's procedures for monitoring the use   | cedures for monito                       |                                 | of grant funds in the United States. | States.                          |   |  | ]  |                                 |
| art II                                    | Grants and Other Assistance to Domestic Organizations and Domestic Governments. Con recipient that received more than \$5,000. Part II can be duplicated if additional space is needed | Domestic Organiz<br>5,000. Part II can t | ations and Domestic             | Governments. Conal space is need     | complete if the orga<br>ed.      | ınization answered "Y                                 | <b>Domestic Governments.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any d if additional space is needed. | IV, line 21, for any                         |                                 |
| 1 (a) Name and add or gove                | 1 (a) Name and address of organization or government   | (b) EIN                                  | (c) IRC section (if applicable) | (d) Amount of<br>cash grant          | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance  | (h) Purpose of grant<br>or assistance        | f grant<br>ice                  |
|   |  |  |                                 |                                      |                                  |   |  |  |                                 |
|   |  |  |                                 |                                      |                                  |   |  |  |                                 |
|   |  |  |                                 |                                      |                                  |   |  |  |                                 |
|   |  |  |                                 |                                      |                                  |   |  |  |                                 |
|   |  |  |                                 |                                      |                                  |   |  |  |                                 |
|   |  |  |                                 |                                      |                                  |   |  |  |                                 |
| 2 Enter total number 3 Enter total number | 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.                 | nd government org                        | anizations listed in the        |                                      |                                  |   |  |  |                                 |
| ۵   | ion Act Notice, see the  | e Instructions for                       | Form 990.                       |                                      |                                  |   | Sche   | Schedule I (Form 990) (Rev. 12-2024)         | ev. 12-2024)                    |

| Schedule | (Form 990) (F                    | lev. 12 | -2024) | ΡŹ   | RK1    | NG    | REFO      | RM ]   | Schedule I (Form 990) (Rev. 12-2024) PARKING REFORM NETWORK                      |
|----------|----------------------------------|---------|--------|------|--------|-------|-----------|--------|--|
| Part III | Grants and Other Assistance to D | Other   | Assis  | tanc | e to D | omest | ic Indivi | duals. | Part III Grants and Other Assistance to Domestic Individuals. Complete if the or |

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.

Page 2

83-4536424

| (a) Type of grant or assistance   | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-<br>cash assistance                                       | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---|--------------------------|--------------------------|---|---|---------------------------------------|
| STIPENDS  | L                        | .005,5                   | .0  |   |                                       |
|   |                          |                          |   |   |                                       |
|   |                          |                          |   |   |                                       |
|   |                          |                          |   |   |                                       |
|   |                          |                          |   |   |                                       |
| Part IV Supplemental Information. Provide the information required in I | uired in Part I, line    | 2; Part III, column      | Part I, line 2; Part III, column (b); and any other additional information. | ditional information.                                 |                                       |
|   |                          |                          |   |   |                                       |
|   |                          |                          |   |   |                                       |
|   |                          |                          |   |   |                                       |
|   |                          |                          |   |   |                                       |
|   |                          |                          |   |   |                                       |
|   |                          |                          |   |   |                                       |
|   |                          |                          |   |   |                                       |
|   |                          |                          |   |   |                                       |
|   |                          |                          |   |   |                                       |
|   |                          |                          |   |   |                                       |
|   |                          |                          |   |   |                                       |
|   |                          |                          |   |   |                                       |
|   |                          |                          |   |   |                                       |

432102 01-18-25

#### SCHEDULE O (Form 990)

(Rev. December 2024)
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 Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

PARKING REFORM NETWORK 83-4536424 FORM 990 DESCRIPTION OF ORGANIZATION MISSION: PART Ι LINE 1, THE PARKING REFORM NETWORK EDUCATES THE PUBLIC ABOUT THE IMPACT OF EQUITY, PARKING POLICY ON CLIMATE CHANGE, HOUSING, AND TRAFFIC. PARTNERSHIP WITH ALLIED ORGANIZATIONS, WE ACCELERATE THE ADOPTION OF COALITION-BUILDING, AND CRITICAL PARKING REFORMS THROUGH RESEARCH, DIRECT ADVOCACY. FORM 990 PART III, LINE DESCRIPTION OF ORGANIZATION MISSION: 1 THE PARKING REFORM NETWORK EDUCATES THE PUBLIC ABOUT THE IMPACT OF PARKING POLICY ON CLIMATE CHANGE, EQUITY, HOUSING, AND TRAFFIC. PARTNERSHIP WITH ALLIED ORGANIZATIONS, WE ACCELERATE THE ADOPTION OF CRITICAL PARKING REFORMS THROUGH RESEARCH, COALITION-BUILDING DIRECT ADVOCACY. SECTION B FORM 990 PART VI LINE 11B: 990 COPY OF IS DISTRIBUTED TO BOARD OF DIRECTORS BEFORE SECTION C, FORM 990 PART VI, LINE THEY ARE NOT AVAILABLE. FORM 990, PART IX, LINE 11G, OTHER FEES: CONSULTANTS: PROGRAM SERVICE EXPENSES 4,460 MANAGEMENT AND GENERAL EXPENSES 14,982. 6,225 FUNDRAISING EXPENSES 25,667. TOTAL EXPENSES TOTAL OTHER FEES ON FORM 990, PARTIX, LINE 11G, COL 25,667.

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

Schedule O (Form 990) (Rev. 12-2024)