Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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.

Open to Public Inspection

Department of the Treasury

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EEA

Go to www.irs.gov/Form990EZ for instructions and the latest information. Internal Revenue Service , 20 , 2024, and ending A For the 2024 calendar year, or tax year beginning D Employer identification number C Name of organization Check if applicable: 46-4501937 MUSEUM OF VANNING AND HALL OF FAME Address change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change (727)863-7033Initial return 12101 CHUCK CIRCLE Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Number HUDSON, FL 34669 Application pending H Check | if the organization is not Other (specify): x Cash Accrual G Accounting Method: required to attach Schedule B WWW. VANNINGMUSEUM. COM Website: (Form 990).) (insert no.) 4947(a)(1) or 527 x 501(c)(3) 501(c) (Tax-exempt status (check only one) -Other: Association x Corporation Trust K Form of organization: Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ 75,080 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Contributions, gifts, grants, and similar amounts received 46,006 Program service revenue including government fees and contracts Membership dues and assessments 22,753 Investment income 2,400 4 Gross amount from sale of assets other than inventory 5a 5a Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 5c Gaming and fundraising events: 6 Gross income from gaming (attach Schedule G if greater than of contributions Gross income from fundraising events (not including \$ Re from fundraising events reported on line 1) (attach Schedule G if the 6b 3,921 Less: direct expenses from gaming and fundraising events 6c 3,059 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 862 Gross sales of inventory, less returns and allowances 7a Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) Other revenue (describe in Schedule O) 8 8 72,021 Grants and similar amounts paid (list in Schedule O) 10 10 Benefits paid to or for members 11 11 Salaries, other compensation, and employee benefits 12 Expenses Professional fees and other payments to independent contractors 13 668 13 Occupancy, rent, utilities, and maintenance 14 10,840 Printing, publications, postage, and shipping 15 2,335 15 Other expenses (describe in Schedule O) 16 30,571 Total expenses. Add lines 10 through 16 17 44,414 Excess or (deficit) for the year (subtract line 17 from line 9) 18 27,607 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 end-of-year figure reported on prior year's return) 221,269 Other changes in net assets or fund balances (explain in Schedule O) 20 (10,085)

Net assets or fund balances at end of year. Combine lines 18 through 20

For Paperwork Reduction Act Notice, see the separate instructions.

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238,791

Form 990-EZ (2024)

Part I		ING AND HALL OF FAME		40-45	01937	7 Page 2
	Check if the organization used Sch	nedule O to respond to any	question in this Part	11		X
20				(A) Beginning of year		B) End of year
	Cash, savings, and investments		4	80,742	22	98,264
	Land and buildings			119,620	23	119,620
	Other assets (describe in Schedule O)		1	20,907	24	20,907
	Total liebilities (described Colored C		₹	221,269	25	238,791
	Total liabilities (describe in Schedule O)			0	26	0
27 Part II	Net assets or fund balances (line 27 of column Statement of Program Samina A			221,269	27	238,791
	Statement of Program Service A Check if the organization used Scl	hedule O to recoord to any	nstructions for Part I	II)		Expenses
What is t	the organization's primary exempt purpose?	MISEIM DEDICATED TO	QUESTION IN THIS PAIN	. 111		red for section
				· · · · · · · · · · · · · · · · · · ·	501(c)(3) and 501(c)(4)
is measi	the organization's program service accomplish ured by expenses. In a clear and concise mann	nments for each of its three large ner, describe the services provide	est program services,			cations; optional for
ersons l	benefited, and other relevant information for ea	ch program title.	o, are number of		others.	,
28 OP	PERATION OF MUSEUM DEDICATED	TO THE HISTORY OF VA	NS			
(Gi	rants \$) If t	his amount includes foreign grar	its, check here		28a	25,893
29		· · · · · · · · · · · · · · · · · · ·				
5						
·						
(Gr 30	rants \$) If t	his amount includes foreign gran	its, check here		29a	
			· · · · · · · · · · · · · · · · · · ·			
(Gr	rants \$) If the	his amount includes foreign gran	ta obook boro			
-	her program services (describe in Schedule O)		the state of the s		30a	
		nis amount includes foreign gran			31a	
32 Tot	tal program service expenses (add lines 28a	through 31a)		<u> </u>	32	0F 000
Part IV	List of Officers, Directors, Truste	ees, and Key Employees(I	st each one even if not	compensated-see the		25,893
	Check if the organization used Sch			JOHN DON JORGE THE	instruct	ions for Part IV)
		edule O to respond to any	question in this Part		instruct	ions for Part IV)
		edule O to respond to any	question in this Part (c) Reportable	(d) Health benefits,	instruct	ions for Part IV)
	(a) Name and title	edule O to respond to any (b) Average hours per week	(c) Reportable compensation	(d) Health benefits, contributions to employee	(e) E	stimated amount of
		edule O to respond to any (b) Average	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits,	(e) E	
	(a) Name and title	edule O to respond to any (b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC/	(d) Health benefits, contributions to employee benefit plans, and	(e) E	stimated amount of
	(a) Name and title MADONIA	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and	(e) E	stimated amount of
IRECT	(a) Name and title MADONIA OR	edule O to respond to any (b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and	(e) E	stimated amount of
IRECT((a) Name and title MADONIA OR MADONIA	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and	(e) E	stimated amount of
IRECTO ONNIE IRECTO	(a) Name and title MADONIA OR MADONIA OR	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and	(e) E	stimated amount of
IRECTO ONNIE IRECTO YNN H	(a) Name and title MADONIA OR MADONIA OR ARMONSON	(b) Average hours per week devoted to position 20.00	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and	(e) E	stimated amount of
IRECTO ONNIE IRECTO YNN H	(a) Name and title MADONIA OR MADONIA OR ARMONSON	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and	(e) E	stimated amount of
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Form 990-EZ (2024)

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Par	t V Other Information (Note the Schedule A and personal benefit contract statement	requirements in th	01937		Page
	instructions for Part V.) Check if the organization used Schedule O to respond to an	y question in this P	art V.		. Г
00				Yes	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide	a			
34	detailed description of each activity in Schedule O		• 33		X
O-T	Were any significant changes made to the organizing or governing documents? If "Yes," attach a confort	med			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	ne			
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from busin		- 34		X
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	ess			
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation i	n Schodulo O	35a	 	X
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e)	notice	35b		
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		35c		-
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets				
	during the year? If "Yes," complete applicable parts of Schedule N		36		x
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a			
38a	Did the organization borrow from or make any leans to any efficient line in the contraction borrow from or make any leans to any efficient line in the contraction borrow from or make any leans to any efficient line in the contraction borrow.		37b		Х
oou	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or we any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	ere			
Ь	If "Yes," complete Schedule L, Part II, and enter the total amount involved	1 1	38a		X
39	Section 501(c)(7) organizations. Enter:	38b			
а	Initiation fees and capital contributions included on line 9	39a			
b	Gross receipts, included on line 9, for public use of club facilities	39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:				
2	section 4911: ; section 4912: ; section 4955:				
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 49		_		
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 000 or 000 F70 K IV.				
С	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed		40b		X
	on organization managers or disqualified persons during the year under sections 4912,				
	4955, and 4958				
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line		-		
	40c reimbursed by the organization				
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter		-		
ЛА	transaction? If "Yes," complete Form 8886-T		40e		Х
41 42a	List the states with which a copy of this return is filed: FL	· · · · · · · · · · · · · · · · · · ·			
724	The organization's books are in care of: BONNIE MADONIA Located at: 12101 CHUCK CIRCLE, HUDSON, FL	Telephone no. 727-		033	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authori	ZIP + 4 3466	9	Voc	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account		42b	Yes	No
	If "Yes," enter the name of the foreign country:				
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank a	and			
	Financial Accounts (FBAR).				
С	At any time during the calendar year, did the organization maintain an office outside the United States?		42c		X
	If "Yes," enter the name of the foreign country:				- Community
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year				
	and and an extraction tax exempt interest received of accrued during the tax year	43		Von	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			Yes	NO
	completed instead of Form 990-EZ		44a		X
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be				
	completed instead of Form 990-EZ		44b		X
G	Did the organization receive any payments for indoor tanning services during the year?		44c		X
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schodulo O				
	explanation in Schedule O		44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		45a		<u> </u>
	Did the organization receive any payment from or engage in any transaction with a controlled entity within th meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	е			
	Form 990-EZ. See instructions	NAMES NAMES NAMES NAMES AND ADDRESS ASSOCIATIONS.	AEL		
EA		· · · · · · · · · · · · · · · · · · ·	45b orm 990	-EZ (2)	X 024)
				1-	- 1

Total number of other organization complete Schedule (2) and services and substance of public office? If "Yes," complete Schedule (2, Part I VI Section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for line 50 and 51. Chock if the organization used Schedule (0 to respond to any question in this Part VI VI Section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for line 50 and 51. Chock if the organization used Schedule (0 to respond to any question in this Part VI Ves Ves Ves I Ves Complete Schedule (2, Part II Ves Complete Schedule (3, Part II Ves Complete Schedule (4, Part II Ves	orm 990-EZ	Z (2024) MUSEUM OF VZ	ANNING AND HALL OF I	FAME		46-	4501937
Total number of other employees paid over \$100,000 Total number of ot	46 Did	the organization engage, directly or in-	directly in political compaign as	stivition on habite of			
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for line 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI. Did the organization engage in lobelying activities or have a section 501(h) election in effect during the tax year? If "has," complete Schedule C, Part II 47, is the organization accords de described in section 170(b)(1)(A)(R)? If "Yes," complete Schedule E 48, b) of the organization accords as described in section 170(b)(1)(A)(R)? If "Yes," complete Schedule E 48, b) of the organization make any transfers to an exemption-on-chritation leaded organization? 48b b) of the organization make any transfers to an exemption-on-chritation leaded organization? 48b b) of the organization make any transfers to an exemption-on-chritation leaded organization? 48b b) of the organization make any transfers to an exemption-on-chritation leaded organization? 48b b) of the organization in the organization according 87 organization? 48b b) of the organization of the second organization of the organization or the organization organizati	to c	candidates for public office? If "Yes " c	omplete Schedule C. Part I	divides on behalf of or in o	pposition		
All section 501 (c)(3) organizations must answer questions 47-49b and 52, and complete the tables for line 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI. Did the organization engage in loobying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II is the organization school as deember in section 170(h)(1)(A)(f)? If "Yes," complete Schedule E 47 is the organization a school as Grand and section 57 organization? 48e and Did the organization and the organization on accine 527 organization? 48e and Did the organization and service of the organization of the highest compensated employees (other than officers, directors, frustees, and key omployees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (e) Name and 55e of each engage paid over \$100,000 Complete this table for the organizations. If there is none, enter "None." (g) Name and the organizations from the organizations. If there is none, enter "None." (g) Name and the organizations from the organizations. If there is none, enter "None." (g) Name and the organizations from the organizations. If there is none, enter "None." (g) Name and the organizations from the organizations. If there is none, enter "None." (g) Name and ballower states of each independent contractors such as each received more than \$100,000 of compensation from the organizations. If there is none, enter "None." (g) Name and ballower states of each independent contractors such as each received more than \$100,000 of compensation from the organizations. If there is none, enter "None." (g) Name and ballower and the organizations from the organizations	Part VI	Section 501(c)(3) Organiza	tions Only				46
Did the organization used Schedule O to respond to any question in this Part VI Check if the organization used Schedule O to respond to any question in this Part VI Did the organization engage in loobying activities or have a section 501 (it) election in officer during the tax year? If "Yes," complete Schedule C, Part II at the organization as chool as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 Did the organization make any interefers to an exampt mon-tharitable related organization? 19 If "Yes," was the related organization in section 170 (b)(1)(A)(iii)? If "Yes," complete Schedule E 48		All section 501(c)(3) organiz	ations must answer que	etione 17-10h and I	52 and ac	malata th	- 4-61 f 1°.
Check if the organization used Schedule O to respond to any question in this Part VI. Yes 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 Is the organization a schools as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedulo E But the organization as chools as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedulo E But the organization as chools as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedulo E But the organization as chools as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedulo E But the organization as chools as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedulo E But the organization as chools as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedulo E But If "Yes," was the organization in the interpendent of the organization. If there is none, after "None." (iii) Average (iii) Average (iii) Average (iii) Average (iii) Average (iii) Average (iiii) Average (iii) Average (iiii) Average (iii) Average (iiii) Average (iiiii) Average (iiii) Average (iiii) Average (iiii) Average (iiii) Average (iiiii) Average (iiii) Average (iiii) Average (iiiii) Average (iiiii) Average (iiiiiii) Averag		50 and 51.	anono mast answer que	Shorts 47-430 and ;	oz, and coi	ubiete tu	e tables for lin
Did the organization engage in lobbying activities or have a sociol 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization as school as described in accident 70(s)(1)(A)(ii)? If "Yes," complete Schedule E		The production of the producti	ed Schedule O to recoo	nd to any avortion	n thin Daw	. \ //	
Did the organization reagage in lobbying activities or have a sociolo 50 (n) election in effect during the tax year? If "res," complete Schedule C, Part II is the organization accompleted contraction seed to proper the property of the pro	The second secon	and organization do	ca concadie o to respo	no to any question	n inis Pan	VI	* * * * * * * * * *
year? If "Yes," complete Schedule C, Part II is the organization a school as described in section 170(b)(1)(A)(ii)? II "Yes," complete Schedule E	17 Did	the organization ongogo in Johnving or	Aireitian au harra a an L'ar Fold (L)				Yes
Is the organization as chool as described in section 170(b)(1)(A)(ii) (1) (West, "own the organization make any transfer to an example non-barrietic related organization? 48a 18b 1	vea	r? If "Yes " complete Schodule C. Dort	tivities or nave a section 501(h)	election in effect during	the tax		
a Did the organization make any transfers to an exempt non-charitable rolated organization? Diff Yes, "was the related organization as section 5.75 organization? Complete this table for the organizations five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and site of each employee paid over \$100,000 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (b) Health bornization compensation from the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (b) Type of sender (c) Compensation compensation from the organization is the highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of sender (c) Compensation organization organization is five highest compensated independent contractors who each received more than \$100,000 of compensation organization in the organization o	18 Is th	ne organization a school as described in	n coction 170/h\/1\/A\/:\\0 is !\\				47
B If "Yes," was the related organization a section 527 organization? Complete this table for the organization and the property of the organization of the property of the organization. If there is none, enter "None." (i) Name and life of each employee	9a Did	the organization make any transfers to	an exempt non-charitable rolet	es, complete Schedule E			- 48
Complete this table for the organizations five highest compensated employees (other than officers, directors, rusteas, and key omployees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (9) Name and title of each employee (9) Name and title of each employee (9) Name and title of each employee (10) Name (10) Nam	b If "Y	es." was the related organization a sec	tion 527 organization?	eu organization?			- 49a
employees) who each received more than \$100,000 of compensation from the organization. If there is none, entor "None." (b) Awange (b) Awange (c) Recombine (compensation from the organization with the organization with the organization of the response of the organization of the organiz	0 Con	nplete this table for the organization's fi	ve highest compensated emplo	wood (other than officers			- 49b
(a) Name and title of each employee (b) Average (compensation (compensa	emr	plovees) who each received more than	\$100 000 of compensation from	the ergonization of these	directors, tru	stees, and k	ey
(e) Name and tile of each employee hours per each (devoted to position (Forms W-27109-MinC) components (including a component of the remptoyee benefit plant, and deferred components (including a component of the remptoyees paid over \$100,000 Total number of other employees paid over \$100,000 Complete this table for the organizations five highest compensated independent contractors who each received more than \$100,000 of compensation from the organizations. If there is none, onter "None." (a) Name and business eadress of each independent contractor (b) Type of service (c) Compensation (c) Compensation (d) Name and business eadress of each independent contractor (e) Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must alliach a completed Schedule A. (e) Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must alliach a completed Schedule A. (b) Type of service (c) Compensation (c) Compensation (d) Name and business eadress of each independent contractor (e) Type of service (e) Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must alliach a completed Schedule A. (e) Compensation (f) Type of service (e) Type of service (e) Compensation (f) Type of service (h) Type of service		- J J J J J	4100,000 or compensation from				1
Total number of other employees paid over \$100,000 Complete this table for the organization. If there is none, onter "None." (a) Name and business address of each independent contractors each receiving over \$100,000 Did the organization complete Schedule A? Mote: All section 501(c)(3) organizations must attach a completed Schedule A? Mote: All section 501(c)(3) organizations must attach a completed Schedule A? Mote: All section 501(c)(3) organization of propersy (organization of propersy) (declare that I have organization of propersy)		(a) Name and title of each employee	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		- 1 to 1 t	는 [4] [4] 16 (16 16 16 16 16 16 16 16 16 16 16 16 16 1	(e) Estimated amo
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Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A		(a) Name and business address of each inde	pendent contractor	(b) Type of service		(c	Compensation
Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? Note: All section 501 (c) (3) organizations must attach a completed Schedule A						· · · · · · · · · · · · · · · · · · ·	,
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A	NE						·····
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A	··· p						
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Signature of officer BONNIE MADONIA, DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Check if PTIN KATHERINE SHELLEDY KATHERINE SHELLEDY 04-26-2025 self-employed P02150516 Prim's name KRAUSE, SHELLEDY, & CO., CPAS Firm's name KRAUSE, SHELLEDY, & CO., CPAS Firm's address PO BOX 1454 NEW PORT RICHEY FL 34656 Phone no. 727-862-3503	correct, ar		r tnan officer) is based on all inform	nation of which preparer has	any knowledge	е.	
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Only Firm's address PO BOX 1454 NEW PORT RICHEY FL 34656 Phone no. 727-862-3503				DY 04-26-2	2025 self	-employed	P02150516
NEW PORT RICHEY FL 34656 Phone no. 727-862-3503		Firm's name KRAUSE, SHELL	EDY, & CO., CPAS		Firm's EIN		
halDC discuss this return with the many to the contract of the	e Uniy	Firm's address PO BOX 1454				ži.	
halDC discuss this return with the many to the contract of the		NEW PORT RICH	EY FL 34656		Phone no	727-8	62-3503
	the IRS d	liscuss this return with the preparer sho	own above? See instructions				Transfer Committee

Form 990-EZ (2024)

SCHEDULE A (Form 990)

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.

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ. Open to Public

Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

	rt Reason for Public C		/ A II			46-450193	37
		nanty Status.	(All organizations m	ust comple	ete this	part.) See instructi	ons.
1116	organization is not a private foundation	because it is: (For	lines 1 through 12, check	only one box.	.)		
2	A church, convention of churches	s, or association of c	churches described in sec	tion 170(b)(1)(A)(i).		
2	A school described in section 17						
	A hospital or a cooperative hospit	ai service organizati	ion described in section 1	70(b)(1)(A)(ii	i).		
4	A medical research organization	operated in conjunct	tion with a hospital describe	ed in section	170(b)(1)(A)(iii). Enter the	
5	hospital's name, city, and state:				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
5	An organization operated for the section 170(b)(1)(A)(iv). (Comp	benefit of a college lete Part II.)	or university owned or ope	erated by a go	overnmen	tal unit described in	
6	A federal, state, or local governme	ent or governmental	unit described in section	170(b)(1)(A)((v).		
7	An organization that normally rec	eives a substantial	part of its support from a	governmental	unit or fr	om the general public	
	described in section 170(b)(1)(A)(vi). (Complete Pa	rt II.)				
8	A community trust described in s	ection 170(b)(1)(A)(vi). (Complete Part II.)				
9	An agricultural research organization	ion described in se	ction 170(b)(1)(A)(ix) ope	erated in conju	ınction wi	th a land-grant college	
	or university or a non-land-grant of university:	college of agricultur	e (see instructions). Enter	the name, ci	ty, and st	ate of the college or	
10	An organization that normally rec	eives (1) more than	33 1/3% of its support fro	om contributio	ns mem	herehin fees and gross	1,
	receipts from activities related to	its exempt function:	s. Subject to certain excen	tions: and (2)	no more	than 33 1/3% of ite	
	support from gross investment in acquired by the organization after	June 30. 1975. See	e section 509(a)(2). (Com	(less section	1511 tax)	from businesses	
11	An organization organized and op	erated exclusively to	test for public safety. See	section 509	a)(4).		
12	An organization organized and op	erated exclusively t	for the benefit of, to perfor	m the function	ns of or t	n carry out the numoses	: of
	one or more publicly supported or	ganizations describe	ed in section 509(a)(1) or	section 509((a)(2). Se	e section 509(a)(3). Ch	eck
	the box on lines 12a through 12d						
a	Type I. A supporting organiza	tion operated, supe	rvised, or controlled by its	supported org	Janization	(s), typically by giving	
	the supported organization(s)	the power to regul	arly appoint or elect a majo	ority of the dire	ectors or	trustees of the	
	supporting organization. You						
b	Type II. A supporting organiz	ation supervised or	controlled in connection wit	th its supporte	ed organiz	zation(s), by having	
	control or management of the						
	organization(s). You must co					<u> </u>	
С	[]			nnection with.	and func	tionally integrated with	
	its supported organization(s) (see instructions). Y	ou must complete Part I	V. Sections	A. D. and	IE.	
d	Type III non-functionally in						
	that is not functionally integra						
	requirement (see instructions)	. You must comple	ete Part IV, Sections A a	nd D, and Pa	rt V.		
е	Check this box if the organiza					Type II, Type III	
	functionally integrated, or Typ						
f	Enter the number of supported orga						a p a
g	Provide the following information about	out the supported o	rganization(s).				L
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization	(v) Amount of monetary	(vi) Amount of
			(described on lines 1-10	listed in your		support (see	other support (see
			above (see instructions))	docume	nt?	instructions)	instructions)
				Yes	No		
(A)							
(/\/)					· · · · · · · · · · · · · · · · · · ·		
(B)							
(C)				And the second state of th			
(D)							
(E)							······································
Total							

Property and the second	ule A (Form 990) 2024 MUSEUM OF T	VANNING ANI	HALL OF F	'AME		46-450193	7 Page
Par	t II Support Schedule for Organiz	ations Desc	ribed in Sec	tions 170(b)	(1)(A)(iv) an	d 170(b)(1)(A	Wil
	(Complete only if you checked the	ne box on lin	e 5, 7, or 8 o	f Part I or if the	he organization	on failed to qu	alify under
Seci	Part III. If the organization fails to ion A. Public Support	o qualify und	er the tests I	isted below, p	olease comple	ete Part III.)	
	ndar year (or fiscal year beginning in)	/a) 2020	(I-) 0004	1 1 0000		1	r
1	Gifts, grants, contributions, and	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
•							
	membership fees received. (Do not						
0	include any "unusual grants.")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						

shown on line 11, column (f)	
6 Public support. Subtract line 5 from line 4 .	
Section B. Total Support	<u> </u>
Calendar year (or fiscal year beginning in) (a) 2020 (b) 2021 (c) 2022 (d) 2023 (e) 2024	(f) Total
7 Amounts from line 4	(1) 10101
8 Gross income from interest, dividends,	
payments received on securities loans,	
rents, royalties, and income from	
similar sources	
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 Total support. Add lines 7 through 10	
12 Gross receipts from related activities, etc. (see instructions)	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501	(0)(3)
organization, check this box and stop here	(0)(3)
Section C. Computation of Public Support Percentage	

33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this

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

10%-facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is

Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain

in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

organization

10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in

this box and stop here. The organization qualifies as a publicly supported organization

Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))

18

instructions

14

15

16a

17a

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.)

Sect	ion A. Public Support			J., p.J.J.	mpiete i ait	11.7	
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and membership fees				()	(0) = 0 = 1	(1) 10101
	received. (Do not include any "unusual grants.")	10,220	17,621	17,879	27,966	68,758	140 444
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose			1,019	27,900	00,730	142,444
3	Gross receipts from activities that are not an						······································
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities			· ·			
	furnished by a governmental unit to the						
00020	organization without charge						
6	Total. Add lines 1 through 5	10,220	17,621	17,879	27,966	68,758	142,444
7a	Amounts included on lines 1, 2, and 3						
-	received from disqualified persons						
b	Amounts included on lines 2 and 3						**************************************
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
C		0	0	0	0	0	0
8	Public support. (Subtract line 7c from						
04	line 6.)						142,444
	on B. Total Support		· · · · · · · · · · · · · · · · · · ·				
Calen	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9	Amounts from line 6	10,220	17,621	17,879	27,966	68,758	142,444
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
l _a	royalties, and income from similar sources	519	1,209	1,608	1,989	2,400	7,725
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
-	acquired after June 30, 1975						
C 44	Add lines 10a and 10b	519	1,209	1,608	1,989	2,400	7,725
11	Net income from unrelated business						
	activities not included on line 10b, whether						
40	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
13	(Explain in Part VI.)						
10	and 12.)	10 720	10 000				
14	First 5 years. If the Form 990 is for the or	10,739	18,830	19,487	29,955 http://orr.oc.c	71,158	150,169
	organization, check this box and stop here	garii2atioi 13 1113	i, second, time	a, ioditii, oi iiit	il lax year as a	section 50 r(c)	(S)
Section	on C. Computation of Public Suppor	rt Percentage	2				
15	Public support percentage for 2024 (line 8			13 column (f))		15	
	Public support percentage from 2023 Sch						94.86 %
Section	on D. Computation of Investment Inc	come Percen	tage			10	95.98 %
17	Investment income percentage for 2024 (lin			line 13 colum	n (f))	17	– 0/
18	Investment income percentage from 2023					1 1	5 %
	33 1/3% support tests - 2024. If the organ						4 %
	17 is not more than 33 1/3%, check this bo						
b	33 1/3% support tests - 2023. If the organization				100 m	- 1.50	nization X
0.70	line 18 is not more than 33 1/3%, check this box ar					73.700	
20	Private foundation. If the organization did	not check a ho	x on line 14 1	9a or 19h cha	eck this how an	d see instruction	ne \square
				, O. 100, OH	JUN WIND DON AIT	a Joo monucilo	· · ·

Part IV Supporting Organizations

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

Section	A.	All	Supporting	Organizations
---------	----	-----	------------	---------------

			Yes	No)
1	Are all of the organization's supported organizations listed by name in the organization's governing				
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by				
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1			38
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).	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.	3a			
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and				
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the				
	organization made the determination.	3b	2		**
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.	3с			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If				
	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign				
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion				
	despite being controlled or supervised by or in connection with its supported organizations.	4b			
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.	4c			
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"				
	answer lines 5b and 5c below (if applicable). Also, provide detail in 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).	5a			
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?	5b			50
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c			
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to				
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited				
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or				
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor				
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity				
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7			_
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line				
	7? If "Yes," complete Part I of Schedule L (Form 990).	8		1. Orden A. S. Sirai	_
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	_			"Collingia"
а	described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a			
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which				September 1
530	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b			117
C					
^	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c			<u>.</u>
ua	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				\$78 \text{\tin}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tex{\tex
228	supporting organizations)? If "Yes," answer line 10b below.	10a			<u>-</u>
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to				1. 38.4%
200000	determine whether the organization had excess business holdings.)	10b			

Part	IV Supporting Organizations (continued)		***************************************	
A section of the sect			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	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		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	1.0		
	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations	IIC		<u> </u>
OCCLI	on b. Type i Supporting Organizations		N/	B. B.
4			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 Part VI 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			
22	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	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		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations	L.		
***************************************			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			
		4		
9	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustoes either (i) appointed or elected by the exported			
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	n		
2	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			
0-4	supported organizations played in this regard.	3		
Section	on 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	instr	uctioi	<i>15).</i>
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.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction	ns).		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in 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		
2	Parent of Supported Organizations. <i>Answer lines 3a and 3b below</i> .			
J				
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
1_	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	OL-		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
FEA	Schedu	le A (Fo	rm 990	J) 2024

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gar	nizations	· · · D
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trus	t on Nov. 20, 1970 (expl	ain in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organize	zatio	ons must complete Secti	ons A through E.
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
8 .4	instructions for short tax year or assets held for part of year):			
2	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
277 2.00	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,	5		
_	see instructions).	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
- 6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount	1		Current Year
		1 4		
1	Adjusted net income for prior year (from Section A, line 8, column A)	2		
	Enter 0.85 of line 1.	3		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	4		
4	Enter greater of line 2 or line 3.	5		
5	Income tax imposed in prior year	J		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6	intograted Type III augo	orting organization
7	Check here if the current year is the organization's first as a non-function (see instructions).	ially	megrated Type in Supp	ording organization
EEA				Schedule A (Form 990) 202

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continu	ıed)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppo	rted		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported organ	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required -	provide details in Part V	(I)	5	
6	Other distributions (describe in Part VI). See instructions.	<u>*************************************</u>		6	
7	Total annual distributions. Add lines 1 through 6.		and the second s	7	
8	Distributions to attentive supported organizations to which	n the organization is res	ponsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2024 from Section C, line 6	· · · · · · · · · · · · · · · · · · ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E. Dictribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2024	ons	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2024				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2024				
2	From 2019				
-	From 2020				
	From 2021				
	From 2022				
	From 2023				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
9	Applied to and distribution of prior your Applied to 2024 distributable amount				
	Carryover from 2019 not applied (see instructions)				
I	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
<u> </u>	Distributions for 2024 from				
4	Section D, line 7:				
	Applied to underdistributions of prior years			·	
a h	Applied to distributions of prior years Applied to 2024 distributable amount				
- 0	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2024, if				
9	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2024. Subtract lines 3h	N-			
U	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2025. Add lines 3j				
[
0	and 4c. Breakdown of line 7:				
- 0	Excess from 2020				
<u>d</u>	Excess from 2020				
	Excess from 2022				
ام	Excess from 2023				
<u>u</u>	Excess from 2024				
e	LAUCOO II UIII LULT		<u></u>		

Schedule A (Fo	rm 990) 2024	MUSEUM OF VANI	NING AND HAL:	L OF FAME		46-4501937	Page 8
Part VI	Supplemental I III, line 12; Part B, lines 1 and 2 3a, and 3b; Par	nformation. Provi IV, Section A, line Part IV, Section t V, line 1; Part V, Also complete the	es 1, 2, 3b, 3c, 4 C, line 1; Part I Section B, line	4b, 4c, 5a, 6, 9a V, Section D, Iir 1e; Part V, Sec	i, 9b, 9c, 11a, 11b nes 2 and 3; Part tion D, lines 5, 6,	o, and 11c; Part IV IV, Section E, line and 8; and Part V	v, Section es 1c, 2a, 2b,
			<u> </u>				
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Schedule A (Form 990) 2024

Schedule B (Form 990)

(Rev. December 2024)

Attach to Form 990, 990-EZ, or 990-PF.

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

Schedule of Contributors

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

Department of the Treasury

MUSEUM OF VANNING AND HALL OF FAME

Employer identification number

46-4501937

Organization type (check one): Section: Filers of:) (enter number) organization 501(c)(3 Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special 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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 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 that it doesn't meet the filing requirements of Schedule B (Form 990).

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one

contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received

General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

totaling \$5,000 or more during the year

during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the

contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such

"N/A" in column (b) instead of the contributor name and address), II, and III.

MUSEUM OF VANNING AND HALL OF FAME

Employer identification number 46-4501937

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

Part I	Contributors (see instructions). Use duplicate copi	es of Part I it additional space is ne	eaea.
(a) No.	(b) Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
1	BLAINE DICKSON 13629 SE GRANT CT	\$ 40,866	Person
	PORTLAND, OR 97233		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person [] Payroll [] Noncash []
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person [] Payroll [] Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

MUSEUM OF VANNING AND HALL OF FAME

Employer identification number

46-4501937

Part II No	ncash Property (see instructions). Use auplicate cop	lies of Part II if additional space	is needed.
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization

Employer identification number

MUSEUM OF	VANNING	AND	HALL	OF	FAME
Part III	Exclusivel	y reli	gious,	cha	ritable

46-4501937

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 information once. See instructions.) \$
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
		(e) Transfer of gift		
	Transferee's name, address, and ZII	P+4 Relat	ionship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
		(e) Transfer of gift		
	Transferee's name, address, and ZII	P + 4 Relat	ionship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
		(e) Transfer of gift		
	Transferee's name, address, and	ZIP + 4 Rel	ationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
		(e) Transfer of gift		
	Transferee's name, address, and	ZIP + 4 Rel	ationship of transferor to transferee	

SCHEDULE O (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

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

Name of the organization	Employer identification number 46-4501937		
MUSEUM OF VANNING AND HALL OF FAME			
01. Description of other expenses (Par	t I, line 16)		
DESCRIPTION	AMOUNT		
INSURANCE	729		
LICENSES AND FEES	149	· p / · · · · · · · · · · · · · · · · ·	
PROGRAM EXPENSES	25,893		
TELEPHONE	1,820		
WEBSITE	1,980		
00 Other charge in mot accets or fun	d balances (Part I line 20)	· · · · · · · · · · · · · · · · · · ·	
02. Other changes in net assets or fun	AMOUNT		
DESCRIPTION OUR TOUR COMENT ACCT DAY			
CHANGE IN INVESTMENT ACCT FMV	(10,085)		
03. Description of other assets (Part	II, line 24)		
CATEGORY	BEGINNING OF YEAR	END OF YEAR	
MUSEUM COLLECTION	17,488	17,488	
INVESTMENT	3,419	3,419	
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