## Form **990-EZ**

## Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form, as it may be made public.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Α	A For the 2022 calendar year, or tax year beginning , 2022, and ending										
В	Check it applicate		C Name of organization	D Employ	Employer identification number						
	Addr	ess change									
	Nam	e change	MUSEUM OF VANNING AND HALL OF FAME		-4501937						
	Initia	l return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		one number					
	Final term					727-863-7033					
	Ame	nded return	City or town, state or province, country, and ZIP or foreign postal code		F Group	Exemption					
	Applic	cation pending	HUDSON, FL 34669		Numbe						
G	Accou	nting Meth			<b>H</b> Check	$oldsymbol{X}$ if the organization is					
	Websi		/A		not red	quired to attach Schedule B					
			us (check only one) — $X$ 501(c)(3) $\overline{}$ 501(c) ( ) (insert no.) $\overline{}$ 4947(a)(1)	or 527	(Form	990).					
		of organiza	·								
L			and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	assets (Part I	l,						
_		n (B <u>))</u> are S	8500,000 or more, file Form 990 instead of Form 990-EZ enue, Expenses, and Changes in Net Assets or Fund Balances			\$ 38,439.					
<u>P</u>	art I	_		•		,					
_			if the organization used Schedule O to respond to any question in this Part I			X					
	1		tions, gifts, grants, and similar amounts received			1 8,974.					
	2		service revenue including government fees and contracts			2					
	3	Members	ship dues and assessments			8,905.					
	4		nt income SEE SCHEDI	JLE O		1,606.					
	5a		nount from sale of assets other than inventory								
	b		st or other basis and sales expenses								
	C	•	loss) from sale of assets other than inventory (subtract line 5b from line 5a)		5	ic					
	6		and fundraising events:								
<u>a</u>	a		come from gaming (attach Schedule G if greater than								
enn		\$15,000)									
Revenue	b		come from fundraising events (not including \$ of contributions	3							
_			draising events reported on line 1) (attach Schedule G if the sum of such								
			ome and contributions exceeds \$15,000)	7,1	47.						
	C		ect expenses from gaming and fundraising events	4,7		2 262					
	d		me or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6	3d 2,369.					
	7a		les of inventory, less returns and allowances <b>7a</b>								
	b	Less: cos	st of goods sold								
	C	Gross pr	ofit or (loss) from sales of inventory (subtract line 7b from line 7a)			7c 11 00F					
	8		renue (describe in Schedule 0) SEE SCHEDI			8 11,807.					
_	9		enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9 33,661.					
	10		nd similar amounts paid (list in Schedule 0)			10					
	11		paid to or for members			11					
ės	12	-	other compensation, and employee benefits			(50					
Expenses	13		onal fees and other payments to independent contractors			650.					
ž	14		cy, rent, utilities, and maintenance			5,718.					
ш	''		publications, postage, and shipping	TT 13 ^		2,097.					
	16		penses (describe in Schedule 0)  SEE SCHEDI			17,676.					
_	17		penses. Add lines 10 through 16			26,141.					
ş	18		r (deficit) for the year (subtract line 17 from line 9)		[_1	7,520.					
Net Assets	19		s or fund balances at beginning of year (from line 27, column (A))			107 040					
t As		(must ag	ree with end-of-year figure reported on prior year's return)	TT 17 ^		197,842.					
Se	20		anges in net assets or fund balances (explain in Schedule 0)  SEE SCHEDI	TTR ()		$\frac{-1,602}{202,760}$					
	21	Net asse	ts or fund balances at end of year. Combine lines 18 through 20		2	203,760.					

46-4501937

MUSEUM OF VANNING AND HALL OF FAME

P	art II Balance Sheets (see the instructions for Part II)						
	Check if the organization used Schedule O to resp	ond to any question	in this Part II				X
		(/	A) Beginning of year		(B) E	nd of year	r
22	Cash, savings, and investments		53,179.	22		63.	233.
23			119,620.			119,0	
24			25,043.				907.
			197,842.			203,	
25			0.			<u> </u>	0.
26				26		202 '	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) art III Statement of Program Service Accomplishmen		197,842.	27		203,	/60.
P		•	•	_/		<b>penses</b> for sectio	
	Check if the organization used Schedule O to resp					and 501(c	
Wha	at is the organization's primary exempt purpose? MUSEUM DEDICAT	ED TO VANNING				ons; optio	
Desc	cribe the organization's program service accomplishments for each of its three largest program se	ervices, as measured by expenses.	In a clear and concise	0	thers.)		
man	ner, describe the services provided, the number of persons benefited, and other relevant informat	tion for each program title.					
28	OPERATION OF MUSUEM DEDICATED TO THE	E HISTORY OF V	/ANS				
				_			
				_			
	(Grants \$ ) If this amount includes foreign g	urante chock horo		—   <sub>28</sub>	20	26	143.
20	(Crains 4) It this amount includes foreign g	rants, check here			Ja –	20,.	
29				-			
				-			
	(Grants \$ ) If this amount includes foreign g	rants, check here		29	9a		
30				_			
	(Grants \$ ) If this amount includes foreign g	rants, check here		—   <sub>30</sub>	Da		
31							
٠.	(Grants \$ ) If this amount includes foreign g		Г	$ _3$	12		
20	, , , , , , , , , , , , , , , , , , , ,	rants, check here			2	26	143.
	art IV List of Officers, Directors, Trustees, and Key Er	mplovees (in one)	if not consequently		<u> </u>	- Doub IVA	<del> </del>
				e ine insi	ructions to	r Part IV)	
_	Check if the organization used Schedule O to resp						
		(b) Average hours	(C) Reportable (compensation (Forms	<b>(D)</b> Hea <b>l</b> th contribu	n benefits,	(e) Esti	
	(a) Name and title	per week devoted to position		employe	e benefit d deferred	amount comper	
		μυδιτίστι	(if not paid, enter -0-)	compe		comper	15411011
_	SEPH MADONIA						
PF	RESIDENT	20.00	0.		0.		0.
BC	ONNIE MADONIA						
TR	REASURER	20.00	0.		0.		0.
_							
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		4					

	instructions for Part V.) Check if the organization used Sch. O to respond to any question in this	s Part	V	X			
			Yes	No			
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each						
	activity in Schedule 0	33		Х			
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended						
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		Х			
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported						
	on lines 2, 6a, and 7a, among others)?	35a		Х			
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/	A			
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax						
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х			
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		Х			
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions						
b	Did the organization file Form 1120-POL for this year?	37b		Х			
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made						
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х			
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b N/A						
39	Section 501(c)(7) organizations. Enter:						
a	Initiation fees and capital contributions included on line 9 39a N/A						
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A						
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:						
	section 4911						
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit						
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any						
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		x			
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed 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 0.						
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter						
	transaction? If "Yes," complete Form 8886-T	40e		х			
41	List the states with which a copy of this return is filed ${f FL}$						
	The organization's books are in care of <b>BONNIE MADONIA</b> Telephone no. 727–8	53-7	033				
		3466					
b	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		Yes	No			
	account)?	42b		Х			
	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 and Financial Accounts (FBAR).						
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		х			
	If "Yes," enter the name of the foreign country						
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041 -</b> Check here						
	and enter the amount of tax-exempt interest received or accrued during the tax year 43	N/A					
		·					
			Yes	No			
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of						
	Form 990-EZ	44a		х			
h	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		Х			
r	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	770					
u		44d					
45 o	in Schedule 0  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х			
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	+0a		<u> </u>			
U	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b					
	012(D)(10): 11 163, 1 01111 330 and obligation in may need to be completed instead of 1 0111 330-EZ. 386 instructions	<u> 400</u>	L	L			

Page 4

								_	Υ	es	No	
	organization engage, directly or indirectly, in p	olitical campaign activiti	es on behalf of or i	in oppositio	n to cand	idates for pu	ıblic offic	e?				
		- O-l-							46		X	
Part VI		<del>-</del>	40h 150		. 41 4-1-	l <b>.</b>	. 50					
	All section 501(c)(3) organizations must Check if the organization used Schedul	•										
	Officer if the organization used ochedu	e o to respond to any	question in this	rait VI .						es	No	
47 Did the	organization engage in lobbying activities or h	ave a section 501(h) elec	ction in effect durin	ng the tax y	ear?							
	complete Sch. C, Part II	, ,		-					47		X	
48 Is the or	ganization a school as described in section 17	70(b)(1)(A)(ii)? If "Yes," (	Yes," complete Schedule E						48		X	
			ed organization?						19a	_	X	
	"Yes," was the related organization a section 527 organization?								19b			
	te this table for the organization's five highest		-	rs, director	s, trustee:	s, and key er	nployees	) who eac	h receiv	ed m	iore	
tnan \$10	00,000 of compensation from the organization  (a) Name and title of each employe		(b) Average	houre	(0)	Reportab <b>l</b> e	(4) Heal	th benefits,	(e) E	etime		
	(a) Name and title of each employed	5	ner week devoted to compen-			sation (Forms 099-MISC/	` contrib	utions to ee benefit	amour			
	NO	NE	positio	1099-NEC)		plans, and deferre		ed comper		tion		
			4									
			-									
			1									
f Total nu	mber of other employees paid over \$100,000											
51 Complet	te this table for the organization's five highest	compensated independe	nt contractors who	o each recei	ved more	than \$100,0	000 of co	mpensatic	n from	the		
organiza	ation. If there is none, enter "None." <b>NO</b>	NE										
(a)	Name and business address of each independ	lent contractor		(b	) Type of	service		(c) Co	(c) Compensation			
							+					
		· · · · · · · · · · · · · · · · · · ·										
	mber of other independent contractors each roorganization complete Schedule A? <b>Note</b> : All s		zationa muat attack									
	ed Schedule A							X	Yes		□ No	
	es of perjury, I declare that I have examined th						st of my k			lief. i		
•	and complete. Declaration of preparer (other t	•					-					
Sign			Date									
Here	BONNIE MADONIA, TRI	EASURER										
		Dranavaria aignatura		Doto		Check	if I	PTIN				
	Print/Type preparer's name	Preparer's signature		Date		self- emplo	_	PIIN				
Paid	KATHERINE SHELLEDY							5051	۱6			
Preparer	Firm's name RDAILGE CHELLEDY C CO. CDAC											
Use Only	Firm's address PO BOX 145		-,			Phone no.		7-862				
		- ICHEY, FL 3	4656									
May the IRS o	discuss this return with the preparer shown ab								Yes		No	
			<del></del>					Fo	rm <b>990</b> -	EZ (	2022)	