## Form **990-EZ**

## **Short Form Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

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

A	For th	For the 2017 calendar year, or tax year beginning , and ending					
В		Check if applicable: C Name of organization		D Employer	D Employer identification number		
	Address	address change MUSEUM OF VANNING AND HALL OF FAME					
Name change		change	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 4 6		46-4503	6-4501937	
	Initial return 2101 CHUCK CIRCLE		2101 CHUCK CIRCLE	E ·		E Telephone number	
	Final retu	Final return/terminated City or town State ZIP code					
	Amende	ed return	HUDSON FL 34669		727-863	3-7033	
	Application pending		eign country name Foreign province/state/county Foreign postal code		F Group Exemption		
			Number I	Number ▶			
G	Accour	Accounting Method: X Cash Accrual Other (specify)			Check D	if the organization is	
						not required to attach Schedule B	
			check only one) — ∑ 501(c)(3)			90-EZ, or 990-PF).	
	rax-exer						
K	Form of organization: X Corporation Trust Association Other						
L	Add line	es 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or it	sets			
(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶\$							
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)  Check if the organization used Schedule O to respond to any question in this Part I							
							Expenses
2	Program se	rvice revenue including government fees and contracts	1 (2 1867 - 18 (1867)	. 2			
3	Membership dues and assessments						
4	Investment income						
5a							
b							
С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)						
6	Gaming and fundraising events						
а	Gross income from gaming (attach Schedule G if greater than						
b		ne from fundraising events (not including \$ of contribut	libra (n				
7		ising events reported on line 1) (attach Schedule G if the					
		of such gross income and contributions exceeds \$15,000)					
С	Less: direct	expenses from gaming and fundraising events 6c	(5.6)				
d	Net income	ncome or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract)					
7.		T		6d			
7a		s of inventory, less returns and allowances					
b		or (loss) from sales of inventory (Subtract line 7b from line 7a)		. 7с			
8		iue (describe in Schedule O)					
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8						
10	Grants and similar amounts paid (list in Schedule O)						
11	Benefits paid to or for members						
12		Salaries, other compensation, and employee benefits					
13	Professional fees and other payments to independent contractors						
14	Occupancy, rent, utilities, and maintenance						
15	Printing, publications, postage, and shipping						
16	Other expenses (describe in Schedule O)						
17	Total expenses. Add lines 10 through 16						
Net Assets	18	Excess or (	deficit) for the year (Subtract line 17 from line 9)		. 18		
	19	Net assets	or fund balances at beginning of year (from line 27, column (A)) (must agre	e with			
As			figure reported on prior year's return)			107,510.	
Net	20		ges in net assets or fund balances (explain in Schedule O)				
	21	Net assets or fund balances at end of year. Combine lines 18 through 20			. 🕨 21	107,510.	