## Form **990-EZ**

## EXTENDED TO NOVEMBER 16, 2020 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)

2019

OMB No. 1545-0047

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.

Open to Public Inspection

|   |                                    | e 2019 calendar year, or tax year beginning  |           | and ending            |                     | 1 25   |                                    |  |  |
|---|------------------------------------|--|-----------|-----------------------|---------------------|--|------------------------------------|--|--|
| В   | Check i<br>applica                 | chificable: C Name of organization ddress change   |           |                       |                     |  | D Employer identification number   |  |  |
|   | Add                                |  |           |                       |                     |  |                                    |  |  |
|   | Nam                                | me change MUSEUM OF VANNING AND HALL OF FAME   |           |                       |                     | 46-4501937   |                                    |  |  |
|   |                                    | Initial return Final return/ terminated Table 10.0 box if mail is not delivered to street address)  Number and street (or P.O. box if mail is not delivered to street address)  Room/suit  |           |                       | ite E               | The state of the s |                                    |  |  |
|   | term                               |  |           |                       |                     | 727-863-7033   |                                    |  |  |
| L   | Ame                                |  |           |                       |                     | F Group Exemption  |                                    |  |  |
|   |                                    | pplication pending HUDSON, FL 34669  |           |                       |                     | Number >   |                                    |  |  |
|   |                                    | counting Method: X Cash Cash Other (specify)*  |           |                       |                     |  | H Check ▶ ☐ if the organization is |  |  |
|   |                                    | ebsite: ► N/A  |           |                       |                     |  | not required to attach Schedule B  |  |  |
| J Tax-exempt status (check only one) — X 501(c)(3) 501(c) ( ) ◀(insert no.) 4947(a)(1) or 527 (Form 990, 990-Ex |                                    |  |           |                       |                     |  | 990-EZ, or 990-PF).                |  |  |
|   |                                    | of organization: X Corporation Trust Association   | Other     |                       |                     |  |                                    |  |  |
|   |                                    | nes 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 o  | r more,   | or if total assets (P | art II,             |  | 45 005                             |  |  |
| -   | art I                              | n (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ  Revenue, Expenses, and Changes in Net Assets or Fund   | Rala      | 2000 / 11 1           |                     | . > \$   | 47,025.                            |  |  |
|   | arti                               |  |           |                       |                     |  | ,                                  |  |  |
| _   | 1                                  | Check if the organization used Schedule O to respond to any question in this Part I  |           |                       |                     |  | 38,230.                            |  |  |
|   | 2                                  | Contributions, gifts, grants, and similar amounts received   |           |                       |                     | 1  | 458.                               |  |  |
|   | 3                                  | Program service revenue including government fees and contracts  |           |                       |                     | . 2  | 430.                               |  |  |
|   | 4                                  | Membership dues and assessments Investment income SE   | ידי כי    | מזווחסטי              | ````                |  | 732.                               |  |  |
| en  | 5a                                 |  |           |                       | 605                 | 4  | 134.                               |  |  |
|   | b                                  |  |           |                       | 005                 | ) •  |                                    |  |  |
|   | 0                                  | Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)  | 5b        |                       |                     | _  | 7 605                              |  |  |
|   | 6                                  | Gaming and fundraising events:   |           |                       |                     | 5c   | 7,605.                             |  |  |
|   | 0                                  | Gross income from gaming (attach Schedule G if greater than  |           |                       |                     |  |                                    |  |  |
|   | a                                  |  |           |                       |                     |  |                                    |  |  |
| Revenue   | h                                  | \$15,000)  Gross income from fundraising events (not including \$  | 6a        | Anila ani             |                     |  | •                                  |  |  |
| Re  | "                                  | Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such  |           |                       |                     |  |                                    |  |  |
|   |                                    |  | ch        |                       |                     |  |                                    |  |  |
|   | C                                  | I was direct an area of the second se | 6b<br>6c  |                       | -                   | -  |                                    |  |  |
|   | d                                  |  |           | o Co)                 |                     | 0.1  |                                    |  |  |
|   | -                                  | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  Gross sales of inventory, less returns and allowances  |           |                       |                     | 6d   |                                    |  |  |
|   | b                                  | Less: cost of goods sold   | 7a<br>7b  |                       |                     |  |                                    |  |  |
|   | C                                  | Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)   |           |                       |                     | 7.   |                                    |  |  |
|   | 8                                  | Other revenue (describe in Schedule O)   |           |                       |                     | 7c   |                                    |  |  |
|   | 9                                  | <b>Total revenue</b> . Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8   | 7c. and 8 |                       |                     | 8 9  | 47,025.                            |  |  |
| Expenses  | 10                                 | Grants and similar amounts paid (list in Schedule 0)   |           |                       |                     | 10   | 47,023.                            |  |  |
|   | 11                                 | Benefits paid to or for members  |           |                       |                     | 1000   |                                    |  |  |
|   | 12                                 |  |           |                       |                     |  |                                    |  |  |
|   | 13                                 | Salaries, other compensation, and employee benefits  Professional fees and other payments to independent contractors   |           | •••••                 |                     | 13   | 686.                               |  |  |
|   | 14                                 | Occupancy, rent, utilities, and maintenance  |           |                       | • • • • • • • • • • | 14   | 1,623.                             |  |  |
|   | 15                                 |  |           |                       |                     |  | 2,654.                             |  |  |
|   | 16                                 | Printing, publications, postage, and shipping  Other expenses (describe in Schedule O)  SE   | E S       | HEDIILE O             |                     |  | 24,502.                            |  |  |
|   | 17                                 |  |           |                       |                     | 16   | 29,465.                            |  |  |
| -   | 18                                 | F (10 m) ( 11 m) ( 11 m) ( 12 m)   |           |                       |                     | 17   | 17,560.                            |  |  |
| ets   | 19                                 | Excess or (deficit) for the year (subtract line 17 from line 9)  Net assets or fund balances at beginning of year (from line 27, column (A))   |           |                       |                     | . 18   | 17,500.                            |  |  |
| SS  |                                    | (must agree with end-of-year figure reported on prior year's return)   |           |                       |                     | 19   | 151,372.                           |  |  |
| Net Assets  | 20                                 | Other shanges in not assets or fund belonces (suplainting Colored to O)  |           |                       |                     |  | 0.                                 |  |  |
| Z   | 21                                 | Net assets or fund balances at end of year. Combine lines 18 through 20  |           |                       |                     | 20   | 168,932.                           |  |  |
| LH  | THE RESERVE OF THE PERSON NAMED IN | Paperwork Reduction Act Notice, see the separate instructions.   |           |                       |                     | [ [ [  | Form <b>990-EZ</b> (2019)          |  |  |