

Forms 990 / 990-EZ Return Summary

For calendar year 2013, or tax year beginning **07/01/13** , and ending **06/30/14**

88-0383932

The Neon Museum

Net Asset / Fund Balance at Beginning of Year 3,156,670

Revenue

Contributions	<u>158,292</u>		
Program service revenue	<u>1,468,379</u>		
Investment income	<u>148</u>		
Capital gain / loss			
Fundraising / Gaming:			
Gross revenue	<u>7,815</u>		
Direct expenses	<u>7,815</u>		
Net income	<u>0</u>		
Other income	<u>204,570</u>		
Total revenue		<u>1,831,389</u>	

Expenses

Program services	<u>1,072,615</u>		
Management and general	<u>648,611</u>		
Fundraising	<u>99,445</u>		
Total expenses		<u>1,820,671</u>	
Excess / (deficit)			<u>10,718</u>

Changes

Net Asset / Fund Balance at End of Year 3,167,388

Reconciliation of Revenue

Total revenue per financial statements	
Less:	
Unrealized gains	
Donated services	
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
Total revenue per return	<u>1,831,389</u>

Reconciliation of Expenses

Total expenses per financial statements	
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	
Total expenses per return	<u>1,820,671</u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>3,359,781</u>	<u>3,359,803</u>	
Liabilities	<u>203,111</u>	<u>192,415</u>	
Net assets	<u>3,156,670</u>	<u>3,167,388</u>	<u>10,718</u>

Miscellaneous Information

Amended return _____
 Return / extended due date 11/17/14
 Failure to file penalty _____

Houldsworth, Russo & Company, P.C.
8675 S Eastern Ave Ste A
Las Vegas, NV 89123-2839
702-269-9992

September 3, 2014

CONFIDENTIAL

The Neon Museum
770 Las Vegas Boulevard North
Las Vegas, NV 89101

Dear Danielle:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

Federal Filing Instructions

None is required. Your Form 990 for the year ended 6/30/14 shows no balance due.

You are using a Personal Identification Number (PIN) for signing your return electronically. Sign the IRS e-file Authorization and mail it as soon as possible to:

Houldsworth, Russo & Company, P.C.
8675 S Eastern Ave Ste A
Las Vegas, NV 89123-2839

Initial and date the copies of the IRS e-file Signature Authorization and the Form 990. Retain them for your records. If previously signed and returned no further action is required for Form 8879-EO.

Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing of your return.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Houldsworth, Russo & Company, P.C.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2013, or fiscal year beginning 7/01 2013, and ending 6/30 2014

2013

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Name of exempt organization

Employer identification number

The Neon Museum

88-0383932

Name and title of officer

**Rob McCoy
Chairman**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a	Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	<u>1,831,389</u>
2a	Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize Houldsworth, Russo & Company, P.C. to enter my PIN 12345 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature }

Date } 08/08/14

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

88231512345

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } Katie Hampton

Date } 08/08/14

ERO Must Retain This Form—See Instructions

Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2013)

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013
Open to Public Inspection

A For the 2013 calendar year, or tax year beginning **07/01/13**, and ending **06/30/14**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p style="text-align: center;">The Neon Museum</p> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p>770 Las Vegas Boulevard North</p> City or town, state or province, country, and ZIP or foreign postal code <p>Las Vegas NV 89101</p>	D Employer identification number <p style="text-align: center;">88-0383932</p> E Telephone number <p style="text-align: center;">702-387-6366</p> G Gross receipts \$ 1,947,326
F Name and address of principal officer: <p>Rob McCoy 821 Las Vegas Blvd South Las Vegas NV 89101</p>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number U
J Website: www.neonmuseum.org		L Year of formation: 1996
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other U		M State of legal domicile: NV

Part I Summary

1	Briefly describe the organization's mission or most significant activities: To promote the historical preservation of neon for the education and enjoyment of the general public.		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	32
6	Total number of volunteers (estimate if necessary)	6	35
7a	Total unrelated business revenue from Part VIII, column (C), line 12		0
7b	Net unrelated business taxable income from Form 990-T, line 34		0
8	Contributions and grants (Part VIII, line 1h)	781,621	158,292
9	Program service revenue (Part VIII, line 2g)	768,951	1,468,379
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	634	148
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	221,284	204,570
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,772,490	1,831,389
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	586,678	817,035
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) U	99,445	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	946,057	1,003,636
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,532,735	1,820,671
19	Revenue less expenses. Subtract line 18 from line 12	239,755	10,718
20	Total assets (Part X, line 16)	3,359,781	3,359,803
21	Total liabilities (Part X, line 26)	203,111	192,415
22	Net assets or fund balances. Subtract line 21 from line 20	3,156,670	3,167,388

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <p style="text-align: center;">Rob McCoy</p> Type or print name and title <p style="text-align: center;">Chairman</p>	Date
Paid Preparer Use Only	Print/Type preparer's name <p>Katie Hampton</p> Preparer's signature <p>Katie Hampton</p> Date <p>09/03/14</p> Check <input type="checkbox"/> if self-employed <input type="checkbox"/> PTIN <p>P00292787</p> Firm's name } Houldsworth, Russo & Company, P.C. Firm's address } 8675 S Eastern Ave Ste A <p style="text-align: center;">Las Vegas, NV 89123-2839</p> Firm's EIN } 88-0374623 Phone no. 702-269-9992	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

To promote the historical preservation of neon for the education and enjoyment of the general public.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **1,072,615** including grants of\$) (Revenue \$ **1,468,379**)
Preservation, refurbishment and installation of historical neon signs as part of a museum devoted to the procurement, care, study and display of such objects.

4b (Code:) (Expenses \$ including grants of\$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of\$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of\$) (Revenue \$)

4e Total program service expenses **u 1,072,615**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1a	18		
1b	0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a	32		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: U See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		X
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official		X
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **UNV**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **Danielle Kelly** **821 Las Vegas Blvd South**
Las Vegas **NV 89101** **702-229-5366**

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Barbara Molasky Member	2.00 0.00	X						0	0	0
(2) John Nelson Member	2.00 0.00	X						0	0	0
(3) Dulcinea Rongavilla Member	2.00 0.00	X						0	0	0
(4) Dorothy Wright Secretary	5.00 0.00	X		X				0	0	0
(5) Bill Marion Member	2.00 0.00	X						0	0	0
(6) Michael Crandall Member	2.00 0.00	X						0	0	0
(7) Rob McCoy Chair	5.00 0.00	X		X				0	0	0
(8) Yin Nawaday Treasurer	5.00 0.00	X		X				0	0	0
(9) Shaundell Newsome Member	2.00 0.00	X						0	0	0
(10) Mike Sexton Member	2.00 0.00	X						0	0	0
(11) Brandon Wiegand Vice Chair	5.00 0.00	X		X				0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Danielle Kelly Executive Director	40.00 0.00			X				67,221	0	11,223
(13) Sarah Bush CFO	40.00 0.00			X				28,545	0	2,015
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Sub-total								95,766		13,238
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								95,766		13,238

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	7,085				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	151,207				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f	u	158,292				
Program Service Revenue	2a Boneyard Income	Busn. Code 611710	1,269,547	1,269,547			
	b Photo shoot income	611710	165,557	165,557			
	c Membership dues	611710	15,350	15,350			
	d Container Park	611710	11,079	11,079			
	e Programming events		6,846	6,846			
	f All other program service revenue						
	g Total. Add lines 2a-2f	u	1,468,379				
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	148			148
4 Income from investment of tax-exempt bond proceeds							
5 Royalties		u					
6a Gross rents		(i) Real					
		(ii) Personal					
		b Less: rental exps.					
		c Rental inc. or (loss)					
d Net rental income or (loss)		u					
7a Gross amount from sales of assets other than inventory		(i) Securities					
		(ii) Other					
		b Less: cost or other basis & sales exps.					
		c Gain or (loss)					
d Net gain or (loss)		u					
8a Gross income from fundraising events (not including \$ 7,085 of contributions reported on line 1c). See Part IV, line 18		a	7,815				
		b Less: direct expenses	b	7,815			
	c Net income or (loss) from fundraising events	u					
9a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities	u					
10a Gross sales of inventory, less returns and allowances	a	309,800					
	b Less: cost of goods sold	b	108,122				
	c Net income or (loss) from sales of inventory	u	201,678			201,678	
Miscellaneous Revenue		Busn. Code					
11a Other income	611710	2,892			2,892		
b							
c							
d All other revenue							
e Total. Add lines 11a-11d	u	2,892					
12 Total revenue. See instructions.	u	1,831,389	1,468,379	0	204,718		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	149,824	29,464	90,896	29,464
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	575,971	469,443	78,039	28,489
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	37,405	34,188	3,014	203
10 Payroll taxes	53,835	37,604	12,129	4,102
11 Fees for services (non-employees):				
a Management				
b Legal	4,853		4,853	
c Accounting	20,125		20,125	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	39,235	4,928	33,769	538
12 Advertising and promotion	244,535		244,535	
13 Office expenses	125,306	51,129	68,797	5,380
14 Information technology	27,424	19,155	6,179	2,090
15 Royalties				
16 Occupancy	234,164	163,564	52,757	17,843
17 Travel	2,003	1,399	451	153
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	6,612	6,612		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	129,047	90,140	29,074	9,833
23 Insurance	17,723	12,380	3,993	1,350
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Sign expense	149,896	149,896		
b Displays	2,048	2,048		
c Uniforms	665	665		
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,820,671	1,072,615	648,611	99,445
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	289,973	1	62,091
	2 Savings and temporary cash investments	130,152	2	396,824
	3 Pledges and grants receivable, net	50,000	3	41,202
	4 Accounts receivable, net	4,756	4	10,554
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	48,744	8	67,403
	9 Prepaid expenses and deferred charges	38,314	9	35,999
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,967,979		
	b Less: accumulated depreciation	10b 227,885	2,797,842	10c 2,740,094
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	5,636
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,359,781	16	3,359,803	
Liabilities	17 Accounts payable and accrued expenses	155,648	17	123,683
	18 Grants payable		18	
	19 Deferred revenue	47,463	19	59,675
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	9,057
	26 Total liabilities. Add lines 17 through 25	203,111	26	192,415
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,079,964	27	3,145,002
	28 Temporarily restricted net assets	76,706	28	22,386
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	3,156,670	33	3,167,388	
34 Total liabilities and net assets/fund balances	3,359,781	34	3,359,803	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,831,389
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,820,671
3	Revenue less expenses. Subtract line 2 from line 1	3	10,718
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,156,670
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,167,388

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

**SCHEDULE A
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
U Attach to Form 990 or Form 990-EZ.
U Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

The Neon Museum

Employer identification number

88-0383932

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2013

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) U	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	97,597	529,992	244,343	781,621	158,292	1,811,845
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	97,597	529,992	244,343	781,621	158,292	1,811,845
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)						19,634
6 Public support. Subtract line 5 from line 4.						1,792,211

Section B. Total Support

Calendar year (or fiscal year beginning in) U	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	97,597	529,992	244,343	781,621	158,292	1,811,845
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,023	1,074	583	634	148	5,462
9 Net income from unrelated business activities, whether or not the business is regularly carried on				145,432	1,892	147,324
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				134,244	309,800	444,044
11 Total support. Add lines 7 through 10						2,408,675
12 Gross receipts from related activities, etc. (see instructions)					12	1,476,194
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	74.41 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	83.19 %
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) \cup	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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 organization without charge						
6 Total. Add lines 1 through 5						
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 Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) \cup	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Part II, Line 10 - Other Income Detail

Other income \$ **134,244**

Schedule B
(Form 990, 990-EZ,
or 990-PF)
 Department of the Treasury
 Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2013

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

⌵ Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization The Neon Museum	Employer identification number 88-0383932
---	--

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization The Neon Museum	Employer identification number 88-0383932
---	--

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Shulman Family Foundation 6940 O'Bannon Drive Las Vegas NV 89117	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Jerry's Nugget 1821 N Las Vegas Blvd Las Vegas NV 89030	\$ 38,551	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Centennial Committee 495 South Main Las Vegas NV 89101	\$ 64,156	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

Employer identification number

The Neon Museum

88-0383932

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? (Yes/No), 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? (Yes/No)

Part II Conservation Easements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No), 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? (Yes/No), 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Yes No

Part V Endowment Funds.

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

- | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |
- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment %
 - b** Permanent endowment %
 - c** Temporarily restricted endowment %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		2,683,145	130,032	2,553,113
c Leasehold improvements				
d Equipment		284,834	97,853	186,981
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				u 2,740,094

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) u		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) u		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) u	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) Mob Museum Duo Package	7,140	
(3) Gift certificates	1,317	
(4) Neon Boneyard Park	600	
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u	9,057	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part III, Line 1a - Terms for Not Reporting Assets Per SFAS 116

The Museum owns, preserves, and maintains a collection of neon signs for public exhibition that were either donated or purchased. It is the policy of the Museum that proceeds from the sale of any collection items are to be used to purchase additional collection items. The value of this collection is not reflected in the financial statements since the Museum has elected not to capitalize its collections. Purchases of collection items in the current period are reflected as a decrease in unrestricted net assets and shown as sign acquisitions on the statement of functional expense.

Restored signs are on display in outdoor "galleries" along Fremont Street in downtown Las Vegas. Signs are also on display at the Old Las Vegas Mormon Fort State Historic Park. The park has agreed to display some signs in its visitors' center until the Museum can display them. The remaining non-restored signs are stored outdoors in an onsite storage lot as well as

Part XIII Supplemental Information (continued)

2 off-site storage facilities. The Museum collection also includes a variety of sign-related artifacts that support the collection archive.

Signs are considered for deaccessioning if the sign is outside the scope of the collection management policy, is irrelevant to the purposes of the Museum, cannot be preserved properly, is a duplicate item, has deteriorated beyond usefulness and/or is unsafe to operate, its authenticity is determined to be false or fraudulent or title to the Tangible Rights or the Intangible Rights in connection thereto are brought into question such that use of the object by the Museum may subject it to liability. Deaccessioned signs may be disposed of by means of transfer, gift, trade, exchange, or sale. Physical destruction or disposal may be considered if the physical condition of the sign is severely deteriorated.

Part III, Line 4 - Collections and Relation to Exempt Purpose

The Museum

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

2013

Department of the Treasury
Internal Revenue Service

U Attach to Form 990 or 990-EZ.

**Open to Public
Inspection**

U Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

The Neon Museum

Employer identification number

88-0383932

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

**The Form 990 is reviewed and approved by members of the Board before being
signed and filed with the Internal Revenue Service.**

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Upon request.

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

See separate instructions. Attach to your tax return.

OMB No. 1545-0172

2013

Attachment Sequence No. **179**

Name(s) shown on return

The Neon Museum

Identifying number
88-0383932

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2012 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	129,047

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2013	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	129,047
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2013)

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Other Depreciation:										
15	Safe	2/14/08	788			788	7	MO S/L	788	0
21	Computer	9/26/08	2,327			2,327	5	MO S/L	2,211	116
23	La Concha	9/01/12	79,791			79,791	39	MO S/L	1,705	2,046
24	La Concha	9/01/12	177,521			177,521	39	MO S/L	3,793	4,552
26	Dell Computer	3/01/11	4,895			4,895	5	MO S/L	2,284	979
27	Admin Office Furniture	7/18/11	36,676			36,676	7	MO S/L	10,042	5,239
28	Interactive Unit for La Concha	2/13/12	83,716			83,716	5	MO S/L	23,720	16,743
29	Installation & Doors for Boneyard	9/01/12	12,272			12,272	39	MO S/L	262	315
30	Dell Laptops (2)	6/12/12	2,686			2,686	5	MO S/L	582	537
31	Info Tiles Social Screen Experience	1/03/12	14,449			14,449	5	MO S/L	4,335	2,890
32	La Concha	9/01/12	54,317			54,317	39	MO S/L	1,161	1,392
33	Building CIP	9/01/12	29,348			29,348	39	MO S/L	627	753
34	HWAll & Wedding Info Sign plaques	1/15/13	2,154			2,154	10	MO S/L	108	215
35	Info tiles interactive screen	8/01/12	7,224			7,224	7	MO S/L	946	1,032
36	Mobile POS Cart and Laptop	10/17/12	4,092			4,092	5	MO S/L	546	818
37	New Desktops	10/17/12	10,929			10,929	5	MO S/L	1,457	2,186
38	Installation and set-up	10/25/12	7,224			7,224	7	MO S/L	688	1,032
39	Refrigerator	10/30/12	910			910	7	MO S/L	87	130
40	Ticket Printer	11/06/12	5,122			5,122	5	MO S/L	683	1,024
41	Sonicwall Secure Appliance,	11/13/12	2,390			2,390	5	MO S/L	319	478
42	3 merch scanners, 2 POS keyboards & 3 pri	11/13/12	1,605			1,605	5	MO S/L	214	321
43	Safe	1/02/13	842			842	7	MO S/L	60	120
44	Brochre holders	1/02/13	556			556	5	MO S/L	56	111
45	Additional Laptop	2/12/13	903			903	5	MO S/L	75	181
46	Cooler to sell water	4/18/13	2,170			2,170	7	MO S/L	52	310
47	Beverage cart for selling water outside	5/07/13	2,262			2,262	5	MO S/L	75	453
48	Two Tree International	5/31/13	658			658	5	MO S/L	11	132
49	iPad	6/30/13	728			728	5	MO S/L	0	146
50	Display Unites	11/06/12	10,547			10,547	7	MO S/L	1,004	1,507
51	Two additional chairs for guest service area	2/04/13	2,236			2,236	7	MO S/L	133	319
52	Lockers for La Concha Guest Services	12/04/12	1,123			1,123	7	MO S/L	94	160
53	Benches for La Concha Lobby	12/28/12	1,974			1,974	7	MO S/L	141	282
54	Waste receptables, Ash n Trash	2/12/13	7,014			7,014	7	MO S/L	417	1,002
55	Lockers	3/19/13	544			544	7	MO S/L	19	78
57	2 new workstation 50% down	4/08/13	3,026			3,026	5	MO S/L	151	605
58	Waste receptacles, Ash Tray Receptacles	5/21/13	5,236			5,236	7	MO S/L	62	748
59	La Concha and office furniture	6/06/13	1,974			1,974	7	MO S/L	24	282
60	Office furniture	6/06/13	3,026			3,026	7	MO S/L	36	432
61	"I" shaped display for front lobby	6/11/13	2,441			2,441	7	MO S/L	29	349
62	Guardhouse & Boneyard lighting	6/27/13	287,226			287,226	15	MO S/L	0	19,148
63	Building	9/01/12	32,083			32,083	39	MO S/L	686	822
64	Construction consultant	9/04/12	4,413			4,413	39	MO S/L	94	113
65	3rd phase of low voltage system	9/17/12	18,174			18,174	39	MO S/L	350	466
66	Schematic desing phase, Construction Admin	9/17/12	5,048			5,048	39	MO S/L	97	130
67	Schematic Design Phase, Admin Phase	10/17/12	9,753			9,753	39	MO S/L	167	250
68	Window Covering for Admin Side	10/25/12	14,358			14,358	39	MO S/L	245	369
69	Additional outlets	10/25/12	8,745			8,745	39	MO S/L	149	225
70	Construction Admin Completion	12/17/12	9,462			9,462	39	MO S/L	121	243
71	Post constructio phase complete	2/12/13	5,930			5,930	39	MO S/L	63	152
72	Fippins Trenching	1/29/13	6,833			6,833	39	MO S/L	73	175
73	Building	4/23/13	64,213			64,213	39	MO S/L	274	1,647
74	Interior	6/06/13	10,270			10,270	39	MO S/L	22	263
75	Building (funded by the City)	9/01/12	1,597,638			1,597,638	39	MO S/L	34,138	40,965
76	Building	6/30/13	68,627			68,627	39	MO S/L	0	1,760
77	Solar System	1/10/13	137,787			137,787	25	MO S/L	2,756	5,511
78	Consulting La Concha Project	9/01/12	15,282			15,282	39	MO S/L	327	391
79	Boneyard Expenses	9/01/12	13,144			13,144	39	MO S/L	281	337
80	Laptop	7/02/13	1,206			1,206	5	MO S/L	0	241
81	Register drawers	8/05/13	1,130			1,130	5	MO S/L	0	207
82	Phone system	11/19/13	7,719			7,719	7	MO S/L	0	643
83	Docent coordinator computer	12/21/13	1,224			1,224	5	MO S/L	0	122
84	Shorephone	12/24/13	566			566	3	MO S/L	0	94
85	Proxim AP-8000 Wireless	12/31/13	507			507	3	MO S/L	0	85
86	New computer	3/03/14	1,043			1,043	5	MO S/L	0	70
87	New computer	4/28/14	892			892	5	MO S/L	0	30
88	NM logo mats	5/29/14	1,156			1,156	3	MO S/L	0	32
89	New computer	5/30/14	1,242			1,242	5	MO S/L	0	21
90	New workstation	6/27/14	1,029			1,029	5	MO S/L	0	0

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
91	Benches	7/10/13	24,250				24,250	7	MO S/L	0	3,464
92	I shaped display	7/15/13	2,441				2,441	7	MO S/L	0	349
93	Workstation	4/30/14	3,730				3,730	7	MO S/L	0	89
94	Furniture	6/30/14	2,254				2,254	7	MO S/L	0	0
95	Guardshack	8/08/13	500				500	15	MO S/L	0	31
96	Conduit repair	7/01/13	2,498				2,498	15	MO S/L	0	167
97	Mortise lock	10/18/13	2,486				2,486	15	MO S/L	0	110
98	Lighting	11/19/13	1,038				1,038	15	MO S/L	0	40
99	Concrete lamp	11/25/13	2,000				2,000	15	MO S/L	0	78
100	Pavers	2/04/14	2,042				2,042	15	MO S/L	0	57
101	Fabric band and shade	3/31/14	4,668				4,668	15	MO S/L	0	78
102	Chat and Boulders	4/30/14	4,500				4,500	15	MO S/L	0	50
103	Window tinting	5/24/14	1,179				1,179	15	MO S/L	0	7
Total Other Depreciation			<u>2,967,982</u>				<u>2,967,982</u>			<u>98,840</u>	<u>129,047</u>
Total ACRS and Other Depreciation			<u>2,967,982</u>				<u>2,967,982</u>			<u>98,840</u>	<u>129,047</u>
Grand Totals			2,967,982				2,967,982			98,840	129,047
Less: Dispositions and Transfers			0				0			0	0
Less: Start-up/Org Expense			0				0			0	0
Net Grand Totals			<u>2,967,982</u>				<u>2,967,982</u>			<u>98,840</u>	<u>129,047</u>

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Other Depreciation:											
15	Safe	2/14/08	788				788	7	MO S/L	788	0
21	Computer	9/26/08	0				0	0	HY	0	0
23	La Concha	9/01/12	79,791				79,791	39	MO S/L	1,705	2,046
24	La Concha	9/01/12	0				0	0	HY	0	0
26	Dell Computer	3/01/11	0				0	0	HY	0	0
27	Admin Office Furniture	7/18/11	0				0	0	HY	0	0
28	Interactive Unit for La Concha	2/13/12	0				0	0	HY	0	0
29	Installation & Doors for Boneyard	9/01/12	0				0	0	HY	0	0
30	Dell Laptops (2)	6/12/12	0				0	0	HY	0	0
31	Info Tiles Social Screen Experience	1/03/12	0				0	0	HY	0	0
32	La Concha	9/01/12	0				0	0	HY	0	0
33	Building CIP	9/01/12	0				0	0	HY	0	0
34	HWAll & Wedding Info Sign plaques	1/15/13	0				0	0	HY	0	0
35	Info tiles interactive screen	8/01/12	0				0	0	HY	0	0
36	Mobile POS Cart and Laptop	10/17/12	0				0	0	HY	0	0
37	New Desktops	10/17/12	0				0	0	HY	0	0
38	Installation and set-up	10/25/12	0				0	0	HY	0	0
39	Refrigerator	10/30/12	0				0	0	HY	0	0
40	Ticket Printer	11/06/12	0				0	0	HY	0	0
41	Sonicwall Secure Appliance,	11/13/12	0				0	0	HY	0	0
42	3 merch scanners, 2 POS keyboards & 3 pri	11/13/12	0				0	0	HY	0	0
43	Safe	1/02/13	0				0	0	HY	0	0
44	Brochre holders	1/02/13	0				0	0	HY	0	0
45	Additional Laptop	2/12/13	0				0	0	HY	0	0
46	Cooler to sell water	4/18/13	0				0	0	HY	0	0
47	Beverage cart for selling water outside	5/07/13	0				0	0	HY	0	0
48	Two Tree International	5/31/13	0				0	0	HY	0	0
49	iPad	6/30/13	0				0	0	HY	0	0
50	Display Unites	11/06/12	0				0	0	HY	0	0
51	Two additional chairs for guest service area	2/04/13	0				0	0	HY	0	0
52	Lockers for La Concha Guest Services	12/04/12	0				0	0	HY	0	0
53	Benches for La Concha Lobby	12/28/12	0				0	0	HY	0	0
54	Waste receptables, Ash n Trash	2/12/13	0				0	0	HY	0	0
55	Lockers	3/19/13	0				0	0	HY	0	0
57	2 new workstation 50% down	4/08/13	0				0	0	HY	0	0
58	Waste receptacles, Ash Tray Receptacles	5/21/13	0				0	0	HY	0	0
59	La Concha and office furniture	6/06/13	0				0	0	HY	0	0
60	Office furniture	6/06/13	0				0	0	HY	0	0
61	"I" shaped display for front lobby	6/11/13	0				0	0	HY	0	0
62	Guardhouse & Boneyard lighting	6/27/13	0				0	0	HY	0	0
63	Building	9/01/12	0				0	0	HY	0	0
64	Construction consultant	9/04/12	0				0	0	HY	0	0
65	3rd phase of low voltage system	9/17/12	0				0	0	HY	0	0
66	Schematic desing phase, Construction Admin	9/17/12	0				0	0	HY	0	0
67	Schematic Design Phase, Admin Phase	10/17/12	0				0	0	HY	0	0
68	Window Covering for Admin Side	10/25/12	0				0	0	HY	0	0
69	Additional outlets	10/25/12	0				0	0	HY	0	0
70	Construction Admin Completion	12/17/12	0				0	0	HY	0	0
71	Post constructio phase complete	2/12/13	0				0	0	HY	0	0
72	Fippins Trenching	1/29/13	0				0	0	HY	0	0
73	Building	4/23/13	0				0	0	HY	0	0
74	Interior	6/06/13	0				0	0	HY	0	0
75	Building (funded by the City)	9/01/12	0				0	0	HY	0	0
76	Building	6/30/13	0				0	0	HY	0	0
77	Solar System	1/10/13	137,787				137,787	25	MO S/L	2,756	5,511
78	Consulting La Concha Project	9/01/12	0				0	0	HY	0	0
79	Boneyard Expenses	9/01/12	0				0	0	HY	0	0
80	Laptop	7/02/13	0				0	0	HY	0	0
81	Register drawers	8/05/13	0				0	0	HY	0	0
82	Phone system	11/19/13	0				0	0	HY	0	0
83	Docent coordinator computer	12/21/13	0				0	0	HY	0	0
84	Shorephone	12/24/13	0				0	0	HY	0	0
85	Proxim AP-8000 Wireless	12/31/13	0				0	0	HY	0	0
86	New computer	3/03/14	0				0	0	HY	0	0
87	New computer	4/28/14	0				0	0	HY	0	0
88	NM logo mats	5/29/14	0				0	0	HY	0	0
89	New computer	5/30/14	0				0	0	HY	0	0
90	New workstation	6/27/14	0				0	0	HY	0	0

AMT Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
91	Benches	7/10/13	0				0	0	HY	0	0
92	I shaped display	7/15/13	0				0	0	HY	0	0
93	Workstation	4/30/14	0				0	0	HY	0	0
94	Furniture	6/30/14	0				0	0	HY	0	0
95	Guardshack	8/08/13	0				0	0	HY	0	0
96	Conduit repair	7/01/13	0				0	0	HY	0	0
97	Mortise lock	10/18/13	0				0	0	HY	0	0
98	Lighting	11/19/13	0				0	0	HY	0	0
99	Concrete lamp	11/25/13	0				0	0	HY	0	0
100	Pavers	2/04/14	0				0	0	HY	0	0
101	Fabric band and shade	3/31/14	0				0	0	HY	0	0
102	Chat and Boulders	4/30/14	0				0	0	HY	0	0
103	Window tinting	5/24/14	0				0	0	HY	0	0
	Total Other Depreciation		<u>218,366</u>				<u>218,366</u>			<u>5,249</u>	<u>7,557</u>
	Total ACRS and Other Depreciation		<u>218,366</u>				<u>218,366</u>			<u>5,249</u>	<u>7,557</u>
	Grand Totals		218,366				218,366			5,249	7,557
	Less: Dispositions and Transfers		0				0			0	0
	Net Grand Totals		<u>218,366</u>				<u>218,366</u>			<u>5,249</u>	<u>7,557</u>

8008 The Neon Museum

09/03/2014 8:34 AM

88-0383932

Depreciation Adjustment Report

FYE: 6/30/2014

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
15	Safe	2/14/08	788	0	0
21	Computer	9/26/08	2,327	0	0
23	La Concha	9/01/12	79,791	2,046	2,046
24	La Concha	9/01/12	177,521	4,552	0
26	Dell Computer	3/01/11	4,895	979	0
27	Admin Office Furniture	7/18/11	36,676	5,240	0
28	Interactive Unit for La Concha	2/13/12	83,716	16,743	0
29	Installation & Doors for Boneyard	9/01/12	12,272	315	0
30	Dell Laptops (2)	6/12/12	2,686	537	0
31	Info Tiles Social Screen Experience	1/03/12	14,449	2,889	0
32	La Concha	9/01/12	54,317	1,393	0
33	Building CIP	9/01/12	29,348	752	0
34	HWAll & Wedding Info Sign plaques	1/15/13	2,154	216	0
35	Info tiles interactive screen	8/01/12	7,224	1,032	0
36	Mobile POS Cart and Laptop	10/17/12	4,092	818	0
37	New Desktops	10/17/12	10,929	2,186	0
38	Installation and set-up	10/25/12	7,224	1,032	0
39	Refrigerator	10/30/12	910	130	0
40	Ticket Printer	11/06/12	5,122	1,025	0
41	Sonicwall Secure Appliance,	11/13/12	2,390	478	0
42	3 merch scanners, 2 POS keyboards & 3 printer	11/13/12	1,605	321	0
43	Safe	1/02/13	842	121	0
44	Brochre holders	1/02/13	556	111	0
45	Additional Laptop	2/12/13	903	181	0
46	Cooler to sell water	4/18/13	2,170	310	0
47	Beverage cart for selling water outside	5/07/13	2,262	452	0
48	Two Tree International	5/31/13	658	131	0
49	iPad	6/30/13	728	145	0
50	Display Unites	11/06/12	10,547	1,507	0
51	Two additional chairs for guest service area	2/04/13	2,236	320	0
52	Lockers for La Concha Guest Services	12/04/12	1,123	161	0
53	Benches for La Concha Lobby	12/28/12	1,974	282	0
54	Waste receptables, Ash n Trash	2/12/13	7,014	1,002	0
55	Lockers	3/19/13	544	78	0
57	2 new workstatation 50% down	4/08/13	3,026	606	0
58	Waste receptacles, Ash Tray Receptacles	5/21/13	5,236	748	0
59	La Concha and office furniture	6/06/13	1,974	282	0
60	Office furniture	6/06/13	3,026	433	0
61	"I" shaped display for front lobby	6/11/13	2,441	348	0
62	Guardhouse & Boneyard lighting	6/27/13	287,226	19,149	0
63	Building	9/01/12	32,083	823	0
64	Construction consultant	9/04/12	4,413	114	0
65	3rd phase of low voltage system	9/17/12	18,174	466	0
66	Schematic desing phase, Construction Admin pha	9/17/12	5,048	129	0
67	Schematic Design Phase, Admin Phase	10/17/12	9,753	250	0
68	Window Covering for Admin Side	10/25/12	14,358	368	0
69	Additional outlets	10/25/12	8,745	224	0
70	Construction Admin Completion	12/17/12	9,462	243	0
71	Post constructio phase complete	2/12/13	5,930	152	0
72	Fippins Trenching	1/29/13	6,833	175	0
73	Building	4/23/13	64,213	1,646	0
74	Interior	6/06/13	10,270	264	0
75	Building (funded by the City)	9/01/12	1,597,638	40,965	0
76	Building	6/30/13	68,627	1,759	0
77	Solar System	1/10/13	137,787	5,512	5,512
78	Consulting La Concha Project	9/01/12	15,282	392	0
79	Boneyard Expenses	9/01/12	13,144	337	0
80	Laptop	7/02/13	1,206	241	0
81	Register drawers	8/05/13	1,130	226	0
82	Phone system	11/19/13	7,719	1,103	0
83	Docent coordinator computer	12/21/13	1,224	245	0
84	Shorephone	12/24/13	566	189	0
85	Proxim AP-8000 Wireless	12/31/13	507	169	0
86	New computer	3/03/14	1,043	208	0
87	New computer	4/28/14	892	178	0
88	NM logo mats	5/29/14	1,156	385	0
89	New computer	5/30/14	1,242	248	0

Asset	Description	Date In Service	Cost	Tax	AMT
90	New workstation	6/27/14	1,029	206	0
91	Benches	7/10/13	24,250	3,465	0
92	I shaped display	7/15/13	2,441	348	0
93	Workstation	4/30/14	3,730	533	0
94	Furniture	6/30/14	2,254	322	0
95	Guardshack	8/08/13	500	33	0
96	Conduit repair	7/01/13	2,498	166	0
97	Mortise lock	10/18/13	2,486	166	0
98	Lighting	11/19/13	1,038	70	0
99	Concrete lamp	11/25/13	2,000	133	0
100	Pavers	2/04/14	2,042	136	0
101	Fabric band and shade	3/31/14	4,668	311	0
102	Chat and Boulders	4/30/14	4,500	300	0
103	Window tinting	5/24/14	1,179	78	0
	Total Other Depreciation		<u>2,967,982</u>	<u>132,329</u>	<u>7,558</u>
	Total ACRS and Other Depreciation		<u>2,967,982</u>	<u>132,329</u>	<u>7,558</u>
	Grand Totals		<u>2,967,982</u>	<u>132,329</u>	<u>7,558</u>

Form 990	Two Year Comparison Report	2012 & 2013
For calendar year 2013, or tax year beginning 07/01/13 , ending 06/30/14		

Name _____ Taxpayer Identification Number _____

The Neon Museum**88-0383932**

		2012	2013	Differences
Revenue	1. Contributions, gifts, grants	781,621	158,292	-623,329
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue	768,951	1,468,379	699,428
	5. Investment income	634	148	-486
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory	74,852	201,678	126,826
	11. Other revenue	146,432	2,892	-143,540
	12. Total revenue. Add lines 1 through 11	1,772,490	1,831,389	58,899
Expenses	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	155,878	149,824	-6,054
	16. Salaries, other compensation, and employee benefits	430,800	667,211	236,411
	17. Professional fundraising fees			
	18. Other professional fees	86,239	64,213	-22,026
	19. Occupancy, rent, utilities, and maintenance	163,287	234,164	70,877
	20. Depreciation and Depletion	81,733	129,047	47,314
	21. Other expenses	614,798	576,212	-38,586
	22. Total expenses. Add lines 13 through 21	1,532,735	1,820,671	287,936
	23. Excess or (Deficit). Subtract line 22 from line 12	239,755	10,718	-229,037
Other Information	24. Total exempt revenue	1,772,490	1,831,389	58,899
	25. Total unrelated revenue			
	26. Total excludable revenue	1,772,490	1,831,389	58,899
	27. Total assets	3,359,781	3,359,803	22
	28. Total liabilities	203,111	192,415	-10,696
	29. Retained earnings	3,156,670	3,167,388	10,718
	30. Number of voting members of governing body	14	11	
	31. Number of independent voting members of governing body	14	11	
	32. Number of employees	17	32	
	33. Number of volunteers	22	35	

Form 990T	Two Year Comparison Report	2012 & 2013
For calendar year 2013, or tax year beginning 07/01/13 , ending 06/30/14		

Name

Taxpayer Identification Number

The Neon Museum**88-0383932**

		2012	2013	Differences	
Revenue	1. Gross profit/loss on business activities	1.			
	2. Capital gains/losses	2.			
	3. Income/loss from partnerships and S corporations	3.			
	4. Rental income (net of expense)	4.			
	5. Unrelated debt-financed income (net of expense)	5.			
	6. Interest, and other income from controlled organizations (net of expense)	6.			
	7. Investment income of specific organizations (net of expense)	7.			
	8. Exploited exempt activity income (net of expense)	8.			
	9. Advertising income (net of expense)	9.			
	10. Other income	10.			
	11. Total trade or business income. Combine lines 1 through 10	11.			
Expenses	12. Compensation of officers, directors, and trustees	12.			
	13. Other salaries and wages	13.			
	14. Repairs and maintenance	14.			
	15. Bad debts	15.			
	16. Interest	16.			
	17. Taxes and licenses	17.			
	18. Charitable contributions	18.			
	19. Depreciation and Depletion	19.			
	20. Contributions to deferred compensation plans	20.			
	21. Employee benefit programs	21.			
	22. Other deductions	22.			
	23. Total deductions. Add lines 12 through 22	23.			
	24. Taxable income before NOL. Subtract line 23 from 11	24.			
	25. Net operating loss deduction	25.			
	26. Specific deduction	26.	1,000	1,000	
	27. Unrelated business taxable income.	27.	-1,000	-1,000	
	Tax & Credits	28. Income tax (corporate or trust)	28.		
29. Proxy tax		29.			
30. Alternative minimum tax		30.			
31. Total taxes		31.			
32. Other credits		32.			
33. General business credit		33.			
34. Credit for prior year minimum tax		34.			
35. Total credits		35.			
36. Net tax after credits		36.			
37. Recapture taxes		37.			
38. Total Taxes	38.				
Due/Refund	39. Prior year overpayment and estimated tax payments	39.			
	40. Payment made with extension	40.			
	41. Backup withholding and foreign withholding	41.			
	42. Other payments	42.	3,545	-3,545	
	43. Total payments	43.	3,545	-3,545	
	44. Balance due/(Overpayment)	44.	-3,545	3,545	
	45. Overpayment applied to next year	45.			
	46. Penalties	46.			
	47. Total due/(Refund)	47.	-3,545	3,545	

Form 990	Tax Return History	2013
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Name The Neon Museum	Employer Identification Number 88-0383932
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	2009	2010	2011	2012	2013	2014
Contributions, gifts, grants				781,621	158,292	
Membership dues						
Program service revenue				768,951	1,468,379	
Capital gain or loss						
Investment income				634	148	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue				221,284	204,570	
Total revenue				1,772,490	1,831,389	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.				155,878	149,824	
Other compensation				430,800	667,211	
Professional fees					64,213	
Occupancy costs				163,287	234,164	
Depreciation and depletion				81,733	129,047	
Other expenses				701,037	576,212	
Total expenses				1,532,735	1,820,671	
Excess or (Deficit)				239,755	10,718	
Total exempt revenue				1,772,490	1,831,389	
Total unrelated revenue						
Total excludable revenue				1,772,490	1,831,389	
Total Assets				3,359,781	3,359,803	
Total Liabilities				203,111	192,415	
Net Fund Balances				3,156,670	3,167,388	

Form 990T	Tax Return History	2013
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Name The Neon Museum	Employer Identification Number 88-0383932
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	2009	2010	2011	2012	2013	2014
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.						
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						

Form 990T	Tax Return History	2013
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Name The Neon Museum	Employer Identification Number 88-0383932
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	2009	2010	2011	2012	2013	2014
Other deductions						
Net operating loss deduction						
Specific deduction				1,000	1,000	
Income after expense and deductions				-1,000	-1,000	
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments				3,545		
Balance due/Overpayment				-3,545		

* Income shown net of expenses

Federal Statements

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
Interest	\$ 148		14			
Total	\$ <u>148</u>					

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
Consulting	\$ 32,179	\$	\$ 32,179	\$
Payroll fees	7,056	4,928	1,590	538
Total	<u>\$ 39,235</u>	<u>\$ 4,928</u>	<u>\$ 33,769</u>	<u>\$ 538</u>

Federal Statements

Schedule A, Part II, Line 1(e)

<u>Description</u>	<u>Amount</u>
Less than \$5,000	\$ 33,500
Shulman Family Foundation Cash Contribution	15,000
Jerry's Nugget Cash Contribution	38,551
Centennial Committee Cash Contribution	64,156
Boneyard Bash Cash Contribution	7,085
Total	<u>\$ 158,292</u>

Federal Statements

Schedule A, Part II, Line 5 - Excess Gifts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
Shulman Family	\$ 15,000	\$
Jerry's Nugget	38,551	
Centennial Committee	64,156	15,982
Cashman Family Foundation	5,000	
Vegas Magazine	5,381	
Robert & Dorothy Keyser Foundation	50,000	1,826
Binion Family Foundation	50,000	1,826
Total	<u>\$ 228,088</u>	<u>\$ 19,634</u>

Federal Statements

Schedule A, Part II, Line 8(e)

Description	Amount
Interest	\$ 148
Total	\$ 148

Schedule A, Part II, Line 9(e)

Description	Amount
Other income	\$ 2,892
Less: Deductions	-1,000
Total	\$ 1,892

Schedule A, Part II, Line 10(e)

Description	Amount
Retail Sales	\$ 309,800
Total	\$ 309,800

Schedule A, Part II, Line 12

Description	Amount
Boneyard Income	\$ 1,269,547
Container Park	11,079
Programming events	6,846
Photo shoot income	165,557
Membership dues	15,350
Boneyard Bash	7,815
Total	\$ 1,476,194