Forms 990 / 990-EZ Return Summary

For calendar year 2024, or tax year beginning 07/01/24 , and ending 06/30/25

Boulder City Museum & Historical Association **-***7875

Net Asset / Fund Balance at Beginning of Year			370,120
Revenue			
Contributions	492,718		
Program service revenue	888,004		
Investment income	8,332		
Capital gain / loss	0		
Fundraising / Gaming:			
Gross revenue			
Direct expenses			
Net income			
Other income	7,367		
Total revenue		1,396,421	
Expenses			
Program services	1,026,864		
Management and general	12,420		
Fundraising			
Total expenses		1,039,284	
Excess / (deficit)			357,137
Changes			-203
Net Asset / Fund Balance at End of Year			727,054

Reconciliation of Revenue

Total revenue per financial statements	
Less:	
Unrealized gains	
Donated services	
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
Total revenue per return	1,396,421

Reconciliation of Expenses

Total expenses per financial statements	
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	
Total expenses per return	1,039,284

Balance Sheet

	Beginning	Ending	Differences
Assets	928,459	1,200,073	
Liabilities	558,339	473,019	
Net assets	370,120	727,054	356,934

Miscellaneous Information

Amended return	
Return / extended due date	05/15/26
Failure to file penalty	

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

OMB No. 1545-0047
2024
Open to Public Inspection

A For the 2024 calendar year, or tax year beginning 07/01/24 , and ending 06/30/25

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: Boulder City Museum & Historical Association

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): 1305 Arizona Street

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: Boulder City NV 89005

D Employer identification number: **-***7875

E Telephone number: 702-294-5005

G Gross receipts$ 1,725,098

F Name and address of principal officer:
Tami McKay
1305 ARIZONA STREET
BOULDER CITY NV 89005

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.BCMHA.ORG

H(c) Group exemption number

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1999

M State of legal domicile: NV

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
Preserve and maintain interest in historical areas, archives, and hotel site

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	26
	6 Total number of volunteers (estimate if necessary)	6	4
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	147,942	492,718
	9 Program service revenue (Part VIII, line 2g)	888,314	888,004
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,746	8,332
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,492	7,367
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,046,494	1,396,421
Expenses	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)	400,377	420,584
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) 0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	635,393	618,700
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,035,770	1,039,284
	19 Revenue less expenses. Subtract line 18 from line 12	10,724	357,137

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	928,459	1,200,073
	21 Total liabilities (Part X, line 26)	558,339	473,019
	22 Net assets or fund balances. Subtract line 21 from line 20	370,120	727,054

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 — Date

LORI MOONEY Treasurer
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Raymond G Chan CPA	Raymond G Chan CPA	09/09/25		*********

Firm's name: Blue Chip Accounting — Firm's EIN: **-***0634

Firm's address: 8475 S. Eastern Ave. Suite 200 Las Vegas, NV 89123 — Phone no. 702-625-6406

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No