

Return of Organization Exempt From Income Tax

2007

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury Internal Revenue Service(77)

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2007 calendar year, or tax year beginning Dec 1, 2007, and ending Nov 30, 2008

- B Check if applicable: [X] Address change, [ ] Name change, [ ] Initial return, [ ] Termination, [X] Amended return, [ ] Application pending

C Name of organization: AHRMA, INC. Number and street (or P.O. box if mail is not delivered to street addr) Room/suite: 309 BUFFALO RUN City, town or country State ZIP code + 4: GOODLETTSVILLE TN 37072

D Employer Identification Number: 37-1251062 E Telephone number: (615) 420-6435 F Accounting method: [ ] Cash [X] Accrual [ ] Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

- H and I are not applicable to section 527 organizations. H (a) Is this a group return for affiliates? [ ] Yes [X] No H (b) If 'Yes,' enter number of affiliates H (c) Are all affiliates included? [ ] Yes [ ] No H (d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [X] No I Group Exemption Number M Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

G Web site: N/A

J Organization type (check only one) [X] 501(c) 4 (insert no.) [ ] 4947(a)(1) or [ ] 527

K Check here [ ] if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 1,041,175.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with 21 rows and 4 columns: Description, (A) Securities, (B) Other, and Amount. Includes sections for Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21).

**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See *instruct.*)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
<b>22b</b> Other grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
<b>23</b> Specific assistance to individuals (attach schedule)	23				
<b>24</b> Benefits paid to or for members (attach schedule)	24				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A <b>See L-25a Stmt</b>	25a	0.	0.	0.	0.
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b				
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	26	86,323.	0.	86,323.	0.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	27	2,283.	0.	2,283.	0.
<b>28</b> Employee benefits not included on lines 25a - 27	28				
<b>29</b> Payroll taxes	29	7,955.	0.	7,955.	0.
<b>30</b> Professional fundraising fees	30				
<b>31</b> Accounting fees	31	4,690.	0.	4,690.	0.
<b>32</b> Legal fees	32	83,974.	0.	83,974.	0.
<b>33</b> Supplies	33	6,658.	0.	6,658.	0.
<b>34</b> Telephone	34	10,134.	0.	10,134.	0.
<b>35</b> Postage and shipping	35	13,422.	0.	13,422.	0.
<b>36</b> Occupancy	36	1,909.	0.	1,909.	0.
<b>37</b> Equipment rental and maintenance	37	347.	0.	347.	0.
<b>38</b> Printing and publications	38	7,235.	0.	7,235.	0.
<b>39</b> Travel	39	29,068.	0.	29,068.	0.
<b>40</b> Conferences, conventions, and meetings	40				
<b>41</b> Interest	41	245.	0.	245.	0.
<b>42</b> Depreciation, depletion, etc (attach schedule)	42	4,822.	0.	4,822.	0.
<b>43</b> Other expenses not covered above (itemize):					
<b>a</b> <u>VINTAGE VIEWS</u>	43a	98,792.	98,792.	0.	0.
<b>b</b> <u>FEES &amp; PERMITS</u>	43b	581,147.	581,147.	0.	0.
<b>c</b> <u>AWARDS &amp; TROPHIES</u>	43c	95.	95.	0.	0.
<b>d</b> <u>INSURANCE</u>	43d	22,323.	12,982.	9,341.	0.
<b>e</b> <u>RULE BOOK</u>	43e	11,646.	11,646.	0.	0.
<b>f</b> <u>WORKERS</u>	43f	1,665.	1,665.	0.	0.
<b>g</b> <u>See Other Expenses Stmt</u>	43g	129,188.	0.	129,188.	0.
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	1,103,921.	706,327.	397,594.	0.

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_.

**Part III Statement of Program Service Accomplishments** (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? <b>REVIEW AND PROMOTE THE SPORT OF VINTAGE MOTORCYCLE RACING</b> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
<b>a</b> <u>CONDUCTING RACE EVENTS, EXHIBITS, AND INSTRUCTIONAL CLINICS FOR THE PUBLIC. PROVIDES AN ACTIVITY AND ENTERTAINMENT FOR THE COMMUNITY</u> ----- ----- ----- (Grants and allocations \$ 0. ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>706,327.</b>
<b>b</b> ----- ----- ----- (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>c</b> ----- ----- ----- (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>d</b> ----- ----- ----- (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>e</b> Other program services ..... (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) .....	<b>706,327.</b>

BAA

**Part IV Balance Sheets** (See the instructions.)

		(A) Beginning of year		(B) End of year
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.				
<b>ASSETS</b>	<b>45</b> Cash — non-interest-bearing .....	3,214.	<b>45</b>	9,050.
	<b>46</b> Savings and temporary cash investments .....		<b>46</b>	
	<b>47a</b> Accounts receivable .....	<b>47a</b> 10,213.		
	<b>b</b> Less: allowance for doubtful accounts .....	<b>47b</b> 3,415.	4,110.	<b>47c</b> 6,798.
	<b>48a</b> Pledges receivable .....	<b>48a</b>		
	<b>b</b> Less: allowance for doubtful accounts .....	<b>48b</b>		<b>48c</b>
	<b>49</b> Grants receivable .....			<b>49</b>
	<b>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule) .....			<b>50a</b>
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) .....			<b>50b</b>
	<b>51a</b> Other notes and loans receivable (attach schedule) .....	<b>51a</b>		
	<b>b</b> Less: allowance for doubtful accounts .....	<b>51b</b>		<b>51c</b>
	<b>52</b> Inventories for sale or use .....	1,611.	<b>52</b>	0.
	<b>53</b> Prepaid expenses and deferred charges .....	2,008.	<b>53</b>	1,036.
	<b>54a</b> Investments — publicly-traded securities .....	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		<b>54a</b>
	<b>b</b> Investments — other securities (attach sch) .....	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		<b>54b</b>
	<b>55a</b> Investments — land, buildings, & equipment: basis .....	<b>55a</b>		
	<b>b</b> Less: accumulated depreciation (attach schedule) .....	<b>55b</b>		<b>55c</b>
	<b>56</b> Investments — other (attach schedule) .....	L-56 Stmt 62,513.	<b>56</b>	63,483.
	<b>57a</b> Land, buildings, and equipment: basis .....	<b>57a</b> 97,023.		
<b>b</b> Less: accumulated depreciation (attach schedule) .....	<b>57b</b> 82,350.	8,295.	<b>57c</b> 14,673.	
<b>58</b> Other assets, including program-related investments (describe ▶ _____) .....			<b>58</b>	
<b>59 Total assets</b> (must equal line 74). Add lines 45 through 58 .....	81,751.	<b>59</b>	95,040.	
<b>LIABILITIES</b>	<b>60</b> Accounts payable and accrued expenses .....	236,463.	<b>60</b>	340,695.
	<b>61</b> Grants payable .....		<b>61</b>	
	<b>62</b> Deferred revenue .....		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) .....		<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) .....		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule) .....		<b>64b</b>	
	<b>65</b> Other liabilities (describe ▶ _____) .....		<b>65</b>	
<b>66 Total liabilities.</b> Add lines 60 through 65 .....	236,463.	<b>66</b>	340,695.	
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	<b>67</b> Unrestricted .....	-154,712.	<b>67</b>	-245,655.
	<b>68</b> Temporarily restricted .....		<b>68</b>	
	<b>69</b> Permanently restricted .....		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.			
	<b>70</b> Capital stock, trust principal, or current funds .....		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund .....		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>72</b>	
<b>73 Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) .....	-154,712.	<b>73</b>	-245,655.	
<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....	81,751.	<b>74</b>	95,040.	

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See the instructions.)

		a	NA
<b>a</b>	Total revenue, gains, and other support per audited financial statements .....		
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:		
	1 Net unrealized gains on investments .....	b1	
	2 Donated services and use of facilities .....	b2	
	3 Recoveries of prior year grants .....	b3	
	4 Other (specify): _____	b4	
	Add lines <b>b1</b> through <b>b4</b> .....	b	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> .....	c	
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :		
	1 Investment expenses not included on Part I, line 6b .....	d1	
	2 Other (specify): _____	d2	
	Add lines <b>d1</b> and <b>d2</b> .....	d	
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b> .....	e	

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

		a	N/A
<b>a</b>	Total expenses and losses per audited financial statements .....		
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17:		
	1 Donated services and use of facilities .....	b1	
	2 Prior year adjustments reported on Part I, line 20 .....	b2	
	3 Losses reported on Part I, line 20 .....	b3	
	4 Other (specify): _____	b4	
	Add lines <b>b1</b> through <b>b4</b> .....	b	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> .....	c	
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		
	1 Investment expenses not included on Part I, line 6b .....	d1	
	2 Other (specify): _____	d2	
	Add lines <b>d1</b> and <b>d2</b> .....	d	
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b> .....	e	

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
DAVE JANIEC 1216 ANDREA CT RIDGECREST CA 93555	CHAIRMAN 10.00	0.	0.	0.
MARK HATTEN PO BOX 121 DELAWARE OH 43015	SECRETARY 10.00	0.	0.	0.
JEFF SMITH PO BOX 882 WAUSAU WI 54402	TREASURER 10.00	0.	0.	0.

<b>Part V-A Current Officers, Directors, Trustees, and Key Employees</b> <i>(continued)</i>		Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ... <b>12</b>			
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s) ...		<b>75b</b>	X
c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of 'related organization' ... If 'Yes,' attach a statement that includes the information described in the instructions.		<b>75c</b>	X
d Does the organization have a written conflict of interest policy? ...		<b>75d</b>	X

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
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<b>Part VI Other Information</b> <i>(See the instructions.)</i>		Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change ...		<b>76</b>	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? ... If 'Yes,' attach a conformed copy of the changes.		<b>77</b>	X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? ...		<b>78a</b>	X
b If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year? ...		<b>78b</b>	X
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement ...		<b>79</b>	X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization? ...		<b>80a</b>	X
b If 'Yes,' enter the name of the organization ▶ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.			
81a Enter direct and indirect political expenditures. (See line 81 instructions.) ... <b>81a</b>			
b Did the organization file <b>Form 1120-POL</b> for this year? ...		<b>81b</b>	X

<b>Part VI Other Information (continued)</b>		Yes	No
<b>82 a</b> Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? .....	<b>82 a</b>	X	
<b>b</b> If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) .....	<b>82 b</b>		
<b>83 a</b> Did the organization comply with the public inspection requirements for returns and exemption applications? .....	<b>83 a</b>	X	
<b>b</b> Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions? .....	<b>83 b</b>	X	
<b>84 a</b> Did the organization solicit any contributions or gifts that were not tax deductible? .....	<b>84 a</b>		X
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....	<b>84 b</b>		
<b>85 a</b> 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? .....	<b>85 a</b>	X	
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>85 b</b>		X
If 'Yes' was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
<b>c</b> Dues, assessments, and similar amounts from members .....	<b>85 c</b>		N/A
<b>d</b> Section 162(e) lobbying and political expenditures .....	<b>85 d</b>		N/A
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices .....	<b>85 e</b>		N/A
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e) .....	<b>85 f</b>		N/A
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? .....	<b>85 g</b>		N/A
<b>h</b> If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? .....	<b>85 h</b>		N/A
<b>86</b> 501(c)(7) organizations. Enter: <b>a</b> Initiation fees and capital contributions included on line 12 .....	<b>86 a</b>		N/A
<b>b</b> Gross receipts, included on line 12, for public use of club facilities .....	<b>86 b</b>		N/A
<b>87</b> 501(c)(12) organizations. Enter: <b>a</b> Gross income from members or shareholders .....	<b>87 a</b>		N/A
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) .....	<b>87 b</b>		N/A
<b>88 a</b> At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX .....	<b>88 a</b>		X
<b>b</b> At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI .....	<b>88 b</b>		X
<b>89 a</b> 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ <u>          N/A          </u> ; section 4912 ▶ <u>          N/A          </u> ; section 4955 ▶ <u>          N/A          </u> .....			
<b>b</b> 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction .....	<b>89 b</b>		X
<b>c</b> Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 .....			0.
<b>d</b> Enter: Amount of tax on line 89c, above, reimbursed by the organization .....			
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? .....	<b>89 e</b>		X
<b>f</b> All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? .....	<b>89 f</b>		X
<b>g</b> For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? .....	<b>89 g</b>		X
<b>90 a</b> List the states with which a copy of this return is filed ▶ .....			
<b>b</b> Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) .....	<b>90 b</b>		3
<b>91 a</b> The books are in care of ▶ <b>DAVE LAMBERTH</b> Telephone number ▶ <b>(615) 420-6435</b> Located at ▶ <b>309 BUFFALO RUN</b> <b>GOODLETTSVILLE</b> TN ZIP + 4 ▶ <b>37072</b> .....			
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .....	<b>91 b</b>	Yes	No
If 'Yes,' enter the name of the foreign country ▶ .....			X
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts.			

**Part VI Other Information** (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States?  Yes  No  
 If 'Yes,' enter the name of the foreign country \_\_\_\_\_

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here    
 and enter the amount of tax-exempt interest received or accrued during the tax year  92

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue:					
<b>a</b> ENTRY FEES, TROPHIES					764,897.
<b>b</b> VINTAGE VIEWS	541800				32,983.
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees & contracts from government agencies					
<b>94</b> Membership dues and assessments					215,708.
<b>95</b> Interest on savings & temporary cash invmnts					1,270.
<b>96</b> Dividends & interest from securities					
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from pers prop					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					-14,103.
<b>103</b> Other revenue: <b>a</b> _____					
<b>b</b> MISCELLANEOUS					1,989.
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E))					1,002,744.
<b>105</b> Total (add line 104, columns (B), (D), and (E))					1,002,744.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	THE CONDUCTING OF RACES, EXHIBITIONS AND SCHOOLS IS AN ESSENTIAL
93A	PART OF AHRMA, INC. AND RELATES TO THEIR EXEMPT PURPOSE
94	THE REVENUE FROM MEMBERSHIPS, INTEREST, ADVERTISING, FUNDRAISING
	See Relationship of Activities to the Accomplishment of Exempt Purposes Statement

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets	N/A
	%				
	%				
	%				
	%				

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

**a** Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

**b** Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).



**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

N/A	
Yes	No

**106** Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity .....

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

Yes	No

**107** Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity .....

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

Yes	No

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? .....

**Please Sign Here**

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.

▶ \_\_\_\_\_  
Signature of officer

\_\_\_\_\_ Date

▶ \_\_\_\_\_  
Type or print name and title.

<b>Paid Preparer's Use Only</b>	Preparer's signature ▶ _____	Date 06/23/09	Check if self-employed ▶ <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See General Instruction X)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Colleen A. Charrette, CPA 38260 Dorn Road Cathedral City CA 92234	EIN ▶ _____	Phone no. ▶ _____	

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

**2007**

For calendar year 2007 or other tax year beginning Dec 1, 2007,  
and ending Nov 30, 2008

Department of the Treasury  
Internal Revenue Service (77)

▶ See separate instructions.

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> <input checked="" type="checkbox"/> Check box if address changed  <b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(4) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408(e) <input type="checkbox"/> 530(a) <input type="checkbox"/> 408A <input type="checkbox"/> <input type="checkbox"/> 529(a)	<b>Print or Type</b>	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>AHRMA, INC.</b> Number, street, and room or suite number. If a P.O. box, see instructions. <b>309 BUFFALO RUN</b> City or town State ZIP code <b>GOODLETTSVILLE TN 37072</b>	<b>D</b> Employer identification number (Employees' trust, see instructions for Block D.) <b>37-1251062</b>  <b>E</b> Unrelated business activity codes (See instructions for Block E.) <b>541800</b>
<b>C</b> Book value of all assets at end of year <b>95,040.</b>	<b>F</b> Group exemption number (See instructions for Block F.) ▶ <b>G</b> Check organization type . . . . ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust		

**H** Describe the organization's primary unrelated business activity.  
▶ **ADVERTISING INCOME**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . ▶  Yes  No  
If 'Yes,' enter the name and identifying number of the parent corporation . . . ▶

**J** The books are in care of ▶ **DAVE LAMBERTH** Telephone number ▶ **(615) 420-6435**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales . . . . .			
<b>b</b> Less returns and allowances . . . . . <b>c</b> Balance ▶ <b>1 c</b>			
<b>2</b> Cost of goods sold (Schedule A, line 7) . . . . . <b>2</b>			
<b>3</b> Gross profit. Subtract line 2 from line 1c . . . . . <b>3</b>			
<b>4 a</b> Capital gain net income (attach Schedule D) . . . . . <b>4 a</b>			
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) . . . . . <b>4 b</b>			
<b>c</b> Capital loss deduction for trusts . . . . . <b>4 c</b>			
<b>5</b> Income (loss) from partnerships and S corporations (attach statement) . . . . . <b>5</b>			
<b>6</b> Rent income (Schedule C) . . . . . <b>6</b>			
<b>7</b> Unrelated debt-financed income (Schedule E) . . . . . <b>7</b>			
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Schedule F) . . . . . <b>8</b>			
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Sch G) . . . . . <b>9</b>			
<b>10</b> Exploited exempt activity income (Schedule I) . . . . . <b>10</b>			
<b>11</b> Advertising income (Schedule J) . . . . . <b>11</b>	32,983.	98,792.	-65,809.
<b>12</b> Other income (See instructions; attach schedule.) . . . . . <b>12</b>			
<b>13 Total.</b> Combine lines 3 through 12 . . . . . <b>13</b>	32,983.	98,792.	-65,809.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
<b>14</b> Compensation of officers, directors, and trustees (Schedule K) . . . . .			<b>14</b>
<b>15</b> Salaries and wages . . . . .			<b>15</b>
<b>16</b> Repairs and maintenance . . . . .			<b>16</b>
<b>17</b> Bad debts . . . . .			<b>17</b>
<b>18</b> Interest (attach schedule) . . . . .			<b>18</b>
<b>19</b> Taxes and licenses . . . . .			<b>19</b>
<b>20</b> Charitable contributions (See instructions for limitation rules.) . . . . .			<b>20</b>
<b>21</b> Depreciation (attach Form 4562) . . . . .	<b>21</b>		
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return . . . . .	<b>22 a</b>		<b>22 b</b>
<b>23</b> Depletion . . . . .			<b>23</b>
<b>24</b> Contributions to deferred compensation plans . . . . .			<b>24</b>
<b>25</b> Employee benefit programs . . . . .			<b>25</b>
<b>26</b> Excess exempt expenses (Schedule I) . . . . .			<b>26</b>
<b>27</b> Excess readership costs (Schedule J) . . . . .			<b>27</b>
<b>28</b> Other deductions (attach schedule) . . . . .			<b>28</b>
<b>29 Total deductions.</b> Add lines 14 through 28 . . . . .			<b>29</b>
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 . . . . .			<b>30</b> -65,809.
<b>31</b> Net operating loss deduction (limited to the amount on line 30) . . . . .			<b>31</b>
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 . . . . .			<b>32</b> -65,809.
<b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) . . . . .			<b>33</b>
<b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 . . . . .			<b>34</b> -65,809.

**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> . See instructions and: <b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ <b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) ..... \$ _____ (2) Additional 3% tax (not more than \$100,000) ..... \$ _____ <b>c</b> Income tax on the amount on line 34 ..... ▶		<b>35 c</b>	0.
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) ..... ▶		<b>36</b>	
<b>37 Proxy tax.</b> See instructions ..... ▶		<b>37</b>	
<b>38 Alternative minimum tax</b> ..... ▶		<b>38</b>	
<b>39 Total.</b> Add lines 37 and 38 to line 35c or 36, whichever applies ..... ▶		<b>39</b>	0.

**Part IV Tax and Payments**

<b>40 a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....	<b>40 a</b>		
<b>b</b> Other credits (see instructions) .....	<b>40 b</b>		
<b>c</b> General business credit. Check here and indicate which forms are attached: <input type="checkbox"/> Form 3800 <input type="checkbox"/> Form(s) (specify) ▶ .....	<b>40 c</b>		
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827) .....	<b>40 d</b>		
<b>e Total credits.</b> Add lines 40a through 40d .....	<b>40 e</b>		
<b>41</b> Subtract line 40e from line 39 .....	<b>41</b>		0.
<b>42</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 .. <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) .....	<b>42</b>		
<b>43 Total tax.</b> Add lines 41 and 42 .....	<b>43</b>		0.
<b>44 a</b> Payments: A 2006 overpayment credited to 2007 .....	<b>44 a</b>		
<b>b</b> 2007 estimated tax payments .....	<b>44 b</b>		
<b>c</b> Tax deposited with Form 8868 .....	<b>44 c</b>		
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions) .....	<b>44 d</b>		
<b>e</b> Backup withholding (see instructions) .....	<b>44 e</b>		
<b>f</b> Other credits and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total ... ▶	<b>44 g</b>		
<b>45 Total payments.</b> Add lines 44a through 44f .....	<b>45</b>		
<b>46</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached ..... ▶ <input type="checkbox"/>	<b>46</b>		
<b>47 Tax due.</b> If line 45 is less than the total of lines 43 and 46, enter amount owed .....	<b>47</b>		
<b>48 Overpayment.</b> If line 45 is larger than the total of lines 43 and 46, enter amount overpaid .....	<b>48</b>		0.
<b>49</b> Enter the amount of line 48 you want: <b>Credited to 2008 estimated tax</b> ▶	<b>49</b>	<b>Refunded</b> ▶	

**Part V Statements Regarding Certain Activities and Other Information** (see instructions.)

<b>1</b> At any time during the 2007 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1. If YES, enter the name of the foreign country here▶ .....	Yes	No
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? ... If YES, see the instructions for other forms the organization may have to file. ....		X
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ .....		

**Schedule A – Cost of Goods Sold.** Enter method of inventory valuation ▶ **COST**

<b>1</b> Inventory at beginning of year .....	<b>1</b>		<b>6</b> Inventory at end of year .....	<b>6</b>		
<b>2</b> Purchases .....	<b>2</b>		<b>7 Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2 .....	<b>7</b>		
<b>3</b> Cost of labor .....	<b>3</b>					
<b>4 a</b> Additional section 263A costs (attach schedule) .....	<b>4 a</b>		<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? .....		Yes	No
<b>b</b> Other costs (attach sch) .....	<b>4 b</b>					X
<b>5 Total.</b> Add lines 1 through 4b .....	<b>5</b>					

**Sign Here** 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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_

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

**Paid Preparer's Use Only**

Preparer's signature ▶ \_\_\_\_\_ Date 06/23/09 Check if self-employed  Preparer's SSN or PTIN P00413596

Firm's name (or yours if self-employed), address, and ZIP code ▶ Colleen A. Charrette, CPA  
38260 Dorn Road  
Cathedral City CA 92234  
EIN \_\_\_\_\_ Phone no. \_\_\_\_\_

**Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)** (see instructions)

1 Description of property		2 Rent received or accrued	3 Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)		
(1)			
(2)			
(3)			
(4)			
Total		Total	<b>Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B) . . . ▶

**Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . . . ▶

**Schedule E – Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach sch)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b> . . . . . ▶		Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).	
<b>Total dividends-received deductions</b> included in column 8 . . . . . ▶				

**Schedule F – Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

1 Name of Controlled Organization	2 Employer Identification Number	Exempt Controlled Organizations				
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations		7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> . . . . . ▶				Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, part I, line 8, column (B).	

**Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (column 3 plus column 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).

**Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> .....	Enter here and on page 1, Part I, line 10, column (A).	Enter here and on page 1, Part I, line 10, column (B).				Enter here and on page 1, Part II, line 26.

**Schedule J – Advertising Income** (See instructions.)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) VINTAGE VIEWS	32,983.	98,792.				
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) .....	32,983.	98,792.	-65,809.			

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

(1)						
(2)						
(3)						
(4)						
(5) <b>Totals from Part I</b> .....	32,983.	98,792.				
<b>Totals</b> , Part II (lines 1-5) .....	Enter here and on page 1, Part I, line 11, column (A).	Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 27.

**Schedule K – Compensation of Officers, Directors, and Trustees** (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	

**Total.** Enter here and on page 1, Part II, line 14 .....

Form 990, Page 2, Part II, Line 43

**Other Expenses Stmt**

Other expenses not covered above (itemize):	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
ADVERTISING	3,608.	0.	3,608.	0.
BANK CHARGES	24,590.	0.	24,590.	0.
BOARD MEETINGS	3,173.	0.	3,173.	0.
COMPUTER EXPENSE	1,416.	0.	1,416.	0.
CONSULTANTS	74,877.	0.	74,877.	0.
COORDINATORS FEE	10,534.	0.	10,534.	0.
INTERNET	641.	0.	641.	0.
STORAGE	4,520.	0.	4,520.	0.
BAD DEBTS	3,415.	0.	3,415.	0.
MISCELLANEOUS	1,246.	0.	1,246.	0.
TRUSTEE FEES	1,168.	0.	1,168.	0.
Total	<u>129,188.</u>	<u>0.</u>	<u>129,188.</u>	<u>0.</u>

Form 990, Page 8, Part VIII

**Relationship of Activities to the Accomplishment of Exempt Purposes Statement**

Line Number ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
95	AND OTHER MISCELLANEOUS SOURCES IS USED TO FURTHER EDUCATE,
96	ENTERTAIN AND PROMOTE THE SPORT OF VINTAGE MOTORCYCLE RACING
96	AND RELATES TO THE ORGANIZATION'S EXEMPT PURPOSE

Form 990, Page 4, Part IV, Line 56

**Investments - Other Statement**

Description	Cost or FMV	Beginning of Year	End of Year
MONEY MARKET ACCOUNT	Cost	62,513.	63,483.
Total		<u>62,513.</u>	<u>63,483.</u>