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Department of t Internal Revenue			tion about Form 990 a					Open to Public
A For the	2013 calend	lar year, or tax year be	ainning		d ending	s.aov/10/m990	-	Inspection
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e         5         Tr           6         Tr         6         Tr           6         Tr         b         7         a           7         a         Tr         b         10         11         0         12         Tr           13         G         14         B         B         Tr         b         Tr         0         15         Sr         Tr         0         18         Tr         Tr         0         18         18         18         18         18         18         18         18 </td <td>lumber of vo lumber of inc otal number otal number otal number otal unrelate contributions rogram servi ivestment in ther revenue trants and sh enefits paid alaries, other rofessional fi otal fundrais ther expense otal expense</td> <td>A: ▶ ☐ If the orgating members of the grating members of the grating members of the grating members (estimate of volunteers (estimate of volunteers (estimate of volunteers (estimate of business revenue from business texable income and grants (Part VIII, line come (Part VIII, column (A), line evenue (Part VIII, column (A), line evenue (Part VIII, column (A), line evenue station, emploid (Part VIII, column (A), line expenses (Part DX, column (A), s. Add lines 13-17 (mustice and lines and l</td> <td>nization discontinued its werning body (Part VI, lit bers of the governing bo d in calendar year 2013 ( if necessary) m Part VIII, column (C), I me from Form 990-T, line ne 1h) ne 2g) (A), lines 3, 4, and 7d) lines 5, 6d, 8c, 9c, 10c, 1 1 (must equal Part VIII, column t D, column (A), line 1- t D, column (A), line 1- column (D), line 25) lines 11e-11d, 11f-24e) st equal Part D, column</td> <td>a operations or dispu- ne 1a) (Part VI, line 1b) (Part V, line 2a) ine 12 34 and 11e) column (A), line 12) 3)</td> <td></td> <td>Prior Year 97,616,59 141,82 512,59 98,271,02 19,23 17,040,78</td> <td>3         4         5         6         7n         7b         0.         97.         29.         94.         20.         30.         0.         36.         0.         36.         0.         33.</td> <td>6 2 1581 0 9,433,258. 0. Current Yeer 0. 98,466,828. 126,444. 658,309. 99,251,581. 26,395. 0. 16,997,105.</td>	lumber of vo lumber of inc otal number otal number otal number otal unrelate contributions rogram servi ivestment in ther revenue trants and sh enefits paid alaries, other rofessional fi otal fundrais ther expense otal expense	A: ▶ ☐ If the orgating members of the grating members of the grating members of the grating members (estimate of volunteers (estimate of volunteers (estimate of volunteers (estimate of business revenue from business texable income and grants (Part VIII, line come (Part VIII, column (A), line evenue (Part VIII, column (A), line evenue (Part VIII, column (A), line evenue station, emploid (Part VIII, column (A), line expenses (Part DX, column (A), s. Add lines 13-17 (mustice and lines and l	nization discontinued its werning body (Part VI, lit bers of the governing bo d in calendar year 2013 ( if necessary) m Part VIII, column (C), I me from Form 990-T, line ne 1h) ne 2g) (A), lines 3, 4, and 7d) lines 5, 6d, 8c, 9c, 10c, 1 1 (must equal Part VIII, column t D, column (A), line 1- t D, column (A), line 1- column (D), line 25) lines 11e-11d, 11f-24e) st equal Part D, column	a operations or dispu- ne 1a) (Part VI, line 1b) (Part V, line 2a) ine 12 34 and 11e) column (A), line 12) 3)		Prior Year 97,616,59 141,82 512,59 98,271,02 19,23 17,040,78	3         4         5         6         7n         7b         0.         97.         29.         94.         20.         30.         0.         36.         0.         36.         0.         33.	6 2 1581 0 9,433,258. 0. Current Yeer 0. 98,466,828. 126,444. 658,309. 99,251,581. 26,395. 0. 16,997,105.
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B         Tit           S         6           7         10           8         9           11         12           13         14           15         16           17         18           18         17           18         17           19         20           21         22           22         12	lumber of vo lumber of inc otal number otal number otal number otal number otal number otal numerate ist unrelated contributions rogram servi westment inc ther revenue otal revenue rants and sh enefits paid alaries, other rofessional fi otal fundrais ther expense otal expenses otal assets (f otal liabilities	x ▶ ☐ If the orgating members of the go dependent voting members of the go of individuals employer of volunteers (estimate d business revenue fro business taxable incorr and grants (Part VIII, In ice revenue (Part VIII, In ice revenue (Part VIII, Column 4) (Part VIII, column (A), I - add lines 8 through 1 milar amounts paid (Part to or for members (Part x compensation, emplo undraising fees (Part DX, ing expenses (Part DX, ing expenses (Part DX, is, Add lines 13-17 (mus expenses, Subtract line Part X, line 16) (Part X, line 26) fund balances, Subtrace	nization discontinued its averning body (Part VI, lin bers of the governing bod d in calendar year 2013 of iff necessary) m Part VIII, column (C), I me from Form 990-T, line me 1h) me 2g) (A), lines 3, 4, and 7d) lines 5, 6d, 8c, 9c, 10c, a 1 (must equal Part VIII, column A), lines 1, 4, and 7d) lines 1, 6d, 8c, 9c, 10c, a 1 (must equal Part VIII, column (A), line 11, line 1, yee benefits (Part X, column (A), line 25) lines 11a-11d, 11f-24e) st equal Part X, column a 18 from line 12	a operations or dispu- ne 1a) (Part V, line 2a) (Part V, line 2a) ine 12 34 and 11e) cotumn (A), line 12) 3) humn (A), lines 5-10)	O.	Prier Year 97,616,59 141,82 512,59 98,271,02 19,23 17,040,78 80,033,15 97,093,10 1,177,85 dnning of Currenty 59,409,67	3         4         5         6         7n         7b         0.         97.         29.         94.         20.         30.         0.         36.         0.         36.         0.         59.         51.         Year         .3.	6 2 1581 0 9,433,258. 0. Current Year 0. 98,466,828. 126,444. 658,309. 99,251,581. 26,395. 0. 16,997,105. 0. 16,997,105. 0. 80,888,043. 97,911,543. 1,340,038. End of Year 57,332,618.

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 <u>PETER CLIFFORD, TREASU</u> Type or print name and title	RER	Date
Paid Preparer	Print/Type preparer's name TRACY S. PAGLIA Firm's name MOSS ADAMS LLP	Preparet's signature	Data Check PTIN
Use Only	Firm's address 3121 W MARCH LN, STOCKTON, CA 952		Firm's EIN 91-0189318 Phone no. 209-955-6100
May the l	IRS discuss this return with the preparer shown abo	ove? (see instructions)	

332001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2013)

<ul> <li>the prior Form 980 or 980-627</li> <li>If 'Yes,' describe these new services on Schedule O.</li> <li>Did the organization cease conducting, or make significant changes in how it conducts, any program services?</li> <li>If 'Yes,' describe these changes on Schedule O.</li> <li>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, are revenue, if any, for each program service reported.</li> <li>(code:) (Expense 8</li></ul>	X
1       Briefly describe the organization's mission:         TO       IMPROVE BUSINESS CONDITIONS IN THE SPORT OF DRAG RACING AND IN THE         HOT ROD INDUSTRY, AND PROMOTE AND ADVANCE THE COMMON BUSINESS         INTERESTS OF THOSE ENGAGED IN THE SPORT OF DRAG RACING AND THE HOT R         INDUSTRY, TO PROMOTE SAFETY, SPORTSMANSHIP AND FELLOWSHIP AND EXCHAM         2       Did the organization undertake any significant program services during the year which were not listed on         the prior form 980 or 980-E27	
<ul> <li>HOT ROD INDUSTRY, AND PROMOTE AND ADVANCE THE COMMON BUSINESS</li> <li>INTERESTS OF THOSE ENGAGED IN THE SPORT OF DRAG RACING AND THE HOT RUINDUSTRY, TO PROMOTE SAFETY, SPORTSMANSHIP AND FELLOWSHIP AND EXCHANG</li> <li>Did the organization undertake any significant program services during the year which were not listed on the prior form 980 or 980-627</li> <li>I'Yes,' describe these new services on Schedule O.</li> <li>Old the organization cease conducting, or make significant changes in how it conducts, any program services?</li> <li>I'Yes,' describe these changes on Schedule O.</li> <li>Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(5) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, are revenue. If any, for each program service reported.</li> <li>(code) (powners 1</li></ul>	2
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INDUSTRY, TO PROMOTE SAFETY, SPORTSMANSHIP AND FELLOWSHIP AND EXCHANG         Did the arganization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2?	
<ul> <li>2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?</li></ul>	
<ul> <li>the prior Form 990 or 990-E2?</li></ul>	JE
<ul> <li>If "Yes," describe these new services on Schedule O.</li> <li>Did the organization cease conducting, or make significant changes in how it conducts, any program services?</li></ul>	[¥]
<ul> <li>3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?</li></ul>	
<ul> <li>If "Yes," describe these changes on Schedule O.</li> <li>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, ar revenue, if any, for each program service reported.</li> <li>(code:) (provide s) (revenue s</li></ul>	X Ne
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, ar revenue, if any, for each program service reported. 40 (code) (Expenses 6) (Revenue 8) (Revenue 8	
<ul> <li>revenue. If any, for each program service reported.</li> <li>(Code:) (Expenses 6) (Expenses 6) (Favenue 8) (Favenue 8</li></ul>	
40 (code) (Expenses) (Expenses	d
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VEHICLES, PARTS AND PRODUCTS USED IN RACING. THROUGH THESE ACTIVITI	25
AND EVENTS, THE ASSOCIATION PROMOTES THE SPORT AND INDUSTRY OF DRAG	58
RACING BY FOSTERING THE ENTHUSIASM OF THE PUBLIC AND PARTICIPANTS, A	-
PROVIDING A PROVING GROUND AND SHOWCASE FOR MANUFACTURERS AND	
DISTRIBUTORS. THE ASSOCIATION IS ACTIVELY ENGAGED IN ENHANCING THE	
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THE NEED FOR CHANGES IN GUIDELINES APPLICABLE TO RACE TRACK FACILITI	S.
AND STANDARDS FOR RACE VEHICLES, PERSONAL PROTECTIVE EQUIPMENT AND TH	IB
CONDUCT OF EVENTS. THE ASSOCIATION ANALYZES INCIDENTS AND SHARES IT	3
EXPERIENCE TO IMPROVE SAFETY AND BENEFIT THE SPORT. THE ASSOCIATION	
WORKS WITH THE INDUSTRY IT REPRESENTS IN THE DEVELOPMENT OF PARTS AND	
EQUIPMENT FOR RACE VEHICLES AND ENCOURAGES MANUFACTURERS TO CONTINUE         4c (code) (Expenses 8) (Ex	TO
4C (Code) (Propenses 8) (Provenue	
IN-DEPTH INFORMATION TO TENS OF THOUSANDS OF MEMBERS AND TO EVEN MORI	2
PASS-ALONG READERS. INFORMATION IS PROVIDED TO THOUSANDS OF NONMEMBER	
THROUGH THE ASSOCIATION'S WEBSITES, NHRA.COM. AND NHRARACER.COM. THE	
PUBLICATION SHOWCASES THE LATEST IN AUTOMOTIVE TECHNOLOGY, RACE	
COVERAGE, INTERVIEWS, NEWS, STATISTICS AND ADVERTISING TO SPECTATORS	
COMPETITORS, SPONSORS, TRACK OPERATORS, HOBBYISTS, ENTHUSIASTS AND OTHERS. THE PRINTED AND ONLINE PUBLICATION IS DISTRIBUTED TO PROVIDE	2
OTHERS. THE PRINTED AND ONLINE PUBLICATION IS DISTRIBUTED TO PROVIDE FULL COVERAGE DURING THE RACING SEASON AND HAS THE LARGEST READERSHIP	r
OF ALL DRAG RACING PUBLICATIONS AND THE INTERNET WEBSITE IS ALSO WIDE	
VIEWED.	2
	2
4d Other program services (Describe in Schedule O.)	2
(Expenses \$ Including grants of \$ ) (Revenue \$ )	2
4e Total program service expenses >	2
Form 9 SEE SCHEDULE O FOR CONTINUATION(S)	e SLY

14321113 146892 608934C

SCHEDULE O FOR CONTINUATION(S)

Form 990 (2)	ກສ	NATIONAL	HOT	ROD	ASSOCIATION
Part IV	Checklist of I	leguired Sched	ules	1.1	

			Yes	No
1	is the organization described in section 501 (c)(3) or 4947(a)(1) (other than a private foundation)?		1	100
	If "Yes," complete Schedule A	1	3	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	1.1	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			1220
	public office? // 'Yes, ' complete Schedule C, Part /	3		X
4	Section 601(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			100
	during the tax year? If "Yes," complete Schedule C, Part II	4		125
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			1
	similar amounts as defined in Revenue Procedure 98-197 // "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			1720
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D. Part (	8		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? // "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? // "Yes," complete	-		
•	Schedule D, Part III	a		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 ecunseling, debt management, credit repair, or debt negotiation services?			100
				X
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
10	endowments, or quasi-endowments? // "Yes," complete Sehedule D, Part V	10		x
	If the organization's answer to any of the fellewing questione is "Yes," then complete Schedule D, Parts VI, VII, VII, D, or X	10		
11				
-	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.	10		-
8			x	
		110		
D	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? // "Yes," complete Schedule D, Part VII	116		X
G	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? // "Yes," complete Schedule D, Part VIII	110		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? // 'Yes, ' complete Schedule D, Part IX	11d		X
•	Did the organization report an amount for other liabilities in Part X, line 25? // "Yes," complete Schedule D, Part X	110	X	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	1#	X	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	120		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	125	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? // "Yes," complete Schedule E	13		X
14e	Did the organization maintain an office, employees, or agents outside of the United States?	149	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	14b	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			
	toreign organization? // *Yes, * complete Schedule F, Parts II and IV	15		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	16		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? // "Yes," complete Schedula G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		-
	1c and 8a? // "Yes," complete Schedule G, Part //	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes."	<b></b>		
19		19		x
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? // "Yes," complete Schedule H			x
	W "Yes" to line 20a did the omanization attach a conv of its swilted financial statements to this return?	20a		1

Form 990 (2013)	NATIONAL	HOT	ROD	ASSOCIATION
Part IV Checklist o	f Required Sched	lules	continu	ed)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	Ng
	government on Part IX, column (A), line 1? // "Yes," complete Schedule I, Parts I and II	21	X	
22	and a second and a		1	1.5
	column (A), line 27 // "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		2.0	11 miles
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
240	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			1
	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 25e	240		X
D	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	124b	<u> </u>	
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?	240		
D C	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	244		
X08	Section 801(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? // "Yes," complete Schedule L, Part I	250		_
D	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? // "Yes," complete			
-	Schedule L, Pert I	25b		
26	Did the organization report any amount en Part X, line 5, 6, or 22 for receivables from or payables to any current or			1.1
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,	1		_
~	complete Schedule L, Part II	28	_	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		1.1	2
-	of any of these persons? // "Yes," complete Schedule L, Part III	27	-	X
23	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, cenditions, and exceptione):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
٠	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	285	_	X
G	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	29c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			_
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
~	// *Yes, * complete Schedule N, Pert /	31		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	32		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	33		X
34	Was the organization related to any tax-exampt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		_	
0	Part V, line 1	34	X	_
358	and a second state and the maximily a second outphy toh	35a	X	
D	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	355	X	1
36				
~	If "Yes," complete Schedule R, Part V, line 2	36		
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	37		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	38	X	

	Image: segments         NATIONAL HOT ROD ASSOCIATION         95-1680           1V         Statements         Regarding Other IRS Filings and Tax Compliance         95-1680	5172		Paga
	Check If Schedule O contains a response or note to any line in this Part V			-
-3			Yes	No
18	Enter the number reported in Box 3 of Form 1096. Enter -0- If not applicable 1a 121			1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- If not applicable 1b	ī l		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	10	x	
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements.	14		+
	filed for the calendar year ending with or within the year covered by this return 2a1581			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	25	x	1
- 5	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	200		-
8.	Old the exception have concluded building over the over of \$4,000 and the the		x	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line Sb, provide an explanation in Schedule O	32	Î	-
40	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30	<b>A</b>	-
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	1.		
		40		X
0	If "Yes," enter the name of the foreign country: >			
-	See Instructions for filing requirements for Form TD F 80-22.1, Report of Foreign Bank and Financial Accounts.			-
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>8</b> a	1.0	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	80	1.1	X
•	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	80	_	1.0
68	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			1
	any contributions that were not tax deductible as charitable contributions?	60	_	X
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	65		
7	Organizations that may receive deductible contributions under section 170(c).			
	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?	70		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	70		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			1
	to file Form 8282?	70		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
•	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	70		<u> </u>
f.	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		-
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79		-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	-	t –
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			1
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	-	1
9	Sponsoring organizations maintaining donor advised funds.	۲×		1-
a	Did the organization make any taxable distributions under section 4966?	0		1
	Did the organization make a distribution to a donor, donor advisor, or related person?	8a 9b		-
10	Section 501(c)(7) organizations. Enter:			
	hite days of the second s			
ь				
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			12
··				
60 I	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
40-	amounts due or received from them.)		1	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	120		-
	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.			-
8	is the organization licensed to issue qualified health plans in more than one state?	13a		-
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			1
	organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
				X
14e	Did the organization receive any payments for indoor tanning services during the tax year?	140		

-	Check If Schedule O contains a response or note to any line in this Part VI						E
ct	on A. Governing Body and Management						-
	Enter the number of voting members of the governing body at the end of the tax year	1 10	1		5	Yes	μ
	If there are material differences in voting rights among members of the governing body, or if the governing	141			4		L
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1					L
	Enter the number of voting members included in line 1a, above, who are independent	16		-			L
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	_			4		f
							f
	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the				2	-	ł
	of officers, directors, or trustees, or key employees to a management company or other person?					1 3	l
	Did the organization make any significant changes to its governing documents since the prior Form 9				3	-	ł
	Did the organization make any significant onanges to its governing documents since the prior Form a Did the organization become aware during the year of a significant diversion of the organization's ess				4	_	ł
					8		ł
1	Did the organization have members or stockholders?			•••••	6		ŧ
	Did the organization have members, stockholders, or other persons who had the power to elect or ap						l
2	more members of the governing body?				78	_	t
	Are any governance decisions of the organization reserved to (or subject to approval by) members, st						I
	persons other than the governing body?				70	-	ļ
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						ļ
ľ	The governing body?				8a	X	l
	Each committee with authority to act on behalf of the governing body?				85	X	l
1	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	thed a	at the				ſ
-	anganization's mailing address? If "Yes," provide the names and addresses in Schedule O				1.6		Į
Ű	on B. Policies (This Section B requests information about policies not required by the Internal Be	venue	Code.)				
					_	Yes	l
1	Did the organization have local chapters, branches, or affiliates?				10a		l
1	if "Yes," did the organization have written policies and procedures governing the activities of such ch	apten	s, affiliates,				ſ
4	and branches to ensure their operations are consistent with the organization's exempt purposes?				105		l
I	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befo	re filing the	form?	11a	X	ſ
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						ſ
Ĵ	Did the organization have a written conflict of interest policy? If "No," go to line 13				120	X	Î
1	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to cor	filcts?		125	X	ľ
1	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "y	'as " (	tascriba				ſ
	In Schedule O how this was done				120	x	l
1	Did the organization have a written whistleblower policy?		••••••	•••••	13	M	t
1	Did the organization have a written document retention and destruction policy?	******			14	ž	t
	Did the process for determining compensation of the following persons include a review and approva	l bisz Be	donondont	•••••			ł
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	u by u	achenaeur.				l
						X	ł
	Other officers or low employees of the encodedition				16a	the second se	ł
		•••••			150	X	┡
	If "Yes" to line 15a or 16b, describe the process in Schedule O (see instructions).						I
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen						l
	taxable entity during the year?				16a		Ļ
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat						I
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	zatio	n's				I
-	exempt status with respect to such arrangements?				165		L
							_
	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ CA, IN				_		_
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Sect	ion 501(c)(3)	is only) a	vailable	•	
1	or public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explain	In Sc	hedule O)				
	Describe in Schedule O whether (and if so, how), the organization made its governing documents, con	nflict (	of interest pr	olicy, and	d financ	ial	
	statements available to the public during the tax year.						
;	State the name, physical address, and telephone number of the person who possesses the books and	d reco	ords of the o	rganizati	on: 🕨		
	CURTIS WINIECKI, CONTROLLER - 626-914-4761				-		
	2035 FINANCIAL WAY, GLENDORA, CA 91741						

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 Form 980 (2013)
 NATIONAL HOT ROD ASSOCIATION
 95-1686172
 Page 7

 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
 Image: 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 fermer 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 organization compensated any current officer, director, or trustee.

	- 1	Cille I	ur a				ISAD	so any current onicer, o	rector, or trustee.	
(A) Name and Title	(B)			(i Pos	C) itior	•		(0)	(Ē)	(F)
	Average hours per	(da	note	hock	mare	then	ane	Reportable	Reportable	Estimated
	wook	off	i, unde icer er	nd a d	roon i Treata	a oot a/trus	n an Iomi)	compensation from	compensation from related	amount of other
	(list any hours for related organizations	à.		2		Γ		the	organizations	compensation
*	hours for	칕						organization	(W-2/1099-MISC)	from the
	related	3				ansar		(W-2/1099-MISC)		organization
	organizations	al frug				đug.				and related
	below (ine)	<b>Better</b>	softendingte	ł	ł	Highest con	ouner			organizations
(1) THOMAS COMPTON	40.00	14	-	ľ		1 <u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u></u>				
PRESIDENT	1.00	X		x				769,207.	0.	99,506.
(2) PETER CLIPFORD	40.00									
TREASURER	1.00	x		X				426,417.	0.	50,150.
(3) GRAHAM LIGHT	40.00									
secretary		X		X				389,531.	0.	40,125.
(4) DALLAS GARDNER	10.00									
BOARD CHAIRMAN		X		X				100,000.	0.	0.
(5) MICHAEL COHEN	1.00									
BOARD MEMBER		X						9,000.	0.	0.
(6) KEN CLAPP	1.00	<i>.</i>								
BOARD MEMBER		X						9,000.	0.	0.
(7) GARY DARCY	40.00									
SR VP SALES & MARKETING					X			389,503.	0.	48,699.
(8) JOHN SIRAGUSA	40.00									and the second
SR DIR SALES & BUS DVFHT		·				X		306,845.	0.	46,119.
(9) LINDA LOUIE	40.00									
VP & GENERAL COUNSEL	1.00					X		325,770.	0.	52,611.
(10) GLEN GRAY	40.00									
VP TECHNICAL OPERATIONS						X		251,377.	0.	53,247.
(11) GLEN CRONNELL	40.00									
VP NATIONAL EVENT MARKETING	1.00					X		238,206.	0.	26,610.
(12) JERRY ARCHAMBEAULT	40.00									
VP PUBLIC REL & CONN						X		199,838.	0.	36,478.
<b>G</b>					$\vdash$	-	Н			
				-			Η			
							$\vdash$			
						L				

332007 10-29-13

(A) Name and title	(6)											
	Average hours per week	Average hours per do not check more than or box, unless person is both					an	(D) Reportable compensation from	(E) Reportable compensatio from related	on a		F) mated unt of ther
	(list any hours for related organizations below line)	Individual trustes or director	Institutional trastes	Officer	Kay employee	Mighest compensated employate	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	9	competition from organiand	nsation n the nization related izations
									-			
							_					
										_		
1b Sub-total								3,414,694.			453	Statistics of the local division of the loca
<ul> <li>e Total from continuation shoets to Part V</li> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but compensation from the organization &gt;</li></ul>						]	> [	0 • 3 , 414 , 694 • selved more than \$100,	000 of reportable	0.	453	0 545 3
3 Did the organization list any former office line 1a? // "Yes," complete Schedule J for	such Individual							-	• •		3	es No
<ul> <li>For any individual listed on line 1a, is the a and related organizations greater than \$10</li> <li>Old any person listed on line 1a receive or rendered to the organization? If "Yes." co</li> </ul>	50,000? // *Yes, accrue compen	<b>" co</b> sath	mple on fr	te S om e	iche iny i	<i>dule</i> unre	Jfo	r such individual			4 2	
Section B. Independent Contractors 1 Complete this table for your five highest c	ompensated ind	epe	nden	nt co	ntra	ctor	s the	at received more than \$	100,000 of comp	ensat	8 ion from	X
the organization, Report compensation fo (A) Name and busines	s address					r wit		the organization's tax ye (B) Description of s		c	(C) ompensi	ation
SPN, INC - ESP SATELLIT OLLECTIONS CENTER DRIVE EVER WET ROOFING, LLC	, CHICAG	0,	I	<u> </u>	57			INNOUNCER	,		565,	416
410 N CR 900 E., BROWNS MERICAN CORPO POM/CUST RADE CTR-8TH FLR, LONG	<b>#NHR000,</b> BBACH, C	O A	NE 901	WC	DRI	۵D	Т	BECURITY SERV	VICES			786 921
COMPULINK, 457 SPRING BE ILVERTHORNE, CO 80498-0 NTERNATIONAL MERCHANDIS	437 ING CORP	• ,	13	360		3.		VENT SERVIC			182,	857
INTH STREET - SUITE 100           2         Total number of independent contractors           \$100,000 of compensation from the organisation	(including but no							ALES CONSUL!			138,	600

332008 10-29-13

14321113 146892 608934C

	VII	Statement of Rever	eur	1.	LATION			172 Page
	1	Check If Schedule O cont	ains a response	or note to any line	in this Part VIII		57. S. S. S.	Г
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue exclud from tax unde sections 512 - 514
1		erererer	18					
1		Membership dues						
U.S.	C	Fundraising events	10	No. Contract				
		B.I.I.I.I.I.I.I.I.I.I.I.I.I.I.I.I.I.I.I	1d	1.00				
		Government grants (contribut	ions) 1e	1				. 1
1	1	All other contributions, glifts, gran	its, and					
1		similar amounts not included abor	V8 11	Sec. 19.22				
	g	Noncash contributions included in lines	to-11:8					
	h	Total, Add lines 1a-1f						
				Business Code				
2	8	ADMISSION & SPONSORSHI	98	711210	77,803,586.	68,370,328.	9,433,258.	10.00
1	b	LICENSES & FEES		900099	11,441,621.	11,441,621.		
24	C	ROYALTIES & CONCESSIONS	9	900099	5,277,776.	3,391,831.		1,885,94
5	đ	MEMBERSHIP DUES		900099	3,772,583.	3,772,583.		1.5
1	•				ų.			
	1	All other program service reve			171,262.	171,262.		
-	8	Total, Add lines 2a-21	******		98,466,828.			
3		Investment Income (including						
1		other similar amounts)		🕨	72,460.			72,46
4	ŀ	Income from investment of tax		proceeds 🕨				
8	5	Royalties				1		
			(i) Real	(ii) Personal				
6	8	Gross rents						
		Less: rental expenses						
	٥	Rental Income or (loss)						
	đ	Net rental income or (loss)						
7	8		(i) Securities	(ii) Other				
		assets other than inventory		63,984.				
	b	Less: cost or other basis						
		and sales expenses		10,000.				
	C	Gain or (loss)		53,984.				
	đ	Net gain or (loss)			53,984.			53,98
8		Gross income from fundraising including \$	of					
		contributions reported on line						
	_	Part IV, line 18						
		Less: direct expenses						
		Net income or (loss) from fund						
9	8	Gross income from gaming ac		1 1				
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam	Contraction and Contraction of the					
10		Gross sales of inventory, less i						
		and allowances	8	163,083.				
		Less: cost of goods sold		108,015.				
	ç	Net income or (loss) from sales			55,068.	55,068.		
		Miscellaneous Revenue	•	Business Code				
11	8	OTHER REVENUE		900099	603,241.			603,24
	D							
	C				· · · · · · · · · · · · · · · · · · ·			
	đ	All other revenue		L				
-	0	Total. Add lines 11a-11d		▶	603,241.			
12		Total revenue, See instructions.			99,251,581.	87,202,693.	9,433,258.	2,615,63

Form	890	2013	

## Form 850 (2013) NATIONAL HOT ROD ASSOCIATION Part IX Statement of Functional Expenses

95-1686172 Page 10

-	Check if Schedule O contains a respon		781	(C)	101
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundralsing expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	26,395.			
1		40,333.			
2	Grants and other assistance to individuals in				
- E	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,	atta series inter			
	organizations, and individuals outside the	1			
	United States. See Part IV, lines 15 and 16	1. N. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			
4	Benefits paid to or for members				
6	Compensation of current officers, directors,	19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	trustees, and key employees	2,331,139.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	a to maintain a			
7	Other salaries and wages	11,929,551.			
8	Pension plan accruais and contributions (include				
	section 401(k) and 403(b) employer contributions)	326,084.			
9	Other employee benefits	1,327,038.			
10		1,083,293.			
	Payroll taxes	1,003,2331			
11	Fees for services (non-employees):	2 727 704			
8	Management	2,737,794.			
D	Legel	207,957.			
G	Accounting	175,500.			
d	Lobbying				
•	Professional fundraising services. See Part IV, line 17				
1	Investment management fees				
9	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	23,664,914.			
13	Office expenses	10,215,304.			
14	Information technology	91,821.			
18	Royalties	1			
16	Occupancy	1,798,708.			
17	Travel	3,072,985.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	17,012.			
20		209,917.			
		403,3171			
21	Payments to affiliates	2,664,076.			
22	Deprectation, depletion, and amortization				
23	insurance	2,408,502.			
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.)				
	PRIZE MONEY & AWARDS	24,133,198.			
Ь	TRACK OPERATORS	7,020,811.			
c	FOOD/DRINK CONCESSIONS	1,261,272.			
d	NATIONAL EVENT HOSPITAL	444,393.			
-		763,879.			
	All other expenses	97,911,543.		<u>}</u>	
25	Total functional expenses, Add lines 1 through 24e	31,311,343.			
.26	doint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

10

Check here I following SOP 98-2 (ASC 958-720)

332010 10-29-13

Form 990 (2013)

## Form 990 (2013) Part X | Balance Sheet

## NATIONAL HOT ROD ASSOCIATION

95-1686172 Page 11

	-	Check If Schedule O contains a response or not	e to any	line in this Part X			
	Sr.				(A) Beginning of year	•	(B) End of year
1	1	Cash - non-interest-bearing			12,810,868.		12,501,569.
1	2	Savings and temporary cash investments			1,369.	2	1,369.
	8	Piedges and grants receivable, net			En a service de la constante	3	
	4	Accounts receivable, net			2,603,337.	4	2,221,162.
	8	Loans and other receivables from current and for	rmer of	icera, directora,			
-		trustees, key employees, and highest compensat					
- 1		Part II of Schedule L				8	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	• 6	Loans and other receivables from other disqualifi	ied pers	ons (as defined under			
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of secti					
8		employees' beneficiary organizations (see instr).	Comple	te Part II of Sch L		8	- 1
eseta	7	Notes and loans receivable, net				7	10.00
<	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			826,102.	8	904,819.
- 1	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	71,775,006.			
1	b	Less: accumulated depreciation	105	34,444,221.	38,838,134.	10c	37,330,785.
	11	Investments - publicly traded securities				11	
-1	12	Investments - other securities. See Part IV, line 1	1			12	
1	18	Investments - program-related. See Part IV, line 1	1		1,479,586.	13	1,518,064.
- 1	14	Intangible assets		8		14	
	15	Other assets. See Part IV, line 11			2,850,281.	18	2,854,850.
	16	Total assets, Add lines 1 through 15 (must equa	l line 34	9	59,409,677.		The second se
	17	Accounts payable and accrued expenses			7,204,809.		6,687,504.
	18	Grants payable				18	
1	19	Deferred revenue			9,205,338.	19	7,627,094.
1	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete P	Part IV o	Schedule D		21	
2	22	Loans and other payables to current and former of	officera	directors, trustees,			
Labilities		key employees, highest compensated employees					
4		Complete Part II of Schedule L				22	
기	23	Secured mortgages and notes payable to unrelat	ed third	parties	4,837,143.	23	3,437,371.
	24	Unsecured notes and loans payable to unrelated	third p	rties		24	
	25	Other liabilities (including federal income tax, pay	ables te	related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X of			
		Schedule D			1,109,023.	25	1,148,769.
_	28	Total liabilities, Add lines 17 through 25			22,356,313.	28	18,900,738.
		Organizations that follow SFAS 117 (ASC 966),		here 🕨 🗶 and			and the second
2		complete lines 27 through 29, and lines 33 and	1 34.				
ĝ	27	Unrestricted net assets			37,053,364.	27	38,431,880.
묠ㅣ	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (AS	IC 958)	check here		1	
8		and complete lines 30 through 34.					
81	30	Capital stock or trust principal, or current funds				30	
91	31	Paid-in or capital surplus, or land, building, or equ	upment	fund		31	
21	32	Retained earnings, endowment, accumulated inc	ome, o	other funds		32	
<b>z</b>	33	Total net assets or fund balances			37,053,364.	33	38,431,880.
	34	Total liabilities and net assets/fund balances			59,409,677.		

10.11	n 990 (2013) NATIONAL HOT ROD ASSOCIATION	95-:	16861	.72	Pa	ge 12
Pe	art XI Reconciliation of Net Assets	- 200			1	
-	Check if Schedule O contains a response or note to any line in this Part XI			******		X
1	Total revenue (must equal Part VIII, column (A), line 12)		99,	25	1.5	81.
2	Total expenses (must equal Part IX, column (A), line 25)	2				43.
3	Revenue less expenses. Subtract line 2 from line 1	3				38.
4	Net assets or fund balances at beginning of year (must equal Part X, line SS, column (A))					64.
5	Net unrealized gains (losses) on investments	8			10	
6	Donated services and use of facilities	6		1	1.0	
7	Investment expenses	7			1.5	
8	Prior period adjustments	8				120
9	Other changes in net assets or fund balances (explain in Schedule O)	9		31	8.4	78.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	10	38,			1.5
Pe	art XII Financial Statements and Reporting	1 10	30,	43.	10	00.
	Check if Schedule O contains a response or note to any line in this Part XI			1	Ves	
1	Accounting method used to prepare the Form 990: Cash X Accrual Conter		— [	-	Yes	No
	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Scheduli		- [		Yes	
	Accounting method used to prepare the Form 990: Cash X Accrual Conter	∋ O.	- [	20	Yes	No
	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule 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 reviewe	∋ O.	- [		Yes	
20	Accounting method used to prepare the Form 980: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule 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 reviewe separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements aufited by on independent accountant?	e O. d on a	- [		Yes	
20	Accounting method used to prepare the Form 980: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule 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 separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 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 consolidated basis, or both:	e O. d on a	- [	20		
20	Accounting method used to prepare the Form 980: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule 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 separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 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 consolidated basis, or both:	e O. d on a	- [	20		
2e	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule 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 separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 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 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 consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate Separate basis Consolidated basis Both consolidated and separate basis If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the the test assumes responsibility for oversight of the test as the test as the test as the test as thes	e O. d on a te basis, ne audit,	-	2n 2b	X	
2e	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule 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 separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 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 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 consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	e O. d on a te basis, re audit,	— [	20		
2a b	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule 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 separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 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, on both: Separate basis, or both: Separate basis, or both: Separate basis, or both: Separate basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the 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 Sch	e O. d on a te basis, re audit, redule O.		2n 2b	X	
2a b	Accounting method used to prepare the Form 980: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule 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 separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 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, or both: Separate basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 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 consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the 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 Sch As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Act and OMB Common A 1992	e O. d on a te basis, re audit, redule O.		2a 2a 2a	X	X
2a b c 3a	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule 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 separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 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, or both: Separate basis, or both: Separate basis, or both: Consolidated basis Both consolidated and separate basis If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the 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 Sch As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	e O. d on a te basis, ne audit, nedule O. ingle Audit		2n 2b	X	

SCHEDULE D	Supplement	al Financial Statement	-		1	QMB No. 1545	-0047
(Form 990)	Complete if the orr	all Fillelicial Statistical	0			201	2
Department of the Treasury	Part IV, line 6, 7, 8, 8, 10	anization answered "Yes," to Form 99 3, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 1 Attach to Form 990.	120.			Citian to P	
Internal Revenue Gervice	> Information about Schedulo D (Fo	m (990) and its instructions is at www.	ins. gov/	brm99	0	Inspection	Contraction in the second second
Name of the organization	on				ployer Idea	tification	
Davi D. Osnanka	NATIONAL HOT ROD A	SSOCIATION	_		95-:	168617	12
	rtions Wahrtaining Donor Advise		s or Ac	cour	Tts. Com	plete if the	
<u> </u>	n answered "Yes" to Form 990, Part IV, Im	e 6. (a) Donor advised funds				A. 34	1. O.M.S.
1 Total number at or	nd of year		<u> </u>	D) FUR	nas and car	er account	8
	Alexandra data dari a data data data data data data data d		<u> </u>			_	
	hom (during year)		-				_
4 Aggregate value at		Service and a constraint of the					
	an inform all donors and donor advisors in	writing that the assets held in donor advi	sed fund	19			
are the organizatio	n's property, subject to the organization's	exclusive legal control?				Yes	No
6 Did the organizatio	in inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used a	niv		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for any other purpose	oonferri	ing			
impermissible priva	ate benefit?					Yes	No
Part II Conserva	ation casements. Complete if the or	ganization answered "Yes" to Form 990,	Part IV,	line 7.			
	ervation easements held by the organization			1.1			
	of land for public use (e.g., recreation or e					8703	
	f natural habitat	Preservation of a ce	rtified his	storic a	structure		
	of open space						
2 Complete lines 2a	through 2d if the organization held a qualit	fied conservation contribution in the form	of a cor	tservat	tion easem	ent on the	last
day of the tax year	• • • • • • • • • • • • • • • • • • • •		3				
a Tatol number of an	inservation easements				Held at the	End of the 1	Tax Year
			1040100000	21			
	vation easements on a certified historic stru	and any local data to the		25			
d Number of conserv	vation easements included in (c) acquired a	ucture included in (a)		20	-	-	
listed in the Nation	al Register	ener o/ 1 //Uo, and not on a historic struct	ure				
3 Number of conserv	ration easements modified, transferred, rel	noting lichard or togging the the		2d			
year		errenderer, er termination by th	e organi		oonnig me	LOK	
4 Number of states v	where property subject to conservation eas	sement is located					
	tion have a written policy regarding the per		•				
	proement of the conservation easements it					Yes	No
6 Staff and volunteer	r hours devoted to monitoring, inspecting,	and enforcing conservation easements d	uring the	year			
7 Amount of expense	es incurred in monitoring, inspecting, and e	enforcing conservation easements during	the yea	r 🕨 🛛	5		
8 Does each conserv	ration easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(	0			
and section 170(h)	(4)(B)(Q)?					Yes [	No
9 In Part XIII, describ	e how the organization reports conservation	on easements in its revenue and expense	statem	ent, an	d balance :	sheet, and	
	is, the text of the footnote to the organizat	ion's financial statements that describes	the orga	nizatic	n's accou	nting for	
Conservation easer	nents. Idons Maintaining Collections of	Art Historical Transverse on O	L			5	
Complete If	the organization answered "Yes" to Form	Pro Part N line 9	mer ai	milai	' Assets.		
	elected, as permitted under SFAS 116 (AS						
historical treasures	, or other similar assets held for public exh	C 906), not to report in its revenue stater	nent and	l balan	ice sheet w	orks of art,	
the text of the fact	note to its financial statements that describ	action, education, or research in turmera	ince of p	udiic s	ervice, pro	vide, in Pai	rt XIII,
	elected, as permitted under SFAS 116 (AS		t and had			and and the	: Includ
treasures, or other	similar assets held for public exhibition, ed	lucation or research in furtherance of ou			andet work:	s or art, riss allowing or	
relating to these ite				wa, pr		anowing au	nounes
(I) Revenues inclu	ided in Form 990, Part VIII, line 1				6		
(ii) Assets include	d in Form 990, Part X						
2 If the organization	received or held works of art, historical trea	asures, or other similar assets for financia	d gain. n	rovida			
the following amou	nts required to be reported under SFAS 11	16 (ASC 958) relating to these items:					
a Revenues included	in Form 990, Part VIII, line 1					•	
b Assets included in	Form 990, Part X						
						1	
LHA For Paperwork Re 332051	duction Act Notice, see the Instructions	for Form 990.		8	Schedule E	) (Form 99	0) 2013
09-25-13							

	edule D (Form 990) 2013 NATION rt III Organizations Maintaining	Collections of Ar	t. Historical Th	-	T Other	Simila	7 Acces	0017	2 Page
8	Using the organization's acquisition, acce	ssion, and other record	s, check any of the	following the	t are e sic	mificant	ise of its	s (contin	iteme
	(check all that apply):								1001110
	Public exhibition			change prog	2003				
b	Scholarly research								1.
c				1.0.010					
4	Provide a description of the organization's	collections and emile	n how they further (	the commitmeti			co la Dost	MIL	
8	During the year, did the organization solic	t or receive donations	af art historical tra	no organizato annos or oth	or elmiler	accepto der braube	se in Fan		
-	to be sold to raise funds rather than to be	maintained as next of t	he americation's a	alleation?		922013	Г	Yes	
Pa	TIV Escrow and Custodial Arm reported an amount on Form 990,	angemente. Compl	ste if the organizati	on answered	"Yes" to	Form 990	, Part IV, I	line 9, or	
1a	is the organization an agent, trustee, cust		lary for contribution	ne or other as	sets not b	ncluded			
	on Form 990, Part X?							Yes	N
b	If "Yes," explain the arrangement in Part >	III and complete the fo	lowing table:						
			-					Amoun	
C	Beginning balance					10			
d	Additions during the year	***************************************				1d			
	Distributions during the year			******		10			
1	Ending balance		******************************	*****		11			
20	Did the organization include an amount or	Form 990 Part X line	212				_	Yes	N
b	If "Yes," explain the arrangement in Part >	III. Check here if the ev	mismation has been	number of the l		••••••	······ L		
	rt V Endowment Funds. Comple	te if the organization an	swered "Yes" to Fr	um 990. Part	IV. line 10	0.	******		
	KURLEN COLOR	(a) Current year					ators back	(a) Found	veare had
18	Beginning of year balance	the second distance of					Com o entres	Lett of	You o oue
Тъ	Contributions				_				_
G	Net investment earnings, gains, and losse						_		
d	Grants or scholarships								
	Other expenditures for facilities	·							
	and programs			1					
	Administrative expenses	•							-
	End of year balance								
2	Provide the estimated percentage of the o		Mar da ant d			_			
	Board designated or quasi-endowment			a)) held as:					
- 60			_%						
	Permanent endowment								
G	Temporarily restricted endowment								
	The percentages in lines 2a, 2b, and 2c st								
	Are there endowment funds not in the pos	session of the organiza	tion that are held a	nd administe	red for the	a organiza	stion		
3a									Yes No
<b>3</b> a	by:								185 186
3a	(i) unrelated organizations							3:0	193 198
	(i) unrelated organizations								
	(i) unrelated organizations (ii) related organizations If "Yes" to Sa(ii), are the related organization	ans listed as required o	n Schedule R?					3=(1)	
ь 4	(i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related organization Describe in Part XIII the intended uses of the second secon	ons listed as required on the organization's endo	n Schedule R?					3=(1) 3=(11)	
ь 4	(i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related organization Describe in Part XIII the intended uses of the second secon	ons listed as required or he organization's endor ment.	n Schedule R? wment funds.					3=(1) 3=(11)	
ь 4	(i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related organization Describe in Part XIII the intended uses of the second secon	ons listed as required or he organization's endor ment.	n Schedule R? wment funds.					3=(1) 3=(11)	
ь 4	(i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related organization Describe in Part XIII the intended uses of the second secon	ons listed as required or he organization's endor ment.	n Schedule R? wment funds, , Part IV, line 11a. S ther (b) Cos		Part X, II (c) Ac		nd	3=(1) 3=(11)	
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332052 09-25-13

	o Form 890, Part IV, line	11b. See Form 990, Part X,	line 12.
(a) Description of security or category (including name of excurity)	(b) Book value		in: Cost or end-of-year market valu
) Financial derivatives			
Closely-heid equity interests			
Other			
(A)			
(8)			
(C)	4		
(0)			
(F)			-
(0)			
al, (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
	-		
Complete If the organization answered "Yes" to (a) Description of Investment	(b) Book value	11c. See Form 990, Part X,	line 13.
	(b) BOOK Value	(e) memod or valuation	n: Cost or end-of-year market valu
(1)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, col. (8) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" to	Form 990, Part IV, line	11d. See Form 990, Part X,	
(a) D	escription		(b) Book value
(a) D			(b) Book value
(a) D (1) (2)			(b) Book value
(a) D (1) (2) (3)			(b) Book value
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Schedule D (Form 990) 2013

332053 09-25-13

shedule D (Fo	m 990) 2013 NATIONAL HOT ROD ASSOCIA	95-168617	2 Page	
	econciliation of Revenue per Audited Financial State		ie per Return.	
			1	
	included on line 1 but not on Form 990, Part VIII, line 12:			
	alized gains on investments	20		
	services and use of facilities			
	es of prior year grants			
	scribe in Part XIII.)			
	2a through 2d		20	
Subtract	line 2e from line 1		3	
	included on Form 990. Part VIII, line 12, but not on line 1:			197
<ul> <li>Investme</li> </ul>	nt expenses not included on Form 990, Part VIII, line 7b	40		
	scribe in Part XIII.)			
	4a and 4b		40	
a Add lines		***************************************		
c Add lines	anue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	As an article Million Promote	<u>5</u>	
art XII R	anue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) econciliation of Expenses per Audited Financial Sta amplete if the organization answered "Yes" to Form 990, Part IV, line	tements With Expen	ses per Return.	
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Total reve art XII R Co Total exp	anue. Add lines 3 and 4c. (This must equal Form 930, Part I, line 12.) sconciliation of Expenses per Audited Financial Sta amplete if the organization answered "Yes" to Form 930, Part IV, line	tements With Expen		
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PART X, LINE 2:

THE ASSOCIATION, UNDER THE PROVISIONS OF ASC 740, INCOME

TAXES, HAD NO UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL AS OF DECEMBER 31,

2013 AND 2012. THE ASSOCIATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND

EXAMINATION BY FEDERAL AND STATE AUTHORITIES. THE ASSOCIATION IS NO LONGER

SUBJECT TO INCOME TAX EXAMINATIONS BY TAXING AUTHORITIES FOR YEARS BEFORE

16

2010 FOR ITS FEDERAL FILING AND FOR YEARS BEFORE 2009 FOR ITS STATE

FILINGS.

332054 09-25-13

Schedule D (Form 990) 2013

	Complete If	the organizatio Attach to F	ivities Outside the Un n answered "Yes" on Form 830, Part form 990. > Soo separato Instruction (Form 820) and its Instructions is at	t IV, line 14b, 16, or 16. ms. www.irs.gov/form990.	OMB No. 1545-0047 2013 Open to Public Inspection
Name of the organization				Employer	Identification number
NATIONAL HOT RO	DD ASSOCT	ATTON		95-16	96170
			side the United States. Comp	Join if the encodeding come	Neel as
Form 990, Part			Carles Contraction Carles	iere il ale ciâtritation subm	ered res on
the grantees' eligibility	for the grants or e	assistance, and	ds to substantiate the amount of its gri the selection criteria used to award the procedures for monitoring the use of it	grants or assistance?	Ves No
3 Activities per Region. (	The following Part	I, line 3 table ca	an be duplicated If additional space is r	needed.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region		(e) if activity listed in is a program service describe specific typ of service(s) in region	e for and
NORTH AMERICA -	1				
CANADA AND MERICO,					
BUT BUT NOT THE				CONDUCTING MOTORSPOR	r i
UNITED STATES	1	0	PROGRAM SERVICES	everts	76,454.
r.	- 22				
,					
					-
	·				
3 a Sub-total	1	0			76,454.
b Total from continuation					10,636.
sheets to Part I	0	0			0.
c Totais (add lines 3a					
and 3b)	1	0			76,454.

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990.

Schedule F (Form 990) 2013

332071 10-03-13

	cash disburaament assistance	(g) Amount of (h) Description non-cash of non-cash assistance assistance	(I) Method of valuation (book, FMV, appraisal, other)
Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 601(c)(3) equivalency latter	cognized as tax-exempt by		

States. Complete If the organization answered "Yes" on Form 890, Part IV, line 16.	of (d) Amount of (e) Manner of (f) Amount of (g) Description of (h) Method of valuation cash grant cash grant cash disbursement assistance (bood, FMV, assistance assistance (bood, FMV, appraisal, other)					
(c) Number of						
fittional snace is needed	(b) Region					Contraction of the local division of the loc
Pert III Creats and Other Assistance to Individuals Outside the United States. Complet Part III can be durificated if additional scarce is needed.	(a) Type of grant or assistance					

Schedule F			HOT	ROD	ASSOCIATION
Part IV	Foreign Form	\$		1.00	
	to you want to be a set of the se	And a second			

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yas," the		
	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		-
	Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization		
	may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and		
	Receipt of Centain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With	_	
	a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? // "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To	_	-
	Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund.	_	
	(see instructions for Form 8821)	Yes Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? // "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain		
	Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? //		
	"Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions	_	
	for Form 5713)	Yes	🗶 No

Schedule F (Form 990) 2013

332074 10-03-13

Part V	Form 990) 2013 NATIONAL HOT ROD ASSOCIAT	ON 95-1686172	Page 8
Party	Supplemental Information		
	Provide the information required by Part I, line 2 (monitoring of funds); investments vs. expenditures per region); Part II, line 1 (accounting me	Part I, line 3, column (f) (accounting method; amounts of the first ill (accounting method); and Part III, occurrent (c)	
12	(estimated number of recipients), as applicable, Also complete this part	to provide any additional information,	1
ART I	, LINE 3:	15	122
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100			1163
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in the second	·····		
12075 10-03-1			
	21	Schedule F (Form 9	パッション

Diff. HOT ROD ASSOCIANTON     Employer learning the interfaction run of the additions     Employer learning the interfaction run of the additions       One the additions     Interfaction and particle at family for the grants or restations, and the additions     Interfaction and particle at the additions       Interfaction and particle at the additions     Interfaction and particle at the additions     Interfaction at the additions       Interfaction and particle at the addition at	of the organization MATTORIAL STOR SOLD ASSOCTANTION     Expendent in the organization of the organization matter and Analistices     Expendent in the organization of the organization matter and Analistices     Expendent is a matter and Analistices       One has been allocation of contract and Analistices     Contract and to matter the organization and analistic and the matter and analistic and analistic and analistic and the matter and analistic and and the matter and analistic and and the matter and analistic and the matter and an	Schreubuce I (Form 890) Department of the Tressury Internal Revenue Barvice		Comple Completing	Governments, and Individuals in the United States complete If the organization enswered "Yes" to Form 680, Part N, Ine 21 or 22. Attends to Form 680, and its Instructions is at www.ins.com/hom	id Individuals in a enswered "Yes" to For Attach to Form 880. Form 880. and its Instru	is in the Unit the Form sed. Par meso.	ted States t N, Ine 21 or 22.	2	2013 Open to Putch Inspection
uncords to activations the amount of the grants or aestistance, the grants or aestistance, and the aetheriton.       X) via         total activation the amount of the grants or aestistance, the grants or aestistance.       X) via         total activation the amount of the grants or aestistance, the grants or aestistance.       X) via         total activation       X, via         11 - 0650744       D01(	One of the statement and contractions of a contraction of the grante or estatement, and of the statement of the grante or estatement.	ame of the organization	NATIONAL HC	T ROD A	BOCIATION					Employer Identification number 95–1686172
Entry 10 Construction and Organizations in the United States. Complete if the organization anserted "Yes" to Form 660, Part IV, Ille 21, for any     constant 6, 600, Part II cam be displayed at the organization anserted "Yes" to Form 660, Part IV, Ille 21, for any     constant 6, 600, Part II cam be displayed at the organization anserted "Yes" to Form 560, Part IV, Ille 21, for any     constant 6, 600, Part II cam be displayed at the organization anserted "Yes" to Form 560, Part IV, Ille 21, for any     constant 70, and Organization at the organization anserted at the organization anserted at the organization at t	Offernie       Commission       Operation of the community and Co	Does the organization     Criteria used to awar     Describe in Pert V	maution on unants and in maintain records to s d the grants or assistan the crimatication's move	ubstantiate the ce?	amount of the grants	or assistance, the p	grantees' eligibility Status	for the grants or essi	stance, and the selecti	X
Institution         (b) EN         (o) FIX         (o) FIX section         (a) Amount of sections         (a) Amount of sections         (b) Amount of sections         (b) Amount of sections         (c) Amount of amount amount amount of amount a	Is) Name and address of cognitation     (b) EN     (a) Name and address of cognitation     (b) EN     (a) Name and address of cognitation       n:referse in the instant of cognitation     (b) EN     (c) Anneunt of cognitation     (c) Anneunt of cognitation     (c) Anneunt of cognitation     (c) Name and address of cognitation       n:referse in the instant of cognitation     (c) EN     (c) Anneunt of cognitation     (c) Anneunt of cognitation     (c) Anneunt of cognitation     (c) Anneunt of cognitation       n:referse in the instant of cognitation     (c) EN     (c) Anneunt of cognitation       n:referse in the instant of cognitation     (c) EN     (c) EN     (c) EN     (c) EN     (c) EN     (c) EN       n:referse in the instant of cognitation     (c) EN     (c) EN     (c) EN     (c) EN     (c) EN     (c) EN       n:referse in the instant of colore     (c) EN     (c) EN     (c) EN     (c) EN     (c) EN       n:referse in the instant of colore     (c) EN     (c) EN     (c) EN     (c) EN     (c) EN       n:referse in the interface     (c) EN     (c) EN     (c) EN     (c) EN     (c) EN       n:referse in the interface     (c) EN     (c) EN     (c) EN     (c) EN       n:referse in the interface     (c	Purt II Carente and O recipient that	ther Assistance to Cov aceived more than \$6.0	verments and	Organizations in the	United States. C	omplete if the org	nizetion enswered	res" to Form 880, Part	N, line 21, tor any
B1-0650744         DOIL(C)(3)         7,100,         0,         DOIRNALISATION FOR ALTING UNPORTING ALTI	THIGENT, INC.       DISCUITION       0,       0,       00       00         DISCUITION       31-0650744       501(C)(13)       7,100,       0,       0,       00         MAL POTINARTION       31-065074       501(C)(13)       7,500,       0,       0,       00         MAL POTINARTION       32-1506813       501(C)(13)       7,500,       0,       0,       00         ACCULIANA SUND BARY, SUTTER 11       22-1506813       501(C)(13)       7,500,       0,       0,       0,       00         ACULIANA SUND BARY, SUTTER 11       22-1506813       501(C)(13)       7,500,       0,       0,       0,       0,         ACULIANA SUND BARY, SUTTER 11       22-1506813       501(C)(13)       7,500,       0,       0,       0,       0,         ACULIANA SUND BARY, SUTTER 11       22-1506813       501(C)(13)       7,500,       0,       0,       0,       0,       0,       0,       0,         ACULIANA       22-15093       22-15093       0,       0,       0,       0,       0,       0,       0,       0,         ACULIANA       22-15093       22-15093       0,       0,       0,       0,       0,       0,       0,       0,	1 (a) Name and addre or govern	ss of organization ment	(P) EIN	(e) IRC section If applicable	(d) Amount of cash grant	(e) Amount of non-cash essistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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Enter total number of eaction 601(e)(5) and government organizations listed in the line 1 table	inter total number of eaction 601(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Aast Notice, see the Instructions for Farm 690.	NTIONAL FOOTBALL FC 13 LAS COLINAS BLVD VING, TX 75039	01 <b>T</b> B 11	22-1508812	01(C)(3)	7,500.	.0			JERNERAL SUPPORT MATIONAL POOTBALL POUNDATION - JEORDE PYNE LEADERSHIP MALL OF PARE
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	For Paperwork Reduction Act Notice, see the Instructions for Form 690.		section 501(c)(3) and g other organizations list	overnment orga ad in the line 11	Intrations listed in the able					

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Schedule   (Form 990) (2013) NATIONAL HOT ROD ABSOCIATION Part III Grants and Other Assistance to Individuals in the United States. Complete if the	D ASSOCIA	ATION blete If the ontank	ation enswered "Yes"	<b>CLATION</b> Complete If the ontanization answered "Yes" to Form 890. Part IV. [he 22.	95-1686172 Pa	Page 2
	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance	8
	-					1
						1
Bupplement	utred in Part I, line	2, Part III, column	h Part I, line 2, Part III, column (b), and any other additional Information	littonal Information.		11
PART I, LINE 2: DURING THE REGULAR COURSE OF BUSINESS	THR	ASSOCIATION MAKES	i makes			
DONATIONS TO VARIOUS CHARITABLE ORGANIZATIONS.	INITZATIO		GIVEN THE DEMININUS AMOUNTS	IUS AMOUNTS		
DONATED THE ASSOCIATION DOES NOT SPECI	BCIFY HOW	W THESE FU	THESE FUNDS ARE TO BE USED,	BR USED,		
NOR MONITOR HOW THESE FUNDS ARE USED,		R RECEIVIN	BY THE RECEIVING ORGANIZATION,	, NOL		
HOWEVER, THE ASSOCIATION UNDERSTANDS		JCH FUNDS	ARE USED IN	THAT SUCH FUNDS ARE USED IN ACCORDANCE		
WITH BACH ORGANIZATION'S STATED MISSION.	BION.					
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200 th that is					Betratic From 2019	

SCHEDULE J	L Com	pensation Information	1 mars		
(Form 990)	the second se	A REAL PROPERTY AND A REAL PROPERTY A REAL PROPERTY AND A REAL PROPERTY A REAL PROPERTY AND A REAL PROPERTY	CMB No.	1545-00	947
h europeal	Por certain Onicers, i	Directora, Trustees, Key Employees, and Highest Compensated Employees	20		
	Complete If the organiz	zetion answered "Yes" on Form 820, Pert IV, line 23.			
Department of the Treasury Internal Revenue Service	Attach to F	Form 990. See separate instructions. J (Form 990) and its instructions is at www.irs.gov/for	Open t	o Publection	
Name of the organiza	ation	VICONTESSO ENGLISH INSCREDUTS IS ET. WWW.ID.COV/TO	Employer Identificat		
State of the Com	NATIONAL HOT RO	OD ASSOCTATION	95-168617		
Part I Quest	ons Regarding Compensation		33-10001/	-	
		a subject and the second second second second		1 Van	No
ta Check the apon	apriate box(es) if the graznization provid-	ed any of the following to or for a person listed in Form 9	90	143	100
		any relevant information regarding these items.			
X First-class	or charter travel	Housing allowance or residence for person	val use		
Travel for c	companions	Payments for business use of personal res			
Tax Indemn	nification and gross-up payments	Health or social club dues or initiation fees			
Discretiona	try spending account	Personal services (e.g., maid, chauffeur, d	nef)		
		lization follow a written policy regarding payment or			
		ibed above? If "No," complete Part III to explain	15	X	272
		bursing or allowing expenses incurred by all directors,			
trustees, and of	icers, including the CEO/Executive Direr	ctor, regarding the items checked in line 1a?	2	X	
				-	
		tion used to establish the compensation of the organizat			
		eck any boxes for methods used by a related organization	n to		
	ensation of the CEO/Executive Director, I				
Compensat		Written employment contract			
	nt compensation consultant	Compensation survey or study			
LA_ Form 990 c	of other organizations	X Approval by the board or compensation or	estimme	1	
4 During the year,	did any person listed in Form 990. Part	VII, Section A, line 1a, with respect to the filing			1
	a related organization;	and excerning man red man realboar to and marti			
	ance payment or change-of-control paym	nent?	49		x
	receive payment from, a supplemental			x	
		compensation arrangement?			X
If "Yes" to any o	f lines 4a-c, list the persons and provide	the applicable amounts for each item in Part III.			
	11(c)(3) and 601(c)(4) organizations mu				
		a, did the organization pay or accrue any compensation			
contingent on th					
a The organization					
b Any related orga	nization?		50		
	a or 5b, describe in Part III.				
		a, did the organization pay or accrue any compensation			
	e net earnings of:				-
a The organization			62		<u> </u>
W "Ves" to Bro P	a or 6b. describe in Part III.		65		
	Contraction of the second second second second second	a, did the organization provide any non-fixed payments			
ont decembed in	ince 5 and 62 H Yes - december - Dec	in une organization provide any non-fixed payments	-		
A Ware any area	the monostard in Early 000 Data VII and a	III			
		or accrued pursuant to a contract that was subject to the on 53.4958-4(a)(3)? If "Yes," describe in Part III			
	did the organization also follow the min-	utionic measurements and an and a set in	The second se		
9 If "Yes" to line 8	, did the organization also follow the reb tion 53.4958-6(c)?	uttable presumption procedure described in	9		

Midual whose compensation must be reported in Schedule J, report compensation for sy individuals that are not listed on Four 880, Part VI.       un of columns (90)(iii) for each leaded individual must equal the total arround of Form.       un of columns (90)(iii) for each leaded individual must equal the total arround of Form.       (A) Name and Ttel     (B) Restation of W2 and/or 1099-MISCo       As contrevoir     (B) Restation of W2 and/or 1099-MISCo       (A) Name and Ttel     (B) Breation of W2 and/or 1099-MISCo       As contrevoir     (B) Breation of W2 and/or 1099-MISCO       As contrevoir     (B) Breation of W2 and/or 1099-MISCO       As contrevoir     (B) Breation of W2 and/or 1090-MISCO       As contrevoir     (B) Breation of W2 and/or 1090-MISCO       As contrevoir     (B) Breation of M2 and/or 1000-       As contrevoir     (B) Breation of W2 and/or 1090-       As Locars     (B) 290, 025-     67, 5000-       As Locars     (B) 219, 400-     0       As Locars     (B) 219, 400-     0       As Locars     (B) 213, 385-     34, 0,000-       As Locars     (B) 137, 340-     0       As Locars     (B) 137, 340-     0 <th>Part II Officere Directore Trustees Key Er</th> <th></th> <th>NATIONAL HOT ROD /</th> <th>ASSOCIATION</th> <th>T mene. I les chulles</th> <th>95-1686172</th> <th>172 ners is needed</th> <th></th> <th>Page 2</th>	Part II Officere Directore Trustees Key Er		NATIONAL HOT ROD /	ASSOCIATION	T mene. I les chulles	95-1686172	172 ners is needed		Page 2
Image: constraint of the state of	For each individual whose compensation must t Do not list any individuals that are not listed on I Note. The sum of cohume (BVI/vill) for each liste	L L L	eported in Schedule J, n 890, Part VII. Minthual must enual #	report compensatio	n from the organiza	tion on row () and from	n related organizations,	described in the instru-	uctions, on row (i).
(A) Name and Tile         (B) Rame A comparation member and comparation member and member			(B) Breakdown of	W2 and/or 1099-MI	C compensation	(C) Rethement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
Ruman countruit         (n)         546/54()         188,000         34,658         60,200         39,306         868,713         0           Ruman countruit         (n)         131,305         (n)         0	(A) Name and Title		(1) Base compensation	(II) Bonus & Incentive compensation	(III) Other reportable compensation	other deterned compensation	benefito		reported as deferred In prior Form 890
Rest         11         13         36         0 </td <td>(1) THOMAS COMPTON</td> <td></td> <td><math>\square</math></td> <td>88,00</td> <td>34,658.</td> <td></td> <td>39,306.</td> <td></td> <td></td>	(1) THOMAS COMPTON		$\square$	88,00	34,658.		39,306.		
Mark Currons         (n)         313, 380, 31, 397, 31, 397, 31, 397, 31, 397, 31, 397, 30, 39, 556, 439, 556, 31, 397, 31, 397, 31, 397, 31, 300, 31, 499, 416, 507, 31, 300, 31, 499, 416, 507, 31, 300, 31, 499, 418, 302, 418, 302, 418, 302, 418, 312, 318, 312, 316, 317, 318, 312, 310, 317, 318, 312, 310, 317, 318, 312, 310, 317, 318, 312, 310, 317, 310, 310, 317, 310, 310, 317, 310, 310, 317, 310, 310, 310, 317, 310, 310, 310, 317, 310, 310, 310, 310, 310, 310, 310, 310	LIDENT	9		0.	0.	.0	.0	0.	
Mainal Licerr         (1)         281,036         75,000         33,493         10,200         39,55         429,656         10,200           ANX NACT         (1)         290,025         67,500         31,493         10,200         36,493         438,203         0           ANX NACT         (1)         290,025         67,500         31,493         10,200         35,919         35,232         0	PETER	EE	313	80,000.	33,032.	10,200.	39,950.	476,567.	
Maxt         (n)         (n) <td>(3) GRAHAM LIGHT</td> <td><u>ι</u>ε</td> <td>281,</td> <td>75,000.</td> <td>33,493.</td> <td>10,20</td> <td>29,925.</td> <td>429,656.</td> <td></td>	(3) GRAHAM LIGHT	<u>ι</u> ε	281,	75,000.	33,493.	10,20	29,925.	429,656.	
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Online Statement         ()         11/1.51/6         11/1.51/6         11/1.51/6         11/1.51/6         35.23.966           Consist statement         ()	SR VP BALES & MARIETING	8						0.	
Althours       In       250.648       40.000       35.122       10.200       42.411       378.381       0         Althours       In       250.648       40.000       15.977       9.664       43.583       304.634       0       0       0         Althours       In       0       0       0       16.977       9.664       43.583       304.634       0		<u>e</u> [	1///		2	10,20		352,964.	•
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TRAX ARCEMANDEAUTOR         (1)         137,340.         40,000.         22,498.         8,188.         28,290.         236,316.         336,316.           ALCC REL 6 COMM         (1)	T NATIONAL SVENT MARKTING	9				0.	•0	Ċ	
NUCL NRC A       III       O.       O.       O.       O.       O.       O.       O.         III       III       III       III       IIII       IIII       IIIII       IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		ε	137,34	8	. 4	8,188.		, 31	
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Schedule J (Form 980) 2013 NATIONAL HOT ROD ABSOCIATION	95-1686172 Page 3	83
Part III Supplemental Information	1	1
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 6b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	to this part for any additional information.	E.
PART I, LINB 1A:		T i
UPGRADE COUPONS MAY BE PURCHASED BY VICE-PRESIDENTS AND		14
ABOVE.		
		Ľ,
PART I, LINB 4B:		É.
A 457(F) PLAN WAS BSTABLISHED PURGUANT TO APPROVAL FROM THE		
COMPENSATION COMMITTER FOR TOM COMPTON, TO WHICH \$50,000 WAS CONTRIBUTED		
DURING 2013. VESTING WILL OCCUR ON THE EARLIEST OF THE FOLLOWING DATES OR		
EVENTS, PROVIDED THAT MR. COMPTON REMAINS CONTINUOUSLY EMPLOYED BY THE		
ASSOCIATION THROUGH SUCH TIME: JANUARY 2, 2016, OR MR. COMPTON'S DEATH,		
DISABILITY, OR THE DATE ON WHICH HIS EMPLOYMENT IS TERMINATED WITHOUT CAUSE		17
JNDER HIS EMPLOYMENT AGREEMENT. IF MR. COMPTON'S EMPLOYMENT OTHERWIGE IS		1
FERMINATED PRIOR TO ANY OF THE DATES OR EVENTS SET FORTH ABOVE THE FUNDS		
SHALL BE FORFEITED.	- 	
		1
SCHEDULE J		L I
THE COMPENSATION LISTED ON FORM 990 PART VII SECTION A AND		i i
IN SCHEDULE J FOR DALLAS GARDNER IS PAID TO THIS BOARD MEMBER IN HIS		
APACITY AS AN INDEPENDENT CONSULTANT, NOT FOR HIS SERVICE AS A BOARD		
	Schedula J (Form 890) 2013	2
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Schedule J (Form 880) 2013 NATIONAL HOT ROD ABSOCIATION	95-1686172 Page 3
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional Information.	te this part for any additional information.
MEMBER OF THE ORGANIZATION.	
"BONUS AND INCENTIVE COMPENSATION" INCLUDES (A) BONUSES AND (B) AS	
APPLICABLE, COMMISSIONS BASED ON SALES, ALL OF WHICH, WHEN COMBINED	
WITH BASE AND OTHER COMPENSATION, CREATE A REAGONABLE TOTAL	
COMPENSATION PACKAGE. BONUS AMOUNTS ARE DETERMINED BY MANAGEMENT AND	
APPROVED BY THE COMPENSATION COMMITTEE AND/OR THE BOARD OF DIRECTORS.	
COMMISSION AMOUNTS ARE DETERMINED BY THE SALES PLAN FOR EACH APPLICABLE	
YBAR.	
*	
IT IS IMPORTANT FOR NHRA TO BE ABLE TO RECRUIT AND RETAIN HIGHLY	
QUALIFIED EMPLOYEES WHOSE EXPERIENCE AND PERFORMANCE ENABLE NHEA TO	
PROVIDE THE COMPLEX AND VARIED SERVICES NECESSARY TO SUPPORT THE	
ASSOCIATION'S OPERATIONS AND MEET THE VARYING NEEDS OF THE DRAG RACING	
COMMUNITY.	
THE OPERATIONS OF NHRA ARE EXTENSIVE AND INVOLVE MANY FACETS, SUCH AS	
COMPLEX RULEMAKING, LOGISTICS, AND EVENT MANAGEMENT, INCLUDING THE	
COORDINATION OF MULTIPLE EVENTS IN MULTIPLE LOCATIONS, BETTING POLICIES	
	Schedule J (Form 890) 2013

09-13-13

	95-1686172 Page 3
Pert III ] Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 6a, 6b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	Nete this part for any additional information.
FOR THOUSANDS OF RACERS, PROMOTING THE SPORT TO MILLIONS OF FANS,	
OVERSERING ESSENTIAL SAFETY STANDARDS, PUBLICATIONS, SOCIAL MEDIA,	
TELEVISION AND MEDIA RELATIONS, EXTENSIVE TRAVEL, COORDINATING A LARGE	
WORKFORCE, TRACK AND FACILITY MANAGEMENT, RISK MANAGEMENT, AND RELATED	
ISSUES. ACCORDINGLY, THE ORGANIZATION HAS RECRUITED ITS LEADERS	
PRIMARILY FROM THOSE WITH EXPERIENCE IN MAJOR FOR-PROFIT ORGANIZATIONS	
SUCH AS MARS, DELPHI, CM, HEWLETT PACKARD, AND PACE/CLEARCHANNEL.	
NHRA BELIEVES THAT EXPERIENCE, CONTINUITY, AND INDUSTRY RELATIONSHIPS	
ARE CRITICAL IN ITS ORGANIZATION, AND THUS NHRA STRUCTURES EXECUTIVE	
COMPENSATION TO ENCOURAGE LONG-TERM COMMITMENTS FROM AND RETENTION OF	
EXECUTIVES.	
WHILE NHRA DOES NOT EXPECT TO PAY COMPENSATION THAT IS FULLY	
COMPETITIVE WITH FOR-PROFIT ORGANIZATIONS, THE BOARD HAS RECOGNIZED	
THAT, TO ATTRACT AND RETAIN THE NEEDED QUALITY OF LEADERSHIP, ITS	
MANAGEMENT COMPENSATION MUST BE COMPETITIVE WITE SIMILARLY COMPLEX	
NONPROFIT ORGANIZATIONS.	
511255	Schedule J (Form 880) 2013
06-13-13 2.8	

Schedule J (Form 990) 2013 NATIONAL HOT ROD ABSOCIATION	95-1686172	Page 3
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4o, 6a, 6b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	his part for any additional information.	
IN SETTING COMPENSATION, NHRA HAS USED AN OUTSIDE EXPERT IN ANALYZING		
COMPENSATION ISSUES TO HELP GUIDE AND VALIDATE THE COMPENSATION		
PROCESS, AS WELL AS A COMMITTER OF INDEPENDENT MEMBERS OF THE BOARD OF		
DIRECTORS.		-
THE COMPENSATION OF NHRA'S TOP EXECUTIVES IS REVIEMED ANNUALLY BY THE		
BOARD. THE CHIRF EXECUTIVE'S COMPENSATION IS DETERMINED BY THE		
COMPENSATION COMMITTER OF THE BOARD OF DIRECTORS. FOR TOP EXECUTIVES		
INCLUDING THE CEO, CASH COMPENSATION IS COMPRISED OF BASE SALARY AND A		
BONUS COMPONENT, THE AMOUNT OF WHICH IS BASED ON COMPLEMENTING THE BASE		
SALARY TO CREATE A COMPETITIVE AND APPROPRIATE ANNUAL COMPENSATION		
PACKAGE. COMPENSATION IS ANALYZED IN CONJUNCTION WITH MANY FACTORS		
INCLUDING COMPARABLE COMPENSATION IN THE JOB MARKET, INDIVIDUAL		
PERFORMANCE, AND THE ORGANIZATION'S OVERALL PERFORMANCE.		
		-
	- 18	
	Schedule J (Form 890) 2013	890) 2013

08-13-13

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 890 or 890-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Information about Schedulo Q (Form 690 or 690-E2) and its instructions is at www.ins.cov/form990

Reportment of the Treasu Internal Revenue Service Name of the organization

sy

NATIONAL HOT ROD ASSOCIATION

Inependion Employer Identification number 95-1686172

OMB No. 1545-0047

Open to Public

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OF KNOWLEDGE AND INFORMATION AMONG HOT ROD ENTHUSIASTS, AND TO CARRY ON THE ACTIVITIES WITHIN THE PURVIEW OF SECTION 501(C)(6) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED, AND CALIFORNIA REVENUE AND TAXATION SECTION 23701E.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: PUBLIC IMAGE OF DRAG RACING WITH A VIEW TOWARD INCREASING PARTICIPATION AND FOSTERING THE ASSOCIATION'S MISSION OF PRESERVING AND PROTECTING THE SPORT OF DRAG RACING AND IMPROVING SAFETY IN THE SPORT BY, AMONG OTHER THINGS, FOSTERING A NETWORK OF RACING VENUES AND RACING SERIES. THE ASSOCIATION'S GREATEST PUBLIC RELATIONS TOOLS ARE ITS ANNUAL SERIES OF NATIONAL EVENTS THAT ARE TELECAST AND SHOWCASE THE BEST OF THE SPORT, INCLUDING ITS DIVERSE PARTICIPANTS AND COMPLEX TECHNOLOGY, AS WELL AS ITS WEBSITE AND ITS PUBLICATION, NATIONAL DRAGSTER, WHICH IS PUBLISHED TO PROVIDE FULL COVERAGE DURING THE RACING SEASON. THROUGH THESE EVENTS AND ACTIVITIES THE ASSOCIATION WORKS TO INCREASE THE SIZE AND INVOLVEMENT OF THE BUSINESSES WHICH ARE PART OF THE DRAG RACING INDUSTRY AND WHICH ULTIMATELY SUPPORT THE SPORT AND ITS PARTICIPANTS BOTH ON THE RACER AND SPECTATOR LEVEL. THE ASSOCIATION ALSO PROVIDES A FULL SPECTRUM OF RACING OPPORTUNITIES BEGINNING AT THE JR. DRAG RACING LEAGUE LEVEL WHERE GIRLS AND BOYS AS YOUNG AS EIGHT MAY PARTICIPATE, TO THE GRASS ROOTS "STREET LEGAL" LEVEL, AND PROGRESSING ALL THE WAY TO VEHICLES WITH SPEEDS OVER 300 MPH. THE ASSOCIATION PROMOTES THE CAREER AND BOUCATIONAL OPPORTUNITIES AVAILABLE IN THE INDUSTRY THROUGH ITS INNOVATIVE YOUTH AND EDUCATION SERVICES PROGRAM WHICH EXPOSES SEVERAL LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2013) 332211

Name of the organization NATIONAL HOT ROD ASSOCIATION	Employer identification number 95-1686172
THOUSAND HIGH SCHOOL STUDENTS TO CARBER OPPORTUNITIES IN	THE SPORT. THE
ASSOCIATION ALSO CONDUCTS A DEDICATED ANNUAL CAREER OPPOI	RTUNITIES FAIR.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHM	ENTS:
BE INNOVATIVE IN THE DEVELOPMENT OF SAFETY ORIENTED EQUI	PMENT, WITH
TECHNOLOGY THAT CAN BE USED NOT ONLY IN RACE VEHICLES BUT	t for everyday
PASSENGER CARS AS WELL. AS PART OF ITS MISSION TO IMPROVI	B SAFETY IN THE
SPORT OF DRAG RACING, THE ASSOCIATION ALSO WORKS ON FACIL	LITY ISSUES AND
IMPROVEMENTS THROUGHOUT A BROAD NETWORK OF AFFILIATED TRA	ACKS THROUGHOUT
NORTH AMERICA. THE ASSOCIATION SHARES INFORMATION WITH (	OWNERS AND
OPERATORS OF VARIOUS RACING FACILITIES REGARDING IMPROVE	MENTS AIMED TO
IMPROVE SAFETY AS WELL AS IMPROVE THE CONDUCT OF EVENTS,	AND THEREBY
ATTRACT MORE PARTICIPANTS AND SPECTATORS. THE ASSOCIATION	n devotes
SUBSTANTIAL RESOURCES TO IMPROVING RACING FACILITIES AND	HELPING TRACK
OWNERS AND OPERATORS PROMOTE PROGRAMS WHICH ARE LIKELY TO	O ATTRACT MORE
SPONSORS, SPECTATORS AND PARTICIPANTS ALIKE. THE ASSOCIA	ATION OWNS AND
MAINTAINS A SMALL NUMBER OF RACING FACILITIES TO PRESERVE	e the right to
RACE AND PROVIDE RACING VENUES IN CERTAIN GEOGRAPHICAL A	REAS AS WELL AS
TO USE AS A PROVING GROUND FOR PROGRAMS AND INITIATIVES !	THAT IMPROVE
ITS ABILITY TO PERFORM ITS ROLE AS A SANCTIONING BODY.	
FORM 990, PART VI, SECTION B, LINE 11:	

THE DRAFT OF THE FORM 990 IS PREPARED BY AN INDEPENDENT

ACCOUNTING FIRM AND SUBMITTED TO THE ORGANIZATION FOR REVIEW AND APPROVAL FOR SUBMISSION. THE ORGANIZATION REVIEWS THE DRAFT FORM 990 AND DISTRIBUTES THE DRAFT TO ALL MEMBERS OF THE BOARD OF DIRECTORS FOR THEIR REVIEW AND IS APPROVED BY THE TREASURER FOR SUBMISSION.

NATIONAL HOT ROD ASSOCIATION	Page Employer Identification numbe 95-1686172
FORM 990, PART VI, SECTION B, LINE 12C:	
ALL EMPLOYEES ARE RESPONSIBLE FOR FOLLOWING THE CONFLI	ICT OF
INTEREST POLICY. MANAGEMENT IS RESPONSIBLE FOR ENFORCE	CING COMPLIANCE WITH
THE POLICY. THE COMPANY ALSO HAS A PROCEDURE IN PLACE	s that allows
EMPLOYEES TO BRING ANY MATTER THEY FEEL MAY BE A PROBI	LEM TO MANAGEMENT'S
ATTENTION. ANNUALLY RECORDS AND DOCUMENTATION ARE REVI	LEWED TO IDENTIFY ANY
POTENTIAL CONFLICT OF INTEREST, AND IF A POTENTIAL CON	NFLICT OF INTERBST IS
IDENTIFIED, MANAGEMENT REVIEWS THE POTENTIAL CONFLICT	TO ENSURE PROPER
APPROVALS HAVE BEEN OBTAINED AND IF NOT TAKE APPROPRIA	ATE ACTION AS
REQUIRED. BOARD MEMBERS COMPLETE AND SIGN AN ANNUAL CO	INFLICT OF INTEREST
DISCLOSURE FORM.	
FORM 990, PART VI, SECTION B, LINE 15:	<u></u>
COMPENSATION IS DETERMINED BY ANALYZING SALARY SURVEYS	S, OTHER
ORGANIZATIONS' FORM 9908, PERIODIC COMPENSATION ANALYS	SIS BY INDEPENDENT
	SIS BI INDEPENDENT
COMPENSATION ANALYSTS, AND ANALYSIS BY A COMMITTEE OF	INDEPENDENT MEMBERS
	INDEPENDENT MEMBERS
OF THE BOARD OF DIRECTORS. SEE SCHEDULE J PART III SUI	INDBPENDENT MEMBERS
OF THE BOARD OF DIRECTORS. SEE SCHEDULE J PART III SUI	INDBPENDENT MEMBERS
OF THE BOARD OF DIRECTORS. SEE SCHEDULE J PART III SUE INFORMATION. FORM 990, PART VI, SECTION C, LINE 19:	INDBPENDENT MEMBERS
OF THE BOARD OF DIRECTORS. SEE SCHEDULE J PART III SUE INFORMATION.	INDEPENDENT MEMBERS PPLEMENTAL AUDITED
OF THE BOARD OF DIRECTORS. SEE SCHEDULE J PART III SUN INFORMATION. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND A	INDEPENDENT MEMBERS PPLEMENTAL AUDITED

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

RADCO NET INCOME

38,478.

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Schedule O (Form 990 or 990-EZ) (2013)

SCHEDULE R (Form 990) Depertment of the Treasury Internet Reserves Berytos	PComp	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 355, 35, or 37. Attach to Form 990. Philomation about Schedule R (Form 990) and its instructions.	ganizations and Unrelated Partnerships stion answered "Yes" on Form 890, Part N, line 33, 34, 355, 39, or to Form 890.	irtmershipe line 23, 34, 355, 39 uctiona. L. www.in.cov/form	, er 37. 990		2013 2013	
Name of the organization	NATIONAL HOT 1	ROD ASSOCIATION				Employer 95-1	Employer Identification numb 95–1686172	- Page
Part I Identification of Dis	sregarded Entities Complet	Identification of Disregarded Entities Complete If the organization answered "Yes" on Form 890, Part IV, line 33.	on Form 990, Part IV, line 30					
(a) Name, address, and EIN (if applicable) of disregarded entity	) i EIN (if applicable) ded entity	(b) Primary activity	(e) Legal domicile (state or foreign country)	r (d) Total income	re End-of-year assets	r assets	(f) Direct controlling entity	
								the -
~								E Toy
Part II Identification of Rei organizations during	Identification of Related Tax-Exempt Organizations Complete If I organizations during the tax year.	tions Complete If the organization a	the organization answered "Yes" on Form 880, Part IV, line 34 because it had one or more related tax-exempt	Part N, line 34 bec	ause it had one o	or more related to	ox-exempt	
(a) Name, address, and EIN of retated organization	ss, and EIN gantzation	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 601(ch3))	(f) Dhect controlling entity	1	A STA
NHRA MOTORSPORTS MUSEOM	- 94-3021388 BLDG 3A							8
5		NUCLEAR REAL	VIIBOAITY	501(C)(3)		8/8	M	1 31
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For Paperwork Reduction Act Notice, see the Instructions for Form 690,	Notice, see the Instruction	A P AMA			A REAL PROPERTY AND A REAL			

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	NATIONAL HOT ROD	DD ABBO	OCIATION 95-1686172 active Committed the constitution answered "Yes" on Form 860 Part IV line 34 because it had one or more related	the ormanise	tion answard *	Vae" on Form 5	80 Part N In	34 hereite	95-16	95-1686172	Page 2
Part III organizations treated as a partnership during the tax year.	rship during the	ax year.									
	(q)	9	(q)			£	3	Z	8	9	60
Name, address, and EIN of related organization	Primary activity	domicile domicile (plath or tareign country)	Direct controlling entity		Predominant income Sh (retated, unretated, exchuded from tax under sections 512-514)	Share of total Income	Share of end-of-year assets	Dispreperturent directions? Yes No	20 of Schedule 20 of Schedule K-1 (Form 1066)	Communication managing pentimeri Yond No	Percentage ownership
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Pert IV Identification of Related Organizations Taxable as a Corporation or the organizations treated as a corporation or trust during the tax year.	zetions Texeble ation or trust duri	es a Corpoing the tax y	in or Trust	mplete if the	organization an	swered "Yes"	m Form 880, P	art N, line 34	Complete if the organization answered "Yes" on Form 890, Part IV, line 34 because it had one or more related	ne or mon	o related
(0)			æ	9	₫	9		E	3	E	e
Name, address, and EN of related organization		Pin	Primary activity	Legal dominika (Intel or foreign country)	Direct controlling entity	G Type of entity (C corp. 8 corp. or trust)		Share of total Income	200	Percentage ownership	4 7 D AL
RADCO, INC - 31-0684626											Ves No
2650 NATIONAL TRAIL RD											
HEBRON, OH 43025		<b>REPTALS</b>		M HO	8/N	c coar		100,000.	1,624,411.	1000	×
NHRA, INC - 95-3913667							2			-	n. A
2035 FINANCIAL WAY											
GLENDORA, CA 91741		LEGTALO		CA	8/8	C CORP		•	65.	1000	×
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Schedula R (Form 690) 2013

Page 3 ××× Schedule R (Form 890) 2013 MM M M M M M A00 M M M M M M M . Ħ 2 1 2 1d 2 9 10 ŧ in a \$ (d) Method of determining errount involved Reimbursement peid by related organization(s) for expenses \*\*\*\*\*\*\*\*\*\*\*\*\*\*\* Sale of assets to related organization(s) Dividends from retained organization(s) 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction threshold During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts IHV? 2,803,387. FMV 51,463. PMV Part V Transactions With Related Organizations Complete If the organization answered "Yes" on Form 880, Part IV, Ilne 34, 356, or 36. 1,135,930. FMV 100,000. FMV 545,838.FMV (c) Amount involved (b) Transaction type (a-s) A Α M M a Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Schedule R from 680) 2013 NATIONAL HOT ROD ABBOCLATION Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity (4) RADCO, INC. NATIONAL HOT ROD ASSOCIATION MOTORSPORTS NATIONAL HOT ROD ASSOCIATION MOTORSPORTS Lease of facilities, equipment, or other assets from related organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Lease of facilities, equipment, or other assets to related organization(s) Gift, grant, or capital contribution from related organization(s) s Other transfer of cash or property from related organization(s) Reimbursement paid to related organization(s) for expenses r Other transfer of cash or property to related organization(s) Gift, grant, or capital contribution to related organization(s) Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) (a) Name of related organization Loans or loan guarantees by related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) (3) RADCO, INC. (2) NHRA, INC. (1) MUSEUM (6) MUSEUM 332163 09-12-13 E Ð • c ٩ × 0 σ 9

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## 95-1686172

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	ntity taxed as a partnersh nuctions regarding exclus	p through which t on for certain inve	ugh which the organization conducted to conduct the conduction of the conducted of the cond	cted more	than five percent	of its ectivities (me	ką peursei	total assets or	ven esong	(enne)
(a) Name, address, and EIN of entity	(b) Primary ectivity	(c) I domicile or foreign xuntry)	(d) Predominant income (retained, incetted, excluded from tax		(f) Share of tobal hcome	(g) Share of end-of-year assets	Chicago Chicag	(1) Code V-UBI amount in box 20 of Schedule K-1	() Contraction Contraction	(k) Percentage ownership
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Schedule R (Form 990) 2013	NATIONAL HOT	T ROD ASSOC	LATION	95-1686172	Page 6
chedule R (Form 990) 2013 Part VII Supplemental In	formation				
Provide additional int	ormation for responses to qu	estions on acredule	n (see instructions).		100
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Schedule R (Form 990) 2013

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Form 8868 (Rev. 1-2014)	Seale of				Page 2
If you are filing for an Additional (Not Automatic) 3-Month	Extension, o	emplete only Part II and check thi	box		
Note. Only complete Part II if you have already been granted a	in automatic S	-month extension on a previously fil	ed Form 88	68.	
If you are filing for an Automatio 3-Month Extension, com	plote only Pe	rt I (on page 1).			-
Part II Additional (Not Automatic) 3-Month	Extension				
		Enter filer's			e Instructions
Type or Name of exempt organization or other filer, see ins	structions.		Emptoyer	Genuncador	number (EN) or
print	007			95-168	6172
Fie by the NATIONAL HOT ROD ASSOCIATI		·····	Quelel and	urity number	
Ting your 2035 FINANCIAL WAY		Alter and a	90Cia) 59C	umy numbe	r (oon)
Instructional City, town or post office, state, and ZIP code. For GLENDORA, CA 91741-4602	a foreign add	ress, see instructions.			
Enter the Return code for the return that this application is for	file a separat	e application for each return)			01
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Application	Return	Application			Return
Is For	Code	Is For			Code
Form 990 or Form 990-EZ	01				
Form 990-BL	02	Form 1041-A			08
Form 4720 (individual)	03	Form 4720 (other than individual)			10
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			12
Form 990-T (trust other than above)	06	Form 8870	auch filed	E	and the second se
STOP! Do not complete Part II if you were not already are	nted en autor			Portin Good	
• The books are in the care of  2035 FINANCIA	AT MAY	$- \alpha \mathbf{E} \mathbf{E} \mathbf{E} \mathbf{E} \mathbf{E} \mathbf{E} \mathbf{E} \mathbf{E}$	11		
• The books are in the care of <b>b</b> <u>2035</u> FIRMACIA	LU WAI	Fax No. >			
Telephone No. ► 626-914-4761 • If the organization does not have an office or place of bust					
<ul> <li>If the organization does not have an onice or place or place</li> <li>If this is for a Group Return, enter the organization's four d</li> </ul>	ness in the Or	ametica Number (3EM)	If this is for	the whole a	noup, check this
■ If this is for a Group Herum, enter the organization's rour of box ▶, If it is for part of the group, check this box ▶		ach a list with the names and EINs o	f all membe	in the exten	sion is for.
		BER 15, 2014.			
2013		, and endi	ng		•
<ul> <li>6 For calendar year <u>AUIS</u>, or other tax year beginning</li> <li>6 If the tax year entered in line 5 is for less than 12 month</li> </ul>		* CO TV/05/0	- Final n	atum	
Change in accounting period					
7 State in detail why you need the extension					
EXAMINATION OF THE ACCOUNTS	AND REG	CORDS IS NOT SUFFI	IENTL	Y COMP	LETE TO
FILE AN ACCURATE AND COMPLET	TE RETU	RN AT THIS TIME.			
8a If this application is for Forms 990-BL, 990-PF, 990-T, 4	720, or 6069,	enter the tentative tax, less any			
nonrefundable credits. See instructions.			81	8	0.
b If this application is for Forms 990-PF, 990-T, 4720, or	6069, enter ar	ry refundable credits and estimated			
tax payments made. Include any prior year overpayment	nt ellowed as	a credit and any amount paid			
previously with Form 6868.			48	8	0.
C Balance due. Subtract line 8b from line 8a. Include yo		ith this form, if required, by using			•
EFTPS (Electronic Federal Tax Payment System), See	instructions.		80	8	0.
Linder penalties of periury, I declare that I have examined this form, i	Including accorr	st be completed for Part II panying schedules and statements, and		my knowledg	e and bellef,
It is true, correct, and complete, and that lag authorized to prepare	this form.			▶ 8/7	
Signature > Lun Stala Title	C.P.P			N H/7	

Title C.P.A Date D Form 8868 (Rev. 1-2014)