

Short Form

Form 990-EZ

Return of Organization Exempt From Income Tax

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

For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year

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

2002

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2002 calendar year, or tax year beginning 2002, and ending 20

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: INDIANA NATIONAL ROAD ASSN. P.O. Box 284, Cambridge City, INDIANA 47327. D Employer identification number: 35-1948700. E Telephone number: (317) 478-3172. F Enter 4-digit (GEN):

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

G Accounting method: [X] Cash [ ] Accrual Other (specify)

I Web site: N/A. J Organization type (check only one): [ ] 501(c) (3) (insert no) [ ] 4947(a)(1) or [ ] 527

H Check [ ] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check [ ] if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return

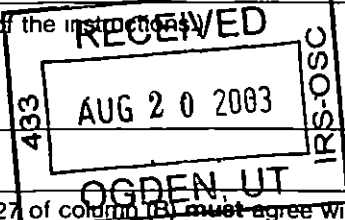
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$100,000 or more, file Form 990 instead of Form 990-EZ

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 36 of the instructions)

Table with 21 rows for Revenue, Expenses, and Net Assets. Revenue includes contributions, program service, membership dues, investment income, and sales. Expenses include grants, salaries, professional fees, occupancy, printing, and other expenses. Net Assets include excess/deficit and beginning/end of year balances.

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

Table with 7 rows for Balance Sheets. Columns: (A) Beginning of year, (B) End of year. Rows: 22 Cash, savings, and investments; 23 Land and buildings; 24 Other assets; 25 Total assets; 26 Total liabilities; 27 Net assets or fund balances.



| Part III Statement of Program Service Accomplishments (See page 39 of the instructions)  |   |     | Expenses<br>(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others) |
|--|---|-----|---|
| What is the organization's primary exempt purpose? <u>STATEMENT 3</u>  |   |     |   |
| Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title. |   |     |   |
| 28   | NATIONAL SCENIC BYNAY GRANT TO DEVELOP AN INTERPRETIVE MASTER PLAN TO GUIDE US IN OUR EFFORTS TO PROMOTE, PRESERVE & INTERPRET THE NATIONAL ROAD IN INDIANA (Grants \$ 28,153 <sup>55</sup> ) | 28a | 6612 <sup>90</sup>  |
| 29   | CONTINUED DEVELOPMENT OF EXEC. DIR. FOR IMPLEMENTATION OF THE ABOVE PLAN AS WELL AS OTHER DUTIES OF THE ASSOCIATION (Grants \$ 25,000)  | 29a | 30,000 <sup>00</sup>  |
| 30   | NATIONAL SCENIC BYNAY GRANT TO DEVELOP MGT. PLAN TO FOLLOW MASTER PLAN TO FULFILL MISSION TO PROMOTE PRESERVE & PROTECT THE NATIONAL ROAD (Grants \$ 75,000)                                  | 30a | 7019 <sup>59</sup>  |
| 31   | Other program services (attach schedule) <u>STATEMENT 4</u> (Grants \$ -)   | 31a | 10,438 <sup>02</sup>  |
| 32   | Total program service expenses (add lines 28a through 31a)  | 32  | 54,070 <sup>59</sup>  |

| Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 40 of the instructions) |  |   |   |  |
|---|--|---|---|--|
| (A) Name and address  | (B) Title and average hours per week devoted to position | (C) Compensation (if not paid, enter -0-) | (D) Contributions to employee benefit plans & deferred compensation | (E) Expense account and other allowances |
| SEE STATEMENT 5   |  | - 0 -                                     | - 0 -   | - 0 -                                    |
|   |  |   |   |  |
|   |  |   |   |  |

| Part V Other Information (Note the attachment requirement in General Instruction V, page 14) |   | Yes | No |
|--|---|-----|----|
| 33   | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity  |     | X  |
| 34   | Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes  |     | X  |
| 35   | If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T |     |    |
| a  | Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?  |     | X  |
| b  | If "Yes," has it filed a tax return on Form 990-T for this year?  |     | -  |
| 36   | Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)   |     | X  |
| 37a  | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a NONE   |     | X  |
| b  | Did the organization file Form 1120-POL for this year?  |     | X  |
| 38a  | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?                   |     | X  |
| b  | If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved   | 38b | -  |
| 39   | 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9  | 39a | -  |
| b  | Gross receipts, included on line 9, for public use of club facilities   | 39b | -  |
| 40a  | 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ N/A, section 4912 ▶ N/A, section 4955 ▶ N/A  |     |    |
| b  | 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation     |     | X  |
| c  | Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶ -   |     |    |
| d  | Enter Amount of tax on line 40c, above, reimbursed by the organization ▶ -  |     |    |
| 41   | List the states with which a copy of this return is filed ▶ STATE OF INDIANA  |     |    |
| 42   | The books are in care of ▶ Thomas F. DUFFY SR. TREASURER Telephone no ▶ (317) 861-6079 Located at ▶ 6238 W. US HWY 52, NEW PALESTINE, IN ZIP + 4 ▶ 46163  |     |    |
| 43   | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43                     |     |    |

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, the information is true and correct. Other than as shown on this return, there are no other transactions or items of income which should be reported on this return. (Other than officer) is based on all information of which preparer has any knowledge

Signature: \_\_\_\_\_ Date: August 3, 2003  
 Title: TREASURER

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

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

**2002**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information—(See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

**INDIANA NATIONAL ROAD ASSOCIATION**

Employer identification number

**35 1948700**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions List each one If there are none, enter "None ")

| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---|--|------------------|---|--|
| - NONE -  | -  | -                | -   | -  |
| - NONE -  | -  | -                | -   | -  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |

Total number of other employees paid over \$50,000 ▶



**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| - NONE -  | -                   | -                |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |

Total number of others receiving over \$50,000 for professional services ▶



**Part III Statements About Activities** (See page 2 of the instructions)

|  | Yes | No       |
|--|-----|----------|
| <b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)<br>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. |     | <b>X</b> |
| <b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)  |     |          |
| <b>a</b> Sale, exchange, or leasing of property?   |     | <b>X</b> |
| <b>b</b> Lending of money or other extension of credit?  |     | <b>X</b> |
| <b>c</b> Furnishing of goods, services, or facilities?   |     | <b>X</b> |
| <b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?   |     | <b>X</b> |
| <b>e</b> Transfer of any part of its income or assets?   |     | <b>X</b> |
| <b>3</b> Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below)  |     | <b>X</b> |
| <b>4</b> Do you have a section 403(b) annuity plan for your employees?   |     | <b>X</b> |

**Note** Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 5 of the instructions)

The organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5**  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6**  A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7**  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8**  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9**  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ \_\_\_\_\_
- 10**  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a**  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b**  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12**  An organization that normally receives **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13**  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in **(1)** lines 5 through 12 above, or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

| (a) Name(s) of supported organization(s) | (b) Line number from above |
|--|----------------------------|
|  |                            |
|  |                            |

- 14**  An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting**

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

| Calendar year (or fiscal year beginning in)  | (a) 2001               | (b) 2000             | (c) 1999 | (d) 1998 | (e) Total |
|--|------------------------|----------------------|----------|----------|-----------|
| <b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28)   | 28,553 <sup>65</sup>   | 73,309 <sup>68</sup> |          |          |           |
| <b>16</b> Membership fees received   | 2510 <sup>52</sup>     | 4277 <sup>52</sup>   |          |          |           |
| <b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose  | 11,912 <sup>52</sup>   | 8218 <sup>50</sup>   |          |          |           |
| <b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 | 195 <sup>39</sup>      | 397 <sup>43</sup>    |          |          |           |
| <b>19</b> Net income from unrelated business activities not included in line 18  | -                      | -                    |          |          |           |
| <b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf   | -                      | -                    |          |          |           |
| <b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.  | -                      | -                    |          |          |           |
| <b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.  | -                      | -                    |          |          |           |
| <b>23</b> Total of lines 15 through 22   | 43,201 <sup>54</sup>   | 86,202 <sup>61</sup> |          |          |           |
| <b>24</b> Line 23 minus line 17  | <19,650 <sup>5</sup> > | 77,484 <sup>4</sup>  |          |          |           |
| <b>25</b> Enter 1% of line 23  | -                      | 862 <sup>95</sup>    |          |          |           |

|  |   |   |            |   |
|--|---|---|------------|---|
| <b>26 Organizations described on lines 10 or 11</b>  | a Enter 2% of amount in column (e), line 24 | ▶ | <b>26a</b> |   |
| b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts | ▶   |   | <b>26b</b> |   |
| c Total support for section 509(a)(1) test. Enter line 24, column (e)  | ▶   |   | <b>26c</b> |   |
| d Add Amounts from column (e) for lines 18 _____ 19 _____  | ▶   |   | <b>26d</b> |   |
| 22 _____ 26b _____   | ▶   |   | <b>26e</b> |   |
| e Public support (line 26c minus line 26d total)   | ▶   |   | <b>26e</b> |   |
| f Public support percentage (line 26e (numerator) divided by line 26c (denominator))   | ▶   |   | <b>26f</b> | % |

|   |   |        |            |        |     |        |     |
|---|---|--------|------------|--------|-----|--------|-----|
| <b>27 Organizations described on line 12:</b>   | a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year. |        |            |        |     |        |     |
| (2001)  | N/A   | (2000) | N/A        | (1999) | N/A | (1998) | N/A |
| b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals). Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year. |   |        |            |        |     |        |     |
| (2001)  | N/A   | (2000) | N/A        | (1999) | N/A | (1998) | N/A |
| c Add Amounts from column (e) for lines 15 _____ 16 _____   | ▶   |        | <b>27c</b> | -      |     |        |     |
| 17 _____ 20 _____ 21 _____  | ▶   |        | <b>27d</b> | -      |     |        |     |
| d Add Line 27a total _____ and line 27b total _____   | ▶   |        | <b>27e</b> | -      |     |        |     |
| e Public support (line 27c total minus line 27d total)  | ▶   |        | <b>27e</b> | -      |     |        |     |
| f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)   | ▶   | 27f    | -          |        |     |        |     |
| g Public support percentage (line 27e (numerator) divided by line 27f (denominator))  | ▶   |        | <b>27g</b> | %      |     |        |     |
| h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))  | ▶   |        | <b>27h</b> | %      |     |        |     |

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See page 7 of the instructions)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

**29** Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?

|    | Yes | No |
|----|-----|----|
| 29 |     |    |

**30** Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

|    |  |  |
|----|--|--|
| 30 |  |  |
|----|--|--|

**31** Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?  
 If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)

|    |  |  |
|----|--|--|
| 31 |  |  |
|----|--|--|

**32** Does the organization maintain the following

- a** Records indicating the racial composition of the student body, faculty, and administrative staff?
- b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
- c** Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
- d** Copies of all material used by the organization or on its behalf to solicit contributions?

|     |  |  |
|-----|--|--|
| 32a |  |  |
| 32b |  |  |
| 32c |  |  |
| 32d |  |  |

If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)

**33** Does the organization discriminate by race in any way with respect to

- a** Students' rights or privileges?
- b** Admissions policies?
- c** Employment of faculty or administrative staff?
- d** Scholarships or other financial assistance?
- e** Educational policies?
- f** Use of facilities?
- g** Athletic programs?
- h** Other extracurricular activities?

|     |  |  |
|-----|--|--|
| 33a |  |  |
| 33b |  |  |
| 33c |  |  |
| 33d |  |  |
| 33e |  |  |
| 33f |  |  |
| 33g |  |  |
| 33h |  |  |

If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)

**34a** Does the organization receive any financial aid or assistance from a governmental agency?

|     |  |  |
|-----|--|--|
| 34a |  |  |
| 34b |  |  |

**b** Has the organization's right to such aid ever been revoked or suspended?  
 If you answered "Yes" to either 34a or b, please explain using an attached statement

|     |  |  |
|-----|--|--|
| 34a |  |  |
| 34b |  |  |

**35** Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation

|    |  |  |
|----|--|--|
| 35 |  |  |
|----|--|--|

**STATEMENT #1**

The Indiana National Road Association produced, for resale, commemorative lapel pins and replica "Historic National Road" signs. The lapel pins were patterned on the U.S. 40 highway sign commonly seen along the National Road from Maryland to Illinois.

The "Historic National Road" signs we are marketing are smaller versions of our scenic byway sign in place all across the state of Indiana.

**STATEMENT #2**

These are expenses attributed to special events conducted during the year, as well as other miscellaneous expenses incurred. Our two events included a second antique auto tour conducted on U.S. 40, as well as another preservation workshop. Total expenses are listed as follows:

**MISCELLANEOUS EXPENSES**

**SPECIAL EVENT EXPENSES:**

|                       |             |
|-----------------------|-------------|
| Preservation Workshop | \$ 600.68   |
| Antique Auto Tour     | 8,983.18    |
| Annual Meeting        | 854.34      |
|                       | <hr/>       |
|                       | \$10,438.20 |

**MISCELLANEOUS ORGANIZATION EXPENSES:**

|                           |             |
|---------------------------|-------------|
| Liability Insurance       | \$ 248.00   |
| Secretary of State fee    | 10.00       |
| Affiliate dues--HLFI      | 498.00      |
| Director & Officer travel | 3,994.85    |
| Souvenir signs--purchase  | 2,725.84    |
|                           | <hr/>       |
|                           | \$ 7,476.69 |

Total: \$17,914.89

**STATEMENT #3--See attached**

## THE INDIANA NATIONAL ROAD ASSOCIATION

P.O. Box 284  
Cambridge City IN 47327  
office. 765-478-3172  
fax: 765-478-3410

### The Indiana National Road Association

- was organized in 1994 as a community-based, not-for-profit organization representing members who live near or own businesses along the National Road (U S 40) in Indiana and others who value the historic corridor as a cultural and economic resource
- has received significant organizational support and leadership from Historic Landmarks Foundation of Indiana and Fred Holycross, Director, Eastern Regional Office, Historic Landmarks Foundation of Indiana.
- is headquartered at the Historic Landmarks Foundation of Indiana Eastern Regional Office in the Huddleston Farmhouse Inn Museum on US 40 in Cambridge City

### Purpose

- Identify, preserve, interpret, promote and improve access by the general public to the length of the National Road in Indiana and associated sites and be concerned with the entire history of the road from its survey to the present.
- Pursue whatever measures are necessary or advisable to prevent the further deterioration, demolition or alteration of the extant remains of the road and the historic resources along its length
- Publicize and seek public exposure of its goals and activities, in order to create popular awareness and concern for the preservation of the National Road in Indiana and the historic resources along it.
- Facilitate scholarly and popular research about the National Road in Indiana and publish a periodical as a forum for scholarly and/or general interest articles and news of activity relevant to the Indiana National Road Association.
- Create and implement various educational and promotional programs and projects along the National Road.
- Work with tourism and economic development programs and agencies in coordinating and developing the economic potential of communities along and near the National Road
- Be exclusively charitable and educational in nature, within the meaning of section 501-C-3 of the Internal Revenue Code.

### Goals

- Promote and enhance cultural and natural resources along the National Road corridor.
- Protect and improve the quality of life for residents along the National Road
- Promote economic development in National Road communities through heritage tourism and related businesses
- Educate the public about the National Road's historic and cultural significance through interpretive activities and programs

#### **STATEMENT #4**

The Indiana National Road Association conducted a preservation workshop, as well as a second antique car tour. Both of these events bring attention to the Historic National Road and garner a great deal of statewide publicity about our organization and its mission. The car tour is our single biggest public event. Also, included in the total are amounts dedicated to our annual meeting and reception program. The \$10,438.20 is included in line 17, along with other miscellaneous expenses detailed in statement #2.

**STATEMENT #5--See attached**

# STATEMENT 5

## Indiana National Road Association Board of Directors - Updated 05.05.03

|  |   |   |  |
|--|---|---|--|
| <b>Tom Boese</b><br><i>Putnam</i>      | 2036 Fairway Drive<br>Greencastle, IN 46135<br>home 765-655-2489<br>cell 658 7133<br>tboese@ccrtc.com   | <b>Kimberly Poinsett</b><br><i>Wayne</i>    | City of Richmond<br>Department of Parks and Recreation<br>50 North Fifth Street<br>Richmond, IN 47374<br>work 765-983-7422<br>fax 765-983-7279<br>kpoinsett@ci.richmond.in.us        |
| <b>Mitch Chalos</b><br><i>Clay</i>     | 1120 W Private Road 670 N<br>Brazil, IN 47834-9370<br>home 812-443-0686<br>work 812 448-2636<br>812 -234-6602   | <b>Walt Prosser</b><br><i>Hendricks</i>     | Rising Hall<br>10474 East US 40<br>Coatesville, IN 46121<br>home 317-539-6472<br>fax 317-539-2160<br>waltpross@cs.com  |
| <b>Paul Diebold</b><br><i>Marion</i>   | IDNR DHPA<br>402 W Washington St, W274<br>Indianapolis, IN 46204<br>office 317-232-1646<br>fax 317-232-0693<br>home 317-353-8874<br>pdiebold@dnr.state.in.us  | <b>Mark Reynold</b><br><i>Marion</i>        | 101 South Heflin Street<br>Cumberland, IN 46229<br>office 317-894-0257<br>fax 317-894-5557<br>mgarden@quest.net  |
| <b>Tom Duffy</b><br><i>Hancock</i>     | 6238 West US Highway 52<br>New Palestine, IN 46163<br>office 317-861-6079   | <b>Rosalie Richardson</b><br><i>Hancock</i> | 242 West Fifth Street<br>Greenfield, IN 46140<br>home 317-462-6245<br>office 317-462-1176  |
| <b>Jerry Hartgrove</b><br><i>Henry</i> | US 40 (406 Washington St)<br>Dunreith, IN 47337<br>home 765-987-8971<br>jerryhartgrove@hotmail.com  | <b>Kevin Runton</b><br><i>Vigo</i>          | ISU Facilities Management<br>951 Sycamore Street<br>Terre Haute, IN 47809<br>office 812-237-8199<br>runton@cube.indstate.edu   |
| <b>James W Hicks</b><br><i>Clay</i>    | 5120 West SR 340<br>Brazil, IN 47834<br>home 812-443-2706   | <b>Joy Sacopulos</b><br><i>Vigo</i>         | 240 Hamilton Drive<br>Terre Haute, IN 47803<br>home 812-234-2718<br>fax 812-238-1945<br>jsacopulos@aol.com   |
| <b>J Higbee</b><br><i>Hendricks</i>    | Director of Planning and Zoning<br>Municipal Building<br>206 West Main Street<br>P O Box 65<br>Plainfield, IN 46168<br>office 317-839-2561<br>fax 317-838-5236<br>home 317-837-8307<br>planning@town.plainfield.in.us | <b>Terry Sweeney</b><br><i>Marion</i>       | Real Estate Development Director<br>Indianapolis Downtown, Inc<br>201 N Illinois St, Ste 1500<br>Indianapolis, IN 46204<br>work 317 237 2222<br>fax 317 237 2209<br>terry@Indydr.com |
| <b>Jay Martin</b><br><i>Wayne</i>      | Centerville Town Manager<br>P O Box 125<br>Centerville, IN 47330<br>work 765-477-4310<br>centerville@firstbankconnect.com   | <b>Donna Tauber</b><br><i>Henry</i>         | Spiceland Township Trustee<br>P O Box 106<br>Spiceland, IN 47385<br>Home 765-987-7565<br>Dtauber@kiva.net  |
| <b>Pat Martin</b><br><i>Vigo</i>       | West Central Indiana Economic<br>Development District<br>P O Box 359<br>Terre Haute, IN 47808<br>office 812-238-1561 ext 36<br>fax 812-238-1564<br>pmartin@abcs.com   | <b>Marianna Weinzapfel</b><br><i>Marion</i> | Indiana Department of Commerce<br>One North Capitol, Suite 700<br>Indianapolis, IN 46204-2288<br>office 317-232-8897<br>fax 317-233-6887<br>mweinzapfel@commerce.state.in.us         |
| <b>Anne Phipps</b><br><i>Putnam</i>    | Deer Valley Farm<br>4344 East US 40<br>Greencastle, IN 46135<br>home 765-526-2297<br>deervallev@ccrtc.com   | <b>Scott Zimmerman</b><br><i>Wayne</i>      | City of Richmond<br>Department of Planning<br>50 North Fifth Street<br>Richmond, IN 47374<br>office 765-983-7343<br>szimmerman@ci.richmond.in.us                                     |

Indiana National Road Association Board of Directors – Updated 05.05.03

2003-2004 *Ex-Officio* Members of the

Indiana National Road Association Board of Directors

**Margaret Banning**  
*Marion*  
Dept of Metropolitan Development  
City County Building  
200 East Washington Street  
Room 2042  
Indianapolis, IN 46204  
office 317-327-5444  
fax (317) 327-5858  
mbanning@indygov.org

**Greg Bedan**  
*Marion*  
IN Department of Commerce  
Tourism & Film Development  
One North Capitol, Suite 700  
Indianapolis, IN 46204  
office 317-232-8881  
fax 317-233-6887  
home 317-849-4709

**Bradley Davis**  
*East District*  
Director, INDOT Greenfield District  
32 S Broadway  
Greenfield, IN 46140  
office 317-462-7751  
bdavis@indot.state.in.us

**Mark Dollase**  
*Central Region*  
Director, HLF-ERO  
1028 North Delaware Street  
Indianapolis, IN 46202  
office 317-639-4534  
fax 317-639-6720  
central@historiclandmarks.org

**Trish Eccles**  
*Vigo*  
609 Gardendale Road  
Terre Haute, IN 47803  
home 812-877-3125  
Trish@Eccles.net

**Elmo Gonzalez**  
*West District*  
Director  
INDOT Crawfordsville District  
P O Box 667  
Crawfordsville, IN 47933  
office 765-361-5200 ext 1765, office  
765-362-3700 ext 202, direct line  
fax 765-364-9226  
egonzalez@indot.state.in.us

**Wayne Goodman**  
*Eastern Region*  
Director, HLF-ERO  
838 National Road, Mt Auburn  
P O Box 284  
Cambridge City, IN 47374  
office 765-478-3172  
fax 765-478-3410  
east@historiclandmarks.org

**Marcia Hoyt**  
*Marion*  
The Historic Lantz House Inn  
214 West Main Street  
Centerville, IN 47330  
home 765-855-2936

**Tommy Kleckner**  
*Western Region*  
Director, HLF-ERO  
643 Wabash Avenue  
Terre Haute, IN 47807  
office 812-232-4534  
fax 812-234-0156  
tkleckner@historiclandmarks.org

**Joyce Newland**  
*State*  
US Department of Transportation  
Federal Highway Administration  
Indiana Division Office  
575 N Pennsylvania St  
Room 254  
Indianapolis, IN 46204  
office 317-226-5353  
fax 317-226-7341  
joyce.newland@fhwa.dot.gov

**Michael O'Loughlin**  
*Marion*  
INDOT Bypass Program Manager  
100 N Senate Ave, Room N901  
Indianapolis IN 46204  
office 317-232-5653  
fax 317-232-1499  
moloughlin@indot.state.in.us

**Marty Peters**  
*Marion*  
Director of Cultural Tourism  
Arts Council of Indianapolis  
47 S Pennsylvania St, Ste 303  
Indianapolis, IN 46204  
317-631-3301 x 211  
mpeters@indyarts.org

**Mary Walker**  
*Wayne*  
Wayne Co Convention & Visitors Bureau  
5701 National Road East  
Richmond, IN 47374  
office 765-935-8687  
mwalker@visitrichmond.org

**Jeanette Wilson**  
*State*  
Indiana Department of Transportation  
100 N Senate Ave, Room N901  
Indianapolis, IN 46204-2217  
work 317 232 5496  
fax 317 232 1499  
jwilson@indot.state.in.us

Indiana National Road Association Board of Directors – Updated 05.05.03

Others who offer us their assistance and expertise

**Roger Casey**  
*Car Tour Committee*  
18104 W US Hwy 40  
Cambridge City, IN 47327  
home 765-478-3756

**Glory-June Greiff**  
*Oral History Committee*  
1753 South Talbot  
Indianapolis, IN 46225  
home 317 637-6163  
glorv@indy.net

**Mary Anna Hunt**  
*Grants/Gifts Committee*  
Historic Landmarks Foundation of Indiana  
Department of Development  
340 West Michigan Street  
Indianapolis, IN 46202  
office 317-639-6734  
fax 317-639-6734  
hunt@historiclandmarks.org

**Brady Kress**  
*Marketing Committee*  
Historic Landmarks Foundation of Indiana  
Director of HLFH House Museums  
HFHM – 765-478-3172  
M-B – 317-636-5409

**Karla Lawless**  
*Marketing Committee*  
Putnam Co Convention & Visitors Bureau  
12 W Washington St  
Greencastle, IN 46135  
Office 765-653-8743  
cbc@ccrtc.com

**Janet Musgrove**  
*Car Tour Committee*  
WRTV  
1330 N Meridian St  
Indianapolis, IN 46202  
work 317-269-1417  
fax 317-269-1400  
janet\_musgrove@6news.com

**Jeremy Risen**  
*Preservation Committee*  
Historic Landmarks Foundation of Indiana  
Program Assistant, HLFH-WRO  
643 Wabash Avenue  
Terre Haute, IN 47807  
office 812-232-4534  
fax 812-234-0156  
west@historiclandmarks.org

**Nancy Sartain**  
*Marketing Committee*  
Wayne Co Convention & Visitors Bureau  
5701 National Road East  
Richmond, IN 47374  
office 765-935-8687  
nsartain@visitrichmond.org

**Jim Williams**  
*Grants/Gifts Committee*  
Historic Landmarks Foundation of Indiana  
Department of Development  
340 West Michigan Street  
Indianapolis, IN 46202  
office 317-639-6734  
fax 317-639-6734  
jwilliams@historiclandmarks.org

**Jack Warble**  
*Car Tour Committee*  
5658 N 50 E  
Shelbyville, IN 46176  
work 317-398-6931

Executive Director of the

Indiana National Road Association

**Joseph Jarzen**  
Historic Landmarks Foundation of Indiana  
Huddleston Farmhouse Inn  
P O Box 284  
Cambridge City, IN 47374  
office 765-478-3172  
fax 765-478-3410  
inra@historiclandmarks.org

Web sites of interest

[www.state.in.us/dnr/historic/inra/index.htm](http://www.state.in.us/dnr/historic/inra/index.htm) is the Official Indiana National Road Association website

[www.indiananationalroad.org](http://www.indiananationalroad.org) will be the new website address for the Indiana National Road Association's website

[www.visitrichmond.org/](http://www.visitrichmond.org/) is the Wayne County CVB web site leading to educational and interesting information about the National Road in Indiana

[www.nationalroad.org](http://www.nationalroad.org) is the web site of the National Road of Illinois

[www.nationalroadalliance.org](http://www.nationalroadalliance.org) is the National Road Alliance website

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545 1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II (on page 2 of this form)

**Note** Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Part I Automatic 3-Month Extension of Time**—Only submit original (no copies needed)

**Note** Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns Partnerships REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065 1066 or 1041

|   |  |   |
|---|--|---|
| Type or print<br>File by the due date for filing your return See instructions | Name of Exempt Organization<br><b>INDIANA NATIONAL ROAD ASSN</b>   | Employer identification number<br><b>35 1948700</b> |
|   | Number street and room or suite no. If a P.O. box see instructions<br><b>P.O. Box 284</b>                                  |   |
|   | City town or post office state, and ZIP code For a foreign address see instructions<br><b>CAMDIDGE CITY, INDIANA 47327</b> |   |

Check type of return to be filed (file a

- Form 990
- Form 990-BL
- Form 990-EZ
- Form 990-PF

- If the organization does not have an o
- If this is for a **Group Return**, enter the for the whole group check this box ▶ names and EINs of all members the exte

- I request an automatic 3-month ( to file the exempt organization return  
 ▶  calendar year 20 or  
 ▶  tax year beginning ...
- If this tax year is for less than 12 m
- 3a If this application is for Form 990- nonrefundable credits See instructio
- b if this application is for Form 990-PF made Include any prior year overpa
- c **Balance Due** Subtract line 3b from with FTD coupon or if required instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3 Also complete item 4 if Restricted Delivery is desired
- Print your name and address on the reverse so that we can return the card to you
- Attach this card to the back of the mailpiece, or on the front if space permits

1 Article Addressed to

**INTERNAL REVENUE  
 SERVICE CENTER  
 OGDEN, UTAH  
 84201-0027**

2 Article Number  
 (Transfer from servic

**7002 2030 0004 4970 5803 303**

PS Form 3811, August 2001

Domestic Return Receipt

102595-02 M 103

**COMPLETE THIS SECTION ON DELIVERY**

A Signature

**X**

- Agent
- Addressee

B Received by (Printed Name)

**MAY 15 2003  
 COOPERATIVE**

C Date of Delivery

D Is delivery address different from item 1? YES enter delivery address below

- Yes
- No

3 Service Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C O D

4 Restricted Delivery? (Extra Fee)

- Yes

**Signature and Verification**

Under penalties of perjury I declare that I have examined this form including accompanying schedules and statements and to the best of my knowledge and belief it is true correct and complete and that I am authorized to prepare this form

Signature ▶ **Thomas E. D. [Signature]**

Title ▶ **Treasurer**

Date ▶ **MAY 9, 2003**