

Short Form

OMB No 1545-1150

Return of Organization Exempt From Income Tax

2005

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

Open to Public Inspection

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.

Form 990-EZ

Department of the Treasury Internal Revenue Service

A For the 2005 calendar year, or tax year beginning , 2005, and ending , 20

B Check if applicable

- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

Please use IRS label or print or type. See Specific Instructions.

INCEFIT TRUST 29 IB 200512 03 16 3 0000
INDIANA NATIONAL ROAD ASSOCIATION
PO BOX 284
CAMBRIDGE CTY IN 47327-0284

Employer identification number

35: 1948700

Telephone number

(317) 478-3172

Group Exemption Number

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: Cash Accrual
Other (specify)

I Website:

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

J Organization type (check only one) 501(c) (3) (insert no.) 4947(a)(1) or 527

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 chooses to file a return, be sure to file a complete return. Some states require a complete return.

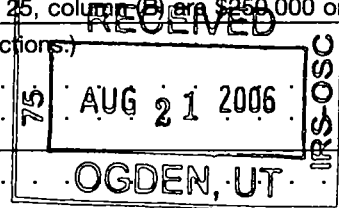
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 38 of the instructions.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
Revenue	1	Contributions, gifts, grants, and similar amounts received	92742	24																										
	2	Program service revenue including government fees and contracts	6806	88																										
	3	Membership dues and assessments	2494	00																										
	4	Investment income <u>INTEREST</u>	115	35																										
	5a	Gross amount from sale of assets other than inventory					N/A																							
	5b	Less: cost or other basis and sales expenses					N/A																							
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule).																												
	6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>																												
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)					N/A																							
	6b	Less: direct expenses other than fundraising expenses					N/A																							
6c	Net income or (loss) from special events and activities (line 6a less line 6b)																													
7a	Gross sales of inventory, less returns and allowances					N/A																								
7b	Less: cost of goods sold					N/A																								
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)																													
8	Other revenue (describe <u>RETAIL SALES & MISC. INCOME STMT #1</u>)	909	50																											
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	103067	81																											
Expenses	10	Grants and similar amounts paid (attach schedule)	-0-																											
	11	Benefits paid to or for members	-0-																											
	12	Salaries, other compensation, and employee benefits	-0-																											
	13	Professional fees and other payments to independent contractors	84708	33																										
	14	Occupancy, rent, utilities, and maintenance	-0-																											
	15	Printing, publications, postage, and shipping	2242	61																										
	16	Other expenses (describe <u>MISC. EXPENSES - STMT #2 - SPECIAL EVTS</u>)	13833	55																										
	17	Total expenses (add lines 10 through 16)	100784	48																										
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)	2283	39																										
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	22688	38																										
	20	Other changes in net assets or fund balances (attach explanation)	-																											
	21	Net assets or fund balances at end of year (combine lines 18 through 20)	24971	77																										

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.

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	22688	38
23	Land and buildings	-	
24	Other assets (describe)	-	
25	Total assets	22688	38
26	Total liabilities (describe)	-	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	22688	38



Part III Statement of Program Service Accomplishments (See page 42 of the instructions.)	Expenses (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>SEE STATE # 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 <u>Quality Placement Initiative - State Dept. of Tourism & Federal Byway Program. Develop kiosks, roadside placques & turnoffs to develop The National Road as A Scenic Byway</u> (Grants \$ <u>77,250</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a <u>64,758³²</u>
29 <u>CONTINUED "SEE" GRANT TO Develop The position of The Exec Director to oversee & manage The organizational structure and supervise implementation of The mngng. Plan</u> (Grants \$ <u>15,107.70</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	29a <u>19,950³²</u>
30 <u>TRAVEL GRANT - MINOR - FOR USE BY OFFICERS & DIRECTORS FOR SCENIC BYWAY WORK.</u> (Grants \$ <u>384³⁴</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	30a <u>384³⁴</u>
31 Other program services (attach schedule) <u>SEE #4</u> (Grants \$ <u>---</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	31a <u>5158³⁴</u>
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32 <u>90,251³²</u>

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 42 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
<u>SEE STATE # 5</u>				

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	33	<input checked="" type="checkbox"/>
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	34	<input checked="" type="checkbox"/>
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?	35a	<input checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	<input checked="" type="checkbox"/>
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)	36	<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. <input type="checkbox"/> <u>37a NONE</u>		
b Did the organization file Form 1120-POL for this year?	37b	<input checked="" type="checkbox"/>
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?	38a	<input checked="" type="checkbox"/>
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b	<input type="checkbox"/>
39 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	<input type="checkbox"/>
b Gross receipts, included on line 9, for public use of club facilities	39b	<input type="checkbox"/>
40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> <u>N/A</u> ; section 4912 <input type="checkbox"/> <u>N/A</u> ; section 4955 <input type="checkbox"/> <u>N/A</u>		
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.	40b	<input checked="" type="checkbox"/>
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/>		
d Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/>		

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.) (Continued)

41 List the states with which a copy of this return is filed. ▶ STATE OF INDIANA

42a The books are in care of ▶ THOMAS F. DUFFY JR. Telephone no. ▶ (812) 247-2919
 Located at ▶ 3259 River Rd. Spools, Indiana ZIP + 4 ▶ 47501

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

	Yes	No
42b		<input checked="" type="checkbox"/>
42c		<input checked="" type="checkbox"/>

If "Yes," enter the name of the foreign country: ▶ _____

See the instructions for exceptions and filing requirements for Form TD F 90-22.1.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If "Yes," enter the name of the foreign country: ▶ _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here.
 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, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here

▶ Thomas F. Duffy Jr. | August 14, 2006
 Signature of officer | Date

▶ THOMAS F. DUFFY JR., TREASURER
 Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ▶ _____ Date _____ Check if self-employed ▶ Preparer's SSN or PTIN (See Gen Inst W)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ _____ EIN ▶ _____ Phone no. ▶ () _____

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

OMB No. 1545-0047

2005

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

Employer identification number

INDIANA NATIONAL ROAD ASSOCIATION

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 -	-	-	-	-

Total number of other employees paid over \$50,000 . ▶ NONE

Part II-A 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 . ▶ NONE

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

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

Total number of other contractors receiving over \$50,000 for other services . ▶ NONE

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

- 1** 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.)
- 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.
- 2** 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.)
- a** Sale, exchange, or leasing of property?
 - b** Lending of money or other extension of credit?
 - c** Furnishing of goods, services, or facilities?
 - d** Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?
 - e** Transfer of any part of its income or assets?
- 3a** Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)
- b** Do you have a section 403(b) annuity plan for your employees?
- c** During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?
- 4a** Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?
- b** Do you provide credit counseling, debt management, credit repair, or debt negotiation services?

	Yes	No
1		<input checked="" type="checkbox"/>
2a		<input checked="" type="checkbox"/>
2b		<input checked="" type="checkbox"/>
2c		<input checked="" type="checkbox"/>
2d		<input checked="" type="checkbox"/>
2e		<input checked="" type="checkbox"/>
3a		<input checked="" type="checkbox"/>
3b		<input checked="" type="checkbox"/>
3c		<input checked="" type="checkbox"/>
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 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)** sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: Type 1 Type 2 Type 3

Provide the following information about the supported organizations. (See page 6 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 6 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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	92,742 ²⁴	85,608 ¹⁶	43,474 ²⁴	28,553 ⁶	250,378 ²⁴
16 Membership fees received	2494 ²⁰	3691 ²³	3570 ²³	2510 ²⁰	12,265 ²³
17 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	7716 ³⁰	9633 ¹⁵	8113 ²⁰	11942 ²⁰	37,410 ²³
18 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	115 ²⁵	96 ²³	106 ²¹	195 ²⁹	513 ⁹²
19 Net income from unrelated business activities not included in line 18	-	-	-	-	-
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	-	-	-	-	-
21 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	-	-	-	-	-
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	-	-	-	-	-
23 Total of lines 15 through 22	103,067 ²⁴	99,053 ²³	55,263 ²⁵	43,201 ²⁴	300,568 ²³
24 Line 23 minus line 17	95,351 ²⁴	89,396 ²³	47,150 ²³	31,259 ²⁴	263,158 ²³
25 Enter 1% of line 23	1030 ²⁴	990 ²³	552 ²⁴	432 ²³	-

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	-
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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26b	-
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	-
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____	26d	-
e Public support (line 26c minus line 26d total)	26e	-
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	- %

27 Organizations described on line 12: 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:

(2004) N/A (2003) N/A (2002) N/A (2001) 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 11b, 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:

(2004) N/A (2003) N/A (2002) N/A (2001) N/A

c Add: Amounts from column (e) for lines: 15 250,378 ²⁴ 16 12,265 ²³ 17 37,410 ²³ 20 - 21 -	27c	300,054 ²³
d Add: Line 27a total, - and line 27b total, -	27d	-
e Public support (line 27c total minus line 27d total)	27e	300,054 ²³
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	27f	300,568 ²³
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	99.8 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	.002 %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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)

		Yes	No
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?		
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?		
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.)		
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?		
	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?		
	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?		
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.		
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		

Statement #1: Miscellaneous Income

The Indiana National Road Association produced for retail sales various items to promote and publicize the Historic National Road, commonly known as US HWY 40.

These items include lapel pins, commemorative wall clocks, hats and shirts, placards, replica "US 40" signs, and various other memorabilia items.
The total for the year was \$251.00.

In addition, we had the following miscellaneous income items:

Ohio Byway Conference Receipts:	\$288.00
Ohio Byway Lunch Receipts:	\$ 63.50
Annual Meeting Receipts:	\$ 77.00
Historic Landmarks mtg Receipts:	\$100.00
Deceased Memorial:	\$100.00
Hartgrove Honorarium:	<u>\$ 30.00</u>
Total	\$658.50

Statement #2: Miscellaneous Expenses

Special Program Event Expenses

Antique Auto Tour	\$3452.74
Web site development	\$ 345.00
Commemorative signs	<u>\$1599.29</u>
Total	\$5397.03

Miscellaneous Organizational Expenses

Director and officer travel	\$5840.43
Affiliate Dues-Historic Ldmks	\$1081.00
Liability Insurance	\$ 276.00
Annual mtg. Expenses	\$ 416.00
Bank Charges	\$ 31.00
Natl. Road Alliance Dues	\$ 250.00
Gov. Reports	\$ 6.12
Scenic Byway Luncheon	\$ 375.00
Awards Presented	\$ 60.97
Holiday Party Expense	<u>\$ 100.00</u>
Total	\$8436.52

THE INDIANA NATIONAL ROAD ASSOCIATION

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

~~STATEMENT #1~~
STATEMENT #3

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: Program Services

The Indiana National Road Association continues its development of US HWY 40 as a scenic byway.

INRA also held its 5th Antique Auto Tour to promote the National Road. We continue our dues paying affiliation with Historic Landmarks Foundation to promote causes that are of mutual interest.

We also have held joint meetings with the Ohio Scenic Byway group to share methods and experiences to aid in our efforts.

We are an active member of the National Road Alliance whose purpose is the unified development of The Historic National Road through all six states: Maryland, West Virginia, Pennsylvania, Ohio, Indiana, and Illinois.

All expenses are reflected in statement #2.

Indiana National Road Association Board of Directors – Updated 07.29.05

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Web sites of interest:

www.indiananationalroad.org is the Official Indiana National Road Association website.www.visitrichmond.org/ is the Wayne County CVB web site leading to educational and interesting information about the National Road in Indiana.www.nationalroadpa.org/ is Pennsylvania's websitewww.nationalroad.org is Illinois's websitewww.historicnationalroad.org will be the National Road Alliance website.Janet Musgrove
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Indiana National Road Association Board of Directors – Updated 07.29.05

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STATEMENT #5

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X PAT - VIGO

7002 2410 0004 8695

provided) ps.com

Extension of Time To File an Organization Return

OMB No. 1545-1709

separate application for each return.

on, complete only Part I and check this box **3-Month Extension, complete only Part II** (on page 2 of this form), granted an automatic 3-month extension on a previously filed Form 8868.

time—Only submit original (no copies needed) 6-month extension—check this box and complete Part I only must use Form 7004 to request an extension of time to file income tax returns. Form 966 to request an extension of time to file Form 1065, 1066, or 1041.

electronically if you want a 3-month automatic extension of time to file one of the 90-T filers). However, you cannot file it electronically if you want the additional 3-month extension. You must submit the fully completed signed page 2 (Part II) of Form 8868. For more information, see www.irs.gov/efile.

Road Assn. Employer identification number 35 1948700

OFFICIAL MAIL

Postage \$39
 Certified Fee 240
 Return Receipt Fee (Endorsement Required) 185
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$464

Stamp: DUBOIS IN 17027 MAY 11 2006 Postmark Here USPS

Sent To: INTERNAL REVENUE SERVICE
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4: OGDEN, UTAH 84201-0027

PS Form 3800, June 2002 See Reverse for Instructions

File by the due date for filing your return See instructions. Number, street, and room or suite no. If a P.O. box, see instructions. P.O. Box 284 City, town or post office, state, and ZIP code. For a foreign address, see instructions. Cambridge City, Indiana 47327

- Check type of return to be filed (file a separate application for each return):
- Form 990
 - Form 990-BL
 - Form 990-EZ
 - Form 990-PF
 - Form 990-T (corporation)
 - Form 990-T (sec. 401(a) or 408(a) trust)
 - Form 990-T (trust other than above)
 - Form 1041-A
 - Form 4720
 - Form 5227
 - Form 6069
 - Form 8870

- The books are in the care of Thomas F. DUFFY Jr, 3259 River Rd Sneals, Ind 47581
 - Telephone No. (812) 247-2919 FAX No. (N/A)
 - If the organization does not have an office or place of business in the United States, check this box
 - If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the **whole** group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.
1. I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until 8/15/06, 2006, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- calendar year 2005 or
 - tax year beginning _____, 2005, and ending _____, 2005

year is for less than 12 months, check reason: Initial return Final return Change in accounting period

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
 OGDEN, UTAH
 84201-0027

2. Article Number (Transfer from service label)
 7002 2410 0004 8695 6321

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature X

B. Received by (Printed Name) OGDEN

C. Date of Delivery MAY 15 2006

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: OGDEN, UT

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

7002 2410 0004 8695 6321

102595-02-M-1540

Estimated tax, less any _____ \$ _____

Estimated tax payments _____ \$ _____

If required, deposit _____ \$ _____

Form 8453-EO and Form 8879-EO

Form 8868 (Rev. 12-2004)

