

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2008 calendar year, or tax year beginning , 2008, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization <u>20061203163000 29IB</u> <u>INDIANA NATIONAL ROAD ASSOCIATION</u>	D Employer identification number <u>35 1948700</u>
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <u>P.O. Box 284</u>	E Telephone number <u>(317) 478-3172</u>
		City or town, state or country, and ZIP + 4 <u>CAMBRIDGE CITY, INDIANA 47321</u>	F 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: ▶ WWW.INDIANANATIONALROAD.ORG

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$

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

		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	31,824 ⁶²																										
	2	Program service revenue including government fees and contracts	-																										
	3	Membership dues and assessments	2455 ⁸⁰																										
	4	Investment income	599 ²⁸																										
	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 (Subtract line 5b from line 5a) (attach schedule)							-																				
	6	Special events and activities (complete applicable parts of Schedule G) 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 (Subtract line 6b from line 6a)							-																					
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 (Subtract line 7b from line 7a)							-																					
8	Other revenue (describe <u>OGDEN UTILITY SALES & MISC. INCOME STATE #1</u>)														5562 ⁶³														
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.														60,441 ⁵³														
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														51,158 ⁵⁰													
	14	Occupancy, rent, utilities, and maintenance													-0-														
	15	Printing, publications, postage, and shipping													552 ²¹														
	16	Other expenses (describe <u>MISC EXPENSE - STATE #2</u>)													11,411 ⁹¹														
17	Total expenses. Add lines 10 through 16													63,122 ⁹¹															
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)													← 2,681 ⁴⁴ →														
	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)													52,401 ²⁰														
	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													49,720 ²⁶														

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	52,401 ²⁰	49,720 ²⁶
23	Land and buildings	-	-
24	Other assets (describe ▶ _____)	-	-
25	Total assets	52,401 ²⁰	49,720 ²⁶
26	Total liabilities (describe ▶ _____)	-	-
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	52,401 ²⁰	49,720 ²⁶

SCANNED SEP 16 2007

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)		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 SCENIC BYWAY PROGRAM'S CONTINUED DEVELOPMENT OF KIOSKS, ROADSIDE PLACQUES & TURN OFFS ON HISTORIC NAT. ROAD - BYWAY IMPLEMENTATION</u> (Grants \$ <u>37,158⁵⁰</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a <u>37,158⁵⁰</u>
29	<u>CONTINUED "SEED GRANT" TO DEVELOP EXEC. DIR. POSITION TO OVERSEE MANAGE & DEVELOPE THE ORGANIZATIONAL STRUCTURE WHILE SUPERVISING IMPLEMENTATION OF THE BYWAY'S STRATEGIC PLAN</u> (Grants \$ <u>10,000</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	29a <u>10,000⁰⁰</u>
30	<u>TRAVEL & MTRG EXPENSE GRANT - \$5000 MAXIMUM SEED GRANT FOR OFFICERS & DIRECTORS TRAVEL TO EDUCATIONAL CONFERENCES RELATED TO SCENIC BYWAY WORK</u> (Grants \$ <u>5000 MAX/QR.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	30a <u>1166¹²</u>
31	Other program services (attach schedule) <u>FEASIBILITY STUDY - GREENFIELD IND. - LOCAL</u> (Grants \$ <u>3500⁰⁰</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	31a <u>3500⁰⁰</u> 51,000⁰⁰
32	Total program service expenses (add lines 28a through 31a)	32 <u>51,824⁶²</u>

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV.)				
(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>VARIABLES</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
<u>SEE STATE #4</u>				
<u>ALL DIRECTORS & OFFICERS</u>				
<u>ARE VOLUNTEERS.</u>				
<u>NONE ARE COMPENSATED</u>				
<u>NONE HAVE EXPENSE</u>				
<u>ACCOUNTS</u>				
<u>NONE RECEIVE ANY</u>				
<u>CONTRIBUTIONS TO BENEFIT</u>				
<u>PLANS & DEFERRED COMP.</u>				
<u>ANY EXPENSES ARE</u>				
<u>VERIFIED & REIMBURSED</u>				
<u>ON A CASE-BY-CASE</u>				
<u>BASIS.</u>				

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		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, 6a, and 7a (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 section 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?		X
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
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," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 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	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b	Section 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," complete Schedule L, Part I	40b	X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d	Enter amount of tax on line 40c reimbursed by the organization ▶		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e	X
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. SHOALS, IND. 47581 ZIP + 4 ▶		
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)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
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: ▶	42c	X
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		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Yes No
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 46 47 48 49a 49b
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X X X X X X
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- 49b If "Yes," was the related organization(s) a section 527 organization?
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(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
	N/A	N/A	N/A	N/A
<u>No Employees</u> N/A				
Total number of other employees paid over \$100,000 ▶				

- 51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
	N/A	N/A
<u>NONE</u>		
Total number of other independent contractors each receiving over \$100,000 ▶		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: Thomas F. Duffy Jr., TREASURER Date: 8/8/09
 Type or print name and title: THOMAS F. DUFFY JR., TREASURER 8/8/09

Paid Preparer's Use Only
 Preparer's signature: N/A Date: _____
 Firm's name (or yours if self-employed), address, and ZIP + 4: _____
 Check if self-employed Preparer's Identifying Number (See instructions): _____
 EIN: _____ Phone no: () _____

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 <u>Gifts, grants, contributions, and membership fees</u> received. (Do not include any "unusual grants.")	89,300 ¹⁵	95,236 ²⁴	48,437 ²³	88,434 ²⁴	85,279 ⁶²	406,687 ³³
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	—	—	—	—	—	—
3 The value of services or facilities furnished by a governmental unit to the organization without charge	—	—	—	—	—	—
4 Total. Add lines 1-3	89,300 ¹⁵	95,236 ²⁴	48,437 ²³	88,434 ²⁴	85,279 ⁶²	406,687 ³³
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						406,687 ³³

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	89,300 ¹⁵	95,236 ²⁴	48,437 ²³	88,434 ²⁴	85,279 ⁶²	406,687 ³³
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	96 ²⁷	115 ²⁵	115 ²⁰	637 ⁹⁹	599 ²⁹	1564 ⁴⁹
9 Net income from unrelated business activities, whether or not the business is regularly carried on	—	—	—	—	—	—
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	—	—	—	—	—	—
11 Total support. Add lines 7 through 10						408,251 ⁸²
12 Gross receipts from related activities, etc. (see instructions) <u>(5 yrs) / 3362²² (2008)</u>					12 34,799 ⁶²	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	99.5	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	99.8	%
16a 33 1/3% support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>			
b 33 1/3% support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>			
17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
b 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3 % support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3 % support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

ON PREVIOUS RETURNS (2007 & PRIOR) LINE 17 OF PART IV-A WAS USED TO REFLECT INCOME RELATED TO THE ORGANIZATION'S ACTIVITIES. THERE WAS NO SPACE TO PROVIDE THAT TOTAL TO BE USED IN THE PUBLIC SUPPORT CALCULATIONS. THE NUMBERS (RESPECTIVELY) ARE:

	2004	2005	2006	2007	2008
	9638 ¹⁵	7716 ³⁸	8047 ⁷⁹	3835 ⁰⁰	5562 ⁶³

THE TOTAL FOR ALL FIVE YEARS IS \$34,799⁹⁵.

THESE ITEMS ARE SHOWN ON SMT 1 & ITEMIZED AS THEY WERE ON ALL PREVIOUS RETURNS; TOTAL FOR 2008 IS \$5562⁶³.

THE INDIANA NATL. BOARD ASSN. LIVES ON GRANTS, MEMBERSHIP INCOME, RETAIL SALES, & RELATED PROMOTIONS. WE HAVE NO SUBSTANTIAL OUTSIDE SOURCE OF INCOME OF ANY KIND. WE DO HAVE \$30,000 IN CD'S earmarked for future projects & expenses.

Statement #1: Miscellaneous Income—Line 8

The Indiana Natl. Road Assn. produces, for resale, various items used to promote and publicize the Historic National Road, commonly known as US Hwy 40. These items include lapel pins, hats and t-shirts, placards, decals, road signs, and wall clocks. These are sold at various events, festivals, and meetings along the highway. The organization also commissions various books and articles about the history of the road. It is also in the process of jointly developing an interpretive center with Historic Landmarks Foundation on Hwy 40, in Cambridge City. It receives public contributions for this purpose. Additionally, the organization promotes an annual antique auto tour that visits areas along or adjacent to Hwy 40. These misc. income items are listed below:

Retail sales	\$ 704.50
Annual mtg. Donation	\$ 400.00
Merchants Coalition	\$ 200.00
Auto Tour Deposits	\$ 3908.13
Auto Tour Contributions	<u>\$ 350.00</u>
Total	\$5562.63

Statement #2: Miscellaneous Expenses—Line 16

Below are listed all miscellaneous expenses. They are self-explanatory.

Auto Tour Expense	\$2073.41
Travel	\$4807.41
Affiliate Dues--HLFI	\$ 601.00
Natl. Road Alliance	\$ 350.00
Web Site Expense	\$ 810.00
Liability Insurance	\$ 220.00
Hist. Ldmks Mtg Exp	\$ 449.80
Auto tour refund	\$ 115.00
Purchaes for resale	\$1688.97
Bldg. Insp.—Brazil Bank	\$ 200.00
Legal Notice	\$ 46.37
Terre Haute Lndmks Cont.	\$ 50.00
Total	\$11411.96

THE INDIANA NATIONAL ROAD ASSOCIATION
P.O. Box 284
Cambridge City IN 47327
office: 765-478-3172
fax: 765-478-3410

STATEMENT # 4
~~STATEMENT # 4~~
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.

2006-2007 *Ex-Officio* Members of the
Indiana National Road Association Board of Directors

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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 website

www.nationalroad.org is Illinois's website

www.historicnationalroad.org will be the National Road Alliance website.

