

Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

**2009**

**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 \$500,000 and total assets less than \$1,250,000 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 2009 calendar year, or tax year beginning JANUARY 1, 2009, 2009, and ending DECEMBER 31, 2009

- B** Check if applicable:
- Address change
  - Name change
  - Initial return
  - Terminated
  - Amended return
  - Application pending

**C** Name of organization  
INDIANA NATIONAL ROAD ASSN.

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
P.O. Box 284

City or town, state or country, and ZIP + 4  
CAMBRIDGE CITY, INDIANA 47327-0284

**D** Employer identification number  
35-1948700

**E** Telephone number  
1-317-478-3172

**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: ▶

**J** Tax-exempt status (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 is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 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 \$500,000 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.)

<b>1</b>	Contributions, gifts, grants, and similar amounts received	<b>1</b>	<u>26,900<sup>39</sup></u>
<b>2</b>	Program service revenue including government fees and contracts	<b>2</b>	<u>-</u>
<b>3</b>	Membership dues and assessments	<b>3</b>	<u>3065<sup>00</sup></u>
<b>4</b>	Investment income	<b>4</b>	<u>821<sup>32</sup></u>
<b>5a</b>	Gross amount from sale of assets other than inventory	<b>5a</b>	<u>N/A</u>
<b>b</b>	Less: cost or other basis and sales expenses	<b>5b</b>	<u>N/A</u>
<b>5c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	<u>-</u>
<b>6</b>	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
<b>a</b>	Gross revenue (not including \$ of contributions reported on line 1)	<b>6a</b>	<u>N/A</u>
<b>b</b>	Less: direct expenses other than fundraising expenses	<b>6b</b>	<u>N/A</u>
<b>6c</b>	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	<b>6c</b>	<u>-</u>
<b>7a</b>	Gross sales of inventory, less returns and allowances	<b>7a</b>	<u>N/A</u>
<b>b</b>	Less: cost of goods sold	<b>7b</b>	<u>N/A</u>
<b>7c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	<u>-</u>
<b>8</b>	Other revenue (describe ▶ <u>Retail Merchandise Sales - Stmt # 2 (PT. IV-A)</u> )	<b>8</b>	<u>375<sup>00</sup></u>
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<b>9</b>	<u>31,161<sup>31</sup></u>
<b>10</b>	Grants and similar amounts paid (attach schedule)	<b>10</b>	<u>-0-</u>
<b>11</b>	Benefits paid to or for members	<b>11</b>	<u>-0-</u>
<b>12</b>	Salaries, other compensation, and employee benefits	<b>12</b>	<u>-0-</u>
<b>13</b>	Professional fees and other payments to independent contractors	<b>13</b>	<u>10,000<sup>00</sup></u>
<b>14</b>	Occupancy, rent, utilities, and maintenance	<b>14</b>	<u>132<sup>55</sup></u>
<b>15</b>	Printing, publications, postage, and shipping	<b>15</b>	<u>222<sup>13</sup></u>
<b>16</b>	Other expenses (describe ▶ <u>MISC. EXPENSES - Stmt # 2 (PT. IV-A)</u> )	<b>16</b>	<u>11,625<sup>22</sup></u>
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	<u>21,979<sup>90</sup></u>
<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	<u>9181.81</u>
<b>19</b>	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)	<b>19</b>	<u>49,720<sup>26</sup></u>
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>	<u>-</u>
<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	<u>58,902<sup>07</sup></u>

## Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	<u>49,720<sup>26</sup></u>	<u>58,902<sup>07</sup></u>
<b>23</b> Land and buildings	<u>-</u>	<u>-</u>
<b>24</b> Other assets (describe ▶)	<u>-</u>	<u>-</u>
<b>25</b> <b>Total assets</b>	<u>49,720<sup>26</sup></u>	<u>58,902<sup>07</sup></u>
<b>26</b> <b>Total liabilities</b> (describe ▶)	<u>-</u>	<u>-</u>
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	<u>49,720<sup>26</sup></u>	<u>58,902<sup>07</sup></u>

815 23

SCANNED SEP 23 2010

SCANNED SEP 23 2010

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

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose? SEE STMT #3  
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, and other relevant information for each program title.

28	CONTINUED DSTEAD SEED GRANT " TO DEVELOP AND MAINTAIN THE EXEC DIR. POSITION TO OVERSEE MANAGE, & DEVELOP THE ORGANIZATION WHILE SUPERVISING THE IMPLEMENTATION OF THE PLAN (Grants \$ 10,000 ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	10,000
29	TRAVEL & MTG EXPENSE GRANT - MAX 5000 FOR OFFICERS & DIRECTORS TRAVEL TO EDUCATIONAL CONFERENCES RELATED TO SCANK BYWAY DEVELOPMENT. (Grants \$ 4000 <sup>39</sup> ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	4000 <sup>39</sup>
30	CONTRIBUTION TO THE BLDG. & DEVELOPMENT OF THE IND. NAT. ROAD INTERPRETIVE CENTER ON THE SCANK BYWAY IN CAMBRIDGE CITY. (Grants \$ 6400 <sup>00</sup> ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	6400 <sup>00</sup>
31	Other program services (attach schedule) <u>APPLIATE DUES TO HIST. DRINKS FOUND.</u> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	649 <sup>00</sup>
32	<b>Total program service expenses</b> (add lines 28a through 31a) <input type="checkbox"/>	32	21,049 <sup>39</sup>

**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>SEE STMT #4</u>	- VARIES -	- 0 -	- 0 -	- 0 -
ALL DIRECTORS & OFFICERS ARE UNPAID VOLUNTEERS.				
NONE ARE COMPENSATED & NONE HAVE EXPENSE ACCOUNTS. NONE RECEIVE ANY CONTRIBUTIONS TO BENEFIT PLANS OR DEFERRED COMP PLANS. ANY OUT-OF-POCKET EXPENSES ARE VERIFIED & REIMBURSED ON A CASE-BY-CASE BASIS.				

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

		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .		X
<b>34</b>	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .		X
<b>35</b>	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 why the organization did not report the income on Form 990-T.		
<b>a</b>	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . . .		X
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		X
<b>36</b>	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .		X
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> _____		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		X
<b>38a</b>	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 outstanding at the end of the period covered by this return? . . . . .		X
<b>b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b> _____		
<b>39</b>	Section 501(c)(7) organizations Enter:		
<b>a</b>	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b> _____		
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b> _____		
<b>40a</b>	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
<b>b</b>	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		X
<b>c</b>	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ _____		
<b>d</b>	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____		
<b>e</b>	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. . . . .		X
<b>41</b>	List the states with which a copy of this return is filed. ▶ <u>STATE OF INDIANA</u>		
<b>42a</b>	The organization's books are in care of ▶ <u>THOMAS F. DUFFY JR</u> Telephone no. ▶ <u>1-812-247-2919</u> Located at ▶ <u>3259 River Rd. Shoals, IND. 47581</u> ZIP + 4 ▶ _____		
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	Yes	No
	If "Yes," enter the name of the foreign country: ▶ _____		X
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .		X
	If "Yes," enter the name of the foreign country: ▶ _____		
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> _____		
<b>44</b>	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		X
<b>45</b>	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 . . . . .		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- |  |     | Yes | No |
|--|-----|-----|----|
| 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 | 46  |     | X  |
| 47. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II   | 47  |     | X  |
| 48. Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 48  |     | X  |
| 49a. Did the organization make any transfers to an exempt non-charitable related organization?   | 49a |     | X  |
| b If "Yes," was the related organization a section 527 organization?   | 49b |     | X  |
50. Complete this table for the organization's 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	N/A
<u>No Employees</u>				

f Total number of other employees paid over \$100,000 ▶ \_\_\_\_\_

51. Complete this table for the organization's 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	N/A

d 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.

<b>Sign Here</b>	Thomas F. Duffy Jr., TREASURER	8-12-10
	Signature of officer	Date
	THOMAS F. DUFFY JR., TREASURER	8-12-10
	Type or print name and title	

<b>Paid Preparer's Use Only</b>	Preparer's signature <span style="float: right;">N/A</span>	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	95,236 <sup>24</sup>	48,437 <sup>28</sup>	88,434 <sup>04</sup>	85,279 <sup>62</sup>	31,161 <sup>21</sup>	348,548 <sup>89</sup>
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 through 3	95,236 <sup>24</sup>	48,437 <sup>28</sup>	88,434 <sup>04</sup>	85,279 <sup>62</sup>	31,161 <sup>21</sup>	348,548 <sup>89</sup>
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.						348,548 <sup>89</sup>

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	95,236 <sup>24</sup>	48,437 <sup>28</sup>	88,434 <sup>04</sup>	85,279 <sup>62</sup>	31,161 <sup>21</sup>	348,548 <sup>89</sup>
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	115 <sup>25</sup>	115 <sup>20</sup>	637 <sup>99</sup>	599 <sup>28</sup>	821 <sup>32</sup>	2289 <sup>04</sup>
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						350,837 <sup>93</sup>
12 Gross receipts from related activities, etc. (see instructions)		548 <sup>00</sup>	375 <sup>00</sup>	(200 <sup>00</sup> )	12	25,536 <sup>80</sup>
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 2009 (line 6, column (f) divided by line 11, column (f))	14	99%	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	99.8	%
16a 33% support test—2009. If the organization did not check the box on line 13, and line 14 is 33% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>			
b 33% support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33% 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—2009. 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—2008. 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 IV Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

ON PRIOR RETURNS (2007 & before) LINE 17 OF PART IV-A REFLECTED 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

(RESPECTIVE(Y) YEARS	2005	2006	2007	2008	2009
	\$ 7716 <sup>30</sup>	\$ 8047 <sup>29</sup>	\$ 3835 <sup>00</sup>	\$ 5562 <sup>63</sup>	\$ 375 <sup>02</sup>

THE TOTAL FOR ALL 5 YRS. \$ 25,536<sup>80</sup> THE DISCREPANCY IS DUE TO NO INEA SPONSORED AUTO TOUR. THE \$ 375<sup>02</sup> IS RETAIL SALES OF LOGO MEE CHANDISE.

**STMT # 2 MISC. EXPENSES**

CATERING 450<sup>00</sup>

LDNRS DVES 649<sup>00</sup>

PHOTOGRAPHY 150<sup>00</sup>

BUS. REP. 7<sup>14</sup>

BANK FEE 6<sup>00</sup>

\$ 1262<sup>14</sup>

THE INDIANA NATIONAL ROAD ASSN. IS A PRIMARILY GRANT DRIVEN ORGANIZATION SUPPLEMENTED BY SOME INTEREST INCOME, MEMBERSHIP FEES, RETAIL SALES OF LOGO MERCHANDISE, & SOME RELATED PROMOTIONAL ACTIVITIES. IT HAS NO SUBSTANTIAL OUTSIDE INCOME OF ANY KIND. IT HAS NO PAID EMPLOYEES. IT DOES HAVE \$30,000<sup>00</sup> IN CDs ON DEPOSIT FOR FUTURE PROJECTS & EXPENSES.

**Appli**

- If you are filing for an **Automatic 3-**
  - If you are filing for an **Additional (N-**
- Do not complete Part II unless you ha-**
- Part I Automatic 3-Month E-**

A corporation required to file Form 99 Part I only . . . . .

All other corporations (including 1120 time to file income tax returns.

**Electronic Filing (e-file).** Generally, y one of the returns noted below (6 m electronically if (1) you want the addit returns, or a composite or consolidated 8868. For more details on the electron

PS Form 3811; February 2004

Domestic Return Receipt

102595-02-M-1540

Type or print

Name of Exempt Organiza

INDIANA NATIONAL ROAD ASSN.

35 1948700

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):

- |   |   |                                    |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990               | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL            | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF            | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ THOMAS F. DUFFY JR. 3259 RIVER RD. SHOALS, 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 corporation required to file Form 990-T) extension of time until AUGUST 15, 2010, to file the exempt organization for the organization's return for:  
 ▶  calendar year 2009 or  
 ▶  tax year beginning . . . . ., 20 . . . . .

2 If this tax year is for less than 12 months, check reason:  Initial

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 60 less any nonrefundable credits. See instructions.

b If this application is for Form 990-PF or 990-T, enter any refundable payments made. Include any prior year overpayment allowed as a

c **Balance Due.** Subtract line 3b from line 3a. Include your payment w deposit with FTD coupon or, if required, by using EFTPS (Electr System). See instructions.

**Caution.** If you are going to make an electronic fund withdrawal with this for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

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.

## Indiana National Road Association - Updated 05.09.06

2006-2007 Indiana National Road Association  
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Indiana National Road Association – Updated 05.09.06

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**Web sites of interest:**

[www.indiananationalroad.org](http://www.indiananationalroad.org) is the Official Indiana National Road Association 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.nationalroadpa.org/](http://www.nationalroadpa.org/) is Pennsylvania's website

[www.nationalroad.org](http://www.nationalroad.org) is Illinois's website

[www.historicnationalroad.org](http://www.historicnationalroad.org) will be the National Road Alliance website.

2011-2012  
2007-2008  
2009-2010

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INCOME

MEMBERSHIP INCOME 306500  
 INTEREST INCOME 82132  
 INTERMEDIATE SALES 37500  
 GRANT INCOME

EXEC. DIR 10,000  
 TRAVEL 4000  
 WAYNE CITY 6400  
 EDUCATION 6500  
 \$26,900

\$21,161

EXPENSES

TRAVEL EXPENSE 136072  
 INS. EXPENSE 4524  
 WEB SITE EXPENSE 168000  
 POSITIVE EXPENSE 1300  
 PRINTING EXPENSE 17404  
 OTHER EXPENSE 13255  
 SALARY EXPENSE 170000  
 INTEREST 6400  
 INS. EXPENSE 450  
 MTC. CAMP 450  
 LODG. 649  
 HIST. SOC. PRGM 1500  
 BUS. RE 714  
 BRN. FEE 600

\$126214  
 126214  
 \$21,979

BEGINNING

PRIME \$13,201.26  
 TRAVEL 31,017.71  
 EXPENSE <21,979.95>  
 CHANGE 4181.91

ENDING

PRIME \$20,712.15