

**Short Form
Return of Organization Exempt From Income Tax**

2012

**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, organizations that operate one or more hospital facilities,
and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).
All other organizations with gross receipts less than \$200,000 and total assets less than \$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 2012 calendar year, or tax year beginning JANUARY 1, 2012, 2012, and ending December 31, 2012

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 473270284

D Employer identification number
35-1948700

E Telephone number
1-317-478-3172

F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶

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

I Website: ▶ WWW.INDIANANATIONALROAD.ORG.

J Tax-exempt status (check only one) - 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

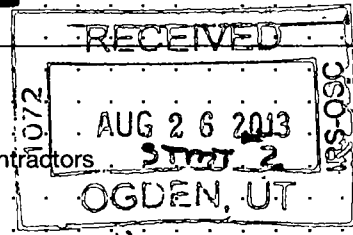
K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$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)
Check if the organization used Schedule O to respond to any question in this Part I

SCANNED SEP 16 2013

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	10,010 ⁰⁰
	2	Program service revenue including government fees and contracts	2	-
	3	Membership dues and assessments	3	103 ⁰⁰
	4	Investment income <u>Interest</u>	4	249 ⁰⁰
	5a	Gross amount from sale of assets other than inventory	5a	N/A
	5b	Less: cost or other basis and sales expenses	5b	N/A
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	-
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	N/A
6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	N/A	
6c	Less: direct expenses from gaming and fundraising events	6c	N/A	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	-	
7a	Gross sales of inventory, less returns and allowances	7a	N/A	
7b	Less: cost of goods sold	7b	N/A	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-	
8	Other revenue (describe in Schedule O) <u>STMT # 1</u>	8	1494 ¹⁴	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	11,857 ¹⁰	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	-
	11	Benefits paid to or for members	11	-
	12	Salaries, other compensation, and employee benefits	12	-
	13	Professional fees and other payments to independent contractors	13	10,200 ⁰⁰
	14	Occupancy, rent, utilities, and maintenance	14	-
	15	Printing, publications, postage, and shipping	15	120 ⁵⁵
	16	Other expenses (describe in Schedule O) <u>STMT # 3</u>	16	2487 ⁰³
	17	Total expenses. Add lines 10 through 16	17	10,320 ⁰³
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<951 ⁰⁸ >	
Net Assets	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)	19	51,956 ⁷⁹
	20	Other changes in net assets or fund balances (explain in Schedule O) <u>STMT # 4</u>	20	<10,951 ⁰⁸ >
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	40,605 ⁷¹



5
100

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	51,556	40,605
23 Land and buildings	-	-
24 Other assets (describe in Schedule O)	-	-
25 Total assets	51,556	40,605
26 Total liabilities (describe in Schedule O)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	51,556	40,605

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? SCenic BY-NAT. US40 NATL. ROP

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)
28 <u>COMPLETED IN 2011</u>	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a N/A
29	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a N/A
30	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a N/A
31 Other program services (describe in Schedule O)	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a N/A
32 Total program service expenses (add lines 28a through 31a)	32 N/A

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<u>SEE EXHIBIT "B"</u>	<u>VARIES</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
<u>ALL DIRECTORS & OFFICERS</u>				
<u>ARE UNPAID VOLUNTEERS. NONE</u>				
<u>ARE COMPENSATED; NONE</u>				
<u>HAVE EXPENSE ACCTS. NO ONE</u>				
<u>RECEIVES ANY CONTRIBUTIONS</u>				
<u>TO DEFERRED PLANS OR DEFERRED</u>				
<u>SALARY PLANS. OUT OF POCKET</u>				
<u>EXPENSES ARE REIMBURSED</u>				
<u>ON A RECEIPT VERIFIED</u>				
<u>BASED CASE BY CASE.</u>				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		X
35b			X
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
35c			X
36	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
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <u> </u>		
37b	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 outstanding at the end of the tax year 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 ▶ <u> </u> ; section 4912 ▶ <u> </u> ; section 4955 ▶ <u> </u>		
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
40b			X
c	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 ▶ <u> </u>		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ <u> </u>		
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		X
40e			X
41	List the states with which a copy of this return is filed ▶ <u>INDIANA DEPT. OF REVENUE</u>		
42a	The organization's books are in care of ▶ <u>THOMAS F. DUFFY JR, TREAS</u> Telephone no. ▶ <u>812-207-2919</u> Located at ▶ <u>3259 River Rd., SHOALS INDIANA</u> ZIP + 4 ▶ <u>47581</u>		
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: ▶ <u> </u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
42b			X
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶ <u> </u>		X
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 ▶ <u> </u>		<input type="checkbox"/>
43			
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44b			X
c	Did the organization receive any payments for indoor tanning services during the year?		X
44c			X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		X
44d			X
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I **46** Yes No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II **47** Yes No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48** Yes No

49a Did the organization make any transfers to an exempt non-charitable related organization? **49a** Yes No

b If "Yes," was the related organization a section 527 organization? **49b** Yes No

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 title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None	N/A	N/A	N/A	N/A
No Employees				

f Total number of other employees paid over \$100,000 ▶ N/A

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 ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

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. Date: 8/11/13
 Type or print name and title: THOMAS F. DUFFY JR., TREASURER Date: 8/11/13

Paid Preparer Use Only Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____ Check if self-employed PTIN: _____
 Firm's name: _____ Firm's EIN: _____
 Firm's address: _____ Phone no: _____

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization: **INDIANA NATIONAL ROAD ASSN.** Employer identification number: **35-1948700**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 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 exempt 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)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
 - (ii) A family member of a person described in (i) above?

	Yes	No
11g(ii)		
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(iii)		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	85,279 ⁶²	31,161 ⁷¹	40,732 ⁸²	81,114 ¹⁹	10,113	336,835 ⁴¹
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	85,279 ⁶²	31,161 ⁷¹	40,732 ⁸²	81,114 ¹⁹	10,113	336,835 ⁴¹
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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	85,279 ⁶²	31,161 ⁷¹	40,732 ⁸²	81,114 ¹⁹	10,113	336,835 ⁴¹
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	599 ²⁸	82 ³²	835 ⁸⁵	258 ³⁵	249 ³⁶	3402 ³⁵
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						340,237 ⁷⁶
12 Gross receipts from related activities, etc. (see instructions)					12	—
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 2012 (line 6, column (f) divided by line 11, column (f))	14	99%	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	99%	%
16a 33 1/3% support test—2012. 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—2011. 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—2012. 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—2011. 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 through 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 \$5,000 or 1% of the amount on line 13 for the year						
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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2012. 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—2011. 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

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization

INDIANA NATIONAL ROAD ASSOCIATION

Employer identification number

35-1948700

STMT #1 INDIANA NATL. ROAD ASSN. SELLS MISC SOUVENIRE
ITEMS FOR "US 40" (NATIONAL ROAD) TO ADVERTISE THE
SCENIC BYWAY. TOTAL WAS \$1323.74. IN ADDITION WE
RECEIVED A \$171.00 INV. REFUND

STMT #2 \$10,000 WAS PAID TO INDIANA LINKS FOUNDATION
(FORMERLY HISTORIC LINKS FOUNDATION) FOR PROFESSIONAL
SERVICES & ASSISTANCE. ALSO \$200 TO ASK CONVOITANTS
FOR PANELS.

STMT #3 NATIONAL ROAD MISC. EXPENSES:

1. EASEMENT EXPENSES (FEES)	60.33
2. BUS. REP. FEE	7.14
3. AFFILIATE DUES. (IND. LINKS)	50.00
4. INV. EXPENSE	628.00
5. ANNUAL MTG. EXPENSE	547.00
6. WEBSITE EXPENSE	194.66
7. NAT. BYWAY CONF. (SPONSOR)	750.00
8. IND. LINKS. HOLIDAY EVENT	250.00
	<u>42487.63</u>

Supplemental Information to Form 990 or 990-EZ

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization

INDIANA NATIONAL ROAD ASSOC,

Employer identification number

35-1948700

STMT #4 - FINANCIAL STMT ATTACHED. INRA MAINTAINS AN
INVESTMENT ACCT. & OPERATING ACCT. THE OPERATING ACCT.
A 12/31/12 WAS \$17,405^D; THE INVESTMENT ACCT
BALANCE WAS \$23,200 FOR A TOTAL \$40,605^I. THE CHANGE
IN TOTAL ASSET POSITION IS REFLECTED THUS.

BEGINNING.	\$ 31,556 ⁷⁹
2012 LOSS	< 951 ⁸⁸ >
CD REDEMPTION	< 10,000 ⁸⁰ >
	<u>\$ 40,605⁷¹</u>

THE 951⁸⁸ IS A CASH FLOW OPERATING LOSS; THE \$10,000⁸⁰
CD REDEMPTION IS SHOWN AS A REDUCTION IN INVESTMENT
ACCOUNT (CD'S), OR A LOSS.

Exhibit
"A"

THE INDIANA NATIONAL ROAD ASSOCIATION

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

~~STATEMENT # 1~~
~~STATEMENT # 2~~
~~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.

Exhibit "B"



Indiana National Road Association – Updated July 10, 2012

2012-2013 INRA Board of Directors

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Exhibit "B"

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INRA Treasurer
Tom Duffy

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INDIANA NATL. ROAD ASSN

INCOME & EXPENSE

JAN. 2012 - DEC. 2012

	Initials	Date
Prepared By		
Approved By		

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1	<u><u>INCOME:</u></u>			
2				
3	MERCH. SALES	1323.74		
4	MEMBERSHIPS	103.00		
5	INT. INCOME	249.36		
6	DONATIONS	10.00		
7	CD-GRANT	100000.00		
8	INS. REFUND	171.00		
9		<u>\$11857.10</u>		
10				
11				
12	<u><u>EXPENSES:</u></u>			
13				
14	EASEMENT FEES	6023		
15	Bus. Rep. Fee	714		
16	POSTAGE	6530		
17	AFFILIATE DUES	5000		
18	PRO. CONSULT. FEE	2000.00		
19	INS. EXPENSE	62800		
20	MTG. EXPENSE	54750		
21	PRINTING Exp.	5525		
22	SALARY Reimb.	10000.00		
23	WEBSITE	17466		
24	HISTORIC CONF. Spn.	75000		
25	LD MKS. HOI. EXP.	25000		
26		<u>\$1280818</u>		
27				
28				
29	BEG. BAL: #18,356.79			
30	INCOME: 11,857.10			
31	EXPENSE: 12,808.18			
32	CHANGE: <951.08>			
33				
34	ENDING BAL: #17,405.71			
35				
36				
37				
38				
39				
40				