Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at *www.irs.gov/form990*.

OMB No 1545-1150

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning JAN 1, 2013, 2013, and ending December 31, 20 13

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): P.O. BOX 284 | Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: CAMBRIDGE CITY, INDIANA 47327-0284

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 Form of organization ☐ Corporation ☐ Trust ☐ Association ☐ Other

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, 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 ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received			1	22,000.00
	2	Program service revenue including government fees and contracts			2	—
	3	Membership dues and assessments			3	3895.00
	4	Investment income INTEREST			4	239.12
	5a	Gross amount from sale of assets other than inventory	5a	N/A		
	b	Less: cost or other basis and sales expenses	5b	N/A		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	—
	6	Gaming and fundraising events				
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a	N/A		
	b	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		
	c	Less: direct expenses from gaming and fundraising events	6c	N/A		
	d	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		
	b	Less cost of goods sold	7b	N/A		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	—
	8	Other revenue (describe in Schedule O) STMT #1			8	1517.25
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶			9	27,651.38
Expenses	10	Grants and similar amounts paid (list in Schedule O) STMT. #2			10	2,000.00
	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 STMT. #3			13	10,000
	14	Occupancy, rent, utilities, and maintenance			14	—
	15	Printing, publications, postage, and shipping			15	133.36
	16	Other expenses (describe in Schedule O) STMT #4			16	2462.68
	17	**Total expenses.** Add lines 10 through 16 ▶			17	14596.04
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	13,055.34
	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	40,605.71
	20	Other changes in net assets or fund balances (explain in Schedule O)			20	<10,000>
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶			21	43,661.05

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SCANNED SEP 24 2014

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I Form **990-EZ** (2013)

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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	40,605 71	22	43,661 05
23	Land and buildings	—	23	—
24	Other assets (describe in Schedule O)	—	24	—
25	**Total assets**	40,605 71	25	43,661 05
26	**Total liabilities** (describe in Schedule O)	—	26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	40,605 71	27	43,661 05

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? US HWY 40 – SCENIC BY-WAY NATI. RD.

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	COMPLETED IN 2011 (Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	N/A
29	(Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	N/A
30	(Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	N/A
31	Other program services (describe in Schedule O) (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	N/A
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	—

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
" " SEE EXHIBIT B	VARIES	-0-	-0-	-0-
ALL OFFICERS & DIRECTORS				
ARE VOLUNTEERS. NONE				
ARE COMPENSATED NOR				
HAVE EXP. ACCTS. NONE				
RECEIVE CONT. TO PENSION				
OR BENEFIT PLANS, OR				
OUT OF POCKET EXPENSES				
UNLESS DONE ON A RECEIPT				
BASIS. NO DEFERRED SALARY				
PLANS.				

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	33		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)	34		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)?	35a		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	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	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	36		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?	37b		
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?	38a		
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 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	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 ▶			
d	Section 501(c)(3) and 501(c)(4) organizations. 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 organization's books are in care of ▶ THOMAS E. DUFFY SR. Telephone no. ▶ 1-812-247-2919
Located at ▶ 3259 RIVER RD. SHOALS, IND. 47581 ZIP + 4 ▶

			Yes	No
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 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

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		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	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	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*	44d		X
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		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)	45b		X

			Yes	No
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		X

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 ☐

			Yes	No
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		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 title of each employee	(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 no Employees	N/A	N/A	N/A	N/A

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 business address of each independent contractor	(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

▶ Thomas F. [signature] Jr. — Signature of officer — Date 8/13/14

▶ THOMAS F. DUFFY JR., TREASURER 8/13/14 — Type or print name and title

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)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization: INDIANA NATL. 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 33¹/₃% 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 33¹/₃% 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?

		Yes	No
(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?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of monetary support
(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	31,161.71	40,732.85	81,114.19	10,113	20,000	183,121.75
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	31,161.71	40,732.85	81,114.19	10,113	20,000	183,121.75
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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	31,161.71	40,732.85	81,114.19	10,113	20,000	183,121.75
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	821.32	835.85	258.55	249.36	239.13	2404.21
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.)						185,525.96
11 **Total support.** Add lines 7 through 10						

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** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) | 14 | 99% %

15 Public support percentage from 2012 Schedule A, Part II, line 14 | 15 | 99% %

16a **33 1/3% support test—2013.** 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 ▶ ☒

b **33 1/3% support test—2012.** 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 ▶ ☒

17a **10%-facts-and-circumstances test—2013.** 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 ▶ ☐

b **10%-facts-and-circumstances test—2012.** 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 ▶ ☐

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 ▶ ☐

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f)) | 15 | %

16 Public support percentage from 2012 Schedule A, Part III, line 15 | 16 | %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f)) | 17 | %

18 Investment income percentage from **2012** Schedule A, Part III, line 17 | 18 | %

19a **33⅓% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33⅓%, and line 17 is not more than 33⅓%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33⅓% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓%, and line 18 is not more than 33⅓%, 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.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization: INDIANA NATIONAL ROAD ASSN.

Employer identification number: 35-1948700

STMT #1 – INDIANA NATIONAL ROAD ASSN. SELLS MISC. SOUVENIRES PROMOTING US HWY 40 "NATIONAL ROAD" TO ADVERTISE THE SCENIC BYWAY. TOTAL WAS 1329.25. WE ALSO REC'D AN INSURANCE AUDIT REFUND OF # 188.00

STMT #2 – # 2000 WAS CONTRIBUTED TO INDIANA HISTORICAL BUREAU IN RECOGNITION OF AN INDIVIDUAL CONT. OF THE SAME VALUE.

STMT #3 # 10,000 WAS PAID TO INDIANA LANDMARKS FOUNDATION (FORMERLY HISTORICAL LDMKS.) FOR PROFESSONAL SERVICES & ASSISTANCE.

STMT #4 NATIONAL ROAD ASSN. MISC. EXPENSES

1.	MTG. & CONF. EXPENSE	1206.68
2.	INS. EXPENSE	761.00
3.	HISTORICAL MARKER	437.50
4.	BANK FEES	57.50
		# 2462.68

STMT #5 – FINANCIAL STMT ATTACHED - NATL. ROAD MAINTAINS AN INVESTMENT ACCT. & OPERATING ACCT. THE OPERATING ACCT AT 12/31/13 WAS # 30,223.81; THE INVESTMENT ACCT. WAS # 13,237.24 FOR A TOTAL OF # 43,461.05. THE BREAKDOWN AS FOLLOWS

BEGIN.	40,605.71
2013 INC	13,055.34
CD	<10,000.00>
	# 43,661.05

THE INVESTMENT ACCT WAS REDUCED BY 10,000.00 CD REDEMPTION, OR A LOSS TO THAT ACCT.

Name of the organization	Employer identification number

Exhibit "A"

~~STATEMENT~~ #
~~STATEMENT~~ #4
~~STATEMENT~~ #

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

The Indiana National Road Association

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

Purpose

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

Goals

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

Exhibit "B"

Indiana
NATIONAL ROAD ASSOCIATION

Indiana National Road Association – Updated July 10, 2012

2012-2013 INRA Board of Directors

Dr. James Bertsch
Wayne Co.

Western Wayne Heritage
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Exhibit "B"

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Joe Frost

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INRA Treasurer
Tom Duffy

3259 River Road
Shoals, IN 47581
Home: 812-247-2919

Indiana Nat'l Road Assn.
Income & Expense
Jan. 2013 - Dec. 2013

	Prepared By	Initials	Date
	Approved By		

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Income:

Membership	$ 3895.00
Merch. Sales	1329.25
Int. Income	239.13
Contract Income	10000.00
[illegible]	2000.00
[illegible] Reimbursement	10000.00
Ins. Audit Ref.	188.00
	$ 27651.38

Expenses:

Printing Exp	$ 92.00
Mtg & Conf Exp	1206.68
Ins. Exp	761.00
Postage Exp.	41.36
Historical Mkr	437.50
Salary Expense	10000.00
Bank Fee	57.50
Hist. Bur. Cont.	2000.00
	$ 14596.04

Beg. Balance: $ 17,405.71
Income: 27,651.38
Expense: 14,596.04
Change: + 13,055.34

* Ending Bal: $ 30,461.05

* Actual CDB Balance is $7,223.81. Ending Bal includes 1 time CD consisting of $23,237.24

Form **8868**
(Rev. January 2011)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▷ **File a separate application for each return.**

OMB No. 1545-1709

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

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

Electronic filing (*e-file*). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits*.

ly submit original (no copies needed).

an automatic 6-month extension—check this box and complete . . . . ▷ ☐

?EMICs, and trusts must use Form 7004 to request an extension of time*

ROAD ASSN!

Employer identification number
35-1948700

e instructions.

eign address, see instructions.
NDIANA 47327

file a separate application for each return) 03

urn de	Application Is For	Return Code
1	Form 990-T (corporation)	07
2	Form 1041-A	08
3 X	Form 4720	09
4	Form 5227	10
5	Form 6069	11
6	Form 8870	12

UFFY JR. 3259 RIVOR RD. SHOALS IND 4758

SENDER: *COMPLETE THIS SECTION*

COMPLETE THIS SECTION ON DELIVERY

. . . . ▷ ☐

. If this is . . ▷ ☐ and attach

ion of time
amed above. The extension is

13 , 20

Final return

ss any	3a	$
ts and	3b	$
EFTPS	3c	$

3453-EO and Form 8879-EO for payment instructions.

/ou are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . . . . ▷ ☐

• **te.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print	Name of exempt organization	**Employer identification number**
File by the extended due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . ☐☐

Application Is For	**Return Code**	**Application Is For**	**Return Code**
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of ▷ ______

Telephone No. ▷ ______ FAX No. ▷ ______

• 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 is for.

4 I request an additional 3-month extension of time until ______ , 20 ___ .

5 For calendar year ____ , or other tax year beginning ______ , 20 ____ , and ending ______ , 20 ___ .

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension ______

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**8a**	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	**8b**	$
c	**Balance due.** Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**8c**	$

Signature and Verification

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

Signature ▷ Thomas F D... Jr. Title ▷ TREASURER Date ▷ 5/13/14