

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

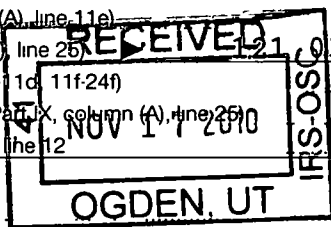
Open to Public Inspection

A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization CONNECTED NATION, INC. Doing Business As		D Employer identification number 61-1394934
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1020 COLLEGE STREET	E Telephone number 270-781-4320	
		City or town, state or country, and ZIP + 4 BOWLING GREEN, KY 42101		G Gross receipts \$ 7,698,814.
F Name and address of principal officer BRIAN MEFFORD SAME AS C ABOVE				H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: WWW.CONNECTEDNATION.ORG		H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2001		M State of legal domicile: KY

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities	TO ACCELERATE ECONOMIC DEVELOPMENT THROUGH THE GROWTH AND APPLICATION OF TECHNOLOGY	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	16
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5	Total number of employees (Part V, line 2a)	5	80
	6	Total number of volunteers (estimate if necessary)	6	4509
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	9,322,866.	7,549,622.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	99,246.	133,861.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,284.	15,331.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,432,396.	7,698,814.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,445,815.	4,294,181.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	16b	Total fundraising expenses (Part IX, column (D), line 25)	121,038.	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	3,661,361.	5,850,994.	
18	Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	7,107,176.	10,145,175.	
19	Revenue less expenses - Subtract line 18 from line 12	2,325,220.	-2,446,361.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	5,092,124.	3,015,015.
	22	Net assets or fund balances - Subtract line 21 from line 20	2,427,684.	2,796,936.



Part II Signature Block

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 ▶ *Brian Mefford* Signature of officer Date 11/12/10
 ▶ **BRIAN MEFFORD, CHAIRMAN & CEO** Type or print name and title

Paid Preparer's Use Only
 Preparer's signature ▶ *Rick Shields...* Date 10.29.2010 Check if self-employed
 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ **BLUE & CO., LLC**
 ▶ **301 EAST MAIN STREET SUITE 1100**
 ▶ **LEXINGTON, KY 40507**
 EIN ▶ Phone no. ▶ (859) 253-1100

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

SCANNED DEC 08 2010

18
G/L

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
CONNECTED NATION IS AN INTERNATIONALLY RECOGNIZED NONPROFIT
ORGANIZATION CENTERED AROUND A MISSION TO IMPROVE DIGITAL INCLUSION
FOR PEOPLE AND PLACES PREVIOUSLY UNDERSERVED AND OVERLOOKED.
CONNECTED NATION BELIEVES THAT STATES, COMMUNITIES, FAMILIES AND

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
 If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
 If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code) (Expenses \$ 5,864,537. including grants of \$) (Revenue \$ 133,861.)
CONNECT STATE PROGRAMS - CONNECTED NATION IS WORKING ACROSS 13 STATES
AND TERRITORIES TO IMPLEMENT STATEWIDE BROADBAND EXPANSION INITIATIVES.
THOSE INITIATIVES INCLUDE BROADBAND MAPPING AND SUBSEQUENT PLANNING TO
INCREASE BROADBAND AVAILABILITY AND ADOPTION USING CUTTING-EDGE
TECHNOLOGIES AND LOCAL PARTNERSHIPS. CONNECTED NATION'S EFFORTS ARE
CAPTURING THE MOST CURRENT VIEW OF MUCH OF THE NATION'S BROADBAND
LANDSCAPE TO FACILITATE PLANNING FOR THE NATIONAL EFFORT TO INCREASE
BROADBAND ACCESS. AT THE END OF THE FIRST PHASE OF MAPPING, CONNECTED
NATION EXPECTS TO HAVE MAPPED MORE THAN 40% OF THE NATION'S LANDMASS,
MORE THAN 39.4 MILLION HOUSEHOLDS, AND THE SERVICE INFRASTRUCTURE OF
1445 STATE-BASED BROADBAND PROVIDERS.

4b (Code) (Expenses \$ 950,021. including grants of \$) (Revenue \$)
EVERY CITIZEN ONLINE - THE EVERY CITIZEN ONLINE DIGITAL INCLUSION
INITIATIVES ARE CONNECTED NATION'S DEMAND-SIDE PROGRAMS DESIGNED TO
BRIDGE THE DIGITAL DIVIDE. JOINING TOGETHER PUBLIC AND PRIVATE
PARTNERS, CONNECTED NATION'S DIGITAL INCLUSION PROGRAMS HELP VULNERABLE
POPULATIONS OVERCOME TOP BARRIERS TO TECHNOLOGY ADOPTION - BROADBAND
AWARENESS AND TRAINING, COMPUTER OWNERSHIP, AND SUBSCRIPTION
AFFORDABILITY. THESE INITIATIVES PLACE COMPUTERS AND OTHER TECHNOLOGIES
IN UNDERPRIVILEGED HOUSEHOLDS AND ANCHOR INSTITUTIONS THAT SERVE
UNDERPRIVILEGED POPULATIONS, SUCH AS COMMUNITY CENTERS, BOYS AND GIRLS
CLUBS, LIBRARIES, AND SHELTERS. CONNECTED NATION'S INITIAL DIGITAL
INCLUSION STRATEGY - NO CHILD LEFT OFFLINE - WAS ESTABLISHED IN 2004 IN
KENTUCKY AS A COMPUTER REFURBISHING PROGRAM THAT PLACED COMPUTERS IN

4c (Code) (Expenses \$ 2,661,537. including grants of \$) (Revenue \$)
BILL & MELINDA GATES FOUNDATION'S OPPORTUNITY ONLINE BROADBAND GRANT
PROGRAM IS AN INNOVATIVE GRANT PROGRAM DESIGNED TO DIRECTLY IMPROVE
LIBRARY CONNECTIVITY IN TARGETED STATES. THE GOAL OF THE OPPORTUNITY
ONLINE BROADBAND GRANT PROGRAM IS TO HELP STATE LIBRARIES CREATE AND
IMPLEMENT STRATEGIES THAT WILL INCREASE PUBLIC LIBRARY INTERNET
CONNECTIONS AND CONTINUOUSLY IMPROVE CONNECTION SPEEDS AS COMMUNITIES'
NEEDS GROW. WORKING WITH SELECTED STATE LIBRARY AGENCIES, CONNECTED
NATION WILL PRODUCE HIGHLY CUSTOMIZED AND RELEVANT SUMMITS/EVENTS THAT
ENGAGE LIBRARIES, LOCAL LEADERS AND STATEWIDE STAKEHOLDERS AND SUPPORT
THE PREPARATION OF A STATEWIDE STRATEGY THAT CAN LEAD TO IMPROVED AND
SUSTAINED CONNECTIVITY FOR ALL STATE LIBRARIES.

4d Other program services (Describe in Schedule O)
 (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► \$ 9,476,095.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes No X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization 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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.		
1a	58		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2a	80		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
3b			
4a	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)?		X
b	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		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
6b			
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7f			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
7h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
8			
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
9b			
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
10b			
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
12b			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body		
1b Enter the number of voting members that are independent		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	X	
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	X	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **KY**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization **▶**
BERNIE BOGLE - 877-846-7710
1020 COLLEGE ST, PO BOX 3448, BOWLING GREEN, KY 42012-3448

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees. See instructions for definition of "key employee "
- List the organization's **five current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BRIAN R. MEFFORD CHAIRMAN & CEO / DIRECTOR	57.00	X		X			226,512.	0.	6,178.	
R. ERIC MILLS SECRETARY/DIRECTOR	40.00	X		X			0.	0.	0.	
STEVE LARGENT DIRECTOR	1.00	X					0.	0.	0.	
JOHN E. DAVIES DIRECTOR	1.00	X					0.	0.	0.	
WENDY LAZARUS DIRECTOR	1.00	X					0.	0.	0.	
LARRY COHEN DIRECTOR	1.00	X					0.	0.	0.	
THOMAS J. TAUKE DIRECTOR	1.00	X					0.	0.	0.	
HARRY HERRINGTON DIRECTOR	1.00	X					0.	0.	0.	
WALTER B. MCCORMICK, JR. DIRECTOR	1.00	X					0.	0.	0.	
KYLE E. MCCLARROW DIRECTOR	1.00	X					0.	0.	0.	
GRANT E. SEIFFERT DIRECTOR	1.00	X					0.	0.	0.	
RALPH B. EVERETT DIRECTOR	1.00	X					0.	0.	0.	
SALLY GREENBERG DIRECTOR	1.00	X					0.	0.	0.	
PAT FORD-ROEGNER DIRECTOR	1.00	X					0.	0.	0.	
ROY R. STALLMAN JR. DIRECTOR	1.00	X					0.	0.	0.	
THOMAS W FERREE CHIEF OPERATING OFFICER	69.00	X		X			131,080.	0.	3,925.	
BERNICE BOGLE TREASURER	64.00			X			115,979.	0.	3,472.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MARK MCELROY CHIEF STRATEGY OFFICER	53.00			X			151,008.	0.	4,118.	
THOMAS FRITZ EXECUTIVE DIRECTOR, KY	50.00				X		132,000.	0.	3,960.	
RAQUEL NORIEGA DIRECTOR OF PUBLIC POLIC	54.00				X		125,840.	0.	3,432.	
LAURA TAYLOR CHIEF POLICY OFFICER	56.00				X		101,096.	0.	2,621.	
RENE TRUE EXECUTIVE DIRECTOR, KY	57.00				X		103,200.	0.	2,808.	
ERNIE WOOD EXECUTIVE DIRECTOR, STRA	66.00				X		103,870.	0.	3,109.	
1b Total							1,190,585.	0.	33,623.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **9**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
MILLS LAW FIRM 86 WEST MAIN STREET, INEZ, KY 41224	LEGAL	280,252.
D. COVEY MANAGEMENT GROUP 2813 GREENBROOK CT, GRAPEVINE, TX 76051	PROJECT MANAGEMENT	269,453.
RED PIXEL STUDIOS, 319 EAST 2ND STREET, SUITE 100, OWENSBORO, KY 42303	DESIGN SERVICES	149,809.
JOE MEFFORD 17 JUSTICE LANE, FRANKFORT, KY 40601	PROJECT MANAGEMENT	126,005.
THOROUGHbred RESEARCH, 1941 BISHOP LANE, SUITE 1017, LOUISVILLE, KY 40218	RESEARCH SERVICES	116,380.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **5**

Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	6,896,188.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	653,434.			
	g Noncash contributions included in lines 1a-1f \$		1,910.			
	h Total. Add lines 1a-1f		7,549,622.			
Program Service Revenue	2 a CONNECT PROGRAM PROFES	Business Code 541519	133,861.	133,861.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		133,861.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		15,331.		15,331.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real	(ii) Personal			
		b Less rental expenses				
		c Rental income or (loss)				
		d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
		d Net gain or (loss)				
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
		b Less direct expenses	b			
		c Net income or (loss) from fundraising events				
	9 a Gross income from gaming activities. See Part IV, line 19	a				
b Less direct expenses		b				
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a	a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions.			7,698,814.	133,861.	0.	
					15,331.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	487,147.	360,851.	111,681.	14,615.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,095,951.	3,011,507.	32,131.	52,313.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	96,849.	94,638.	568.	1,643.
9 Other employee benefits	614,234.	581,710.	21,120.	11,404.
10 Payroll taxes				
11 Fees for services (non-employees).				
a Management				
b Legal	403,882.	303,761.	95,255.	4,866.
c Accounting	37,927.	30,380.	7,180.	367.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	22,851.	18,304.	4,326.	221.
12 Advertising and promotion	157,356.	122,311.	33,321.	1,724.
13 Office expenses	512,148.	470,141.	35,012.	6,995.
14 Information technology	324,723.	284,774.	34,610.	5,339.
15 Royalties				
16 Occupancy	339,063.	294,750.	38,400.	5,913.
17 Travel	1,183,796.	1,160,395.	14,773.	8,628.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	655,505.	652,855.	2,074.	576.
20 Interest	65,808.	13,097.	52,325.	386.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	161,430.	143,609.	15,536.	2,285.
23 Insurance	43,784.	38,042.	4,976.	766.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a CONSULTANTS	988,870.	972,585.	14,123.	2,162.
b COMPUTER DISTRIBUTIONS	757,460.	757,460.		
c RESEARCH	121,230.	121,230.		
d REPAIRS AND MAINTENANCE	26,131.	22,704.	2,970.	457.
e BAD DEBTS	25,000.		25,000.	
f All other expenses	24,030.	20,991.	2,661.	378.
25 Total functional expenses. Add lines 1 through 24f	10,145,175.	9,476,095.	548,042.	121,038.
26 Joint costs Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	92,655.	1	133,853.
	2	Savings and temporary cash investments	3,338,075.	2	
	3	Pledges and grants receivable, net	967,781.	3	2,410,781.
	4	Accounts receivable, net	97,560.	4	18,270.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	75,422.	8	45,530.
	9	Prepaid expenses and deferred charges	38,778.	9	42,253.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	971,861.		
	10b	Less: accumulated depreciation	617,099.		
			472,287.	10c	354,762.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11	9,566.	15	9,566.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	5,092,124.	16	3,015,015.	
Liabilities	17	Accounts payable and accrued expenses	340,037.	17	748,393.
	18	Grants payable		18	
	19	Deferred revenue	25,000.	19	43,750.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	1,866,165.	23	1,808,211.
	24	Unsecured notes and loans payable to unrelated third parties	196,482.	24	196,582.
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	2,427,684.	26	2,796,936.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	-1,329,937.	27	-1,886,650.
	28	Temporarily restricted net assets	3,994,377.	28	2,104,729.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	2,664,440.	33	218,079.	
34	Total liabilities and net assets/fund balances	5,092,124.	34	3,015,015.	

Part XI Financial Statements and Reporting

	Yes	No
<p>1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
<p>c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</p>	X	
<p>d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2009)

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. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization **CONNECTED NATION, INC.** Employer identification number **61-1394934**

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 - Other
- 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?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		
- 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 support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2009

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")	4590608.	3062975.	3841134.	9422112.	7549622.	28466451.
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	4590608.	3062975.	3841134.	9422112.	7549622.	28466451.
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)						4713722.
6 Public support. Subtract line 5 from line 4						23752729.

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	4590608.	3062975.	3841134.	9422112.	7549622.	28466451.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,162.	16,393.	15,548.	10,284.	15,331.	66,718.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	6,136.	6,136.	6,136.			18,408.
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	102,015.	6,035.			133,861.	241,911.
11 Total support. Add lines 7 through 10						28793488.
12 Gross receipts from related activities, etc (see instructions)					12	133,861.

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 2009 (line 6, column (f) divided by line 11, column (f))	14	82.49 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	80.16 %

16a 33 1/3% support test - 2009. 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 - 2008. 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 - 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

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

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.)

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.")						
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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. 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 - 2008. 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

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009
Open to Public Inspection

Name of the organization **CONNECTED NATION, INC.** Employer identification number **61-1394934**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year
- | | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06 | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____

- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- (i) unrelated organizations
 - (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		80,818.	35,172.	45,646.
d Equipment		854,244.	563,228.	291,016.
e Other		36,799.	18,699.	18,100.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				354,762.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,698,814.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10,145,175.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-2,446,361.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-2,446,361.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	7,967,983.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains on investments	2a	
	b Donated services and use of facilities	2b	258,441.
	c Recoveries of prior year grants	2c	
	d Other (Describe in Part XIV)	2d	10,728.
	e Add lines 2a through 2d	2e	269,169.
3	Subtract line 2e from line 1	3	7,698,814.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIV)	4b	
	c Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	7,698,814.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	10,440,655.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2a	258,441.
	b Prior year adjustments	2b	
	c Other losses	2c	
	d Other (Describe in Part XIV)	2d	37,039.
	e Add lines 2a through 2d	2e	295,480.
3	Subtract line 2e from line 1	3	10,145,175.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIV)	4b	
	c Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	10,145,175.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

CONSULTING INCOME FOR CN VENTURES - INCLUDED ON SEPARATE TAX

RETURN

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES FOR CN VENTURES-INCLUDED ON SEPARATE TAX RETURN

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

CONNECTED NATION, INC.

Employer identification number

61-1394934

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
BRIAN R. MEFFORD	(i)	205,920.	20,592.	6,178.	0.	232,690.	0.
	(ii)	0.	0.	0.	0.	0.	0.
MARK MCELROY	(i)	137,280.	13,728.	4,118.	0.	155,126.	0.
	(ii)	0.	0.	0.	0.	0.	0.
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open To Public
Inspection

Name of the organization **CONNECTED NATION, INC.** Employer identification number **61-1394934**

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total				▶ \$ _____						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
ERIC MILLS	A DIRECTOR AND OFFI	280,252.	MILLS AND H		X
JOE MEFFORD	JOE MEFFORD, BRIAN	126,005.	MEFFORD PRO		X

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

CONNECTED NATION, INC.

Employer identification number

61-1394934

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INDIVIDUALS CAN REALIZE GREAT ECONOMIC AND SOCIAL ADVANTAGES WHEN WE
ACCELERATE BROADBAND AVAILABILITY AND INCREASE BROADBAND USE IN ALL
AREAS, RURAL AND URBAN, ALIKE. CONNECTED NATION FACILITATES
PUBLIC-PRIVATE PARTNERSHIPS TO INCREASE ACCESS TO AND USE OF BROADBAND
AND RELATED TECHNOLOGY, CREATING DRAMATIC RESULTS THAT TRANSLATE INTO
ECONOMIC AND COMMUNITY GROWTH, BETTER EDUCATION, HIGHER QUALITY
HEALTHCARE, MORE EFFICIENT PUBLIC SERVICE AND IMPROVED QUALITY OF LIFE.
CONNECTED NATION IS A LEADER AMONG ORGANIZATIONS THAT WORK IN THE
TRENCHES TO BRIDGE THE DIGITAL DIVIDE AND INCREASE OPPORTUNITIES THAT
ARE ENABLED WHEN PEOPLE HAVE THE ABILITY AND DESIRE TO CONNECT.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

WITH NEARLY 10 YEARS EXPERIENCE, CONNECTED NATION'S PROGRAMS HAVE
PIONEERED THE NATION'S MOST COMPREHENSIVE STATEWIDE BROADBAND EXPANSION
MODEL FOCUSED ON BOTH THE SUPPLY (DEPLOYMENT) AND THE DEMAND (ADOPTION)
SIDES OF THE BROADBAND EQUATION. CONNECTED NATION'S SUCCESSFUL MODEL
CONSISTS OF THREE PRIMARY COMPONENTS:

1. BROADBAND INFRASTRUCTURE MAPPING - CONNECTED NATION'S COMPREHENSIVE
APPROACH TO BROADBAND EXPANSION BEGINS WITH AN INVENTORY OF EXISTING
BROADBAND SERVICE PROVIDING A DETAILED PICTURE OF WHERE BROADBAND IS
AND THE GAPS NEEDING TO BE ADDRESSED. CONNECTED NATION'S MAPPING
DEPARTMENT WORKS WITH BROADBAND PROVIDERS TO IDENTIFY BROADBAND
AVAILABILITY AND THEN INDEPENDENTLY VERIFIES THESE COVERAGE MAPS
THROUGH MULTIPLE RESEARCH BASED APPROACHES. CONNECTED NATION MAPPING

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

CONNECTED NATION, INC.

Employer identification number

61-1394934

INITIATIVES ARE DESIGNED TO INFORM AND ADVANCE THE UNDERSTANDING AND
UTILIZATION OF BROADBAND SERVICES IN THE NATION. THE MAPS AND ANALYSIS
THAT CONNECTED NATION PRODUCES FOR ANY GIVEN STATE OR REGION ARE
PRODUCTS THAT ARE IMPERATIVE TO GOOD POLICY AND INFORMED BUSINESS
PLANNING. THESE TOOLS ARE ADVANCING THE UNDERSTANDING OF THE NATION'S
BROADBAND LANDSCAPE AND THE NEEDS OF THOSE IN THIS COUNTRY WITHOUT
BROADBAND SERVICE AVAILABLE.

2. COMPREHENSIVE RESEARCH ON BROADBAND USE AND BARRIERS TO BROADBAND
ADOPTION - CONNECTED NATION CONDUCTS EXTENSIVE SURVEY RESEARCH TO
BETTER UNDERSTAND THE BARRIERS TO BROADBAND TECHNOLOGIES AND
APPLICATIONS WITHIN A GIVEN COMMUNITY. THIS RESEARCH ALSO HELPS
IDENTIFY PENT-UP DEMAND FOR PROSPECTIVE SERVICES IN COMMUNITIES THAT
PRIVATE BROADBAND SERVICE PROVIDERS MAY NOT YET RECOGNIZE. ALL OF THIS
INFORMATION IS ESSENTIAL IN DEVELOPING BROADBAND CAPACITY BUILD-OUT
PLANS WITHIN THE COMMUNITIES SERVED BY CONNECTED NATION BROADBAND MAPS
AND CUSTOM MAPPING ANALYSES.

3. STATEWIDE GRASSROOTS TECHNOLOGY PLANNING AND AWARENESS - CONNECTED
NATION USES GRASSROOTS TECHNIQUES THROUGH OUR "E-COMMUNITY STRATEGIES"
EFFORT TO PINPOINT UNDERSERVED AREAS AND CREATE STRATEGIC TECHNOLOGY
PLANS FOR THESE LOCATIONS. WE WORK WITH COMMUNITY LEADERSHIP TO ADDRESS
THE TECHNOLOGY CHALLENGES UNIQUELY RELATED TO THAT COMMUNITY OR AREA.
THE TEAMS WILL MONITOR TECHNOLOGY GROWTH AND IMPLEMENT THE NECESSARY
PROGRAMS TO OVERCOME OBSTACLES IDENTIFIED THROUGH THE MAPPING AND
MARKET RESEARCH. BRINGING TOGETHER REPRESENTATIVES FROM ALL SECTORS
INCLUDING AGRICULTURE, HEALTH CARE, BUSINESS, GOVERNMENT, EDUCATION,

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009
Open to Public
Inspection

Name of the organization

CONNECTED NATION, INC.

Employer identification number

61-1394934

AND PUBLIC SAFETY, ECOMMUNITY STRATEGIES HELPS COMMUNITIES TO
EFFECTIVELY AND EFFICIENTLY LEVERAGE TECHNOLOGY BY RAISING THE
AWARENESS OF BROADBAND'S BENEFITS AT THE LOCAL LEVEL AND PROVIDING THE
TOOLS AND RESOURCES TO IMPLEMENT A SUSTAINABLE LONG-TERM PLAN FOR
INCREASED BROADBAND ACCESS AND USE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

THE HANDS OF MIDDLE-SCHOOL STUDENTS IN DISTRESSED APPALACHIAN REGIONAL
COMMISSION COUNTIES. OVER THE LAST FIVE YEARS, THE PROGRAM HAS EVOLVED
TO INCLUDE DISTRIBUTIONS TO DIVERSE SEGMENTS OF THE POPULATION THROUGH
CONNECTED NATION'S CONNECT KENTUCKY, CONNECTED TENNESSEE, AND CONNECT
OHIO PROGRAMS. THE EVERY CITIZEN ONLINE PROGRAMS HAVE DELIVERED NEARLY
6,000 COMPUTERS ALONG WITH PRINTERS, SOFTWARE, SERVERS AND OTHER
TECHNOLOGIES.

IN TENNESSEE, CONNECTED NATION'S COMPUTERS 4 KIDS (C4K) PROGRAM HAS HAD
A SIGNIFICANT IMPACT ON SOME OF STATE'S MOST VULNERABLE YOUTH. TO DATE,
C4K HAS PROVIDED OVER 2,100 COMPUTERS TO AT RISK CHILDREN AND FAMILIES
ACROSS TENNESSEE. IN OCTOBER 2009, THE NORTHEAST TENNESSEE TECHNOLOGY
COUNCIL RECOGNIZED C4K WITH A "COMMUNITY SERVICE" AWARD FOR COMMITMENT
OF TIME AND RESOURCES TO IMPROVE THE COMMUNITY THROUGH TECHNOLOGY. C4K
IS WORKING WITH THE TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES TO
PROVIDE COMPUTERS TO CHILDREN IN THE FOSTER CARE SYSTEM. DESCRIBED AS
"A HELPING HAND, NOT A HANDOUT," C4K TARGETS HIGH SCHOOL-AGED CHILDREN
RECOMMENDED BY THEIR CASE MANAGERS BASED ON SPECIFIED BEHAVIORAL AND
ACADEMIC EXPECTATIONS. THE PROGRAM HAS ALSO PROVIDED COMPUTERS TO

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

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Open to Public
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Name of the organization

CONNECTED NATION, INC.

Employer identification number

61-1394934

FAMILIES WHO HAVE SUCCESSFULLY COMPLETED THE DEPARTMENT OF HUMAN SERVICES FAMILIES FIRST PROGRAM - A SHORT-TERM ASSISTANCE PROGRAM FOR FAMILIES EXPERIENCING FINANCIAL DIFFICULTIES. THESE COMPUTERS ASSISTED FAMILIES AS THEY GOT BACK ON THEIR FEET AND EMBARKED ON JOB-SEARCHING, LEARNING BASIC COMPUTING SKILLS AND PARTICIPATING IN THE ECONOMIC AND CIVIC OPPORTUNITIES PRESENTED BY THE INTERNET.

TECHNOLOGICALLY-ENABLED COMMUNITIES THRIVE AS PEOPLE GAIN ACCESS TO GLOBAL ECONOMIC RESOURCES. CONNECTED NATION'S DIGITAL INCLUSION PROGRAMS ARE CONNECTING DISENFRANCHISED COMMUNITIES WITH TECHNOLOGIES THAT OPEN UP A GATEWAY TO EDUCATIONAL, INFORMATIONAL, GOVERNMENTAL, HEALTH, AND SOCIAL RESOURCES. WITH THE VISION OF ACHIEVING EQUAL ACCESS FOR ALL, CONNECTED NATION IS COMMITTED TO WORKING WITH ALL STAKEHOLDERS TO BRIDGE THE DIGITAL DIVIDE.

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE FORM 990 IS RECEIVED BY THE BOARD MEMBERS FOR THEIR REVIEW AND COMMENT PRIOR TO ITS FILING. THE 990 IS APPROVED AT A FULL BOARD OF DIRECTORS MEETING.

FORM 990, PART VI, SECTION B, LINE 12C: THIS IS DONE THROUGH A CONFLICT OF INTEREST QUESTIONNAIRE.

FORM 990, PART VI, SECTION B, LINE 15: A REVIEW IS DONE FOR ADEQUATE COMPENSATION USING COMPARABLE DATA OF SIMILAR POSITIONS AND EXPERIENCE/JOB FUNCTIONS OF COMPARABLE ORGANIZATIONS. ONCE AN AMOUNT HAS BEEN DETERMINED, THE BOARD APPROVES THE COMPENSATION.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009
Open to Public
Inspection

Name of the organization

CONNECTED NATION, INC.

Employer identification number

61-1394934

FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE UPON REQUEST

NO CHANGES IN THE PROCESS FROM THE PREVIOUS YEAR.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: ERIC MILLS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

A DIRECTOR AND OFFICER

(D) DESCRIPTION OF TRANSACTION: MILLS AND HIS STAFF PROVIDE PRIMARILY
LEGAL BUT ALSO FINANCIAL AND MANAGEMENT SERVICES TO THE COMPANY.

(A) NAME OF PERSON: JOE MEFFORD

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

JOE MEFFORD, BRIAN MEFFORD'S FATHER

(D) DESCRIPTION OF TRANSACTION: MEFFORD PROVIDED PROJECT MANAGEMENT
SERVICES INCLUDING SUBSTANTIAL INVOLVEMENT IN OUTREACH AND MANAGEMENT OF
THE OPPORTUNITY ONLINE BROADBAND PROGRAM AS WELL AS MANAGING BROADBAND
PROVIDER AWARENESS, EDUCATION AND DATA ACQUISITION FOR MAPPING EFFORTS.
FURTHER QUALIFICATIONS AND WORK RESPONSIBILITIES CAN BE VIEWED AT
[HTTP://WWW.CONNECTEDNATION.COM/WHO WE ARE/STAFF/ JOE MEFFORD.PHP.](http://www.connectednation.com/who-we-are/staff/joe-mefford.php)

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047
2009
Open to Public Inspection

Related Organizations and Unrelated Partnerships
▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

CONNECTED NATION, INC.

Employer identification number
61-1394934

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
SEE ATTACHED SCHEDULE - STATEMENT 1.		KENTUCKY	0.	0.	

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2009

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?
							Yes	No		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
SEE ATTACHED SCHEDULE - STATEMENT 2.		KY			0.	0.	.00%

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved	
			Yes	No
(1) CN VENTURES, INC.		A		6,063.
(2) CN VENTURES, INC.		D		101,791.
(3) CN VENTURES, INC.		M		8,477.
(4) CN VENTURES, INC.		N		7,262.
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners Section 501(c)(3) organizations?		(e) Share of end-of- year assets	(f) Dispropor- tionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Depreciation and Amortization 990
 (Including Information on Listed Property)

2009

Attachment
 Sequence No 67

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return: **CONNECTED NATION, INC.**
 Business or activity to which this form relates: **FORM 990 PAGE 10**
 Identifying number: **61-1394934**

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property	/		27.5 yrs	MM	S/L	
	/		27.5 yrs	MM	S/L	
i Nonresidential real property	/		39 yrs	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs		S/L	
c	40-year	/	40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	161,430.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No		24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No						
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use.								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year:					
43 Amortization of costs that began before your 2009 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

STATEMENT 1

Schedule R - Part 1 - Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity		Percentage of Ownership Interest	Primary Activity	(C) Legal domicile	(D) Total Income	(E) End-of-Year Assets	(F) Direct controlling entity
Company Name	Address						
CN Financial, LLC	1020 College Street, Bowling Green, KY 42101	26-0530874	100%	Asset Holding Company	Kentucky	7,506	Connected Nation, Inc.
Connect Alabama, LLC	1020 College Street, Bowling Green, KY 42101	26-0742035	100%	To Implement Connected Nation's Mission in Alaska	Kentucky	89,964	Connected Nation, Inc.
Connect Arkansas, LLC	1020 College Street, Bowling Green, KY 42101	26-0550734	100%	To Implement Connected Nation's Mission in Arkansas	Kentucky	-	Connected Nation, Inc.
Connect Arizona, LLC	1020 College Street, Bowling Green, KY 42101	26-0560908	100%	To Implement Connected Nation's Mission in Arizona	Kentucky	-	Connected Nation, Inc.
Connect California, LLC	1020 College Street, Bowling Green, KY 42101	26-0745378	100%	To Implement Connected Nation's Mission in California	Kentucky	3,631	Connected Nation, Inc.
Connect Colorado, LLC	1020 College Street, Bowling Green, KY 42101	26-0500223	100%	To Implement Connected Nation's Mission in Colorado	Kentucky	304,548	Connected Nation, Inc.
Connect Connecticut, LLC	1020 College Street, Bowling Green, KY 42101	26-0741605	100%	To Implement Connected Nation's Mission in Connecticut	Kentucky	-	Connected Nation, Inc.
Connect Delaware, LLC	1020 College Street, Bowling Green, KY 42101	26-0741366	100%	To Implement Connected Nation's Mission in Delaware	Kentucky	6,479	Connected Nation, Inc.
Connect Florida, LLC	1020 College Street, Bowling Green, KY 42101	26-0741262	100%	To Implement Connected Nation's Mission in Florida	Kentucky	-	Connected Nation, Inc.
Connect Georgia, LLC	1020 College Street, Bowling Green, KY 42101	26-0550838	100%	To Implement Connected Nation's Mission in Georgia	Kentucky	-	Connected Nation, Inc.
Connect Hawaii, LLC	1020 College Street, Bowling Green, KY 42101	26-0742834	100%	To Implement Connected Nation's Mission in Hawaii	Kentucky	96,355	Connected Nation, Inc.
Connect Iowa, LLC	1020 College Street, Bowling Green, KY 42101	26-0742423	100%	To Implement Connected Nation's Mission in Iowa	Kentucky	44	Connected Nation, Inc.
Connect Idaho, LLC	1020 College Street, Bowling Green, KY 42101	26-0742855	100%	To Implement Connected Nation's Mission in Idaho	Kentucky	370,212	265,000
Connect Illinois, LLC	1020 College Street, Bowling Green, KY 42101	26-0550765	100%	To Implement Connected Nation's Mission in Illinois	Kentucky	344	Connected Nation, Inc.
Connect Indiana, LLC	1020 College Street, Bowling Green, KY 42101	26-0742459	100%	To Implement Connected Nation's Mission in Indiana	Kentucky	318,954	192,494
Connect Kansas, LLC	1020 College Street, Bowling Green, KY 42101	26-0655800	100%	To Implement Connected Nation's Mission in Kansas	Kentucky	323,955	64,510
Connect Kentucky, LLC	311 W Main St., Frankfort, KY 40601	26-0530781	100%	To Implement Connected Nation's Mission in Kentucky	Kentucky	25	Connected Nation, Inc.
Connect Louisiana, LLC	1020 College Street, Bowling Green, KY 42101	26-0742125	100%	To Implement Connected Nation's Mission in Louisiana	Kentucky	-	Connected Nation, Inc.
Connect Massachusetts, LLC	1020 College Street, Bowling Green, KY 42101	26-0531255	100%	To Implement Connected Nation's Mission in Massachusetts	Kentucky	-	Connected Nation, Inc.
Connect Maryland, LLC	1020 College Street, Bowling Green, KY 42101	26-0742932	100%	To Implement Connected Nation's Mission in Maryland	Kentucky	269	Connected Nation, Inc.
Connect Maine, LLC	1020 College Street, Bowling Green, KY 42101	26-0742970	100%	To Implement Connected Nation's Mission in Maine	Kentucky	84,566	74,551
Connect Michigan, LLC	1020 College Street, Bowling Green, KY 42101	26-0744287	100%	To Implement Connected Nation's Mission in Michigan	Kentucky	147,108	87,844
Connect Minnesota, LLC	1020 College Street, Bowling Green, KY 42101	26-0744206	100%	To Implement Connected Nation's Mission in Minnesota	Kentucky	38	Connected Nation, Inc.
Connect Missouri, LLC	1020 College Street, Bowling Green, KY 42101	26-0744141	100%	To Implement Connected Nation's Mission in Missouri	Kentucky	188	Connected Nation, Inc.
Connect Mississippi, LLC	1020 College Street, Bowling Green, KY 42101	26-0744098	100%	To Implement Connected Nation's Mission in Mississippi	Kentucky	-	Connected Nation, Inc.
Connect Montana, LLC	1020 College Street, Bowling Green, KY 42101	26-0744054	100%	To Implement Connected Nation's Mission in Montana	Kentucky	100,857	29,940
Connect North Carolina, LLC	1020 College Street, Bowling Green, KY 42101	26-0745323	100%	To Implement Connected Nation's Mission in North Carolina	Kentucky	-	Connected Nation, Inc.
Connect North Dakota, LLC	1020 College Street, Bowling Green, KY 42101	26-0745218	100%	To Implement Connected Nation's Mission in North Dakota	Kentucky	-	Connected Nation, Inc.
Connect Nebraska, LLC	1020 College Street, Bowling Green, KY 42101	26-0743328	100%	To Implement Connected Nation's Mission in Nebraska	Kentucky	144	Connected Nation, Inc.
Connect New Hampshire, LLC	1020 College Street, Bowling Green, KY 42101	26-0743978	100%	To Implement Connected Nation's Mission in New Hampshire	Kentucky	38	Connected Nation, Inc.
Connect New Jersey, LLC	1020 College Street, Bowling Green, KY 42101	26-0743055	100%	To Implement Connected Nation's Mission in New Jersey	Kentucky	-	Connected Nation, Inc.
Connect New Mexico, LLC	1020 College Street, Bowling Green, KY 42101	26-0743010	100%	To Implement Connected Nation's Mission in New Mexico	Kentucky	99,123	94,109
Connect Nevada, LLC	1020 College Street, Bowling Green, KY 42101	26-0743867	100%	To Implement Connected Nation's Mission in Nevada	Kentucky	2,211,695	518,071
Connect New York, LLC	1020 College Street, Bowling Green, KY 42101	26-0745275	100%	To Implement Connected Nation's Mission in New York	Kentucky	-	Connected Nation, Inc.
Connect Ohio, LLC	232 North 3rd Street, Suite 201, Columbus, OH 43215	26-0550887	100%	To Implement Connected Nation's Mission in Ohio	Kentucky	-	Connected Nation, Inc.
Connect Oklahoma, LLC	1020 College Street, Bowling Green, KY 42101	26-1361381	100%	To Implement Connected Nation's Mission in Oklahoma	Kentucky	-	Connected Nation, Inc.
Connect Oregon, LLC	1020 College Street, Bowling Green, KY 42101	26-0655737	100%	To Implement Connected Nation's Mission in Oregon	Kentucky	-	Connected Nation, Inc.
Connect Pennsylvania, LLC	1020 College Street, Bowling Green, KY 42101	26-0655472	100%	To Implement Connected Nation's Mission in Pennsylvania	Kentucky	5,402	Connected Nation, Inc.
Connect Puerto Rico, LLC	1020 College Street, Bowling Green, KY 42101	27-0230775	100%	To Implement Connected Nation's Mission in Puerto Rico	Kentucky	-	Connected Nation, Inc.
Connect Rhode Island, LLC	1020 College Street, Bowling Green, KY 42101	26-0655289	100%	To Implement Connected Nation's Mission in Rhode Island	Kentucky	80,077	7,410
Connect South Carolina, LLC	1020 College Street, Bowling Green, KY 42101	26-0550185	100%	To Implement Connected Nation's Mission in South Carolina	Kentucky	-	Connected Nation, Inc.
Connect South Dakota, LLC	1020 College Street, Bowling Green, KY 42101	26-0655233	100%	To Implement Connected Nation's Mission in South Dakota	Kentucky	2,445,716	163,998
Connect Tennessee, LLC	618 Church Street, Suite 305, Nashville, TN 37219	26-0530182	100%	To Implement Connected Nation's Mission in Tennessee	Kentucky	221,701	190,488
Connect Texas, LLC	1020 College Street, Bowling Green, KY 42101	26-0745141	100%	To Implement Connected Nation's Mission in Texas	Kentucky	-	Connected Nation, Inc.
Connect Utah, LLC	1020 College Street, Bowling Green, KY 42101	26-0655085	100%	To Implement Connected Nation's Mission in Utah	Kentucky	225	Connected Nation, Inc.
Connect Virgin Islands, LLC	1020 College Street, Bowling Green, KY 42101	27-0427136	100%	To Implement Connected Nation's Mission in Virgin Islands	Kentucky	-	Connected Nation, Inc.
Connect Virginia, LLC	1020 College Street, Bowling Green, KY 42101	26-0550872	100%	To Implement Connected Nation's Mission in Virginia	Kentucky	-	Connected Nation, Inc.
Connect Vermont, LLC	1020 College Street, Bowling Green, KY 42101	26-0654488	100%	To Implement Connected Nation's Mission in Vermont	Kentucky	-	Connected Nation, Inc.
Connect Washington DC, LLC	1020 College Street, Bowling Green, KY 42101	26-0744440	100%	To Implement Connected Nation's Mission in Washington DC	Kentucky	38	Connected Nation, Inc.
Connect Washington, LLC	1020 College Street, Bowling Green, KY 42101	26-0654354	100%	To Implement Connected Nation's Mission in Washington	Kentucky	-	Connected Nation, Inc.
Connect Wisconsin, LLC	1020 College Street, Bowling Green, KY 42101	28-0744383	100%	To Implement Connected Nation's Mission in Wisconsin	Kentucky	-	Connected Nation, Inc.
Connect West Virginia, LLC	1020 College Street, Bowling Green, KY 42101	26-0531166	100%	To Implement Connected Nation's Mission in West Virginia	Kentucky	56	Connected Nation, Inc.
Connect Wyoming, LLC	1020 College Street, Bowling Green, KY 42101	26-0744328	100%	To Implement Connected Nation's Mission in Wyoming	Kentucky	-	Connected Nation, Inc.

STATEMENT 2

Connected Nation, Inc.
 Tax ID 61-1384834
 Form 980 attachment

Schedule R - Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of disregarded entity	EIN	Type of Entity	Percentage of Ownership Interest	(B) Primary Activity	(C) Legal domicile	(D) Total Income	(E) End-of-Year Assets	(F) Direct controlling entity
Company Name CN Ventures, Inc Address 1020 College Street, Bowling Green, KY 42101	26-1190915	Corporation	100%	Technology Consulting	Kentucky	10,728	-	Connected Nation, Inc

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- 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.**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization CONNECTED NATION, INC.	Employer identification number 61-1394934
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. 1020 COLLEGE STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BOWLING GREEN, KY 42101	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" 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 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 |

BERNIE BOGLE - 1020 COLLEGE ST, PO BOX 3448 - BOWLING

- The books are in the care of ▶ **GREEN, KY 42012-3448**
 Telephone No. ▶ **877-846-7710** FAX No. ▶ **270 781 7611**
- 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 return for the organization named above. The extension is for the organization's return for
 ▶ calendar year **2009** or
 ▶ tax year beginning _____, and ending _____.

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

3a 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.	3a	\$	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Form 8868 (Rev. 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**
- Note.** 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 File by the extended due date for filing the return. See Instructions	Name of Exempt Organization		Employer identification number
	CONNECTED NATION, INC.		61-1394934
	Number, street, and room or suite no. If a P.O. box, see instructions.		For IRS use only
	1020 COLLEGE STREET		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	BOWLING GREEN, KY 42101		

Check type of return to be filed (File a separate application for each return):

Form 990
 Form 990-EZ
 Form 990-T (sec. 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

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

BERNIE BOGLE - 1020 COLLEGE ST, PO BOX 3448 - BOWLING

- The books are in the care of GREEN, KY 42012-3448
Telephone No. 877-846-7710 FAX No. 270 781 7611
- 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 NOVEMBER 15, 2010.
- 5 For calendar year 2009, or other tax year beginning _____, and ending _____.
- 6 If this tax year 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
ALL INFORMATION REQUIRED TO PREPARE THE RETURN HAS NOT BEEN RECEIVED.

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, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ N/A

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 Bernie Bogle Title CPA Date 8/15/10