DLN: 93493315003221

Department of the Treasury

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)

OMB No 1545-0047

Open to Public The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010 D Employer identification number **B** Check if applicable CONNECTED NATION INC 61-1394934 Address change Doing Business As E Telephone number Initial return Number and street (or P O box if mail is not delivered to street address) (270) 781-4320 1020 COLLEGE STREET Terminated **G** Gross receipts \$ 11,481,904 Amended return City or town, state or country, and ZIP + 4 BOWLING GREEN, KY 42101 Application pending Name and address of principal officer **H(a)** Is this a group return for affiliates? Yes BRIAN MEFFORD 1020 COLLEGE STREET T Yes T No **H(b)** Are all affiliates included? BOWLING GREEN, KY 42101 If "No," attach a list (see instructions) H(c) Group exemption number ▶ Tax-exempt status **▽** 501(c)(3) **□** 501(c) () **◄** (insert no) 4947(a)(1) or 527 Website: ► WWW CONNECTEDNATION ORG K Form of organization ✓ Corporation ✓ Trust ✓ Association ✓ Other ► L Year of formation 2001 M State of legal domicile KY Part I Summary Briefly describe the organization's mission or most significant activities TO ACCELERATE ECONOMIC DEVELOPMENT THROUGH THE GROWTH AND APPLICATION OF TECHNOLOGY Activities & Governance 2 Check this box 🚩 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) . . 6 Number of independent voting members of the governing body (Part VI, line 1b) . 4 5 100 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 6 1,258 Total number of volunteers (estimate if necessary) 7a 0 7a Total unrelated business revenue from Part VIII. column (C), line 12. ${f b}$ Net unrelated business taxable income from Form 990-T, line 34 7b 0 **Current Year** Contributions and grants (Part VIII, line 1h) . 7,549,622 11,164,605 133,861 302,500 Program service revenue (Part VIII, line 2g) . 14,799 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 15,331 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 11,481,904 7,698,814 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . 0 77,282 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-15 Expenses 4.294.181 6,019,011 10) 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . 0 0 Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 144,769 b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 5,850,994 6,415,670 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 10,145,175 12,511,963 19 Revenue less expenses Subtract line 18 from line 12 . -2,446,361 -1,030,059 Assets or d Balances **Beginning of Current End of Year** Year 20 Total assets (Part X, line 16) . 3,015,015 2,307,942 21 2,796,936 3,240,211 Total liabilities (Part X, line 26) . 22 218.079 -932.269 Net assets or fund balances Subtract line 21 from line 20 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. 2011-11-07 Signature of officer Date Sign Here BRIAN MEFFORD CHAIRMAN & CEO Type or print name and title Print/Type Preparer's signature Check if self

Firm's address 🕨 301 EAST MAIN STREET SUITE 1100

LEXINGTON, KY 40507

CPA

preparer's name

Firm's name • BLUE & CO LLC

Paid

Preparer

Use Only

RICHARD C SHIELDS

May the IRS discuss this return with the preparer shown above? (see instructions) $\,$.

Date

RICHARD C SHIFLDS

Г

(859) 253-

PTIN

Phone no

√ Yes

employed 🕨 🛭

4a

(Code

Part III Statement of Program Service Accomplishments . 🔽 Check if Schedule O contains a response to any question in this Part III

1	Briefly	describe	the	organization's	s n	nission

) (Expenses \$

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 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

2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	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?
_	
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

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

including grants of \$

9,895,668

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 HAS RECEIVED DATA FROM MORE THAN 40% OF THE NATION'S LANDMASS, MORE THAN 39 4 MILLION HOUSEHOLDS, AND THE SERVICE INFRASTRUCTURE OF 1445 STATE-BASED BROADBAND PROVIDERS 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 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 TECHNOLOGY PLANNING AND AWARENESS - CONNECTED NATION USES GRASSROOTS TECHNOLOGY PLANNING AND AWARENESS - CONNECTED NATION USES GRASSROOTS TECHNOLOGY PLANNING WITH 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 MANY SECTORS INCLUDING AGRICULTURE, HEALTH CARE, BUSINESS, GOVERNMENT, EDUCATION, 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

77,282) (Revenue \$

302,500)

4b) (Expenses \$ 122,201 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 VILNERABLE 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 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 6,100 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 3,600 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 FAMILIES WHO HAVE SUCCESSFULLY COMPLETED THE DEPARTMENT OF HUMAN SERVICES FAMILIES FIRST PROGRAM - A SHORT-TERM ASSISTANCE PROGRAM FOR FAMILIES EXPERIENCING FINANCIAL DIFFICULTIES RECENTLY, IN 2010, C4K RECEIVED A FEDERAL GRANT TO FURTHER ITS REACH THROUGH THE BOYS AND GIRLS CLUBS OF TENNESSEE, PROVIDING COMPUTERS AND NEEDED TECHNOLOGY TRAINING THROUGH ITS CLUBS OF TENNESSEE, PROVIDING COMPUTERS AND NEEDED TECHNOLOGY TRAINING THROUGH ITS CLUBS OF TENNESSEE, PROVIDING COMPUTERS AND NEEDED TECHNOLOGY TRAINING THROUGH ITS CLUBTECH PROGRAM TODAY, 50% OF LOW-INCOME FAMILES WITH CHILDREN (THOSE WITH INCOMES BELOW \$25,000) SUBSCRIBE TO BROADBAND, UP FROM JUST 17% IN 2007 AN ASTONISHING GROWTH OF 194% 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

) (Expenses \$ 2,026,917 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 IN SOME STATES, CONNECTED NATION PRODUCED EVENTS SUPPORT THAT STATE LIBRARYS LAUNCH OF THEIR ARRA FUNDED GRANTS TO IMPROVE CONNECTIVITY IN LOCAL PUBLIC LIBRARIES

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

12,044,786 Total program service expenses►\$

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,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
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? If "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		Νo
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	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? If "Yes," complete Schedule D, Part VII.	11b		Νο
С	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? If "Yes," complete Schedule D, Part VIII.	11c		Νο
d	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? If "Yes," complete Schedule D, Part IX.	11d		Νο
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
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</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		No
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 U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
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 U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
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</i> "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
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? If "Yes," complete Schedule I, Parts I and II	21	Yes	
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? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
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? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? If "Yes," complete Schedule L, Part I	25a		No
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? If "Yes," complete Schedule L, Part I	25b		Νο
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? If "Yes," complete Schedule L, Part II	26		No
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? If "Yes," complete Schedule L, Part III	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
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? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
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? If "Yes," complete Schedule R, Part VI	37		Νο
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	38	Yes	
		F	orm 990	(2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Enter the number reported in Box 3 of Form 1096 Enter -C- (mot applicable 1a 57 1b C 1c C C C C C C C C C		Check if Schedule O contains a response to any question in this Part V	-	Yes	No
b interaction number of Forms W-26 included in line 1 a inter-0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to window and reportable payments to write complying the complying of the complying the payments to write with the complying the complying the payments to write with the complying the payments to write with the complying the payments to write with the complying the payments are reported on line 120, and the organization of the complying the payments are reported on the payments are reported on the payment and the payments are reported on the payments are reported on the 20, and the organization file all reported in the payments of the complying the payments are reported on the 20, and the payment of the payment of the complying the payments of the paymen	.a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .		1 62	140
c Did the organization comply with backup mithodding rules for reportable payments to version and reportable gaming (gambing) within section within the view covered by this payment of anything the view renders within the view covered by this payment that returns? Note, if the sum of lines 1a and 2a is greater than 30, you may be returned to either interests and 2a is greater than 30, you may be returned to either interests and 2a is greater than 30, you may be returned to either interests and 2a is greater than 30, you may be returned to either interests and 2a is greater than 30, you may be returned to either interests and 2a is greater than 30, you may be returned to either interests and 2a is greater than 30, you may be returned to either interests and a life of the organization have an interest in, or a signature or other authority over it financial account in a foreign country (such as a bank account, seeming the count, or other financial account in a foreign country (such as a bank account, seeming the seeming the country over its financial account in a foreign country (such as a bank account, seeming the last year). If If Yas, "anter than amen of the foreign country is seem structions for lining requirements for form 10 F80-22 1. Report of Foreign Benns and Financial Accounts are controlled to the organization and the seem seemed greater than 10 F80-22 1. Report of Foreign Benns and Financial Accounts of the payment of the organization and the seemed greater than 10 F80-22 1. Report of Foreign Benns and Financial Accounts of the payment of the foreign country (such as a bank account, seemed and the seemed account of the seemed					
agaming (gamining) winnings to prize winners? Enters the number of employees reported on Form W.3, Transmittal of Vage and Tax Solderements (field for the calendar year ending with or within the year covered by this Did to the sets one is reported on Form 8.2, did the organization file of enterprised to 1-file (see instructions) Did the organization may of fines 2 and 3 a greater than 50, you may be required to 1-file (see instructions) Did the organization have underside business grass smoome of \$1,000 or more during the year? A train time during the celedrate year? If No.7 provide an explanation is Schedulo 0. 3 a No. A train time during the celedrate year of the value of the year of the year of the common than 50 and 10	D				
Steements file for the calendar year ending with or within the year covered by the part of	C		1c		
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d If "Yes," indicate the number of Forms 8282 filed during the year	С		70		_{N.}
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4a Did the organization receive any payments for indoor tanning services during the tax year?	r	III which the organization is incensed to issue qualified health plans			
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			14a		No

1020 COLLEGE ST PO BOX 3448 BOWLING GREEN, KY 420123448

(877) 846-7710

Se	ction A. Governing Body and Management			
			Yes	No
_				
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who 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?	2		Νο
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?	3		N o
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6		No
0 7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		No
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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	9		No
	ction B. Policies (This Section B requests information about policies not required by the Internal			
ке	venue Code.)		Yes	No
102	Does the organization have local chapters, branches, or affiliates?	10a	Yes	110
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	104	162	
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10Ь	Yes	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	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	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
ь	Other officers or key employees of the organization	15b	Yes	
	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?	16a		No
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?	16b		
Se	ction 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 Form 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 of which 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. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of th	ie orga	nızatıor	ı -
	CHIEF FINANCIAL OFFICER			

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

Check if Schedule O contains a response to any question in this Part VII

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any 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 neither the org (A)	(B)			C)				(D)	(E)	(F)
(A) Name and Title	A verage hours		tion (that a	(che		II		Reportable compensation	Reportable compensation	Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Officer Institutional Trustee Individual trustee or director		Officei	Key employee	x 12 0 0 0 0 0 0 0 0 0		from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) BRIAN R MEFFORD CHAIRMAN & CEO / DIRECTOR	57 00	х		х				206,920	0	6,178
(2) R ERIC MILLS SECRETARY/DIRECTOR	40 00	х		Х				0	0	0
(3) STEVE LARGENT DIRECTOR	1 00	х						0	0	0
(4) JOHN E DAVIES DIRECTOR	1 00	х						0	0	0
(5) WENDY LAZARUS DIRECTOR	1 00	х						0	0	0
(6) GRANT E SEIFFERT DIRECTOR	1 00	х						0	0	0
(7) ROY R STALLMAN JR DIRECTOR	1 00	х						0	0	0
(8) THOMAS W FERREE CHIEF OPERATING OFFICER	69 00	х		х				163,515	0	4,871
(9) LARRY COHEN DIRECTOR	1 00	х						0	0	0
(10) BERNICE BOGLE TREASURER	64 00			х				109,133	0	3,422
(11) THOMAS FRITZ EXECUTIVE DIRECTOR, OH	50 00					х		120,371	0	3,581
(12) RAQUEL NORIEGA DIRECTOR OF PUBLIC POLICY	54 00					х		117,003	0	3,480
(13) MARK MCELROY CHIEF STRATEGY OFFICER	53 00					х		132,560	0	3,947
(14) ERNIE WOOD EXECUTIVE DIRECTOR, STRATE	66 00					х		101,230	0	3,000

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

	(A) Name and Title	(B) Average hours	l	((tion (che		11		Repo compe	(D) ortable ensation	(E) Reportable compensation from related		(F) Estima amount o	ated fother
		per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organız	m the ration (W- 9-MISC)	rrom related organizations (W- 2/1099- MISC)		compens from t organizati relat organiza	the on and ed
												_		
												_		
1b	Sub-Total							<u> </u>						
	Total from continuation sheets						<u></u>							
d	Total (add lines 1b and 1c) .							►		950,732		0		28,479
2	Total number of individuals (incl \$100,000 in reportable compen					ted	above) who	receive	d more tha	n			
3	Did the organization list any fori on line 1a? <i>If "Yes," complete Sch</i>							ee, o	r highes	t compens	ated employee	3	Yes	No No
4	For any individual listed on line 1 organization and related organization individual											4	Yes	
5	Did any person listed on line 1a services rendered to the organiz										r individual for •	5	163	No
Se	ction B. Independent Con	tractors												
1	Complete this table for your five \$100,000 of compensation from			ndep	ende	ent o	ontra	ctors	that rec	eived more	e than			
	Nan	(A) ne and business add	dress							Descr	(B) iption of services		(C Comper	
1941	OUGHBRED RESEARCH BISHOP LANE SUITE 1017 VILLE, KY 40218									RESEARCH S	ERVICES			496,626
86 WI INEZ,	LAW FIRM EST MAIN STREET KY 41224									LEGAL				459,808
840 D CASTI	DNSULTING IEER CLOVER CIRCLE LE ROCK, CO 80108									ENGINEERIN	G			130,044
17 JU	IEFFORD STICE LANE KFORT, KY 40601									PROJECT MA	NAGEMENT			120,478
	Total number of independent cont	ractors (includii	na but n	ot lın	nited	l to	those	liste	d above)	who receiv	ed more than			

\$100,000 in compensation from the organization \-4

Form 9							P	age 9
Part \	/	Statement of Revent	ue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections
								512, 513, or 514
143 143	1a	Federated campaigns	1a					717
Contributions, gifts, grants and other similar amounts	ь	Membership dues	. 1b					
s, g	С	Fundraising events	1c					
#£	d	Related organizations	. 1d					
£, E		Government grants (contributions)		9,321,831				
tior Fisi		All other contributions, gifts, grants		1,842,774				<u> </u>
ēt. P¥	-	similar amounts not included above	2					
d tr	g	Noncash contributions included in li	nes 1a-1f \$					
ပည	h	Total. Add lines 1a-1f			11,164,605			
le				Business Code				
Program Service Revenue	2a	CONNECT PROGRAM PROFES		541519	302,500	302,500		<u> </u>
Æ	b							
931	С							
er.	d							
5	e							
آلاء ا	f	All other program service rev	venue					
<u>ڄ</u>	а	Total. Add lines 2a-2f			302,500			
		Investment income (includin						
		and other similar amounts)	-		14,799			14,79
	4	Income from investment of tax-ex-	empt bond proceeds 🕨					
	5	Royalties						
			(ı) Real	(II) Personal				
		Gross Rents						
	Ь	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)						
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of						
		assets other than inventory						
	ь	Less cost or						
		other basis and sales expenses						
		Gain or (loss)						
	d	Net gain or (loss)	<u> </u>					
ne	8a	Gross income from fundraising (not including	ng events					
Other Revenue		\$						
Re		of contributions reported on						
ē		See Part IV, line 18	а					
ĭ	ь	Less direct expenses						
,		Net income or (loss) from fur						
			ctivities See Part IV, line 19 . a	a				
	ь	Less direct expenses		ь				
	U	Net income or (loss) from ga	ming activities					
	10a	Gross sales of inventory, les	s					
		returns and allowances .	a					
	h	Less cost of goods sold .						
		Net income or (loss) from sa						
		Miscellaneous Revenue	,	Business Code				
	11a							
	ь							
	c	-						
		All other revenue						
		Total. Add lines 11a-11d .						
			•					
	12	Total revenue. See Instruction	ons	ļ	11 /81 90/	202 500		1/1 70

	990 (2010)				Page 10
Par					
	Section $501(c)(3)$ and $501(c)(4)$ organizations mus II other organizations must complete column (A) but are not required to c			(D)	
Do no	ot include amounts reported on lines 6b,	(A)	(B) Program service	(C) Management and	(D) Fundraising
7b, 8i	p, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	77,282	77,282		
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	979,211	950,470	8,918	19,823
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	3,986,334	3,886,822	30,172	69,340
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	136,388	133,187	1,101	2,100
9	Other employee benefits	539,391	526,683	4,593	8,115
10	Payroll taxes	377,687	367,939	2,971	6,777
а	Fees for services (non-employees) Management	,	,	,	,
ь	Legal	531,802	449,066	77,664	5,072
с	Accounting	30,250	25,543	4,419	288
d	Lobbying	,	,	,	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	25,948	21,912	3,789	247
12	Advertising and promotion	141,037	108,314	31,467	1,256
13	Office expenses	569,575	561,616	4,567	3,392
14	Information technology	399,376	382,961	9,889	6,526
15	Royalties	333,370	302,301	3,003	0,320
16	Occupancy	346,244	331,022	9,171	6,051
17	Travel	1,034,936	1,022,021	5,685	7,230
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	1,034,330	1,022,021	3,003	7,230
19	Conferences, conventions, and meetings	278,034	277,326	426	282
20	Interest	106,033	14,599	91,004	430
21	Payments to affiliates	· · · · · · · · · · · · · · · · · · ·	·	·	
22	Depreciation, depletion, and amortization	386,220	379,665	3,949	2,606
23	Insurance	58,621	56,023	 	1,032
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)	, ,	,	,	,
а	CONSULTANTS	1,744,333	1,735,081	5,917	3,335
b	RESEARCH	663,970	663,970		
c	COMPUTER DISTRIBUTIONS	26,999	26,999		
d	REPAIRS AND MAINTENANCE	24,820	23,721	662	437
е	BAD DEBTS	23,704		23,704	
f	All other expenses	23,768	22,564	774	430
25	Total functional expenses. Add lines 1 through 24f	12,511,963	12,044,786	322,408	144,769
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				· ·

Pa	rt X	Balance Sheet								
					(A) Beginning of year		(B) End of year			
	1	Cash—non-interest-bearing			133,853	1	576,668			
	2	Savings and temporary cash investments				2				
	3	Pledges and grants receivable, net			2,410,781	3	402,517			
	4	Accounts receivable, net			18,270	4	621,718			
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	, key e	employees, and						
		Schedule L				5				
	6	Receivables from other disqualified persons (as defined under sepersons described in section $4958(c)(3)(B)$, and contributing emsponsoring organizations of section $501(c)(9)$ voluntary employed organizations (see instructions)	nploye	rs, and						
şts		Schedule L				6				
Assets	7	Notes and loans receivable, net				7				
Ą	8	Inventories for sale or use	for sale or use							
	9	Prepaid expenses and deferred charges			42,253	9	50,316			
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	1,613,584						
	b	Less accumulated depreciation	ation							
	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)			3,015,015	16	2,307,942			
	17	Accounts payable and accrued expenses .			748,393	17	1,689,520			
	18	Grants payable				18				
	19	Deferred revenue			43,750	19	114,680			
	20	Tax-exempt bond liabilities				20				
es	21	Escrow or custodial account liability Complete Part IV of Schedule	D .			21	_			
bilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified								
Lial		persons Complete Part II of Schedule L				22				
	23	Secured mortgages and notes payable to unrelated third parties		•	1,808,211	23	1,236,429			
	24	Unsecured notes and loans payable to unrelated third parties .			196,582	24	199,582			
	25	Other liabilities Complete Part X of Schedule D				25				
	26	Total liabilities. Add lines 17 through 25			2,796,936	26	3,240,211			
		Organizations that follow SFAS 117, check here ▶ 🔽 and compl	et e lir	nes 27						
9		through 29, and lines 33 and 34.								
Fund Balances	27	Unrestricted net assets			-1,886,650	27	-1,332,831			
Ba	28	Temporarily restricted net assets			2,104,729	28	400,562			
됟	29	Permanently restricted net assets				29				
Ē		Organizations that do not follow SFAS 117, check here ▶ ┌ and	d comp	olete						
5		lines 30 through 34.								
	30	Capital stock or trust principal, or current funds	•			30				
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .	•			31				
	32	Retained earnings, endowment, accumulated income, or other fur	nds			32				
Net	33	Total net assets or fund balances			218,079	33	-932,269			
	34	Total liabilities and net assets/fund balances			3,015,015	34	2,307,942			

Par	Check if Schedule O contains a response to any question in this Part XI			. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		11,4	81,904
2	Total expenses (must equal Part IX, column (A), line 25)	2			511,963
3	Revenue less expenses Subtract line 2 from line 1	3		-1,0	30,059
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2	218,079
5	Other changes in net assets or fund balances (explain in Schedule O)	5		- 1	.20,289
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		- 9	32,269
Par	TEXII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 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 its Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both	ssued			
	Separate basis Consolidated basis Both consolidated and separated basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

CONNECTED NATION INC

Department of the Treasury Internal Revenue Service

h

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

Public Charity Status and Public Support

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

Inspection

61-1394934 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). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. Seesection 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 Type I Type II c Type III - Functionally integrated Type III - Other 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) 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	organizati col (i) list your gove docume	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 ?		
		instructions))	Yes No	Yes	No	Yes	No			
Total										

Provide the following information about the supported organization(s)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1) (A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	under Fait III. II die	e organizacion i	alis to quality u	idei die tests i	isted below, pie	case comp	iete r	art III.)
S	ection A. Public Support							
Cal	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	,	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	3,062,975	3,841,134	9,422,112	7,549,622	11,164	1,605	35,040,448
2	grants ") Tax revenues levied for the organization's benefit and either							
_	paid to or expended on its behalf						\dashv	
3	The value of services or facilities furnished by a governmental unit							
4	to the organization without charge Total. Add lines 1 through 3	3,062,975	3,841,134	9,422,112	7,549,622	11,164	1,605	35,040,448
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							3,707,957
6	(f) Public Support. Subtract line 5 from line 4						_	31,332,491
S	ection B. Total Support		<u> </u>	I				
	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010		(f) Total
7	A mounts from line 4	3,062,975	3,841,134	9,422,112	7,549,622	11,164	,605	35,040,448
8	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties and income from similar sources	16,393	15,548	10,284	15,331	14	,799	72,355
9	Net income from unrelated business activities, whether or not the business is regularly	6,136	6,136					12,272
10	carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part							
L1	IV) Total support (Add lines 7						+	35,125,075
12	through 10) Gross receipts from related activit	ıes, etc (See ınst	ructions)			12		442,396
13	First Five Years If the Form 990 is check this box and stop here	for the organizati	on's first, second,	third, fourth, or fi	fth tax year as a			
S	ection C. Computation of Pul	blic Support P	ercentage					
14	Public Support Percentage for 201 Public Support Percentage for 200	-		l1 column (f))		14		89 200 %
15		•	•		1 4 22 4/20/	15		82 490 %
	33 1/3% support test—2010. If the and stop here. The organization qual 33 1/3% support test—2009. If the	alıfıes as a publıc	ly supported orgar	nization				► ✓
	box and stop here. The organizatio 10%-facts-and-circumstances test is 10% or more, and if the organization	n qualifies as a pu — 2010. If the orga ition meets the "fa	ublicly supported o anization did not c acts and circumst	organization heck a box on lin ances" test, chec	e 13, 16a, or 16t k this box and st	o and line 14 op here. Exp	laın	► □
b	in Part IV how the organization me organization 10%-facts-and-circumstances test 15 is 10% or more, and if the orga	— 2009. If the organization meets the	anızatıon dıd not c e "facts and cırcur	heck a box on lin nstances" test, c	e 13, 16a, 16b, c heck this box an	or 17a and li d stop here.	ne	ed ▶
18	Explain in Part IV how the organiza supported organization Private Foundation If the organizat					•	•	▶┌
-	instructions			,, 01	,			▶ □

Schedule A (Form 990 or 990-EZ) 2010 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) 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 2010 (line 8 column (f) divided by line 13 column (f))	15	
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	
S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18	

19a 33 1/3% support tests—2010. 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

33 1/3% support tests—2009. 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

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

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	Supplemental Information. Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

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DLN: 93493315003221

OMB No 1545-0047

Supplemental Financial Statements

Department of the Treasury Internal Revenue Service

SCHEDULE D (Form 990)

> ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

Inspection ► Attach to Form 990. ► See separate instructions. Name of the organization **Employer identification number** CONNECTED NATION INC 61-1394934 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 Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 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 importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-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 Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🛌 Number of states where property subject to conservation easement is located 🛌 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨 A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 🕨 🛊 🔛 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? 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. 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 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 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

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	•••• Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tr</u>	easu	res, or (<u> Othe</u>	<u>r Similar</u>	Asse	ts (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	owing t	that are	e a sıgnıfıc	ant u	se of its co	llection	l	
а	Public exhibition		d	Γ	Loan	orexch	nange prog	rams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co Part XIV	ollections and expla	ain hov	w the	y furthe	rthe o	rganızatıo	n's ex	empt purpo	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,					ıılar	Γ.	Yes	∏ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						n answere	ed "Y	es" to For	m 990	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interm	edıary	for c	ontrıbu	itions c	or other as:	sets r	not	Γ.	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ving t	able		ſ			A mou	nt	
c	Beginning balance						-	1c				
d	Additions during the year						-	1d				
e	Distributions during the year							1e				
f	Ending balance						ŀ	1f				
2a	Did the organization include an amount on Fo	orm 990. Part X. lin	e 21?				L				Yes	☐ No
	If "Yes," explain the arrangement in Part XIV									,		,
	rt V Endowment Funds. Complete		n ans	were	ed "Ye	s" to f	Form 990	. Par	t IV. line	10.		
		(a)Current Year) Prior `			o Years Back		Three Years B		Four Y	ears Back
1a	Beginning of year balance											
b	Contributions											
c	Investment earnings or 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 yea	r end balance held	as									
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment 🕨											
С	Term endowment ▶											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	thata	are held	d and a	dmınıstere	d for	the			
	organization by								Г		Yes	No
	(i) unrelated organizations							•		3a(i)		<u> </u>
	(ii) related organizations									3a(ii)		<u> </u>
ь 4	If "Yes" to 3a(II), are the related organization. Describe in Part XIV the intended uses of the	•						•		3b		<u> </u>
	t VI Investments—Land, Buildings					90 Da	art V lina	10				
Fell	t VI investments—Land, Buildings	s, and Equipme	iiit. S				Ι ΄		(2) (2)	المعادد		
	Description of investment) Cost or is (inves		(b)Cost or basis (oth		(c) Accum deprecia		(d) Bo	ook value
	·											
1a	Land											
b I	Buildings											
b I			· ·				8	30,818		52,190		28,628
b	Buildings		· · ·					30,818 00,066		52,190 918,428		28,628 581,638
b c d e (Buildings		· · · ·				1,50					

	Form 990, Part X, line 1	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See	: Form 990, Part X, line T	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990. Part X. col (B) line 13)		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, lin		
(a) Descrip		(b) Book value
		, ,
Total (Column (h) should equal Form 200, Part V and (D) line of	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.		
Part X Other Liabilities. See Form 990, Part X	, lıne 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability		
Part X Other Liabilities. See Form 990, Part X	, lıne 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, lıne 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, lıne 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, lıne 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, lıne 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, lıne 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, lıne 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, lıne 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, lıne 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, lıne 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, lıne 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, lıne 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, lıne 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, lıne 25.	

'ali	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts
L	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
	Excess or (deficit) for the year Subtract line 2 from line 1	3
	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
,	Investment expenses	6
	Prior period adjustments	7
3		8
	Other (Describe in Part XIV)	
•	Total adjustments (net) Add lines 4 - 8	9
)	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10
	Reconciliation of Revenue per Audited Financial Statements With Revenue	
	Total revenue, gains, and other support per audited financial statements	1
	A mounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains on investments	
Ь	Donated services and use of facilities	-
C	Recoveries of prior year grants	
d	Other (Describe in Part XIV)	_
e	Add lines 2a through 2d	2e
	Subtract line 2e from line 1	3
	A mounts included on Form 990, Part VIII, line 12, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
b	Other (Describe in Part XIV)	
С	Add lines 4a and 4b	4c
	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5
	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	s per Return
	Total expenses and losses per audited financial statements	1 1
	Amounts included on line 1 but not on Form 990, Part IX, line 25	-
а	Donated services and use of facilities	
b b	Prior year adjustments	-
c	Other losses	-
d	Other (Describe in Part XIV)	1
e	Add lines 2a through 2d	_ 2e
	Subtract line 2e from line 1	3
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
a L	· · · · · · · · · · · · · · · · · · ·	-
b	,	- I
С	Add lines 4a and 4b	4c
	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5

Identifier Return Reference Explanation

additional information

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Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Attach to Form 990

OMB No 1545-0047

2010

DLN: 93493315003221

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization
CONNECTED NATION INC

Employer identification number

61-1394934

Part I General Inform	nation on Grants	and Assistance				1	
 Does the organization ma the selection criteria used Describe in Part IV the or 	d to award the grants	orassistance?					∀Yes ⊓
Part II Grants and Oth Form 990, Part I	V, line 21 for any	Governments and recipient that receive eded.	d more than \$5,000	. Check this box if	no one recipient rece	eived more than \$5,	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) HOLMES COUNTY DISTRICT PUBLIC LIBRARY3102 GLEN DRIVE MILLERSBURG,OH 44654	34-6001403		8,782				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES PROGRAM
(2) KANSAS DEPARTMENT OF COMMERCE1000 SW JACKSON STREET SUITE 100 TOPEKA,KS 66612	48-1124839		58,500				STATE BROADBAND DATA AND DEVELOPMENT GRANT PROGRAM
2 Enter total number of sec	tion 501(c)(3) and go	overnment organizations					<u>▶</u> 2
3 Enter total number of othe	er organizations						

			_					
Part III	Grants and Other Assistance to Individuals in the United States	 Complete if the 	organization	answered '	'Yes" to	Form 990,	Part IV, I	ine 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	•	_					

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS	1	SCHEDULE I, PART I, LINE 2 REVIEW PERIODIC REPORTS PROVIDED BY GRANTEES AND COMPARE TO GRANT AGREEMENTS AND RELATED APPLICATIONS
IN THE U S		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**Compensation Information**

DLN: 93493315003221

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization CONNECTED NATION INC

Employer identification number

61-1394934

Pa	Questions Regarding Compensation				
		_	Y	Yes	Νo
1a		ided any of the following to or for a person listed in Form			
		to provide any relevant information regarding these items			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the org reimbursement orprovision of all the expenses descri	the distance of TCUNE III as a substance Department to a substance	1b		
2	Did the organization require substantiation prior to re				
	officers, directors, trustees, and the CEO/Executive I	Director, regarding the items checked in line 1a?	2	\dashv	
3	Indicate which, if any, of the following the organization	n uses to establish the compensation of the			
_	organization's CEO/Executive Director Check all tha				
	✓ Compensation committee	Written employment contract			
	Independent compensation consultant	✓ Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Poor a related organization	art VII, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control p	payment from the organization or a related organization?	4a		No
b	Participate in, or receive payment from, a supplement		4b		Νο
С	Participate in, or receive payment from, an equity-bas		4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and pro	-		\neg	
	Only 501(c)(3) and 501(c)(4) organizations only mus	et complete lines 5-0			
5	For persons listed in form 990, Part VII, Section A, II				
•	compensation contingent on the revenues of	me 1a, did the organization pay or accrue any			
а	The organization?		5a		Νo
b	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, li compensation contingent on the net earnings of	ine 1a, did the organization pay or accrue any			
а	The organization?		6a		Νo
ь	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, I payments not described in lines 5 and 6? If "Yes," de		7		Νo
8	Were any amounts reported in Form 990, Part VII, pa	aid or accured pursuant to a contract that was		\Box	
	subject to the initial contract exception described in	Regs section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III		8		Νo
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	rebuttable presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies 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-MI		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
(1) BRIAN R MEFFORD	(1) (11)	205,920 0	1,000 0		-,	0	213,098 0	232,690 0	
	(1) (11)	162,515 0	1,000 0		4,871 0		168,386 0	o 0	
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

	Ident if ier	Return Reference	Explanation
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Schedule J (Form 990) 2010

Page **3**

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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, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ►See separate instructions. 2010

Open to Public Inspection

	the organization ED NATION INC								mployer i	dent if ica	ition numb	er	
									1-13949				
Part I	Excess Benefit Train Complete of the organization										ıne 40b		
								(c) Correct					
1	(a) Name of disq	uaimed	person			(b) Desc	ription	of trans	action		Yes	No	
												+	
												+	
	er the amount of tax impos		_		_			_	ear unde	r - #			
	tion 4958 er the amount of tax, if any									'			
3 Ellic	er the amount of tax, if any	, 011 1111	e 2, abo	ve, remiburs	eu by tii	e organization .	• •	• •	· · ·	→ <u> </u>			
Part II													
	Complete If the organiz	zation a T	nswere	d "Yes" on F T	orm 990), Part IV, line 26	, or Fori	n 990-l	EZ, Part V (f)	, line 38	<u>a</u>		
			oan to om the				(e) i	[n	Approv	/ed	(g)Writ	ten	
(a) Name	e of interested person and purpose		zation?	(c)Orig		(d)Balance due	defau	lt?	by board or a		agreeme	agreement?	
		То	From	` `			Yes No		committee?		Yes	No	
		1 '	110111				103	110	163	110	163	110	
										+			
Total .					▶ s								
Part III	Grants or Assistar					Persons.							
	Complete if the orga						, line 2	27.					
(;	a) Name of interested pers	on	(een interested per	rson	(c) A n	nount of a	rant or t	ype of assı	stance	
•	<u>*</u>			an	id the or	ganızatıon		. ,			· ·		
							+						

Part IV Business Transactions Involving Interested Persons.

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

	Complete	n the orga	mization answered Tes on Form 330, Fart IV, line 20a, 20b, or 20c.		
(a) Name of interested person	ınterested person and the	(c) A mount of transaction	(d) Description of transaction	organiz	aring of ation's nues?
(1) ERIC	organization A	†	MILLS AND HIS STAFF	103	N o
MILLS	DIRECTOR AND OFFICER	,	PROVIDE PRIMARILY LEGAL BUT ALSO FINANCIAL AND MANAGEMENT SERVICES TO THE COMPANY		IN O
MÉFFORD	JOE MEFFORD, BRIAN MEFFORD'S FATHER	,	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		No

Part V **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

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2010

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SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Name of the organization CONNECTED NATION INC

Employer identification number

61-1394934

ldentifier	Return Reference	Explanation
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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THIS IS DONE THROUGH A CONFLICT OF INTEREST QUESTIONNAIRE

Identifie	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	A REVIEW IS DONE FOR A DEQUATE 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

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	AVAILABLE UPON REQUEST

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	PRIOR PERIOD ADJUSTMENTS -120,289

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

DLN: 93493315003221

2010

OMB No 1545-0047

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Schedule R (Form 990) 2010

SCHEDULE R (Form 990)

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.

Department of the Treasury Internal Revenue Service

Name of the organization **Employer identification number** CONNECTED NATION INC 61-1394934 Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) Part I (a)
Name, address, and EIN of disregarded entity (d) (b) (c) (e) Direct controlling Primary activity Legal domicile (state Total income End-of-year assets or foreign country) entity (1) SEE ATTACHED SCHEDULE - STATEMENT 1 ΚY Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) (g) (b) (d) Section 512(b)(13) Public charity status Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Direct controlling controlled or foreign country) (if section 501(c)(3)) entity organization Yes No

Cat No 50135Y

Part III Iden becau	tification of Relat se it had one or mo	ed Org a ore relat	anizations Taxa ed organizations	ble as a Partners treated as a partne	ship (ership	Complete if during the ta	the c	organization a ear.)	answe	red "\	es" on l	Form 990,	Part	IV, lır	ne 34
(a) Name, address, and EIN related organization	(b) of 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)	Share	(f) Share of total income		(g) Share of end-of-year assets		oroprtionate Code v ocations? amount in Schedi		(i) Code V—UBI Imount in box 20 of Schedule K-1 (Form 1065)		ral or nging ner?	(k) Percentage ownership
									Yes	No			Yes	No	
	tification of Relat 4 because it had on										iswered	"Yes" on	Form	990,	Part IV,
Name, address,	(a) and EIN of related organiza	tion	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Direct controlli entity	ıng	(e) Type of entity (C corp, S corp, or trust)		(f) are of to) :al income	(g Share end-of- asse	e of -year		(h) Percentage ownership
(1) SEE ATTACHED SCH	EDULE - STATEMENT 2			КҮ											

Note. Complete line 1 if any entity is listed in Parts II, III or IV				Υe	s No				
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related orga	anızatıons lısted ın Part	s II-IV?							
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1	a Ye	s				
b Gift, grant, or capital contribution to other organization(s)			1	.b	No				
c Gift, grant, or capital contribution from other organization(s)			1	.c	No				
d Loans or loan guarantees to or for other organization(s)			1	.d Ye	s				
e Loans or loan guarantees by other organization(s)			1	.е	No				
f Sale of assets to other organization(s)			1	.f	No				
g Purchase of assets from other organization(s)			1	.g	No				
h Exchange of assets			1	.h	No				
i Lease of facilities, equipment, or other assets to other organization(s)									
j Lease of facilities, equipment, or other assets from other organization(s)			1	.j	No				
k Performance of services or membership or fundraising solicitations for other organization(s)			1	.k	No				
I 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									
• Reimbursement paid to other organization for expenses			1	.о	No				
p Reimbursement paid by other organization for expenses			1	р.	No				
q Other transfer of cash or property to other organization(s)			1	.q	No				
r Other transfer of cash or property from other organization(s)			1	lr .	No				
				•					
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line,	ıncludıng covered relat	ionships and transact	ıon thresholds						
(a)	(b)	(c)	(d)						
Name of other organization	Transaction type(a-r)	Amount involved	Method of deterr		amount				
(1) CN VENTURES INC	А	8,718	CASH						
(2) CN VENTURES INC	D	267,610	CASH						
(3) CN VENTURES INC	M	2,948	CASH						
(4) CN VENTURES INC									
(4) CH VEHTORES INC	N	3,258	CASH						
(5)									
(6)		1	1						

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

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on 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		rtionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	man part	(h) eneral or nanaging partner?	
			Yes	No		Yes	No		Yes	No	
			-							-	
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Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Ident if ier	Return Reference	Explanation

Schedule R (Form 990) 2010

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Depreciation and Amortization

(Including Information on Listed Property)

DLN: 93493315003221

OMB No 1545-0172

Department of the Treasury

Form 4562

Attachment See separate instructions. Attach to your tax return. Sequence No 67 Internal Revenue Service (99) Name(s) shown on return Business or activity to which this form relates **Identifying number** CONNECTED NATION INC FORM 990 PAGE 10 61-1394934 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 500,000 1 Maximum amount See the instructions for a higher limit for certain businesses 1 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 2,000,000 4 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use 6 (a) Description of property (c) Elected cost only) 7 Listed property Enter the amount from line 29 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 2009 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 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 2011 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 **15** Property subject to section 168(f)(1) election **16** Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2010 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 . 📂 Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method period property deduction service use only—see instructions) 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 27 5 yrs ММ S/L h Residential rental property 27 5 yrs мм S/L 39 yrs мм S/L i Nonresidential real property ΜМ S/L Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System **20a** Class life S/L **b** 12-year 12 yrs S/L **c** 40-year ММ S/L 40 yrs 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 22 386,220 and on the appropriate lines of your return Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Part V
Listed Property (Include automobiles, certain other vehicles, 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.

		24 <i>a,</i> 24 <i>b,</i> Co															
Section A—Depre								nstr									
24a Do you have evider	nce to support	the business/inv	estment u	ise claime	d? I Yes	l No			241	olf "Ye	es," is t	he ev	dence	written?	l Ye	s I No)
(a) Type of property (list vehicles first)	ty (list Date placed in investment Cost o		(d Cost oi bas	rother	I (hiisiness/investment I			(f) Recov perio	ery				(h) Depreciation/ deduction			(i) Electe section 1 cost	
25 Special depreciation allo	•		ty placed	ın service (during the	tax year	and u	ised n	nore	than	25						
26 Property used mor			ousiness	use													
		%							П						T		
		%													\perp		
37 Property used E0%	- orlace in a	% %	IDAGG IIG	•													
27 Property used 50%	o or less in a	quanned busined busine	iness us	<u>e</u>						6/L -		Т			$\overline{}$		
		%							$\overline{}$	5/L -							
		%							9	6/L -					그ㅡ		
28 Add amounts in c	olumn (h), lır	nes 25 through	n 27 En	ter here a	and on lir	ne 21, _l	page	1		28							
29 Add amounts in c	olumn (ı), lın	e 26 Enterhe	re and o	n line 7,	page 1								29				
				—Infor													
Complete this section If you provided vehicles to															a vahic	lo c	
i you provided verticles to	your employee	es, mscanswer u	ie questioi		a)		b)	II EXC		(c)	Inpletin	<u>g (ilis</u> (d		(e	_		f)
30 Total business/invyear (do not inclu			ing the •		hicle 1 Vehicle 2		•			nicle 3	• •		le 4	Vehic	•		
31 Total commuting	mıles drıven	during the yea	ar.														
32 Total other person	nal(noncomn	nuting) miles d	driven														
33 Total miles driver through 32	during the y	ear Add lines	30														
34 Was the vehicle a		ersonal use		Yes	No	Yes	No	Y	'es	No	, Y	es	No Yes		No	Yes	No
during off-duty ho	urs? .																
35 Was the vehicle u owner or related p		by a more th	an 5%														
36 Is another vehicle			e? .														
Section	on C—Oue	stions for	Employ	vers W	ho Pro	vide \	/ehi	cles	fo	r Us	e bv	The	ir En	volar	ees		
Answer these question 5% owners or related	ns to determ	ine if you mee	t an exc													not mo	re tha
37 Do you maintain a				nibits all	personal	use of	vehi	cles,	ıncl	luding	comn	nutınç	ı, by y	our	$\top_{\mathbf{Y}}$	es	No
employees?													•	•	<u> </u>		-110
20.5										1					-		
38 Do you maintain a employees? See t																	
39 Do you treat all us																	
40 Do you provide movehicles, and reta				oyees, ol	btaın ınfo	rmatio •	n fror	n yo	ure	mploy • •	ees al	out t	he us	e of the	,		
41 Do you meet the r	equirements	concerning q	ualıfıed a	automobi	le demor	nstratio	n us	e? (S	ee ı	nstru	ctions) .	•				
Note: If your answ	ver to 37, 38	, 39, 40, or 4	1 ıs "Yes	s," do no	t comple	te Sect	ion B	fort	the o	cover	ed veh	ıcles					
Part VI Amo	rtization																
		(b)		(0	٠)			(4)			(e)				(f)		
(a)		Date		A mort				(d) Code) le Amorti:				A mor	rtizatio	n for	
Description of c	osts	amortization begins		amo	unt		se	ectio	n		eriod rcenta			th	nis yea	ar	
42 A mortization of co	sts that her		ır 2010	tax vear	(see inc	truction	15)			1 50		ə- <u> </u>					
		adming you	1	-un year	,500 1115	-, action	,			Т							
										+		+					
43 A mortization of co	sete that he	an hefore yer	r 2010 ±									42					
A IIIOILIZALION OF CO	osis illat beg	an belote you	. ZUIU [.ax year		•	•	•	•		· '	43					

44 Total. Add amounts in column (f) See the instructions for where to report

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