DLN: 93493320039122

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

ntemal l	Revenue	Service	The organization may have to use a copy of	of this return to satisf	y state reporting	requirements	Inspection
A Fo	rthe 2	2011 ca	endar year, or tax year beginning 01-01-2011	and ending 12-31-2	2011		
B Che	eck if ap	plicable	C Name of organization CONNECTED NATION INC			D Employer i	dentification number
Add	Iress cha	ange	Doing Business As			61-13949 E Telephone	
— Nar	ne char	nge	Doing Dusiness As			•	
— _{Inıt}	ıal retur	n	Number and street (or P O box if mail is not delivered	d to street address) Room	n/suite	(270)781	
– Ten	mınated	ı	1020 COLLEGE STREET	/		G Gross receip	ts \$ 16,063,794
– _{Am}	ended r	eturn	City or town, state or country, and ZIP + 4	L			
_		pending	BOWLING GREEN, KY 42101				
			F Name and address of principal officer		U/5\ T - 1		urn for
			BRIAN MEFFORD		H(a) Is the affilia	ıs a group retu ites?	ırn for ┌ Yes
			1020 COLLEGE STREET BOWLING GREEN,KY 42101				
			DO WEING GREEN, KT 42101		1 ' '	l affiliates inclu	·
	x-exem	pt status	▼ 501(c)(3)	947(a)(1) or	_	o," attach a lis ip exemption r	st (see instructions)
					H(c) Grou	ih evellihrinii l	idilibel F
			N CONNECTEDNATION ORG		<u> </u>		
			Corporation Trust Association Other		L Year of fo	rmation 2001	M State of legal domicile KY
Pa	rt I	Sum	nary				
			scribe the organization's mission or most sign		AND ADDITION	TON 05 75 6	HNOLOGY
.	<u>™</u>	UACC	ELERATE ECONOMIC DEVELOPMENT THRO	JUGH THE GROWTH	AND APPLICAT	TON OF TEC	HINOLOGY
Ĕ	-						
ACUVINES & GOVERNANCE	-						
Š	2 0	heck th	s box 🔭 if the organization discontinued its	operations or dispose	ed of more than 2	5% of its net	assets
<i>ာ</i> ဝ			f voting members of the governing body (Part			3	8
v ab	4 1	lumber	findependent voting members of the governin	g body (Part VI, line	1b)	. 4	5
į			nber of individuals employed in calendar year 2)	5	102
5	6 ⊺	otal nur	nber of volunteers (estimate if necessary) .			6	609
4.			elated business revenue from Part VIII, colun			7a	0
	Ь∧	let unrel	ated business taxable income from Form 990-	-T, line 34	<u> </u>	7b	0
					Prio	r Year	Current Year
g.	8		utions and grants (Part VIII, line 1h)		11,164,605	16,054,726	
en ne	9		m service revenue (Part VIII, line 2g)			302,500	10,000
Revenue	10		ment income (Part VIII, column (A), lines 3, 4	,		14,799	-932
≖ _	11		evenue (Part VIII, column (A), lines 5, 6d, 8c			0	0
	12		evenue—add lines 8 through 11 (must equal P		line	11,481,904	16,063,794
	13		and similar amounts paid (Part IX, column (A			77,282	823,619
	14		and similar amounts paid (Part IX, column (A s paid to or for members (Part IX, column (A),		•	77,282	823,619
	15		s paid to or for members (Part 1x, column (A), s, other compensation, employee benefits (Pa			U	0
\$	15	5-10)	s, other compensation, employee benefits (Fa	rt 1x, column (A), mie	:5	6,019,011	6,795,092
Expenses	16a	Profes	sional fundraising fees (Part IX, column (A), lir	ne 11e)		0	0
¥	ь		draising expenses (Part IX, column (D), line 25) •17,23				
Ш	17		expenses (Part IX, column (A), lines 11a-11d		⁻ .	6,415,670	8,233,561
	18		xpenses Add lines 13-17 (must equal Part I)			12,511,963	15,852,272
	19		le less expenses Subtract line 18 from line 12			-1,030,059	211,522
æ ø	T					g of Current	
Net Assets of Fund Balances						'ear	End of Year
988 888	20	Total a	ssets (Part X, line 16)			2,307,942	2,296,163
절	21	Total I	abilities (Part X, line 26)			3,240,211	3,016,910
žΞ	22	Netas	sets or fund balances Subtract line 21 from lir	ne 20		-932,269	-720,747
Par	t II	Sign	ature Block				
knowl			rjury, I declare that I have examined this return, i it is true, correct, and complete. Declaration of p				
		****)12-11-13	
Sign	1	Signa	ure of officer			ate	
dere		BRIAN	MEFFORD CHAIRMAN & CEO				
			or print name and title				
		Preparer'	5 k	Date	Check If		payer identification number
Paid		signature		2012-11-13	self- employed 🕨	(see instruction P00852717	ns)
	arer's	Firm's no	me (or yours b BLUE & CO LLC		Cimpioyed F	1 00032/1/	
Jse (ıf self-en	ployed),			EIN ▶ 35-117	8661
•		address,	and ZIP + 4 301 EAST MAIN STREET SUITE 1100			 	

LEXINGTON, KY 40507 May the IRS discuss this return with the preparer shown above? (see instructions) $\,$. $\,$.

Use Only

Phone no 🕨 (859) 253-1100

Form	n 990 (2011) Page 2
Par	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III
_	Briefly describe the organization's mission
CON IMP BELI ADV URB BRO COM QUA	INECTED NATION IS AN INTERNATIONALLY RECOGNIZED NONPROFIT ORGANIZATION CENTERED AROUND A MISSION TO ROVE DIGITAL INCLUSION FOR PEOPLE AND PLACES PREVIOUSLY UNDERSERVED AND OVERLOOKED CONNECTED NATION IEVES THAT STATES, COMMUNITIES, FAMILIES AND INDIVIDUALS CAN REALIZE GREAT ECONOMIC AND SOCIAL ANTAGES WHEN WE ACCELERATE BROADBAND AVAILABILITY AND INCREASE BROADBAND USE IN ALL AREAS, RURAL AND AN, ALIKE CONNECTED NATION FACILITATES PUBLIC-PRIVATE PARTNERSHIPS TO INCREASE ACCESS TO AND USE OF ADBAND AND RELATED TECHNOLOGY, CREATING DRAMATIC RESULTS THAT TRANSLATE INTO ECONOMIC AND IMPROVED AND IMPROVED ALITY GROWTH, BETTER EDUCATION, HIGHER QUALITY HEALTHCARE, MORE EFFICIENT PUBLIC SERVICE AND IMPROVED ALITY OF LIFE CONNECTED NATION IS A LEADER AMONG ORGANIZATIONS THAT WORK IN THE TRENCHES TO BRIDGE THE ITAL DIVIDE AND INCREASE OPPORTUNITIES THAT ARE ENABLED WHEN PEOPLE HAVE THE ABILITY AND DESIRE TO INECT
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program
3	services?
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured 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
4a	(Code) (Expenses \$ 15,303,862 Including grants of \$ 823,619) (Revenue \$ 10,000) WITH OVER 10 YEARS OF 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 CONNECT PROGRAM THE CONNECT PROGRAM IS COMPRISED OF SEVERAL COMPONENTS INCLUDING COMMUNITY PLANNING, TECHNICAL ASSISTANCE, MAPPING, AND AWARENESS BUILDING CONNECTED NATION IN 2011 BEGAN ROLLING OUT THE INNOVATIVE CONNECTED PROGRAM NATIONWIDE AND ENCOURAGED COMMUNITIES TO PARTICIPATE IN THIS GROUNDBREAKING PROGRAM. COMMUNITIES GATHER TECHNOLOGY CHAMPIONS TO EVALUATE THE CURRENT STATE OF ADOPTION, ACCESS AND USE OF BROADBAND IN THEIR AREA THIS PROGRAM, COMPLETED BOTH ONLINE AND THROUGH COMMUNITY MEETINGS, HELPS COMMUNITIES FRAME THEIR NEEDS AROUND BROADBAND MAPPING DATA, NATIONAL BROADBAND PLAN GOALS, AND BEST PRACTICES FOR LOCAL SERVICE THIS FRAMEWORK MATCHES PROBLEMS WITH MEASURABLE, IMPLEMENTABLE SOLUTIONS WHEN COMPLETE, THE PROGRAM PROVIDES A NATIONALLY RECOGNIZED PLATFORM FOR SPOTLIGHTING COMMUNITIES THAT ARE EXCELLING ACROSS ALL ADOPTION, ACCESS, AND USE MEASUREMENTS CONNECTED NATION'S TECHNOLOGY ASSISTANCE PROGRAMS OPEN UP A GATEWAY TO EDUCATIONAL, INFORMATIONAL, GOVERNMENTAL, HEALTH, AND SOCIAL RESOURCES WITH AN EXPERIENCED, DIVERSELY SKILLED, AND COMMITTED STAFF, CONNECTED NATION HAS WORKED WITH GOVERNMENTS, COMMUNITY CHAMPIONS, BUSINESSES, AND COMMUNITY LEADERS TO OFFER GUIDANCE, EXPERTISE, AND ESCENACH TO EXPAND BROADBAND TO UNDERSERVED AREAS ACROSS THE NATION INDUSTRY-LEADING RESEARCH PROVIDES THE NEEDED INFORMATION FOR COMMUNITIES TO MAKE INFORMED DECISIONS, AS DO OUR INNOVATIVE MAPS THAT GIVE AN UNPRECEDENTED VIEW OF AN AREA'S BROADBAND LANDSCAPE IN MANY STATES, GOVERNMENTS HAVE ESTABLISHED TASK FORCES TO WORK ON BROADBAND EXPANSION, AND CONNECTED NATION WITH A VARIETY OF EFFORTS THE CONNECTED NATION MAPPING PROGRAM RELIES ON THE COOPERATION OF LITERALY HUNDREDS OF PRIVATE PROVIDE
4b	(Code) (Expenses \$ 98,187 including grants of \$) (Revenue \$) COMPUTERS 4 KIDS EVERY COMMUNITY ONLINE - THE EVERY COMMUNITY ONLINE DIGITAL INCLUSION INITIATIVES ARE CONNECTED NATION'S DEMAND-SIDE PROGRAMS DESIGNED TO BRIDGE THE DIGITAL DIVIDE WITH THE KNOWLEDGE THAT TECHNOLOGY ACCESS IS CRITICAL FOR 10B CREATION AND LIFELONG LEARNING, EVERY COMMUNITY ONLINE JOINS TOSETHER PUBLIC AND PRIVATE PARTINERS TO HELP VULNERABLE POPULATIONS OVERCOME TOP BARRIERS TO TECHNOLOGY ADOPTION - BROADBAND AWARENESS AND TRAINING, COMPUTER OWNERSHIP, AND SUBSCRIPTION AFFORDABILITY THESE INITIATIVES PLACE COMPUTERS AND OTHER TECHNOLOGIES IN UNDERPRIVILEGED HOUSEHOLDS AND AT 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 REPREBISHING PROGRAM THAT PLACED COMPUTERS IN THE HANDS OF MIDDLE SCHOOL STUDENTS IN DISTRESSED APPALACHIAN REGIONAL COMMISSION COUNTIES OVER THE LAST SIX YEARS, THE PROGRAM HAS EVOLDED TO INCLUDE DISTRIBUTIONS TO DIVERSE SEGMENTS OF THE POPULATION COMMINITY ONLINE PROGRAMS HAVE DELIVERED NEARLY 10,000 COMPUTERS AND GITH PRINTERS, SOFTWARE, SERVERS AND OTHER TECHNOLOGIES IN TENNESSEE, CONNECTED NATION'S COMPUTERS A KIDS (C4K) PROGRAM HAS HAD A SIGNIFICANT IMPACT ON SOME OF STATE'S MOST VILNERABLE YOUTH TO DATE, C4K HAS PROVIDED OVER A 300 COMPUTERS TO AT RISE OF THE LAST SIX PARS, THE CORPOST TENNESSEE CAK IS WORKING WITH THE TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES TO PROVIDE COMPUTERS TO CHILDREN IN THE FOSTER CARE SYSTEM IN 2010, C4K RECEIVED A FEDERAL GRANT TO FURTHER ITS REACH THROUGH THE BOYS AND GIRLS CLUBS OF TENNESSEE AS A PART OF THE COMPUTERS A KIDS PREPARING TENNESSEE'S PEXT GENERATION FOR SUCCESS PROJECT THE C4K PROGRAM DELPOS COMPUTERS, ACDEMIC SUPPORT PROGRAMS, AND WORKFORCE TRAINING TO TWO DISPARATE, BUT ESPECIALLY AT-RISK, POPULATIONS THOSE IN THE STATE'S FOSTER CARE SYSTEM WHO ARE
4c	(Code) (Expenses \$ 120,225 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 LIBRARY'S LAUNCH OF THEIR ARRA FUNDED GRANTS TO IMPROVE CONNECTIVITY IN LOCAL PUBLIC LIBRARIES

(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses▶\$ 15,522,274 4e

Other program services (Describe in Schedule O)

4d

Form **990** (2011)

art IV	Checklist o	f Reauired	Schedules

	one or hedging a policular of			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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		No
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? If "Yes," complete Schedule C, Part II	4		Νo
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		No
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 temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> " <i>Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI.</i>	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		No
C	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		No
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		No
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "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		Νo
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If</i> "Yes," complete Schedule F, Part I	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, Part 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, Part 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? If "Yes," complete Schedule G, Part I	17		Νo
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
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		No
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. All Form 990 filers that operated one or more hospitals must attach audited financial statements	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 questions 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		No
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)			
a	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 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		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	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	35b		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Part V S	Statements Regard	ing Other TRS Fili	ings and Tax Compliance	r

	Check if Schedule O contains a response to any question in this Part V \cdot . \cdot . $$.			
			Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 57			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
а	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
а	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year [?]	За		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account or securities account)?	4a		Νo
b				
	If "Yes," enter the name of the foreign country ►			
а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
-	, , , , , , , , , , , , , , , , , , , ,	5c		
а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Νo
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		Νo
	services provided to the payor?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7c		Na
a	file Form 8282?	/ C		No
u	Ti res, indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		Νo
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	79		
•	Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
		8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0_	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other			
_	sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization			
	allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
	the states in which the organization is licensed to issue qualified health plans			
С	Enter the aggregate amount of reserves on hand 13c			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O.	14b		.,,

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

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

Se	ction A. Governing Body and Management			
			Yes	No
4-				
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		No
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		No
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	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	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
	ection B. Policies (This Section B requests information about policies not required by the Internal venue Code.)			
110	venue coue.		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
h	Describe in Schedule O the process, if any, used by the organization to review the Form 990	110	165	
	Describe in Schedule of the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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	
b	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	16a		No
h	taxable entity during the year?	100		INU
U	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure	100		<u> </u>
	List the States with which a conventities Form 000 is required to be filed VV			

- 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 made these available Check all that apply

Own website 🔽 Another's website 🔽 Upon request

- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 CHIEF FINANCIAL OFFICER 1020 COLLEGE ST PO BOX 3448 BOWLING GREEN, KY 420123448 (877)846-7710

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ◆ 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, or 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

tion nor any rela	ated or	ganız	atıo	ns c	omper	ısatı	ed any current or fo	rmer officer, direct	or, or trustee
(B) A verage hours per week (describe	Positi more unles an	(C) Position (do not check more than one box, unless person is both an officer and a					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
for related organizations in Schedule O)	Individual trustiee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	related organizations
50 00	х		Х				203,560	0	11,211
50 00	х		Х				0	0	0
1 00	х						0	0	0
1 00	х						0	0	0
1 00	х						0	0	0
1 00	х						0	0	0
1 00	х						0	0	0
50 00	х		Х				194,841	0	19,200
1 00	х						0	0	0
50 00			Х				120,425	0	14,704
50 00					х		145,156	0	16,397
50 00					х		157,484	0	18,340
50 00					х		174,002	0	17,065
	(B) A verage hours per week (describe hours for related organizations in Schedule O) 50 00 50 00 1 00 1 00 1 00 1 00 1 00 50 00 1 00 50 00 50 00 50 00	(B) A verage hours per week (describe hours for related organizations in Schedule O) 50 00 X 1 00 X	(B) A verage hours per week (describe hours for related organizations in Schedule O) 50 00 X 1 00 X	(B) (C) A verage hours per week (describe hours for related organizations in Schedule O) Indiwdual trustee 50 00 X X 50 00 X X 1 00 X X 2 00 X X 1 00 X X 2 00 X X 3 00 X X 3 00 X X 5 0 00 X X 5 0 00 X X	(B) A verage hours per week (describe hours for related organizations In Schedule O) 50 00 X 1 00 X X X X X X X X X X X X	(B) A verage hours per week (describe hours for related organizations in Schedule O) 50 00 X 1 00 X X X X X	CC	C	A verage hours per week (describe hours for related organizations for related organizations Schedule O)

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

	(A) Name and Title	(B) A verage hours per week (describe	unles ar	ion (d e tha	n on son er a	e bo ıs b nd a	x, oth		Repo compo fro organiz	(D) ortable ensation m the ration (W- 9-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	5	(F) Estima amount o compens from t	ated fother sation the ion and
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)		relat organiza	
		_												
				<u> </u>										
				-		┢		 						
								-						
	Sub-Total							<u> </u> ▶-				+		
	Total from continuation sheets	to Part VII. Sec	tion A	· ·	•	•		•						
d	Total (add lines 1b and 1c) .							P		995,468		0		96,917
2	Total number of individuals (inc \$100,000 of reportable comper						above) who	receive	d more tha	an			
													Yes	No
3	Did the organization list any for								r highes	t compens	ated employee			
	on line 1a? If "Yes," complete Sc.											3		No
4	For any individual listed on line organization and related organiz individual											4	Yes	
5	Did any person listed on line 1a services rendered to the organiz									anızatıon	or individual for •	5		No
	ection B. Independent Con	ntractors												
1	Complete this table for your five \$100,000 of compensation fron or within the organization's tax y	highest compei n the organizatio												
	-	(A) me and business ad	drace							Doc	(B)		(C	
THOR	ROUGHBRED RESEARCH	me and business ad	u1C55							Desc	ription of services		Comper	isatiOH

(A) Name and business address	(B) Description of services	(C) Compensation
THOROUGHBRED RESEARCH 1941 BISHOP LANE SUITE 1017 LOUISVILLE, KY 40218	RESEARCH SERVICES	860,210
MILLS LAW FIRM 86 WEST MAIN STREET INEZ, KY 41224	LEGAL	439,720
MJ CONSULTING 840 DEER CLOVER CIRCLE CASTLE ROCK, CO 80108	ENGINEERING	197,100
ESRI 380 NEW YORK STREET REDLANDS, CA 92373	RESEARCH SERVICES	103,429
2 Total number of independent contractors (including but not limited to those listed above)) who received more than	

Part V	<u> </u>	Statement of Revenue				
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a				
₩₩	ь	Membership dues 1b				
ಕ್ರಾ	"					
ુંક	С	Fundraising events 1c				
差景	d	Related organizations 1d				
ಲ್ಲಿ≝	_	Government grants (contributions) 1e 14,473,135				
经基	e			l		
.≧ ≝	f	All other contributions, gifts, grants, and 1f 1,581,591				
至至		similar amounts not included above				
분정	g	Noncash contributions included in				
독교		lines 1a-1f \$				
ပြ≅	h	Total. Add lines 1a-1f	16,054,726			
		Business Code				
e E						
E E	2a	CONNECT PROGRAM PROFES 541519	10,000	10,000		
, Š	b					
<u>а</u>	l c					
≥						
<u>\$</u>	d					
- -	e					
<u></u>	f	All other program service revenue				
Program Serwce Revenue	•	Janet program service revenue				
Δ	g	Total. Add lines 2a-2f	10,000			
	3	Investment income (including dividends, interest	25,530			
			-932			-932
		and other similar amounts)	-932			-932
	4	Income from investment of tax-exempt bond proceeds •				
	5	Royalties				
		(ı) Real (ıı) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	l c	Rental income				
		or (loss)				
	d	Net rental income or (loss)				
		(ı) Securities (ıı) Other				
	7a	Gross amount				
		from sales of assets other				
		than inventory				
	ь	Less cost or				
		other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss)				
an	8a	Gross income from fundraising events (not including				
Other Revenue		\$ of contributions reported on line 1c) See Part IV, line 18				
<u>-</u>		а				
<u> </u>	ь	Less direct expenses b				
품	c c	Net income or (loss) from fundraising events				
_	9a	I				
	94	Gross income from gaming activities See Part IV, line 19				
	b	Less direct expenses b				
	C	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances .				
		a				
	ь	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Business Code				
	11-	Dustiness code				
	11a					
	ь					
	_c					
	l .	All other many				
	d	All other revenue				
	e	Total. Add lines 11a-11d				
		▶				
	12	Total revenue. See Instructions				
	<u> </u>		16,063,794	10,000	0	
						Form 990 (2011)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Do no	heck if Schedule O contains a response to any question in this Part IX of include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses	
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	823,619	823,619	general expenses	2	
2	Grants and other assistance to individuals in the United States See Part IV, line 22	·				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16					
4	Benefits paid to or for members					
5	Compensation of current officers, directors, trustees, and key employees	1,092,386	1,069,645	21,553	1,188	
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	4,476,600	4,410,756	58,291	7,553	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	165,025	162,202	2,496	327	
9	Other employee benefits	637,021	625,071	10,642	1,308	
10	Payroll taxes	424,060	417,324	6,069	667	
11	Fees for services (non-employees)					
а	Management	39,543	33,686	5,823	34	
b	Legal	560,137	477,172	82,477	488	
C	Accounting	44,150	37,611	6,501	38	
d	Lobbying					
e	Professional fundraising See Part IV, line 17					
f	Investment management fees					
g	Other					
12	Advertising and promotion	1,071,807	1,058,542	13,227	38	
13	Office expenses	255,671	248,720	6,715	236	
14	Information technology	381,733	363,964	17,241	528	
15	Royalties				_	
16	Occupancy	299,665	284,256	14,951	458	
17	Travel	728,291	721,236	6,358	697	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials					
19	Conferences, conventions, and meetings	48,763	46,124	135	2,504	
20	Interest	57,301	11,555	45,727	19	
21	Payments to affiliates					
22	Depreciation, depletion, and amortization	484,420	478,185	6,050	185	
23	Insurance	59,621	56,549	2,981	91	
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)					
a	CONSULTANTS	1,737,929	1,734,683	2,446	800	
b	RESEARCH	1,155,556	1,155,556			
С	COMPUTER DISTRIBUTIONS	993,285	993,285			
d	DATASETS	147,573	147,573			
e						
f	All other expenses	168,116	164,960	3,077	79	
25	Total functional expenses. Add lines 1 through 24f	15,852,272	15,522,274	312,760	17,238	
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				rm 990 (2011)	

Part X **Balance Sheet** (A) (B) Beginning of year End of year 576.668 1,575,695 1 1 2 2 Savings and temporary cash investments 3 402,517 3 66,557 621.718 4 395.977 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 Schedule L 7 36.891 8 10.900 9 50.316 9 42,730 Prepaid expenses and deferred charges 1,682,476 Land, buildings, and equipment cost or other basis Complete 10a Part VI of Schedule D 10a 10b 1,487,738 610,266 b Less accumulated depreciation 10c 194,738 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 Intangible assets 14 9,566 9,566 15 15 2,307,942 2,296,163 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 1,689,520 846,034 17 17 Accounts payable and accrued expenses . 18 18 19 114,680 19 901,247 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L \ldots . \ldots . \ldots 22 23 Secured mortgages and notes payable to unrelated third parties . . . 1,236,429 23 1,071,047 24 Unsecured notes and loans payable to unrelated third parties 199,582 24 198,582 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 25 D 26 3,240,211 26 3,016,910 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 -1,332,831 460,557 Unrestricted net assets 400.562 28 -1,181,304 28 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances -932.269 33 -720.747 34 Total liabilities and net assets/fund balances 2.307.942 2.296.163 34

Pal	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		16,0	063,79
2	Total expenses (must equal Part IX, column (A), line 25)	2			352,27
3	Revenue less expenses Subtract line 2 from line 1	3		2	211,52
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		- 9	32,26
5	Other changes in net assets or fund balances (explain in Schedule O)	5			,
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		-7	720,74
Par	The triangle of the contains a response to any question in this Part XII				
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
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 the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	sued			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	!	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

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As Filed Data -

DLN: 93493320039122

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization CONNECTED NATION INC

Department of the Treasury Internal Revenue Service

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.

Employer identification number

61-1394934

Pa	rt I	Reas	on for Pu	blic Charity Sta	tus (All org	ganızatıons	must comp	lete this p	art.) See in	structions					
				te foundation becaus											
1	Γ	A chur	ch, convent	on of churches, or a	ssociation of	churches s	ection 170(b)(1)(A)(i).							
2	Γ	A scho	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)												
3	Γ	A hosp	ıtal or a coo	perative hospital se	rvice organiz	atıon descrı	bed ın sectio	n 170(b)(1)((A)(iii).						
4	Γ		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state												
5	_	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in													
•	,	_	•	(A)(iv). (Complete P	_	or universit	y owned or o	perated by a	government	ar ame aeser	ibed iii				
6	\sqcap	A feder	al, state, or	local government or	r government	al unit desc	rıbed ın secti	on 170(b)(1)(A)(v).						
7	▽	describ	oed in	at normally receives		l part of its	support from	a governme	ntal unit or fr	om the gene	ral public				
_	_			(A)(vi) (Complete P		• > (C - ···		,							
8	<u> </u>			described in section											
9	ļ			at normally receives											
				ities related to its ex											
				oss investment inco						.ax) irom bus	sinesses				
10	_	•		ganization after June	•			•	•						
10 11	<u> </u>			ganized and operated ganized and operated						carry out th	no nurnocos of				
••	'	one or the box	more public	ly supported organiz bes the type of supp b Type I	ations descr oorting organ	ıbed ın sectı ızatıon and c	on 509(a)(1)	or section 5 s 11e throug	509(a)(2) Se gh 11h	e section 5 0					
e	Γ	other tl		ox, I certify that the on managers and ot											
f		If the o		received a written d	etermination	from the IRS	S that it is a ⁻	Гуре I, Туре	· II or Type I	II supportın	g organization,				
g		followir	ng persons?					-							
				rectly or indirectly c			-	persons des	cribed in (ii)	<u> </u>	Yes No				
		•		governing body of th		_	ition?			11g(
			•	er of a person descri	• •					11g(
_				lled entity of a perso						11g (i	ii)				
h		Provide	the following	ng information about	the supporte	ed organizati	on(s)								
9	(i) Name suppo	e of rted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above	organızatı col (ı) lıst your gove	Is the organization in col (i) listed in		ıfy the on ın your	organızatı	Is the organization in ol (i) organized A mo					
10	ganız	ation		or IRC section (see	docume	nt?	suppor	··	in the U	J .					
				instructions))	Yes	No	Yes	No	Yes	No					
Tota															

Support Schedule for Organizations Described in IRC 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.)

	ection A. Public Support	e organization	ians to quanty u	nder the tests	iistea below, pie	ase coi	пріеце і	Part III.)
	endar year (or fiscal year beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	011	(f) Total
1	in) Gifts, grants, contributions, and membership fees received (Do not include any "unusual		.,	7,549,622	11,164,605		,054,726	48,032,199
2	grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without							
4	Total. Add lines 1 through 3	3,841,13	9,422,112	7,549,622	11,164,605	16	,054,726	48,032,199
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							3,447,692
6	Public Support. Subtract line 5 from line 4							44,584,507
	ection B. Total Support							
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	11	(f) Total
7	A mounts from line 4	3,841,134	9,422,112	7,549,622	11,164,605	16	,054,726	48,032,199
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	15,548	10,284	15,331	14,799		44,054	100,016
9	Net income from unrelated business activities, whether or not the business is regularly carried on	6,136						6,136
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets							
11	Total support (Add lines 7 through 10)							48,138,351
12	Gross receipts from related activit					12		446,361
13	First Five Years If the Form 990 is check this box and stop here	for the organizat	ion's first, second,	third, fourth, or f	ıfth tax year as a !	501(c)(3	3) organız	ration, ▶┌
	ection C. Computation of Pul							
14	Public Support Percentage for 201	•		11 column (f))		14		92 620 %
15	Public Support Percentage for 201	0 Schedule A, Pa	ırt II, lıne 14			15		89 200 %
16a	33 1/3% support test—2011. If the and stop here. The organization qua				ine 14 is 33 1/3%	or more	, check t	his box ► ✓
	33 1/3% support test—2010. If the box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization 10% or more 10% or mor	e organization did n qualifies as a p —2011. If the org	not check the box ublicly supported of anization did not c	on line 13 or 16 organization heck a box on lir	ne 13, 16a, or 16b	and line	14	
b	in Part IV how the organization medorganization 10%-facts-and-circumstances test			_				ed ▶□
18	15 is 10% or more, and if the organization Explain in Part IV how the organization Private Foundation If the organization	nization meets th ition meets the "f	e "facts and cırcuı ācts and cırcumst	nstances" test, o ances" test The	check this box and organization qual	d stop he ifies as a	e re. a publicly	► □
	instructions							▶ ┌

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 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) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (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 persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) 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 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 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 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. 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

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

33 1/3% support tests-2010. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

Additional Data

Software ID: Software Version:

EIN: 61-1394934

Name: CONNECTED NATION INC

Form 990, Special Condition Description:

Special Condition Description

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493320039122

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

Supplemental Financial Statements

Open to Public

пена	F Attach to FC	orm 990. F See separate instructions.	Inspection
	me of the organization NNECTED NATION INC		Employer identification number
COI	ANECTED MATION INC		61-1394934
Pa	rt I Organizations Maintaining Donor Ac		inds or Accounts. Complete if the
	organization answered "Yes" to Form 99	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Bollot davised falles	(b) I unas una other decounts
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advi- funds are the organization's property, subject to the o		or advised Yes No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit		
Pa	rt II Conservation Easements. Complete	ıf the organization answered "Yes" to	Form 990, Part IV, line 7.
2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualiceasement on the last day of the tax year	on or pleasure)	historically importantly land area ertified historic structure of a conservation
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified his	toric structure included in (a)	2c
d	Number of conservation easements included in (c) ac	equired after 8/17/06	2d
3	Number of conservation easements modified, transfe	rred, released, extinguished, or terminate	d by the organization during
	the taxable year 🗠		
4	Number of states where property subject to conserva	ation easement is located 🛌	<u></u>
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		ling of violations, and Yes No
6	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	ents during the year ►
7	A mount of expenses incurred in monitoring, inspecting	ng, and enforcing conservation easements	during the year
	▶ \$		
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?		☐ Yes ☐ No
9	In Part XIV, describe how the organization reports contained sheet, and include, if applicable, the text of the organization's accounting for conservation easen	he footnote to the organization's financial	
Par	t III Organizations Maintaining Collectio Complete of the organization answered "		or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or researc	h ın furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	oublic exhibition, education, or research ir	
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA		·
а	Revenues included in Form 990, Part VIII, line 1		► \$

b Assets included in Form 990, Part X

	••• Organizations Maintaining Co	<u>mections of Art</u>	t, His	tori	<u>cal Trea</u>	sur	es, or Ot	<u>her</u>	Similar Asse	ts (cc	ontinued)
11	Jsing the organization's accession and othe tems (check all that apply)	r records, check an	y of th	ne foll	-		-		e of its collection	1	
аГ	Public exhibition		d	Г	Loan or e	excha	ange progra	ms			
ьΓ	Scholarly research		e	Γ	Other						
с Г	Preservation for future generations										
	Provide a description of the organization's co Part XIV	ollections and expla	ain hov	w they	further th	ne or	ganızatıon's	exe	empt purpose in		
	During the year, did the organization solicit									Yes	┌ No
Part		jements. Compl	ete ıf	the	organizat	tion			es" to Form 990),	
	s the organization an agent, trustee, custoo ncluded on Form 990, Part X?	dian or other intermo	ediary	for c	ontributior	ns or	other asse	ts n		Yes	┌ No
b I	f "Yes," explain the arrangement in Part XI $$	V and complete the	follow	ving ta	ble						
									Amou	nt	
c i	Beginning balance						1	Lc			
d ,	Additions during the year						1	.d			
e [Distributions during the year						1	le			
f i	Ending balance						1	Lf			
2a [Old the organization include an amount on F	orm 990, Part X, lin	e 21?						Г	Yes	┌ No
b I	f "Yes," explain the arrangement in Part XI\	V									
Part			n ans	were	ed "Yes" t	to Fo	orm 990, I	Part	IV, line 10.		
	•	(a)Current Year	(b)	Prior \	'ear (c) Two	Years Back	(d) ⊤	hree Years Back (e	Four Y	ears Back
1a E	Beginning of year balance										
b (Contributions										
c I	investment earnings or losses										
d (Grants or scholarships										
	Other expenditures for facilities										
	and programs										
	Administrative expenses										
_	End of year balance										
2 P	Provide the estimated percentage of the year	ar end balance held	as								
a E	Board designated or quasi-endowment 🕨										
b P	Permanent endowment 🕨										
c T	erm endowment 🕨										
	Are there endowment funds not in the posse	ssion of the organiz	ation	that a	re held an	nd ad	mınıstered	for t	:he		
	organization by								2-(:)	Yes	No
	i) unrelated organizations			•		•		•	3a(i)		
•	ii) related organizations f "Yes" to 3a(ii), are the related organization				ule P2	•		•	3a(ii)		<u> </u>
	Describe in Part XIV the intended uses of th					•		•			<u> </u>
Part											
					Cost or oth		(b)Cost or ot	her	(c) Accumulated		
	Description of property				s (investme		basis (other		depreciation	(d) B	ook value
1a La	nd										
b Bı	ııldıngs		•								
	easehold improvements					\dashv	80,	818	69,508		11,310
c Le											,
	quipment						1,568,	958	1,385,530		183,428
d Eq	· · ·		•					958 700	1,385,530 32,700		

Part VII Investments—Other Securities. See	Form 990, Part X, line 1:	2.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		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		13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type	(B) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	-
(a) Descrip	otion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)	
Part X Other Liabilities. See Form 990, Part X		
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶		
3 Fin 49 (ASC 740) Footpote In Bart VIV provide the toy		

-	rotal revenue (Form 990, Part VIII, Column (A), line 12)		
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	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	
3	Subtract line 2e from line 1	3	
4	Amounts 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)]]	
C	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per F	<u>leturn</u>
1	Total expenses and losses per audited financial statements	1 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
	t XIV Supplemental Information		
	pplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P		
Part	V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete t	tnis part	to provide any

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

additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN	PART X	ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE
TAX POSITIONS UNDER FIN 48		UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO
		EVALUATE TAX POSITIONS TAKEN BY THE
		ORGANIZATION AND RECOGNIZE A TAX LIABILITY IF THE
		ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION
		THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED
		UPON EXAMINATION BY VARIOUS FEDERAL AND STATE
		TAXING AUTHORITIES MANAGEMENT HAS ANALYZED THE
		TAX POSITIONS TAKEN BY THE ORGANIZATION, AND HAS
		CONCLUDED THAT AS OF DECEMBER 31, 2011 AND 2010
		THERE ARE NO UNCERTAIN POSITIONS TAKEN OR
		EXPECTED TO BE TAKEN THAT WOULD REQUIRE
		RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE
		ACCOMPANYING FINANCIAL STATEMENTS

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

DLN: 93493320039122 OMB No 1545-0047

Employer identification number

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

Inspection

					1 ' '	
					61-1394934	
n on Grants and	l Assistance				•	
ard the grants or as	sıstance [?]			the grants or assist	ance, and	F Yes Γ ۱
21 for any recip	ient that received n	nore than \$5,000. Ch	eck this box if no one	recipient receive	d more than \$5,000.	. Use
(b) EIN	(c) IRC Code section if applicable	(d) Amount 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 gra or assistance
	-				· · · · >	50
	records to substantial and the grants or as tion's procedures for sistance to Go to 21 for any recipilation (b) EIN	ard the grants or assistance?	records to substantiate the amount of the grants or assistance, the ard the grants or assistance?	records to substantiate the amount of the grants or assistance, the grantees' eligibility for and the grants or assistance?	records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance the grants or assistance? It consumers for monitoring the use of grant funds in the United States resistance to Governments and Organizations in the United States. Complete if the organization of the properties of grant funds in the United States. Complete if the organization of the United States. Complete if the organization of the United States of the organization of the United States. Complete if the organization of the United States of the organization of the United States. Complete if the organization of the United States of the United States of the Organization of the United States. Complete if the organization of the United States of the United States of the United States. Complete if the organization of the United States of the United States of the United States. Complete if the organization of the United States of the United States of the United States. Complete if the organization of the United States of the United States. Complete if the organization of the United States of the United States. Complete if the organization of the United States of the United States. Complete if the organization of the United States of the United States of the United States. Complete if the organization of the United States of the United State	records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ard the grants or assistance? ton's procedures for monitoring the use of grant funds in the United States served to Governments and Organizations in the United States. Complete if the organization answered "Y 21 for any recipient that received more than SS,000. Check this box if no one recipient received more than SS,000. (b) EIN (c) IRC Code section grant (d) Amount of cash assistance (f) Method of valuation (box, FMV, appraisal, other) (g) Description of non-cash assistance (her) (g) Description of non-cash assistance (her)

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.

Identifier Return Reference Explanation

PROCEDURE FOR MONITORING GRANTS IN THE U S

SCHEDULE I, PART I, LINE 2 REVIEW PERIODIC REPORTS PROVIDED BY GRANTEES AND COMPARE TO GRANT AGREEMENTS AND RELATED APPLICATIONS

Schedule I (Form 990) 2011

Software ID: Software Version:

EIN: 61-1394934

Name: CONNECTED NATION INC

(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
KANSAS DEPARTMENT OF COMMERCE1000 SW JACKSON STREET SUITE 100 TOPEKA, KS 66612	48- 1124839		53,347				STATE BROADBAND DATA AND DEVELOPMENT GRANT PROGRAM
(JAMES A) RHODES STATE COLLEGE 4240 CAMPUS DR LIMA,OH 45804	31- 0802588		5,292				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES PROGRAM

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	 (f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AKRON-SUMMIT COUNTY PUBLIC LIBRARY60 S HIGH ST AKRON,OH 44326	34- 6000031		5,765			REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES PROGRAM
CARDINGTON- LINCOLN SCHOOL DISTRICT PUBLIC LIBRARY128 E MAIN ST CARDINGTON,OH 43315	31- 0795170		9,999			REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES PROGRAM

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILLICOTHE AND ROSS COUNTY PUBLIC LIBRARY 140 S PAINT ST CHILLICOTHE, OH 45601	31- 0745884		8,387			REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES PROGRAM
CLARK STATE COMMUNITY COLLEGE570 E LEFFEL LN SPRINGFIELD, OH 45501	31- 0734597		45,805			REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES PROGRAM

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLUMBUS METROPOLITAN LIBRARY96 S GRANT AVE COLUMBUS, OH 43215	31- 6401170		43,623				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES PROGRAM
COLUMBUS STATE COMMUNITY COLLEGE550 EAST SPRING ST COLUMBUS,OH 43215	31- 0729591		10,653				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES PROGRAM

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	• •	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COUNTY OF KNOX DBA MT VERNON PUBLIC LIBRARY210 NORTH MULBERRY ST MT VERNON,OH 43050	31- 6401662		11,936				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES PROGRAM
COUNTY OF MORGAN DBA KATE LOVE SIMPSON MORGAN 358 EAST MAIN STREET MCCONNELSVILLE, OH 43756	31- 6401797		13,512				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES PROGRAM

(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
CUYAHOGA COUNTY PUBLIC LIBRARY2111 SNOW RD PARMA, OH 44124	34- 6000819		74,043				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES PROGRAM
FINDLAY- HANCOCK COUNTY PUBLIC LIBRARY206 BROADWAY FINDLAY,OH 45840	34- 6400446		5,062				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES PROGRAM

(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
GEAUGA COUNTY PUBLIC LIBRARY 12701 RAVENWOOD DR CHARDON,OH 44024	34- 0924368		27,969				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES PROGRAM
GRANDVIEW HEIGHTS PUBLIC LIBRARY1685 W FIRST AVE COLUMBUS,OH 43212	31- 6401359		6,400				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES PROGRAM

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	• •	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GROUNDWORK GROUP1880 MACKENZIE DR SUITE 111 COLUMBUS, OH 43220	59- 3808297		64,926				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES PROGRAM
HURON PUBLIC LIBRARY333 WILLIAMS ST HURON,OH 44839	34- 6300667		6,479				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES PROGRAM

(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
IDA RUPP PUBLIC LIBRARY310 MADISON ST PORT CLINTON, OH 43452	34- 6401091		10,913				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES PROGRAM
KINGSVILLE PUBLIC LIBRARY 6006 ACADEMY ST KINGSVILLE,OH 44048	34- 1033935		5,715				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES PROGRAM

(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
LAKE COUNTY COUNCIL ON AGING8520 EAST AVENUE MENTOR, OH 44060	23- 7266637		9,954				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES PROGRAM
LIBERTY CENTER PUBLIC LIBRARY 124 EAST ST LIBERTY CENTER, OH 43532	34- 6401728		5,140				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES PROGRAM

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	 (f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIBRARY ASSOCIATION OF SANDUSKY114 W ADAMS ST SANDUSKY, OH 44870	34- 6401309		8,898			REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES PROGRAM
LICKING COUNTY LIBRARY (NEWARK PUBLIC LIBRARY) 101 W MAIN ST NEWARK, OH 43055	31- 6401551		9,474			REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES PROGRAM

(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
LONDON PUBLIC LIBRARY20 E 1ST STREET LONDON,OH 43140	31- 6401660		6,690				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES PROGRAM
MADISON PUBLIC LIBRARY 6111 MIDDLE RIDGE RD MADISON,OH 44057	34- 6001763		7,468				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES PROGRAM

(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
MANSFIELDRICHLAND PUBLIC LIBRARY43 W 3RD ST MANSFIELD,OH 44902	34- 6001803		8,567				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES PROGRAM
MARION PUBLIC LIBRARY DBA CELODINIA PUBLIC LIBRARY445 E CHURCH STREET MARION,OH 43302	31- 6400150		7,013				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES PROGRAM

(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
MARTINS FERRY PUBLIC LIBRARY 20 JAMES WRIGHT PLACE MARTINS FERRY, OH 43935	34- 6001821		12,347				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES PROGRAM
MCKINLEY MEMORIAL LIBRARY40 N MAIN ST NILES,OH 44446	34- 6001755		8,145				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES PROGRAM

(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
MIDDLETOWN PUBLIC LIBRARY 125 SOUTH BROAD ST MIDDLETOWN,OH 45044	31- 6000378		16,542				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES PROGRAM
MONROE COUNTY DISTRICT LIBRARY 96 HOME AVENUE WOODSFIELD,OH 43793	34- 6001920		9,301				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES PROGRAM

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	 (f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH CENTRAL OHIO EDUCATIONAL SERVICE CENTER 928 W MARKET ST SUITE A TIFFIN,OH 44883	34- 1830013		6,165			REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES PROGRAM
NORTH CENTRAL STATE2441 KENWOOD CIRCLE MANSFIELD, OH 44901	34- 1038108		8,436			REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES PROGRAM

(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
NORTHWEST STATE COMMUNITY COLLEGE22600 STATE ROUTE 34 ARCHBOLD, OH 43502	34- 1003685		15,291				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES PROGRAM
OHIO STATE UNIVERSITY THE 1960 KENNY ROAD COLUMBUS, OH 43210	31- 6025986		13,989				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES PROGRAM

(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
ORRVILLE PUBLIC LIBRARY230 N MAIN STREET ORRVILLE, OH 44667	34- 6002120		5,881				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES PROGRAM
PERRY COUNTY DISTRICT LIBRARY117 SOUTH JACKSON STREET NEW LEXINGTON, OH 43764	31- 6401617		6,285				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES PROGRAM

(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
PERRY PUBLIC LIBRARY3753 MAIN ST PERRY, OH 44081	34- 0927140		8,501				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES PROGRAM
PIONEER CTC27 RYAN ROAD SHELBY,OH 44875	34- 0971791		14,369				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES PROGRAM

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	 (f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PORTSMOUTH PUBLIC LIBRARY 1220 GALLIA STREET PORTSMOUTH,OH 45662	31- 6401665		18,352			REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES PROGRAM
PUBLIC LIBRARY OF YOUNGSTOWN AND MAHONING COUNTY1325 FIFTH AVENUE YOUNGSTOWN,OH 44504	31- 0969202		19,596			REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES PROGRAM

(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
ROSSFORD PUBLIC LIBRARY 720 DIXIE HWY ROSSFORD,OH 43460	34- 6401168		7,257				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES PROGRAM
SANDUSKY COUNTY DBA BIRCHARD PUBLIC LIBRARY 423 CROGHAN ST FREEMONT, OH 43420	34- 6400118		7,991				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES PROGRAM

(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
SHAKER HEIGHTS PUBLIC LIBRARY 16500 VAN AKEN BLVD SHAKER HEIGHTS, OH 44120	34- 6002618		10,023				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES PROGRAM
SINCLAIR COMMUNITY COLLEGE444 WEST THIRD DAYTON, OH 45402	31- 0723444		7,005				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES PROGRAM

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	` -	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHERN STATE COMMUNITY COLLEGE100 HOBART DR HILLSBORO,OH 45133	31- 0858297		40,419				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES PROGRAM
TUSCARAWAS COUNTY PUBLIC LIBRARY121 FAIR AVENUE NW NEW PHILADELPHIA,OH 44663	34- 6002005		9,925				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES PROGRAM

(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
WADSWORTH ELLA M EVERHARD PUBLIC LIBRARY 132 BROAD STREET WADSWORTH, OH 44281	34- 6000975		8,527				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES PROGRAM
WARREN COUNTY VOCATIONAL SCHOOL DISTRICT 3523 N ST RTE 48 LEBANON, OH 45036	31- 0803915		15,473				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES PROGRAM

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WARREN- TRUMBULL COUNTY PUBLIC LIBRARY444 MAHONING AVE NW WARREN, OH 44483	34- 6002983	1	8 ,5 3 9				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES PROGRAM
WASHINGTON COUNTY CAREER CENTER21740 STATE ROUTE 676 MARIETTA,OH 45750	31- 0735812		11,957				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES PROGRAM

DLN: 93493320039122

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**

Compensation Information

► 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	tt I Questions Regarding Compensatio	n					
					Yes	Νo	
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II						
	First-class or charter travel	Γ	Housing allowance or residence for personal use				
	Travel for companions	Γ	Payments for business use of personal residence				
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees				
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)				
b	If any of the boxes in line 1a are checked, did the o reimbursement orprovision of all the expenses desc			1b			
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive			2			
3	Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all t						
	Compensation committee		Written employment contract				
	Independent compensation consultant	<u> </u>	Compensation survey or study				
	Form 990 of other organizations	굣	Approval by the board or compensation committee				
4	During the year, did any person listed in Form 990, or a related organization	Part VII	, Section A, line 1a with respect to the filing organization				
а	Receive a severance payment or change-of-control	paymen	t?	4a		No	
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b		No	
C	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		No	
	If "Yes" to any of lines 4a-c, list the persons and pr	rovide th	e applicable amounts for each item in Part III				
	Only 501(c)(3) and 501(c)(4) organizations only m	ust comp	plete lines 5-9.				
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, lıne 1a,	did the organization pay or accrue any				
а	The organization?			5a		No	
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, compensation contingent on the net earnings of	, lıne 1a,	did the organization pay or accrue any				
а	The organization?			6a		No	
b	Any related organization?			6b		No	
	If "Yes," to line 6a or 6b, describe in Part III						
7	, , , , , , , , , , , , , , , , , , ,						
8	Were any amounts reported in Form 990, Part VII,						
	subject to the initial contract exception described i	n Regs	section 53 4958-4(a)(3)? If "Yes," describe				
	ın Part III			8		No	
9	If "Yes" to line 8, did the organization also follow th section $534958-6(c)$?	e rebutta	able presumption procedure described in Regulations	9			

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

	, ,		•	•		, , ,	. ,	
(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base (ii) Bonus & incentive compensation		(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) BRIAN R MEFFORD	(I) (II)	203,560 0	0	0	479 0	10,732 0	214,771 0	0 0
(2) THOMAS W FERREE	(I) (II)	194,841 0	0	0	6,055 0	13,145 0	214,041	0 0
(3) THOMAS FRITZ	(I) (II)	145,156 0	0	0	4,572 0	11,825 0	161,553 0	0 0
(4) MARK MCELROY	(I) (II)	157,484 0	0	0	5,121 0	13,219 0	175,824 0	0 0
(5) THOMAS KOUTSKY	(I) (II)	174,002 0	0	0	5,565 0		191,067 0	0 0

Schedule J (Form 990) 2011 Page **3**

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

	Identifier	Return Reference	Explanation
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Schedule J (Form 990) 2011

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As Filed Data -

DLN: 93493320039122

Schedule L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

OMB No 1545-0047

2011

Open to Public Inspection

	the organization ED NATION INC				Employer identification number							
Part I	Excess Benefit Tran							organi		only).		
	Complete if the organizat	ion ans	wered "	Yes" on Fori	m 990, F	Part IV, line 25a	or 25b,	or Form	990-EZ,	Part V , I	ine 40b	
1	(a) Name of disq	ualıfıed	person			(b) Desc	cription	of trans	action		Corr Yes	(c) rected?
												No
	er the amount of tax Impos		_		_				year unde	r · •		l
	er the amount of tax, if any									* * 		
Part II	Loans to and/or I	rom	Intere	sted Pers	sons.							
	Complete if the organiz	zation a	nswere	d "Yes" on F	orm 990	, Part IV, line 26	, or Fori	n 990-l	Z, Part V	, line 38	a	
(a) Name	e of interested person and purpose	(b) Loan to or from the organization?		(c)Orig		(d)Balance due	(e) : defau		(f) Approved by board or committee?			
		То	From				Yes	No	Yes	No	Yes	No
otal .					▶ \$							
Part III	Grants or Assistar Complete if the orga						/ line :	7	•		•	
(a	n) Name of interested pers			b) Relationsh	np betwe	een interested per ganization			nount of g	rant or ty	pe of assis	stance
							1					

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, Fare 14, mile 200, 200, or 200.			
(a) Name of interested person	interested person and the	(c) A mount of	(d) Description of transaction	organiz	naring of ization's inues?	
	organization A DIRECTOR AND OFFICER	,	MILLS AND HIS STAFF PROVIDE PRIMARILY LEGAL BUT ALSO FINANCIAL AND MANAGEMENT SERVICES TO THE COMPANY		No	
MÉFFORD	JOE MEFFORD, BRIAN MEFFORD'S FATHER	,	MEFFORD PROVIDED PROJECT MANAGEMENT SERVICES 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)

Identifier Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493320039122

OMB No 1545-0047

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization CONNECTED NATION INC

Employer identification number

61-1394934

Identifier	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
	FORM 990, PART VI, SECTION B, LINE 12C	THIS IS DONE THROUGH A CONFLICT OF INTEREST QUESTIONNAIRE.
	FORM 990, PART VI, SECTION B, LINE 15	A REVIEW IS DONE FOR ADEQUATE COMPENSATION USING COMPARABLE DATA OF SIMILAR POSITIONS AND EXPERIENCE/JOB FUNCTIONS OF COMPARABLE ORGANIZATIONS ONCE AN AMOUNT HAS BEEN DETERMINED, THE BOARD APPROVES THE COMPENSATION
	FORM 990, PART VI, SECTION C, LINE 19	AVAILABLE UPON REQUEST

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493320039122 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** (Form 990) ► 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. Open to Public Department of the Treasury Inspection 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.) (b) (c) (d) Name, address, and EIN of disregarded entity Legal domicile (state Total income End-of-year assets Direct controlling Primary activity or foreign country) entity See Additional Data Table 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) Section 512(b)(13) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling controlled or foreign country) (if section 501(c)(3)) entity organization Yes For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y Schedule R (Form 990) 2011

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 3-
	because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Genei mana parti	ral or iging	(k) Percentage ownership
						Yes	No		Yes	No	
_									·		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) CN VENTURES INC 1020 COLLEGE STREET BOWLING GREEN, KY 42101	TECHNOLOGY CONSULTING	КҮ	CONNECTED NATION INC	С	9,282	9,995	100 000 %

(4) CN VENTURES INC

(5)

(6)

Part V	Transactions With Related Organizations (Complete if the organization answered "Y	res" on Form 990, Pa	rt IV, line 34, 35, 3	5A, or 36.)					
Not	e. Complete line 1 if any entity is listed in Parts II, III or IV					Yes	No		
1 During	the tax year, did the orgranization engage in any of the following transactions with one or more related org	ganızatıons lısted ın Part	s II-IV?						
a Re	ceipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity				1a	Yes			
b Gif	r, grant, or capital contribution to related organization(s)				1b		No		
c Gıf	, grant, or capital contribution from related organization(s)				1c		No		
d Lo	ns or loan guarantees to or for related organization(s)				1d	Yes			
e Lo	ns or loan guarantees by related organization(s)				1e		No		
					_				
	e of assets to related organization(s)			+	1f		No		
_	chase of assets from related organization(s)				1g		No		
	change of assets with related organization(s)				1h		No		
i Lea	se of facilities, equipment, or other assets to related organization(s)				1i		No		
j Lea	se of facilities, equipment, or other assets from related organization(s)			-	1j		No		
k Pe	formance of services or membership or fundraising solicitations for related organization(s)				1k		No		
I Per	I Performance of services or membership or fundraising solicitations by related organization(s)								
m Sha	ring of facilities, equipment, mailing lists, or other assets with related organization(s)				1m	Yes			
n Sh	aring of paid employees with related organization(s)				1n	Yes			
o Re	mbursement paid to related organization(s) for expenses			_	10		No		
p Re	mbursement paid by related organization(s) for expenses				1p		No		
q Ot	ner transfer of cash or property to related organization(s)				1q		No		
r Oth	er transfer of cash or property from related organization(s)				1r		No		
	ne answer to any of the above is "Yes," see the instructions for information on who must complete this line	, including covered relat	ionships and transacti	on thresholds					
	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	Method of dete	d) mınıı olved	ng amo	ount		
(1) CN VEI	TURES INC	А	40,687	CASH					
(2) CN VEI	TURES INC	D	693,905	CASH					
(3) CN VEI	TURES INC	м	00.055	CVCH					

90,055

153,441

М

N

CASH

CASH

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) Predominant income(related, unrelated, excluded from tax under sections 512- 514)		(e) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3)		partners section 501(c)(3)		partners section 501(c)(3)		partners section 501(c)(3)		partners section to 501(c)(3) organizations?		(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging tner?	(k) Percentage ownership
] 311/	Yes	No			Yes	No		Yes	No	1										

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

Software ID: Software Version:

EIN: 61-1394934

Name: CONNECTED NATION INC

Form 990, Schedule R, Part I - Identification of Disregarded Entities

Form 990, Schedule R, Part I - Identification of Disregarded Entities							
(a) Name, address, and EIN of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total Income (\$)	(e) End-of-year assets (\$)	(f) Direct Controlling Entity		
CN FINANCIAL LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0530874	ASSET HOLDING COMPANY	КҮ	17,672	1,884,508	CONNECTED NATION INC		
CONNECT ALASKA LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0742035	TO IMPLEMENT CONNECTED NATION'S MISSION IN ALASKA	KY	925,968	0	CONNECTED NATION INC		
CONNECT ALABAMA LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0550734	TO IMPLEMENT CONNECTED NATION'S MISSION IN ALABAMA	КҮ	0	0	CONNECTED NATION INC		
CONNECT ARKANSAS LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0550908	TO IMPLEMENT CONNECTED NATION'S MISSION IN ARKANSAS	КҮ	0	0	CONNECTED NATION INC		
CONNECT ARIZONA LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0745378	TO IMPLEMENT CONNECTED NATION'S MISSION IN ARIZONA	КҮ	0	0	CONNECTED NATION INC		
CONNECT CALIFORNIA LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0550623	TO IMPLEMENT CONNECTED NATION'S MISSION IN CALIFORNIA	кү	0	0	CONNECTED NATION INC		
CONNECT COLORADO LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0741605	TO IMPLEMENT CONNECTED NATION'S MISSION IN COLORADO	кү	0	0	CONNECTED NATION INC		
CONNECT CONNECTICUT LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-1377201	TO IMPLEMENT CONNECTED NATION'S MISSION IN CONNECTICUT	КҮ	0	0	CONNECTED NATION INC		
CONNECT DELAWARE LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0741366	TO IMPLEMENT CONNECTED NATION'S MISSION IN DELAWARE	кү	0	0	CONNECTED NATION INC		
CONNECT FLORIDA LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0741262	TO IMPLEMENT CONNECTED NATION'S MISSION IN FLORIDA	КҮ	672,941	151,713	CONNECTED NATION INC		
CONNECT GEORGIA LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0550938	TO IMPLEMENT CONNECTED NATION'S MISSION IN GEORGIA	KY	0	0	CONNECTED NATION INC		
CONNECT HAWAII LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0742834	TO IMPLEMENT CONNECTED NATION'S MISSION IN HAWAII	КҮ	0	0	CONNECTED NATION INC		
CONNECT IOWA LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0742423	TO IMPLEMENT CONNECTED NATION'S MISSION IN IOWA	КҮ	998,465	0	CONNECTED NATION INC		
CONNECT IDAHO LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0742655	TO IMPLEMENT CONNECTED NATION'S MISSION IN IDAHO	KY	0	0	CONNECTED NATION INC		
CONNECT ILLINOIS LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0550765	TO IMPLEMENT CONNECTED NATION'S MISSION IN ILLINOIS	KY	20,000	0	CONNECTED NATION INC		
CONNECT INDIANA LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0742459	TO IMPLEMENT CONNECTED NATION'S MISSION IN INDIANA	КҮ	0	0	CONNECTED NATION INC		
CONNECT KANSAS LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0655800	TO IMPLEMENT CONNECTED NATION'S MISSION IN KANSAS	КҮ	513,908	15,986	CONNECTED NATION INC		
CONNECTKENTUCKY LLC 311 W MAIN ST FRANKFORT, KY 40601 26-0530781	TO IMPLEMENT CONNECTED NATION'S MISSION IN KENTUCKY	кү	81,488	20,002	CONNECTED NATION INC		
CONNECT LOUISIANA LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0742125	TO IMPLEMENT CONNECTED NATION'S MISSION IN LOUISIANA	КҮ	0	0	CONNECTED NATION INC		
CONNECT MASSACHUSETTS LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0531255	TO IMPLEMENT CONNECTED NATION'S MISSION IN MASSACHUSETTS	кү	0	0	CONNECTED NATION INC		

Form 990, Schedule R, Part I - Identification of Disregarded Entities								
(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income (\$)	(e) End-of-year assets (\$)	(f) Direct Controlling Entity				
DIMPLEMENT DNNECTED ATION'S MISSION MARYLAND	кү	0		CONNECTED NATION INC				
O IMPLEMENT DNNECTED ATION'S MISSION MAINE	KY	0		CONNECTED NATION INC				
O IMPLEMENT DNNECTED ATION'S MISSION MICHIGAN	KY	1,054,855		CONNECTED NATION INC				
O IMPLEMENT DNNECTED ATION'S MISSION MINNESOTA	KY	810,005		CONNECTED NATION INC				
O IMPLEMENT DNNECTED ATION'S MISSION MISSOURI	KY	0		CONNECTED NATION INC				
DIMPLEMENT DNNECTED ATION'S MISSION MISSISSIPPI	KY	0		CONNECTED NATION INC				
DIMPLEMENT DNNECTED ATION'S MISSION MONTANA	кү	O		CONNECTED NATION INC				
DIMPLEMENT DNNECTED ATION'S MISSION NORTH AROLINA	кү	0		CONNECTED NATION INC				
DIMPLEMENT DNNECTED ATION'S MISSION NORTH DAKOTA	KY	0	0	CONNECTED NATION INC				
DIMPLEMENT DNNECTED ATION'S MISSION NEBRASKA	KY	0		CONNECTED NATION INC				
DIMPLEMENT DNNECTED ATION'S MISSION NEW HAMPSHIRE	кү	0		CONNECTED NATION INC				
DIMPLEMENT DNNECTED ATION'S MISSION NEW JERSEY	KY	0		CONNECTED NATION INC				
DIMPLEMENT DNNECTED ATION'S MISSION NEW MEXICO	KY	0		CONNECTED NATION INC				
O IMPLEMENT ONNECTED ATION'S MISSION	KY	873,448		CONNECTED NATION INC				
DIMPLEMENT DNNECTED ATION'S MISSION	KY	0	0	CONNECTED NATION INC				
DIMPLEMENT DNNECTED ATION'S MISSION	KY	4,268,827	2,338	CONNECTED NATION INC				
DIMPLEMENT DNNECTED ATION'S MISSION	KY	0		CONNECTED NATION INC				
O IMPLEMENT DNNECTED ATION'S MISSION OREGON	KY	0		CONNECTED NATION INC				
O IMPLEMENT ONNECTED ATION'S MISSION PENNSYLVANIA	KY	0		CONNECTED NATION INC				
D IMPLEMENT DNNECTED ATION'S MISSION PUERTO RICO	КҮ	508,808	107,701	CONNECTED NATION INC				
700	IMPLEMENT NNECTED TION'S MISSION MARYLAND IMPLEMENT NNECTED TION'S MISSION MAINE IMPLEMENT NNECTED TION'S MISSION MICHIGAN IMPLEMENT NNECTED TION'S MISSION MINNESOTA IMPLEMENT NNECTED TION'S MISSION MINSSOURI IMPLEMENT NNECTED TION'S MISSION MISSISSIPPI IMPLEMENT NNECTED TION'S MISSION MONTANA IMPLEMENT NNECTED TION'S MISSION MONTANA IMPLEMENT NNECTED TION'S MISSION NORTH ROLINA IMPLEMENT NNECTED TION'S MISSION NORTH DAKOTA IMPLEMENT NNECTED TION'S MISSION NORTH DAKOTA IMPLEMENT NNECTED TION'S MISSION NEW HAMPSHIRE IMPLEMENT NNECTED TION'S MISSION NEW HENT NNECTED TION'S MISSION OREGON IMPLEMENT NNECTED TION'S MISSION OREGON	(b) rimary Activity (b) rimary Activity Domicile (State or Foreign Country) IMPLEMENT	(b) rimary Activity Domicile (State or Foreign Country)	Colon				

Form 990, Schedule R, Part I - Identification of Disregarded Entities

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(a) Name, address, and EIN of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income (\$)	(e) End-of- year assets (\$)	(f) Direct Controlling Entity			
CONNECT RHODE ISLAND LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0655289	TO IMPLEMENT CONNECTED NATION'S MISSION IN RHODE ISLAND	КҮ	0	0	CONNECTED NATION INC			
CONNECT SOUTH CAROLINA LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0550185	TO IMPLEMENT CONNECTED NATION'S MISSION IN SOUTH CAROLINA	КҮ	677,325	0	CONNECTED NATION INC			
CONNECT SOUTH DAKOTA LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0655233	TO IMPLEMENT CONNECTED NATION'S MISSION IN SOUTH DAKOTA	КҮ	0	0	CONNECTED NATION INC			
CONNECTED TENNESSEE LLC 618 CHURCH STREET SUITE 305 NASHVILLE, TN 37219 26-0530182	TO IMPLEMENT CONNECTED NATION'S MISSION IN TENNESSEE	КҮ	1,827,249	-17	CONNECTED NATION INC			
CONNECT TEXAS LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0745141	TO IMPLEMENT CONNECTED NATION'S MISSION IN TEXAS	КҮ	1,391,850	0	CONNECTED NATION INC			
CONNECT UTAH LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0655085	TO IMPLEMENT CONNECTED NATION'S MISSION IN UTAH	KY	0	0	CONNECTED NATION INC			
CONNECT VIRGIN ISLANDS LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 27-0427136	TO IMPLEMENT CONNECTED NATION'S MISSION IN VIRGIN ISLANDS	КҮ	0	0	CONNECTED NATION INC			
CONNECT VIRGINIA LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0550872	TO IMPLEMENT CONNECTED NATION'S MISSION IN VIRGINIA	КҮ	0		CONNECTED NATION INC			
CONNECT VERMONT LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0654488	TO IMPLEMENT CONNECTED NATION'S MISSION IN VERMONT	КҮ	0		CONNECTED NATION INC			
CONNECT WASHINGTON DC LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0744440	TO IMPLEMENT CONNECTED NATION'S MISSION IN WASHINGTON DC	КҮ	0	0	CONNECTED NATION INC			
CONNECT WASHINGTON LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0654354	TO IMPLEMENT CONNECTED NATION'S MISSION IN WASHINGTON	КҮ	0		CONNECTED NATION INC			
CONNECT WISCONSIN LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0744383	TO IMPLEMENT CONNECTED NATION'S MISSION IN WISCONSIN	KY	0	0	CONNECTED NATION INC			
CONNECT WEST VIRGINIA LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0531166	TO IMPLEMENT CONNECTED NATION'S MISSION IN WEST VIRGINIA	КҮ	0		CONNECTED NATION INC			
CONNECT WYOMING LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0744328	TO IMPLEMENT CONNECTED NATION'S MISSION IN WYOMING	KY	0	0	CONNECTED NATION INC			