

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2012
Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012, 2012, and ending 12-31-2012

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CONNECTED NATION INC Doing Business As		D Employer identification number 61-1394934	
	Number and street (or P O box if mail is not delivered to street address) Room/suite 1020 COLLEGE STREET		E Telephone number (270) 781-4320	
	City or town, state or country, and ZIP + 4 BOWLING GREEN, KY 42101		G Gross receipts \$ 13,208,440	
	F Name and address of principal officer THOMAS W FERREE 1020 COLLEGE STREET BOWLING GREEN, KY 42101		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: WWW.CONNECTEDNATION.ORG				
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation 2001	M State of legal domicile KY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO ACCELERATE ECONOMIC DEVELOPMENT THROUGH THE GROWTH AND APPLICATION OF TECHNOLOGY			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6	
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	100	
	6 Total number of volunteers (estimate if necessary)	6	741	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0		
Revenue			Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)		16,054,726	13,103,847
	9 Program service revenue (Part VIII, line 2g)		10,000	98,486
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-932	6,107
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		16,063,794	13,208,440	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		823,619	1,004,796
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		6,795,092	6,959,439
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0	0
	b Total fundraising expenses (Part IX, column (D), line 25) 13,281			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		8,233,561	5,045,974
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		15,852,272	13,010,209
19 Revenue less expenses Subtract line 18 from line 12		211,522	198,231	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)		2,296,163	1,150,080
	21 Total liabilities (Part X, line 26)		3,016,910	1,397,029
22 Net assets or fund balances Subtract line 21 from line 20		-720,747	-246,949	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	*****	2013-09-06
	Signature of officer	Date
Paid Preparer Use Only	THOMAS WFERREE PRESIDENT	
	Type or print name and title	
	Prnt/Type preparer's name RICHARD C SHIELDS CPA	Preparer's signature
Firm's name BLUE & CO LLC		Check <input type="checkbox"/> if self-employed
Firm's address 250 WEST MAIN STREET SUITE 2900		PTIN P00852717
LEXINGTON, KY 40507		Firm's EIN 35-1178661
		Phone no (859) 253-1100

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

CONNECTED NATION IS AN INTERNATIONALLY RECOGNIZED NONPROFIT ORGANIZATION WHOSE MISSION IS TO IMPROVE DIGITAL INCLUSION FOR PEOPLE AND PLACES PREVIOUSLY UNDERSERVED AND OVERLOOKED

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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 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 \$ 8,928,290 including grants of \$ 1,004,796) (Revenue \$ 98,486) WITH OVER 12 YEARS OF EXPERIENCE, CONNECTED NATION'S PROGRAMS HAVE PIONEERED THE NATION'S MOST COMPREHENSIVE STATEWIDE BROADBAND EXPANSION MODEL

4b (Code) (Expenses \$ 3,516,910 including grants of \$) (Revenue \$) EVERY COMMUNITY ONLINE THE EVERY COMMUNITY ONLINE DIGITAL INCLUSION INITIATIVES ARE CONNECTED NATION'S TECHNOLOGY ADOPTION PROGRAMS DESIGNED TO BRIDGE THE DIGITAL DIVIDE

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses 12,445,200

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> <input checked="" type="checkbox"/>	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/>		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/>		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/>		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/>		No
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		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule D, Part VII</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part VIII</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part IX</i> <input checked="" type="checkbox"/>		No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>		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)? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/>		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> <input checked="" type="checkbox"/>	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
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 "Yes," complete Schedule F, Parts I and IV</i>		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 United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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 United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules *(continued)*

21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a	Yes	
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for 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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (9); 1b Enter the number of voting members included in line 1a, above, who are independent (6); 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? (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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (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? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (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 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (Yes); 10b 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? (Yes); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (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? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its 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?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed: KY
18 Section 6104 requires an organization to make its 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: [X] Own website, [X] Another's website, [X] Upon request, [] Other (explain in Schedule O)
19 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 during the tax year
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: CHIEF FINANCIAL OFFICER 1020 COLLEGE ST PO BOX 3448 BOWLING GREEN, KY (877) 846-7710

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

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRIAN R MEFFORD CHAIRMAN / DIRECTOR	50 00	X		X			338,959	0	0	
(2) R ERIC MILLS SECRETARY/DIRECTOR	50 00	X		X			0	0	0	
(3) JOHN DAVIES DIRECTOR	1 00	X					0	0	0	
(4) WENDY LAZARUS DIRECTOR	1 00	X					0	0	0	
(5) GRANT E SEIFFERT DIRECTOR	1 00	X					0	0	0	
(6) ROY R STALLMAN JR DIRECTOR	1 00	X					0	0	0	
(7) THOMAS W FERREE PRESIDENT / DIRECTOR	50 00	X		X			231,088	0	6,929	
(8) LINDA JOHNSON VITALE DIRECTOR	1 00	X					0	0	0	
(9) JAY ELLIOT DIRECTOR	1 00	X					0	0	0	
(10) JOHN HAMM TREASURER	50 00			X			184,189	0	5,526	
(11) MARK MCELROY VICE PRESIDENT	50 00			X			181,201	0	4,662	
(12) THOMAS FRITZ EXECUTIVE DIRECTOR, OH	50 00				X		170,499	0	5,115	
(13) THOMAS KOUTSKY CHIEF POLICY COUNCIL	50 00				X		208,613	0	5,343	

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

Table with 7 main columns: (A) Name and Title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional Trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization (W-2/1099-MISC), (E) Reportable compensation from related organizations (W-2/1099-MISC), (F) Estimated amount of other compensation from the organization and related organizations. Includes sub-totals and totals for lines 1b, 1c, and 1d.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 6

Table with 3 columns: Question number, Question text, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like MILLS LAW FIRM, THOROUGHbred RESEARCH, etc.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 4

Part VIII Statement of Revenue

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

		(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 _____					
	b Membership dues 1b _____					
	c Fundraising events 1c _____					
	d Related organizations 1d _____					
	e Government grants (contributions) 1e _____ 12,776,087					
	f All other contributions, gifts, grants, and similar amounts not included above 1f _____ 327,760					
	g Noncash contributions included in lines 1a-1f \$ _____ 244,612					
	h Total. Add lines 1a-1f ▶	13,103,847				
Program Service Revenue	2a _____ Business Code _____ 541519	98,486	98,486			
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f ▶	98,486				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶	6,107			6,107	
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss) ▶					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss) ▶					
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a					
		b Less direct expenses b				
		c Net income or (loss) from fundraising events ▶				
	9a Gross income from gaming activities See Part IV, line 19 a					
		b Less direct expenses b				
c Net income or (loss) from gaming activities ▶						
10a Gross sales of inventory, less returns and allowances a						
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory ▶					
Miscellaneous Revenue	Business Code					
11a _____						
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d ▶						
12 Total revenue. See Instructions ▶	13,208,440	98,486	0	6,107		

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)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1,004,796	1,004,796		
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	1,342,124	1,283,839	56,915	1,370
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	4,601,677	4,587,601	7,969	6,107
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	126,761	126,181	429	151
9	Other employee benefits	436,285	431,487	4,336	462
10	Payroll taxes	452,592	447,148	4,874	570
11	Fees for services (non-employees)				
a	Management	41,564	25,368	16,057	139
b	Legal	562,921	343,583	217,454	1,884
c	Accounting	45,500	27,771	17,577	152
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	495,895	491,459	4,404	32
13	Office expenses	107,123	101,802	5,200	121
14	Information technology	439,124	420,182	18,276	666
15	Royalties				
16	Occupancy	236,971	224,847	11,848	276
17	Travel	586,938	581,637	4,545	756
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	41,202	40,143	1,057	2
20	Interest	135,128	29,245	105,847	36
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	170,211	166,945	3,192	74
23	Insurance	96,056	91,141	4,803	112
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	CONSULTANTS	1,078,477	1,065,760	12,427	290
b	COMPUTER DISTRIBUTIONS	591,295	591,295		
c	RESEARCH	296,052	296,052		
d	BAD DEBTS	50,571		50,571	
e	All other expenses	70,946	66,918	3,947	81
25	Total functional expenses. Add lines 1 through 24e	13,010,209	12,445,200	551,728	13,281
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	1,575,695	1	159,768
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	66,557	3	152,912
	4 Accounts receivable, net	395,977	4	590,388
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	10,900	8	47,817
	9 Prepaid expenses and deferred charges	42,730	9	53,613
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,762,549		
	b Less accumulated depreciation	10b 1,625,246	194,738	10c 137,303
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	9,566	15	8,279
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,296,163	16	1,150,080	
Liabilities	17 Accounts payable and accrued expenses	846,034	17	208,595
	18 Grants payable		18	
	19 Deferred revenue	901,247	19	126,707
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,071,047	23	884,346
	24 Unsecured notes and loans payable to unrelated third parties	198,582	24	177,381
	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 D		25	
	26 Total liabilities. Add lines 17 through 25	3,016,910	26	1,397,029
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-864,372	27	-504,375
	28 Temporarily restricted net assets	143,625	28	257,426
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	-720,747	33	-246,949	
34 Total liabilities and net assets/fund balances	2,296,163	34	1,150,080	

Part XI Reconciliation of Net Assets

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	13,208,440
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,010,209
3	Revenue less expenses Subtract line 2 from line 1	3	198,231
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-720,747
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	275,567
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-246,949

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

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

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

Name of the organization
CONNECTED NATION INC

Employer identification number
61-1394934

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	9,422,112	7,549,622	11,164,605	16,054,726	13,103,847	57,294,912
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	9,422,112	7,549,622	11,164,605	16,054,726	13,103,847	57,294,912
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)						3,262,749
6 Public support. Subtract line 5 from line 4						54,032,163

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	9,422,112	7,549,622	11,164,605	16,054,726	13,103,847	57,294,912
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,284	15,331	14,799	44,054	6,107	90,575
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support (Add lines 7 through 10)						57,385,487
12 Gross receipts from related activities, etc. (see instructions)					12	544,847
13 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	94.160%
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	92.620%
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

- 19a 33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2012

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization CONNECTED NATION INC

Employer identification number

61-1394934

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

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

Table with 2 columns: Description, Held at the End of the Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located..., 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses incurred..., 8 Does each conservation easement reported on line 2(d) above satisfy the requirements..., 9 In Part XIII, describe how the organization reports conservation easements...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report..., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		88,227	81,126	7,101
d Equipment		1,498,046	1,397,600	100,446
e Other		176,276	146,520	29,756
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				137,303

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities. See Form 990, Part X, line 25.

1	(a) Description of liability	(b) Book value
	Federal income taxes	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)		

2. Fin 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

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

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			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
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			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	

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

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
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 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE 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, 2012 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

Schedule I (Form 990)

OMB No 1545-0047

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

2012

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

Attach to Form 990

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization CONNECTED NATION INC

Employer identification number

61-1394934

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government (b) EIN (c) IRC Code section if applicable (d) Amount of cash grant (e) Amount of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (h) Purpose of grant or assistance

See Additional Data Table

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. The table is currently empty.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
3 Enter total number of other organizations listed in the line 1 table

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount 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, Part III, column (b), and any other additional information

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

Software ID:
 Software Version:
 EIN: 61-1394934
 Name: CONNECTED NATION INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANDOVER PUBLIC LIBRARY 142 WEST MAIN ANDOVER, OH 44003	34-0925952		5,534				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES
ARCHDIOCESE OF CINCINNATI (ELDER HIGH SCHOOL) 3900 VINCENT AVENUE CINCINNATI, OH 45205	31-0538520		8,152				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES PROGRAM
ASHLAND COUNTY WEST HOLMES JVSD 1783 STATE ROAD 60 ASHLAND, OH 44805	34-1089984		11,197				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES PROGRAM
CHILLICOTHE AND ROSS COUNTY PUBLIC LIBRARY 140 S PAINT ST CHILLICOTHE, OH 45601	31-0745884		6,300				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES PROGRAM
CLARK STATE COMMUNITY COLLEGE 570 E LEFFEL LN SPRINGFIELD, OH 45501	31-0734597		59,083				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES PROGRAM
CLEVELAND HEIGHTS-UNIVERSITY HEIGHTS PUBLIC LIBRARY 2345 LEE ROAD CLEVELAND, OH 44118	34-6000690		8,646				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES
COLUMBUS LITERACY COUNCIL 92 JEFFERSON COLUMBUS, OH 43215	23-7433168		10,896				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES
COLUMBUS METROPOLITAN LIBRARY 96 S GRANT AVE COLUMBUS, OH 43215	31-6401170		23,323				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES
COMMUNITY ACTION CENTER OF PORTAGE COUNTY 1036 W MAIN RAVENNA, OH 44266	34-0967324		6,239				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES
COMMUNITY ACTION ORGANIZATION OF DMU 648 CLYNER ROAD SUITE 130 MARYSVILLE, OH 43040	31-0718183		7,039				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES
COMMUNITY ACTION PARTNERSHIP OF GREATER DAYTON 719 S MAIN STREET DAYTON, OH 45402	31-0709198		8,471				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES
COUNTY OF KNOX DBA MT VERNON PUBLIC LIBRARY 201 NORTH MULBERRY ST MT VERNON, OH 43050	31-6401662		11,424				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES
CUYAHOGA COUNTY PUBLIC LIBRARY 2111 SNOW RD PARMA, OH 44124	34-6000819		33,137				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES
EAST LIVERPOOL YMCA 15655 STATE ROAD 170 EAST LIVERPOOL, OH 43920	34-0714794		5,901				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES
ED MID-OHIO SERVICE CENTER 890 W FOURTH STREET SUITE 100 MANSFIELD, OH 44906	34-1207061		7,692				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES
FRANKLIN COUNTY BOARD OF COMMISSIONERS (BEXLEY PUBLIC LIBRARY) 2411 E MAIN STREET COLUMBUS, OH 43209	31-6400110		7,294				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES
FROM CRISIS TO CHRIST 4216 WHITMAN AVE CLEVELAND, OH 44113	26-3720627		23,874				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES
GOODWILL INDUSTRIES OF ERIE HURON OTTAWA AND SANDUSKY 419 WEST MARKET STREET SANDUSKY, OH 44870	34-1113714		5,633				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES
GOODWILL INDUSTRIES OF SC OHIO INC 457 E MAIN STREET CHILLICOTHE, OH 45601	31-0917970		19,378				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES
GOODWILL INDUSTRIES OF WAYNE AND HOLMES COUNTIES 1034 NOLD AVENUE WOOSTER, OH 44691	34-1272032		6,028				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES
GROUNWORK GROUP 1880 MACKENZIE DR STE 111 COLUMBUS, OH 43220	59-3808297		58,473				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES
HENDERSON MEMORIAL PUBLIC LIBRARY 54 E JEFFERSON STREET JEFFERSON, OH 44047	34-0923948		6,567				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES
IMPACT COMMUNITY ACTION 700 BRYDEN ROAD COLUMBUS, OH 43215	20-5536173		20,380				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES
IOWA ASSOCIATION OF REGIONAL COUNCILS 1123 SANDALWOOD CT ALTOONA, IA 50009	42-1318472		98,202				STATE BROADBAND DATA DEVELOPMENT AND GRANT PROGRAM
JAMES A RHODES STATE COLLEGE 4240 CAMPUS DRIVE LIMA, OH 45804	31-0802588		5,481				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES
LAKE COUNTY COUNCIL ON AGING 8520 EAST AVENUE MENTOR, OH 44060	23-7266637		14,175				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES
LICKING COUNTY LIBRARY (NEWARK PUBLIC LIBRARY) 101 W MAIN ST NEWARK, OH 43055	31-6401551		6,426				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES
MEDINA COUNTY DISTRICT LIBRARY 210 SOUTH BROADWAY STREET MEDINA, OH 44256	34-6001165		5,040				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES
MID-POINTE LIBRARY SYSTEM (FORMERLY MIDDLETOWN PUBLIC LIBRARY) 125 SOUTH BROAD STREET MIDDLETOWN, OH 45044	31-6000378		11,813				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES
NORTH CENTRAL STATE 2441 KENWOOD CIRCLE MANSFIELD, OH 44901	34-1038108		16,774				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHEASTERN EDUCATIONAL TELEVISION OF OHIO INC 1750 CAMPUS CENTER DRIVE KENT, OH 44240	34-1123819		10,484				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES
NORTHWEST OHIO EDUCATIONAL TECHNOLOGY FOUNDATION 245 TROUP AVENUE BOWLING GREEN, OH 43403	34-1353718		6,457				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES
NORTHWEST STATE COMMUNITY COLLEGE 22600 STATE ROUTE 34 ARCHBOLD, OH 43502	34-1003685		23,579				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES
OHIO STATE UNIVERSITY THE 1960 KENNY ROAD COLUMBUS, OH 43210	31-6025986		11,981				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES
OWENS COMMUNITY COLLEGE 30335 OREGON ROAD PERRYSBURG, OH 43551	34-1059164		9,734				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES
PENTA COUNTY BOARD OF EDUCATION 9301 BUCK ROAD PERRYSBURG, OH 43551	34-0946365		7,214				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES
PUBLIC LIBRARY OF CINCINNATI 1800 VINE STREET CINCINNATI, OH 45202	31-6000442		5,755				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES
PUSKARICH PUBLIC LIBRARY 200 E MARKET STREET CADIZ, OH 43907	34-6000473		7,641				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES
ROSS-PIKE COUNTY EDUCATIONAL SERVICE DISTRICT 475 WESTERN AVE CHILLICOTHE, OH 45601	31-0853905		9,978				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES
SOUTHERN STATE COMMUNITY COLLEGE 100 HOBART DR HILLSBORO, OH 45133	31-0858297		11,719				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES
TUSCARAWAS COUNTY PUBLIC LIBRARY 121 FAIR AVENUE NW NEW PHILADELPHIA, OH 44663	34-6002005		6,237				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES
UNIVERSITY OF ALASKA ANCHORAGE PO BOX 141628 ANCHORAGE, AK 99514	92-6000147		124,710				STATE BROADBAND DATA DEVELOPMENT AND GRANT PROGRAM
UNIVERSITY OF ALASKA FAIRBANKS PO BOX 757880 FAIRBANKS, AK 99775	92-6000147		70,129				STATE BROADBAND DATA DEVELOPMENT AND GRANT PROGRAM
UNIVERSITY OF DAYTON 300 COLLEGE PARK AVE DAYTON, OH 45469	31-0536715		10,244				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES
WARREN COUNTY VOCATIONAL SCHOOL DISTRICT 3523 N ST RTE 48 LEBANON, OH 45036	31-0803915		5,293				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES
YMCA OF TUSCARAWAS COUNTY 600 MONROE STREET DOVER, OH 44622	34-6002005		5,241				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES
YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER TOLEDO 1500 NORTH SUPERIOR TOLEDO, OH 43604	34-4428262		13,745				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES
YOUNG MEN'S CHRISTIAN ASSOCIATION INC (YMCA OF YOUNGSTOWN) 17 NORTH CHAMPION STREET YOUNGSTOWN, OH 44505	34-0714730		5,142				REIMBURSEMENT OF COMPUTER PURCHASES AND TRAINING FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2012

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
CONNECTED NATION INC

Employer identification number

61-1394934

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items
- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef) |

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

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

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

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

- a** The organization?
- b** Any related organization?

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

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

- a** The organization?
- b** Any related organization?

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

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

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

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

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) BRIAN R MEFFORD CHAIRMAN / DIRECTOR	(i)	338,959	0	0	0	0	338,959	0
	(ii)	0	0	0	0	0	0	0
(2) THOMAS W FERREE PRESIDENT / DIRECTOR	(i)	231,088	0	0	6,929	0	238,017	0
	(ii)	0	0	0	0	0	0	0
(3) JOHN HAMM TREASURER	(i)	184,189	0	0	5,526	0	189,715	0
	(ii)	0	0	0	0	0	0	0
(4) MARK MCELROY VICE PRESIDENT	(i)	181,201	0	0	4,662	0	185,863	0
	(ii)	0	0	0	0	0	0	0
(5) THOMAS FRITZ EXECUTIVE DIRECTOR, OH	(i)	170,499	0	0	5,115	0	175,614	0
	(ii)	0	0	0	0	0	0	0
(6) THOMAS KOUTSKY CHIEF POLICY COUNCIL	(i)	208,613	0	0	5,343	0	213,956	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
------------	------------------	-------------

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2012

Open to Public Inspection

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, line 38a or 40b. Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization CONNECTED NATION INC

Employer identification number

61-1394934

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

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

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Part III Grants or Assistance Benefitting Interested Persons.

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

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ERIC MILLS	A DIRECTOR AND OFFICER	414,051	MILLS AND HIS STAFF PROVIDE PRIMARILY LEGAL BUT ALSO FINANCIAL AND MANAGEMENT SERVICES TO THE COMPANY		No
(2) JOE MEFFORD	JOE MEFFORD, BRIAN MEFFORD'S FATHER	6,050	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
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2012

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization CONNECTED NATION INC

Employer identification number

61-1394934

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining noncash contribution amounts. Rows include Art, Books, Cars, Boats, Intellectual property, Securities, Real estate, etc.

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

Table with 2 columns: 29, Yes/No

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

Table with 2 columns: Yes/No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

Table with 2 columns: Yes/No

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

Table with 2 columns: Yes/No

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Table with 2 columns: Yes/No

Part III Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
METHOD FOR DETERMINING NUMBER OF CONTRIBUTORS	PART I, COLUMN (B)	ESTIMATED NUMBER OF CONTRIBUTORS

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.**

OMB No 1545-0047

2012

**Open to Public
Inspection**

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
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	GAIN ON DEBT RESTRUCTURING 275,567

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2012

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
CONNECTED NATION INC

Employer identification number

61-1394934

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
See Additional Data Table					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(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" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) CN VENTURES INC 1020 COLLEGE STREET BOWLING GREEN, KY 42101	TECHNOLOGY CONSULTING	KY	CONNECTED NATION INC	C			100.000 %		No

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

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

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

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a	Yes	
1b		No
1c		No
1d	Yes	
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n	Yes	
1o	Yes	
1p		No
1q		No
1r		No
1s		No

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CN VENTURES INC	A	104,991	CASH
(2) CN VENTURES INC	D	1,498,214	CASH
(3) CN VENTURES INC	N	106,700	CASH
(4) CN VENTURES INC	O	172,975	CASH

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation
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Software ID:
Software Version:
EIN: 61-1394934
Name: CONNECTED NATION INC

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
(1) CN FINANCIAL LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0530874	ASSET HOLDING COMPANY	KY			CONNECTED NATION INC
(2) CONNECT ALASKA LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0742035	TO IMPLEMENT CONNECTED NATION'S MISSION IN ALASKA	KY			CONNECTED NATION INC
(3) CONNECT ALABAMA LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0550734	TO IMPLEMENT CONNECTED NATION'S MISSION IN ALABAMA	KY			CONNECTED NATION INC
(4) CONNECT ARKANSAS LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0550908	TO IMPLEMENT CONNECTED NATION'S MISSION IN ARKANSAS	KY			CONNECTED NATION INC
(5) CONNECT ARIZONA LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0745378	TO IMPLEMENT CONNECTED NATION'S MISSION IN ARIZONA	KY			CONNECTED NATION INC
(6) CONNECT CALIFORNIA LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0550623	TO IMPLEMENT CONNECTED NATION'S MISSION IN CALIFORNIA	KY			CONNECTED NATION INC
(7) CONNECT COLORADO LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0741605	TO IMPLEMENT CONNECTED NATION'S MISSION IN COLORADO	KY			CONNECTED NATION INC
(8) CONNECT CONNECTICUT LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-1377201	TO IMPLEMENT CONNECTED NATION'S MISSION IN CONNECTICUT	KY			CONNECTED NATION INC
(9) CONNECT DELAWARE LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0741366	TO IMPLEMENT CONNECTED NATION'S MISSION IN DELAWARE	KY			CONNECTED NATION INC
(10) CONNECT FLORIDA LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0741262	TO IMPLEMENT CONNECTED NATION'S MISSION IN FLORIDA	KY			CONNECTED NATION INC
(11) CONNECT GEORGIA LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0550938	TO IMPLEMENT CONNECTED NATION'S MISSION IN GEORGIA	KY			CONNECTED NATION INC
(12) CONNECT HAWAII LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0742834	TO IMPLEMENT CONNECTED NATION'S MISSION IN HAWAII	KY			CONNECTED NATION INC
(13) CONNECT IOWA LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0742423	TO IMPLEMENT CONNECTED NATION'S MISSION IN IOWA	KY			CONNECTED NATION INC
(14) CONNECT IDAHO LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0742655	TO IMPLEMENT CONNECTED NATION'S MISSION IN IDAHO	KY			CONNECTED NATION INC
(15) CONNECT ILLINOIS LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0550765	TO IMPLEMENT CONNECTED NATION'S MISSION IN ILLINOIS	KY			CONNECTED NATION INC
(16) CONNECT INDIANA LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0742459	TO IMPLEMENT CONNECTED NATION'S MISSION IN INDIANA	KY			CONNECTED NATION INC
(17) CONNECT KANSAS LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0655800	TO IMPLEMENT CONNECTED NATION'S MISSION IN KANSAS	KY			CONNECTED NATION INC
(18) CONNECT KENTUCKY LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0530781	TO IMPLEMENT CONNECTED NATION'S MISSION IN KENTUCKY	KY			CONNECTED NATION INC
(19) CONNECT LOUISIANA LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0742125	TO IMPLEMENT CONNECTED NATION'S MISSION IN LOUISIANA	KY			CONNECTED NATION INC
(20) CONNECT MASSACHUSETTS LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0531255	TO IMPLEMENT CONNECTED NATION'S MISSION IN MASSACHUSETTS	KY			CONNECTED NATION INC
(21) CONNECT MARYLAND LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0742932	TO IMPLEMENT CONNECTED NATION'S MISSION IN MARYLAND	KY			CONNECTED NATION INC
(22) CONNECT MAINE LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0742970	TO IMPLEMENT CONNECTED NATION'S MISSION IN MAINE	KY			CONNECTED NATION INC
(23) CONNECT MICHIGAN LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0744287	TO IMPLEMENT CONNECTED NATION'S MISSION IN MICHIGAN	KY			CONNECTED NATION INC
(24) CONNECT MINNESOTA LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0744206	TO IMPLEMENT CONNECTED NATION'S MISSION IN MINNESOTA	KY			CONNECTED NATION INC
(25) CONNECT MISSOURI LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0744141	TO IMPLEMENT CONNECTED NATION'S MISSION IN MISSOURI	KY			CONNECTED NATION INC
(26) CONNECT MISSISSIPPI LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0744098	TO IMPLEMENT CONNECTED NATION'S MISSION IN MISSISSIPPI	KY			CONNECTED NATION INC
(27) CONNECT MONTANA LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0744054	TO IMPLEMENT CONNECTED NATION'S MISSION IN MONTANA	KY			CONNECTED NATION INC
(28) CONNECT NORTH CAROLINA LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0745323	TO IMPLEMENT CONNECTED NATION'S MISSION IN NORTH CAROLINA	KY			CONNECTED NATION INC
(29) CONNECT NORTH DAKOTA LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0745218	TO IMPLEMENT CONNECTED NATION'S MISSION IN NORTH DAKOTA	KY			CONNECTED NATION INC
(30) CONNECT NEBRASKA LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0743928	TO IMPLEMENT CONNECTED NATION'S MISSION IN NEBRASKA	KY			CONNECTED NATION INC
(31) CONNECT NEW HAMPSHIRE LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0743978	TO IMPLEMENT CONNECTED NATION'S MISSION IN NEW HAMPSHIRE	KY			CONNECTED NATION INC
(32) CONNECT NEW JERSEY LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0743055	TO IMPLEMENT CONNECTED NATION'S MISSION IN NEW JERSEY	KY			CONNECTED NATION INC
(33) CONNECT NEW MEXICO LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0743010	TO IMPLEMENT CONNECTED NATION'S MISSION IN NEW MEXICO	KY			CONNECTED NATION INC
(34) CONNECT NEVADA LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0743867	TO IMPLEMENT CONNECTED NATION'S MISSION IN NEVADA	KY			CONNECTED NATION INC
(35) CONNECT NEW YORK LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0745275	TO IMPLEMENT CONNECTED NATION'S MISSION IN NEW YORK	KY			CONNECTED NATION INC
(36) CONNECT OHIO LLC 51 JEFFERSON AVENUE SUITE 100 COLUMBUS, OH 43215 26-0550687	TO IMPLEMENT CONNECTED NATION'S MISSION IN OHIO	KY			CONNECTED NATION INC
(37) CONNECT OKLAHOMA LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-1361381	TO IMPLEMENT CONNECTED NATION'S MISSION IN OKLAHOMA	KY			CONNECTED NATION INC
(38) CONNECT OREGON LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0655737	TO IMPLEMENT CONNECTED NATION'S MISSION IN OREGON	KY			CONNECTED NATION INC
(39) CONNECT PENNSYLVANIA LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0655472	TO IMPLEMENT CONNECTED NATION'S MISSION IN PENNSYLVANIA	KY			CONNECTED NATION INC
(40) CONNECT PUERTO RICO LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 27-0230775	TO IMPLEMENT CONNECTED NATION'S MISSION IN PUERTO RICO	KY			CONNECTED NATION INC
(41) CONNECT RHODE ISLAND LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0655289	TO IMPLEMENT CONNECTED NATION'S MISSION IN RHODE ISLAND	KY			CONNECTED NATION INC
(42) CONNECT SOUTH CAROLINA LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0550185	TO IMPLEMENT CONNECTED NATION'S MISSION IN SOUTH CAROLINA	KY			CONNECTED NATION INC
(43) CONNECT SOUTH DAKOTA LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0655233	TO IMPLEMENT CONNECTED NATION'S MISSION IN SOUTH DAKOTA	KY			CONNECTED NATION INC
(44) CONNECTED TENNESSEE LLC 618 CHURCH STREET SUITE 130 NASHVILLE, TN 37219 26-0530182	TO IMPLEMENT CONNECTED NATION'S MISSION IN TENNESSEE	KY			CONNECTED NATION INC
(45) CONNECT TEXAS LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0745141	TO IMPLEMENT CONNECTED NATION'S MISSION IN TEXAS	KY			CONNECTED NATION INC
(46) CONNECT UTAH LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0655085	TO IMPLEMENT CONNECTED NATION'S MISSION IN UTAH	KY			CONNECTED NATION INC
(47) CONNECT VIRGIN ISLANDS LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 27-0427136	TO IMPLEMENT CONNECTED NATION'S MISSION IN VIRGIN ISLANDS	KY			CONNECTED NATION INC
(48) CONNECT VIRGINIA LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0550872	TO IMPLEMENT CONNECTED NATION'S MISSION IN VIRGINIA	KY			CONNECTED NATION INC
(49) CONNECT VERMONT LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0654488	TO IMPLEMENT CONNECTED NATION'S MISSION IN VERMONT	KY			CONNECTED NATION INC
(50) CONNECT WASHINGTON DC LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0744440	TO IMPLEMENT CONNECTED NATION'S MISSION IN WASHINGTON DC	KY			CONNECTED NATION INC
(51) CONNECT WASHINGTON LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0654354	TO IMPLEMENT CONNECTED NATION'S MISSION IN WASHINGTON	KY			CONNECTED NATION INC
(52) CONNECT WISCONSIN LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0744383	TO IMPLEMENT CONNECTED NATION'S MISSION IN WISCONSIN	KY			CONNECTED NATION INC
(53) CONNECT WEST VIRGINIA LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0531166	TO IMPLEMENT CONNECTED NATION'S MISSION IN WEST VIRGINIA	KY			CONNECTED NATION INC
(54) CONNECT WYOMING LLC 1020 COLLEGE STREET BOWLING GREEN, KY 42101 26-0744328	TO IMPLEMENT CONNECTED NATION'S MISSION IN WYOMING	KY			CONNECTED NATION INC