

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.

A For the 2010 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization INVENEO, INC Doing Business As		D Employer identification number 20-1663266
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number (415) 901-1969
	City or town, state or country, and ZIP + 4 SAN FRANCISCO, CA 94103		G Gross receipts \$ 3,790,065.
	F Name and address of principal officer: KRISTIN PETERSON SAME AS C ABOVE		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) 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.INVENEO.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: 2004
M State of legal domicile: CA			

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>INVENEO PROVIDES EXPERT GUIDANCE FOR IMPLEMENTING HIGHLY SUSTAINABLE INFORMATION AND COMMUNICATIONS</u>		
	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	6
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	3
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	15
	6 Total number of volunteers (estimate if necessary)	6	25
	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	8 Contributions and grants (Part VIII, line 1h)	Prior Year 987,852.	Current Year 2,575,762.
	9 Program service revenue (Part VIII, line 2g)	352,466.	308,343.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	126,686.	345,989.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,467,004.	3,230,094.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
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)		811,536.	849,026.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 113,626.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		714,746.	1,119,922.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,526,282.	1,968,948.	
19 Revenue less expenses. Subtract line 18 from line 12	-59,278.	1,261,146.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 1,305,397.	End of Year 1,890,142.
	21 Total liabilities (Part X, line 26)	1,018,953.	232,089.
	22 Net assets or fund balances. Subtract line 21 from line 20	286,444.	1,658,053.

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	▶ Signature of officer	Date			
	▶ MARK SUMMER, CIO/CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name ALEXIS H. WONG	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ LINDQUIST, VON HUSEN & JOYCE LLP	Firm's EIN ▶		Phone no. (415) 957-9999	
Firm's address ▶ 90 NEW MONTGOMERY ST., 11TH FLOOR SAN FRANCISCO, CA, CA 94105					

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 [X]

1 Briefly describe the organization's mission: TO GET THE TOOLS OF INFORMATION AND COMMUNICATIONS TECHNOLOGY (ICTS) - COMPUTING AND INTERNET ACCESS - OUT TO PEOPLE AND ORGANIZATIONS WHO NEED IT MOST IN RURAL AND HIGHLY UNDERSERVED AREAS IN THE DEVELOPING WORLD.

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 [X] No

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

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

4a (Code:) (Expenses \$ 840,292. including grants of \$) (Revenue \$ 199,769.) ICIP PROGRAMS: TRAIN AND PARTNER WITH ICT PROFESSIONALS ACROSS AFRICA, SOUTH ASIA AND HAITI THROUGH ITS INVENEO CERTIFIED ICT PARTNER (ICIP) PROGRAM. WE DELIVER A FORMAL TRAINING AND CERTIFICATION PROCESS TO EMPOWER IN-COUNTRY ICT ENTREPRENEURS WITH THE TOOLS, SKILLS, AND ONGOING SUPPORT TO IMPLEMENT SUSTAINABLE TECHNOLOGY SOLUTIONS FOR ORGANIZATIONS OPERATING IN RURAL AND HIGHLY UNDERSERVED COMMUNITIES. INVENEO RECRUITS, VETS, TRAINS, CERTIFIES AND ENTERS INTO LONG TERM PARTNERSHIPS WITH LOCAL PARTNERS (ICIPS). TYPICALLY, THESE ICIPS ARE TECHNICAL PROFESSIONALS AND SMALL BUSINESS ENTREPRENEURS. THEY ARE PAID TO DESIGN, INSTALL AND SUPPORT COMPUTING AND NETWORKING SOLUTIONS USING THE PROCESSES GAINED THROUGH INVENEO CERTIFICATION AND USING RELEVANT EQUIPMENT RECOMMENDED AND CERTIFIED BY INVENEO. WITH THIS

4b (Code:) (Expenses \$ 622,744. including grants of \$) (Revenue \$ 398,947.) DIRECT SERVICES: INVENEO PROVIDES EXPERT GUIDANCE FOR IMPLEMENTING HIGHLY SUSTAINABLE ICT PROJECTS TO NON-GOVERNMENTAL AND GOVERNMENTAL ORGANIZATIONS IN DEVELOPING COUNTRIES, SO THAT THESE ORGANIZATIONS CAN USE ICT TO MORE EFFECTIVELY DELIVER EDUCATION, HEALTHCARE, ECONOMIC DEVELOPMENT AND RELIEF PROGRAMS. WE EMPLOY A SOLUTIONS-BASED APPROACH, FOCUSING ON UNDERSTANDING THE GOALS OF THE ORGANIZATION AND ITS END-USERS TO DESIGN COMPUTING, LOCAL AREA AND WIDE AREA NETWORKING SOLUTIONS. WE ASSESS THE CURRENT ENVIRONMENT, INCLUDING FACILITIES, POWER, CONNECTIVITY AS OTHER FACTORS LIKE USER KNOW HOW AND SECURITY. WE IDENTIFY APPROACHES THAT ADDRESS CHALLENGES SUCH AS UNDEPENDABLE ELECTRICITY, TIGHT OPERATING BUDGETS AND LACK OF SUPPORT RESOURCES. WE MAKE RECOMMENDATIONS THAT INCLUDE HARDWARE, SOFTWARE, POWER,

4c (Code:) (Expenses \$ 210,948. including grants of \$) (Revenue \$ 0.) RESEARCH AND DEVELOPMENT, OUTREACH AND SUPPORT: INVENEO IDENTIFIES, TESTS, CERTIFIES, AND IN SOME CASES DESIGNS SOFTWARE AND HARDWARE SOLUTIONS TO ADDRESS THE UNMET NEEDS FOR ICTS IN LOW-RESOURCE ENVIRONMENTS IN THE DEVELOPING WORLD. WE INTEGRATE EXISTING SOFTWARE AND HARDWARE COMPONENTS TO DELIVER REPEATABLE AND SCALABLE SOLUTIONS. THESE SOLUTIONS RANGE FROM ULTRA-LOW POWER COMPUTERS AND SERVERS TO DESKTOPS CONFIGURED FOR SHARED COMPUTING ENVIRONMENTS RUNNING OPEN-SOURCE OPERATING SYSTEMS. WE ALSO DESIGN CUSTOM HARDWARE SYSTEMS FOR SPECIFIC APPLICATIONS. THE RESULT IS A SOLUTION BLUEPRINT THAT CAN BE IMPLEMENTED IN A SCALABLE AND REPLICABLE WAY BY INVENEO AND OTHERS.

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$ 8,274.)

4e Total program service expenses 1,673,984.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
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>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	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>	X	
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>		X
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>		X
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>	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
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, XII, and XIII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **MARK SUMMER - (415) 901-1969**
972 MISSION STREET, 5TH FLOOR, SAN FRANCISCO, CA 94103

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.
List all of the organization's current key employees, if any. See instructions for definition of "key employee."
List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Table with 6 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, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include L. WILTON AGASTEIN, JIM FORSTER, DOMINIC ORR, ROBERT MARSH, KRISTIN PETERSON, and MARK SUMMER.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							210,000.	0.	34,639.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							210,000.	0.	34,639.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,575,762.			
	g	Noncash contributions included in lines 1a-1f: \$		228,575.			
	h	Total. Add lines 1a-1f		2,575,762.			
	Program Service Revenue	2 a	CONSULTING	Business Code 541519	308,343.	308,343.	
b							
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		308,343.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)					
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real	47,342.			
		Less: rental expenses	(ii) Personal				
		Rental income or (loss)		47,342.			
		Net rental income or (loss)			47,342.		47,342.
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
		Less: cost or other basis and sales expenses	(ii) Other				
		Gain or (loss)					
		Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		Less: direct expenses	b				
		Net income or (loss) from fundraising events					
9 a	Gross income from gaming activities. See Part IV, line 19	a					
	Less: direct expenses	b					
	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	a	853,956.				
	Less: cost of goods sold	b	559,971.				
	Net income or (loss) from sales of inventory			293,985.	293,985.		
Miscellaneous Revenue			Business Code				
11 a	MISCELLANEOUS INCOME	541519	4,662.	4,662.			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		4,662.				
12	Total revenue. See instructions.		3,230,094.	606,990.	0.	47,342.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	202,221.	150,705.	19,578.	31,938.
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	526,593.	425,660.	65,717.	35,216.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	64,612.	49,847.	9,557.	5,208.
10 Payroll taxes	55,600.	43,320.	7,223.	5,057.
11 Fees for services (non-employees):				
a Management	54,498.	50,860.	1,221.	2,417.
b Legal				
c Accounting	19,828.	2,798.	16,719.	311.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	96,469.	85,691.	4,439.	6,339.
12 Advertising and promotion	3,517.		547.	2,970.
13 Office expenses	385,491.	347,546.	32,823.	5,122.
14 Information technology				
15 Royalties				
16 Occupancy	112,944.	107,624.	3,443.	1,877.
17 Travel	219,354.	198,185.	6,291.	14,878.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	8,356.	3,149.	3,614.	1,593.
20 Interest	7,014.		7,014.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	10,636.	9,614.	657.	365.
23 Insurance	2,235.	1,727.	344.	164.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a PARTS AND HARDWARE	97,869.	97,076.	793.	0.
b PROGRAM SUPPLIES & EQUI	72,828.	72,828.	0.	0.
c MISCELLANEOUS	16,089.	15,279.	682.	128.
d RESEARCH & DEVELOPMENT	12,238.	11,753.	485.	0.
e MEMBERSHIP DUES	556.	322.	191.	43.
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	1,968,948.	1,673,984.	181,338.	113,626.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	938,284.	1	724,240.	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net		3	924,688.	
	4 Accounts receivable, net	77,122.	4	3,866.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), 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)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	267,135.	8	82,416.	
	9 Prepaid expenses and deferred charges	6,764.	9	6,309.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 60,854.			
	b Less: accumulated depreciation	10b 27,058.	16,092.	10c	33,796.
	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	0.	15	114,827.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,305,397.	16	1,890,142.		
Liabilities	17 Accounts payable and accrued expenses	508,274.	17	89,951.	
	18 Grants payable		18		
	19 Deferred revenue	9,600.	19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D	501,079.	25	142,138.	
	26 Total liabilities. Add lines 17 through 25	1,018,953.	26	232,089.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	-520,797.	27	-448,050.	
	28 Temporarily restricted net assets	807,241.	28	2,106,103.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	286,444.	33	1,658,053.	
34 Total liabilities and net assets/fund balances	1,305,397.	34	1,890,142.		

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	3,230,094.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,968,948.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,261,146.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	286,444.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	110,463.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,658,053.

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?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
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.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
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.		

Form 990 (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization **INVENEO, INC** Employer identification number **20-1663266**

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

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

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

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

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

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2010. 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 type="checkbox"/>
b 33 1/3% support test - 2009. 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 - 2010. 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 - 2009. 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	131,459.	1003273.	502,642.	987,952.	2575762.	5201088.
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	212,657.	900,381.	877,789.	975,151.	1162299.	4128277.
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	344,116.	1903654.	1380431.	1963103.	3738061.	9329365.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	77,481.	917,000.	500,000.	835,000.		2329481.
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						0.
c Add lines 7a and 7b	77,481.	917,000.	500,000.	835,000.		2329481.
8 Public support (Subtract line 7c from line 6.)						6999884.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	344,116.	1903654.	1380431.	1963103.	3738061.	9329365.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		970.	5,119.			6,089.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b		970.	5,119.			6,089.
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.)			2,520.	10,874.	52,004.	65,398.
13 Total support (Add lines 9, 10c, 11, and 12.)	344,116.	1904624.	1388070.	1973977.	3790065.	9400852.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	74.46 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	58.60 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	.06 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	11.00 %

19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2010

Name of the organization

INVENEO, INC

Employer identification number

20-1663266

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization INVENEO, INC	Employer identification number 20-1663266
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ARUBA NETWORKS FOUNDATION 1344 CROSSMAN AVENUE SUNNYVALE, CA 94089	\$ 27,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	CISCO SYSTEMS FOUNDATION 170 WEST TASMAN DRIVE SAN JOSE, CA 95134	\$ 860,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	CLINTON BUSH HAITI FUND 2445 M STREET, N.W. WASHINGTON, DC 20037	\$ 742,688.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	CRAIGSLIST CHARITABLE FUND 1381 NINTH AVENUE SAN FRANCISCO, CA 94122	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	EKTA 115 MOUNTAIN BROOK BOULEVARD MADISON, AL 35758	\$ 165,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	GOOGLE 1600 AMPHITHEATER PARKWAY MOUNTAIN VIEW, CA 94043	\$ 182,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization INVENEO, INC	Employer identification number 20-1663266
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	INTEL FOUNDATION 5200 NE ELAM YOUNG PARKWAY, MS JF3-165 HILLSBORO, OR 97124	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	MICROSOFT CORPORATION ONE MICROSOFT WAY REDMOND, WA 98052	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	PAUL M. ENGLISH P.O. BOX 275, FIDELITY CHARITABLE GIFT FUND ARLINGTON, MA 02476	\$ 8,605.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	ORR FAMILY FOUNDATION 12833 STAR RIDGE COURT SARATOGA, CA 95070	\$ 53,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	POSTEL FAMILY FOUNDATION 7016 SHALLOW LAKE ROAD PROPECT, KY 40059	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	SEGAL FOUNDATION 776 MOUNTAIN BOULEVARD, SUITE 202 WATCHUNG, NJ 07069	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization INVENEO, INC	Employer identification number 20-1663266
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	ZERODIVIDE 426 BUSH STREET, SUITE 300 SAN FRANCISCO, CA 94108	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	CAW FOUNDATION P.O. BOX 32130 SAN FRANCISCO, CA 94104	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	J. MILTON HARRIS P.O. BOX 2088 HUNTSVILLE, AL 35804	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	MACFARLANE FOUNDATION 3780 SELBY AVENUE LOS ANGELES, CA 90034	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	GOOGLE 1600 AMPHITHEATER PARKWAY MOUNTAIN VIEW, CA 94043	\$ 216,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	UBIQUTI NETWORKS 91 EAST TASMAN DRIVE SAN JOSE, CA 95134	\$ 10,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization INVENEO, INC	Employer identification number 20-1663266
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Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
17	3000 SOLIO SOLAR CHARGERS _____ _____ _____	\$ 216,000.	06/21/10
18	ACCESS POINTS COMMUNICATIONS EQUIPMENT _____ _____ _____	\$ 10,000.	04/01/10
	_____ _____ _____ _____	\$ _____	_____
	_____ _____ _____ _____	\$ _____	_____
	_____ _____ _____ _____	\$ _____	_____
	_____ _____ _____ _____	\$ _____	_____
	_____ _____ _____ _____	\$ _____	_____

Name of organization INVENEO, INC	Employer identification number 20-1663266
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

INVENEO, INC

Employer identification number

20-1663266

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

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

(check all that apply):

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

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

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

Part IV Escrow and Custodial Arrangements. Complete if 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 XIV and complete the following table:

	Amount
c Beginning balance	0.
d Additions during the year	114,827.
e Distributions during the year	
f Ending balance	114,827.

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

b If "Yes," explain the arrangement in Part XIV.

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

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

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

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

- (i) unrelated organizations
- (ii) related organizations

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		10,395.	4,639.	5,756.
d Equipment		30,459.	18,530.	11,929.
e Other		20,000.	3,889.	16,111.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				33,796.

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		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (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
(1) RESTRICTED CASH-FISCAL SPONSORSHIP	114,827.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	114,827.

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) CUSTOMER DEPOSITS	138,383.
(3) SECURITY DEPOSITS	3,755.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	142,138.

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,230,094.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,968,948.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,261,146.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	110,463.
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	110,463.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	1,371,609.

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

1	Total revenue, gains, and other support per audited financial statements	1	3,230,094.
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 XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	3,230,094.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,230,094.

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

1	Total expenses and losses per audited financial statements	1	1,968,948.
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 XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	1,968,948.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,968,948.

Part XIV Supplemental Information

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

PART IV, LINE 1B: IN APRIL 2010, THE ORGANIZATION ENTERED INTO A FISCAL

SPONSORSHIP GRANT AGREEMENT WITH A NON-AFFILIATED ENTITY TO MANAGE A

PROJECT REFERRED TO AS "WE CARE" (WOMEN'S EMERGENCY COMMUNICATION AND

RELIABLE ELECTRICITY) SOLAR. THE ORGANIZATION BELIEVES THAT THE WE CARE

SOLAR PROJECT FURTHERS ITS TAX-EXEMPT PURPOSE.

WE CARE SOLAR HAS OBTAINED FINANCIAL SUPPORT IN THE FORM OF CONTRIBUTIONS

AND GRANTS WHICH ARE RECEIVED AND RECOGNIZED AS INCOME BY INVENEO, INC.,

Part XIV Supplemental Information (continued)

WHEN THEY ARE UNCONDITIONALLY COMMUNICATED. THE ORGANIZATION, AS THE FISCAL SPONSOR, RECORDS ALL REVENUE AND EXPENSES OF THE WE CARE SOLAR PROJECT AS A SEPARATE PROGRAM. THE PROGRAM IS CONTRACTUALLY MANAGED BY A NON-AFFILIATED THIRD PARTY UNDER THE AUSPICES OF THE ORGANIZATION. IN ACCORDANCE WITH THE FISCAL SPONSOR GRANT AGREEMENT, A SEGRAGATED BANK ACCOUNT HAS BEEN ESTABLISHED TO RECEIVE AND DISBURSE FUNDS FOR THIS PROGRAM.

THE ORGANIZATION IS ENTITLED TO AN ADMINISTRATIVE FEE EQUIVALENT TO 5% OF ALL PROGRAM COSTS EXPENDED. THERE WERE NO ADMINISTRATIVE FEES EARNED FOR THE FISCAL YEAR ENDED DECEMBER 31, 2010.

PART X, LINE 2: THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. THE ORGANIZATION'S FEDERAL AND STATE INCOME TAX RETURNS FOR THE YEARS 2006 THROUGH 2009 ARE SUBJECT TO EXAMINATION BY REGULATORY AGENCIES, GENERALLY FOR THREE YEARS AND FOUR YEARS AFTER THEY WERE FILED FOR FEDERAL AND STATE, RESPECTIVELY.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization: **INVENEO, INC** Employer identification number: **20-1663266**

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. 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? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	DIRECT SERVICES	36,653.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	ICIP PROGRAM	231,105.
CENTRAL AMERICA & CARIBBEAN	0	0	PROGRAM SERVICES	DIRECT SERVICES	124,126.
EAST ASIA	0	0	PROGRAM SERVICES	DIRECT SERVICES	18,598.
SOUTH ASIA	0	0	PROGRAM SERVICES	DIRECT SERVICES	651.
MIDDLE EAST	0	0	PROGRAM SERVICES	DIRECT SERVICES	51,079.
3 a Sub-total	0	0			462,212.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			462,212.

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

Schedule F (Form 990) 2010

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

Schedule F (Form 990) 2010

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization **INVENEO, INC** Employer identification number **20-1663266**

Part I Types of Property

	(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
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>SOLAR CHARGER</u>)	X	1	216,000.	FAIRMARKET VALUE
26 Other ▶ (<u>COMMUN. EQUIP</u>)	X	1	10,000.	FAIRMARKET VALUE
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2010)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

INVENEO, INC

Employer identification number

20-1663266

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

TECHNOLOGY (ICT) PROJECTS TO NON-GOVERNMENTAL AND GOVERNMENTAL ORGANIZATIONS IN DEVELOPING COUNTRIES, INCLUDING HAITI AND MANY COUNTRIES IN AFRICA AND SOUTH ASIA, SO THAT THESE ORGANIZATIONS CAN USE ICT TO MORE EFFECTIVELY DELIVER EDUCATION, HEALTHCARE, ECONOMIC DEVELOPMENT AND RELIEF PROGRAMS.

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

APPROACH, ORGANIZATIONS GET AFFORDABLE AND LOCALLY SUSTAINABLE ICT PROJECTS IMPLEMENTED SO THEY CAN USE THE ICT SOLUTIONS TO IMPROVE THEIR DELIVERY OF EDUCATION, HEALTHCARE, ECONOMIC DEVELOPMENT AND RELIEF PROGRAMS. ALSO, THIS APPROACH IMPROVES LOCAL EXPERTISE, OPENS NEW MARKET EXPERTISE FOR THE ENTREPRENEURS AND HELPS BUILD THE LOCAL ICT ECONOMY.

HAITI CONNECTED CITIES AND CONNECTED SCHOOLS PROGRAM 2010-2012:

THROUGH THE HAITI CONNECTED CITIES PROGRAM, INVENEO IS LEADING AN EFFORT TO DELIVER A FINANCIALLY SUSTAINABLE BROADBAND SERVICES MODEL TO 6 REGIONS AND 20 POPULATION CENTERS IN RURAL HAITI. THIS EFFORT INCLUDES PARTNERING WITH LOCAL SERVICE PROVIDERS, DEPLOYING A SHARED BROADBAND NETWORK, TRAINING LOCAL YOUTH TO DELIVER BROADBAND THROUGH A PROGRAM CALLED BATI. THROUGH THE CONNECTED SCHOOL PROGRAM, INVENEO IS PARTNERING WITH MICROSOFT, HP, WORLD VISION AND VOILA TO DELIVER 40 SOLAR-POWERED COMPUTER LABS IN RURAL SCHOOLS THAT WILL BE CONNECTED TO THE BROADBAND NETWORK.

Name of the organization INVENEO, INC	Employer identification number 20-1663266
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FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

IMPLEMENTATION AND SUPPORT, MOST OFTEN IN PARTNERSHIP WITH OUR ICIPS NOTED ABOVE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER MISCELLANEOUS PROGRAMS:

EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 8,274.

FORM 990, PART VI, SECTION A, LINE 2: KRISTIN PETERSON, CEO, AND MARK SUMMER, CIO AND CFO, ARE DOMESTIC PARTNERS.

FORM 990, PART VI, SECTION B, LINE 11: OUR CONSULTING ACCOUNTANT WORK WITH MANAGEMENT AND THE BOARD TO PREPARE THE FORM 990. THE ORGANIZATION'S OUTSIDE AUDITING FIRM COMPILES ALL OF THE INFORMATION AND PROVIDES A COPY OF THE FINAL DRAFT TO INVENEO MANAGEMENT. THE DRAFT FORM 990 IS REVIEWED BY MANAGEMENT AND CIRCULATED TO ALL INVENEO BOARD MEMBERS PRIOR TO BEING FILE WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: INVENEO EMPLOYEES HAVE A DUTY TO PROMPTLY DISCLOSE ANY TRANSACTION THEY BELIEVE MAY INVOLVE A CONFLICT OF INTEREST. WHEN ANY INVENEO EMPLOYEE BECOMES AWARE OF A CONFLICT OF INTEREST TRANSACTION (WHETHER BEFORE OR AFTER THE TRANSACTION TAKES PLACE), EACH EMPLOYEE IS EXPECTED TO DISCLOSE TO THE CHIEF EXECUTIVE OFFICER (CEO) ALL MATERIAL FACTS REGARDING THE NATURE OF THE CONFLICT OF INTEREST AND THE PARTIES INVOLVED. WHEN INFORMED OF THE DETAILS OF THE TRANSACTIONS, THE CEO DETERMINES IF A CONFLICT EXISTS, AND, IF SO, THE REMEDY TO ENSURE THE TRANSACTION IS REASONABLE. EMPLOYEES OR BOARD MEMBERS INVOLVED IN THE POTENTIAL CONFLICT OF INTEREST TRANSACTION ARE EXCLUDED FROM THE

Name of the organization INVENEO, INC	Employer identification number 20-1663266
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DECISION-MAKING PROCESS.

AT ANY MEETING OF THE BOARD OF DIRECTORS AT WHICH A TRANSACTION INVOLVING A BOARD MEMBER OR A PERSON AFFILIATED WITH A BOARD MEMBER WILL BE CONSIDERED, SAID DIRECTOR SHALL DISCLOSE TO THE OTHER MEMBERS OF THE BOARD ALL MATERIAL FACTS REGARDING THE NATURE OF THE TRANSACTION OR THE DIRECTOR'S AFFILIATION WITH ANY PERSON OR ENTITY WITH WHOM THE BOARD IS CONSIDERING ENTERING INTO ANY TRANSACTION. AFTER A CONFLICT OF INTEREST DISCLOSURE IS MADE BY A DIRECTOR AT A BOARD MEETING, SAID DIRECTOR SHALL LEAVE THE MEETING WHILE THE IMPLICATIONS OF THE AFFILIATION ARE CONSIDERED AND VOTED UPON. THE REMAINING BOARD MEMBERS SHALL DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS.

FORM 990, PART VI, SECTION B, LINE 15: THE INVENEO BOARD OF DIRECTORS, EXCLUDING ANY PERSON WITH A CONFLICT OF INTEREST, IS RESPONSIBLE FOR DETERMINING THE COMPENSATION OF INVENEO'S CEO AND CHIEF INNOVATION AND FINANCIAL OFFICER (CIO/CFO). IN MAKING ITS DETERMINATION, THE BOARD CONSIDERS COMPENSATION INFORMATION OF COMPARABLE ORGANIZATIONS IN TERMS OF SIZE OF REVENUES AND SCOPE OF RESPONSIBILITIES, TO ENSURE COMPENSATION IS REASONABLE. DOCUMENTS AND OTHER INFORMATION THAT SUPPORTED THE DECISION-MAKING PROCESS ARE KEPT WITH NOTES OF THE COMPENSATION MEETING. COMPENSATION OF INVENEO'S OTHER KEY EMPLOYEES IS SET BY THE CEO, IN CONSULTATION WITH THE CIO/CFO, AND THE INVENEO BOARD OF DIRECTORS. THE CEO CONSIDERS COMPENSATION INFORMATION OF COMPARABLE ORGANIZATIONS TO ENSURE REASONABLENESS. THIS INFORMATION IS SHARED WITH THE CIO/CFO AND BOARD OF DIRECTORS AND IS KEPT WITH THE NOTES OF THE MEETING(S).

FORM 990, PART VI, SECTION C, LINE 19: INVENEO PROVIDES COPIES OF ITS

Name of the organization INVENEO, INC	Employer identification number 20-1663266
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GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND ITS FINANCIAL STATEMENTS TO THE PUBLIC UPON REQUEST. IN ADDITION, INVENEO POSTS ITS RECENT FORM 990 INFORMATION RETURNS ON ITS WEBSITE AT WWW.INVENEO.ORG.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

PRIOR PERIOD ADJUSTMENTS: 110,463.

FORM 990, PART XII, LINE 2C

THE AUDIT COMMITTEE AND THE BOARD OF DIRECTORS OVERSEE THE AUDIT PROCESS AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT.

FORM 990, PAGE 12, PART XI, LINE 5

PRIOR PERIOD ADJUSTMENT

PRIOR PERIOD ADJUSTMENT TO CORRECT EQUIPMENT SALES CUT-OFF. THE ORGANIZATION REPORTED REVENUE OF \$270,000, AND RELATED COST OF GOODS SOLD OF \$209,890, IN 2010 FOR EQUIPMENT THAT ACTUALLY SHIPPED IN 2009. HAD THE EQUIPMENT SALES BEEN RECORDED IN 2009, NET ASSETS AS OF DECEMBER 31, 2009 WOULD HAVE INCREASED BY \$60,463.

PRIOR PERIOD ADJUSTMENT TO CORRECT UNCONDITIONAL GRANT RECOGNITION.

THE ORGANIZATION REPORTED GRANT REVENUE OF \$50,000 IN 2010, THE YEAR IN WHICH THE FUNDS WERE RECEIVED. HAD THE GRANT BEEN RECORDED WHEN IT WAS UNCONDITIONALLY COMMUNICATED IN 2009, NET ASSETS AS OF DECEMBER 31, 2009 WOULD HAVE INCREASED BY \$50,000.

THE COMBINED TWO ITEMS ACCOUNT FOR THE PRIOR PERIOD ADJUSTMENT OF

\$110,463.

Name of the organization

INVENEO, INC

Employer identification number

20-1663266

Blank lined area for supplemental information.

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2010, or fiscal year beginning _____, 2010, and ending _____, 20____

2010

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

Name of exempt organization

Employer identification number

INVENEO, INC

20-1663266

Name and title of officer

**MARK SUMMER
CIO/CFO**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>3230094</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize LINDQUIST, VON HUSEN & JOYCE LLP to enter my PIN 76037
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ 11/15/11

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

94010081998
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

TAXABLE YEAR
2010

California Exempt Organization Annual Information Return

028941 12-16-10
FORM
199

Calendar Year 2010 or fiscal year beginning month _____ day _____ year _____, and ending month _____ day _____ year _____.

A First Return Filed? Yes No **B** Type of organization Exempt under Section 23701 d (insert letter)
IRC Section 4947(a)(1) trust

CORP #
2671433

Corporation/Organization Name
INVENEO, INC

FEIN
20-1663266

Address
972 MISSION STREET, 5TH FLOOR

City
SAN FRANCISCO

State
CA

ZIP Code
94103

C Amended Return? Yes No

D Are you a subordinate/affiliate in a group exemption? Yes No

(a) Is this a group filing for affiliates? See General Instruction L Yes No

(b) If "Yes," enter the number of affiliates _____

(c) Are all affiliates included? Yes No
(If "No," attach a list. See instructions.)

(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

(e) Federal Group Exemption Number _____

(f) Is a roster of subordinates attached? Yes No

E Final return?
 Dissolved Surrendered (Withdrawn)
 Merged/Reorganized (attach explanation)
If a box is checked, enter date _____

F Check the box if the organization filed the following federal forms or schedule:
(1) 990T (2) 990PF (3) (Schedule H) 990

G If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. See General Instruction F. No filing fee is required.

H Accounting method used (1) Cash (2) Accrual (3) Other

I If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations Yes No

J Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes," complete an explanation and attach copies of revised documents Yes No

K Is the organization exempt under R&TC Section 23701g? Yes No
If "Yes," enter amount of gross receipts from nonmember sources \$ _____

L Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

M Is the organization a Limited Liability Company? Yes No

N Did the organization file Form 100 or Form 109 to report taxable income? Yes No

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	1,214,303.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	2,575,762.00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. STMT 2	4	3,790,065.00
	5	Cost of goods sold STMT 3	5	559,971.00
	6	Cost or other basis, and sales expenses of assets sold	6	00
	7	Total costs. Add line 5 and line 6	7	559,971.00
	8	Total gross income. Subtract line 7 from line 4	8	3,230,094.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	1,968,948.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	1,261,146.00
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F	11	N/A 00
	12	Total payments	12	00
	13	Penalties and Interest. See General Instruction J	13	00
	14	Use tax. See General Instruction K	14	00
	15	Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	00

Sign Here 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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer **CIO/CFO** Title
Date _____ Telephone **(415) 901-1969**

Preparer's signature _____ Date _____ Check if self-employed Preparer's PTIN/SSN **P00604756**

Paid Preparer's Use Only Firm's name (or yours, if self-employed) and address **LINDQUIST, VON HUSEN & JOYCE LLP
90 NEW MONTGOMERY ST., 11TH FLOOR
SAN FRANCISCO, CA, CA 94105**
FEIN **94-1250261**
Telephone **(415) 957-9999**

May the FTB discuss this return with the preparer shown above? See instructions Yes No

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts - complete
Part II or furnish substitute information. See Specific Line Instructions.

028951 12-16-10

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	853,956.00
	2	Interest	•	2	00
	3	Dividends	•	3	00
	4	Gross rents	•	4	47,342.00
	5	Gross royalties	•	5	00
	6	Gross amount received from sale of assets (See instructions)	•	6	00
	7	Other income	•	7	313,005.00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	1,214,303.00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid	•	9	00
	10	Disbursements to or for members	•	10	00
	11	Compensation of officers, directors, and trustees	•	11	202,221.00
	12	Other salaries and wages	•	12	526,593.00
	13	Interest	•	13	7,014.00
	14	Taxes	•	14	55,600.00
	15	Rents	•	15	112,944.00
	16	Depreciation and depletion (See instructions)	•	16	10,636.00
	17	Other	•	17	1,053,940.00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	1,968,948.00

Schedule L Balance Sheets	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		938,284.		724,240.
2 Net accounts receivable		77,122.		3,866.
3 Net notes receivable				
4 Inventories		267,135.		82,416.
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans (number of loans _____)				
9 Other investments				
10 a Depreciable assets	32,511.		60,854.	
b Less accumulated depreciation	(16,419.)	16,092.	(27,058.)	33,796.
11 Land				
12 Other assets STMT 7		6,764.		1,045,824.
13 Total assets		1,305,397.		1,890,142.
Liabilities and net worth				
14 Accounts payable		508,274.		89,951.
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities STMT 8		510,679.		142,138.
19 Capital stock or principle fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		286,444.		1,658,053.
22 Total liabilities and net worth		1,305,397.		1,890,142.

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000			
1 Net income per books	•	1,261,146.	
2 Federal income tax	•		
3 Excess of capital losses over capital gains	•		
4 Income not recorded on books this year	•		
5 Expenses recorded on books this year not deducted in this return	•		
6 Total.		1,261,146.	
Add line 1 through line 5			
7 Income recorded on books this year not included in this return	•		
8 Deductions in this return not charged against book income this year	•		
9 Total. Add line 7 and line 8			
10 Net income per return.			
Subtract line 9 from line 6			1,261,146.

FORM 199 CASH CONTRIBUTIONS OF \$5000 OR MORE STATEMENT 1
 INCLUDED ON PART I, LINE 3

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
ARUBA NETWORKS FOUNDATION	1344 CROSSMAN AVENUE SUNNYVALE, CA, 94089		27,500.
CISCO SYSTEMS FOUNDATION	170 WEST TASMAN DRIVE SAN JOSE, CA, 95134		860,000.
CLINTON BUSH HAITI FUND	2445 M STREET, N.W. WASHINGTON, DC, 20037		742,688.
CRAIGSLIST CHARITABLE FUND	1381 NINTH AVENUE SAN FRANCISCO, CA, 94122		35,000.
EKTA	115 MOUNTAIN BROOK BOULEVARD MADISON, AL, 35758		165,000.
GOOGLE	1600 AMPHITHEATER PARKWAY MOUNTAIN VIEW, CA, 94043		182,000.
INTEL FOUNDATION	5200 NE ELAM YOUNG PARKWAY, MS JF3-165 HILLSBORO, OR, 97124		10,000.
MICROSOFT CORPORATION	ONE MICROSOFT WAY REDMOND, WA, 98052		100,000.
PAUL M. ENGLISH	P.O. BOX 275, FIDELITY CHARITABLE GIFT FUND ARLINGTON, MA, 02476		8,605.
ORR FAMILY FOUNDATION	12833 STAR RIDGE COURT SARATOGA, CA, 95070		53,000.
POSTEL FAMILY FOUNDATION	7016 SHALLOW LAKE ROAD PROPECT, KY, 40059		20,000.
SEGAL FOUNDATION	776 MOUNTAIN BOULEVARD, SUITE 202 WATCHUNG, NJ, 07069		20,000.
ZERODIVIDE	426 BUSH STREET, SUITE 300 SAN FRANCISCO, CA, 94108		10,000.
CAW FOUNDATION	P.O. BOX 32130 SAN FRANCISCO, CA, 94104		6,000.
J. MILTON HARRIS	P.O. BOX 2088 HUNTSVILLE, AL, 35804		10,000.

INVENEEO, INC

20-1663266

MACFARLANE FOUNDATION

3780 SELBY AVENUE LOS ANGELES,
CA, 90034

50,000.

TOTAL INCLUDED ON LINE 3

2,299,793.

FORM 199 NONCASH CONTRIBUTIONS OF \$5000 OR MORE STATEMENT 2
 INCLUDED ON PART I, LINE 3

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS		
GOOGLE	1600 AMPHITHEATER PARKWAY MOUNTAIN VIEW, CA, 94043		
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	AMOUNT OF GIFT
3000 SOLIO SOLAR CHARGERS	06/21/10	216,000.	216,000.

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS		
UBIQUTI NETWORKS	91 EAST TASMAN DRIVE SAN JOSE, CA, 95134		
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	AMOUNT OF GIFT
ACCESS POINTS COMMUNICATIONS EQUIPMENT	04/01/10	10,000.	10,000.
TOTAL INCLUDED ON LINE 3			226,000.

FORM 199

COST OF GOODS SOLD
INCLUDED ON PART I, LINE 5

STATEMENT 3

COST OF GOODS SOLD

1.	INVENTORY AT BEGINNING OF YEAR		
2.	MERCHANDISE PURCHASED.	559,971	
3.	COST OF LABOR.		
4.	MATERIALS AND SUPPLIES		
5.	OTHER COSTS.		
6.	ADD LINES 1 THROUGH 5		559,971
7.	INVENTORY AT END OF YEAR		
8.	COST OF GOODS SOLD (LINE 6 LESS LINE 7) . .		559,971

FORM 199	OTHER INCOME	STATEMENT	4
DESCRIPTION		AMOUNT	
MISCELLANEOUS INCOME		4,662.	
CONSULTING		308,343.	
TOTAL TO FORM 199, PART II, LINE 7		313,005.	

FORM 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT	5
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION	
L. WILTON AGASTEIN 972 MISSION STREET, 5TH FLOOR SAN FRANCISCO, CA 94103	DIRECTOR 1.00	0.	
JIM FORSTER 972 MISSION STREET, 5TH FLOOR SAN FRANCISCO, CA 94103	DIRECTOR 1.00	0.	
DOMINIC ORR 972 MISSION STREET, 5TH FLOOR SAN FRANCISCO, CA 94103	DIRECTOR 1.00	0.	
ROBERT MARSH 972 MISSION STREET, 5TH FLOOR SAN FRANCISCO, CA 94103	VP ENGINEERING 40.00	0.	
KRISTIN PETERSON 972 MISSION STREET, 5TH FLOOR SAN FRANCISCO, CA 94103	CEO 40.00	0.	
MARK SUMMER 972 MISSION STREET, 5TH FLOOR SAN FRANCISCO, CA 94103	CIO/CFO 40.00	0.	
TOTAL TO FORM 199, PART II, LINE 11		0.	

FORM 199	OTHER EXPENSES	STATEMENT	6
<u>DESCRIPTION</u>			<u>AMOUNT</u>
PARTS AND HARDWARE			97,869.
PROGRAM SUPPLIES & EQUI			72,828.
MISCELLANEOUS			16,089.
RESEARCH & DEVELOPMENT			12,238.
MEMBERSHIP DUES			556.
			0.
OTHER EMPLOYEE BENEFITS			64,612.
MANAGEMENT FEES			54,498.
ACCOUNTING FEES			19,828.
OTHER PROFESSIONAL FEES			96,469.
ADVERTISING AND PROMOTION			3,517.
OFFICE EXPENSES			385,491.
TRAVEL			219,354.
CONFERENCES AND CONVENTIONS			8,356.
INSURANCE			2,235.
TOTAL TO FORM 199, PART II, LINE 17			<u>1,053,940.</u>

FORM 199	OTHER ASSETS	STATEMENT	7
<u>DESCRIPTION</u>		<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
PLEDGES AND GRANTS RECEIVABLE		0.	924,688.
PREPAID EXPENSES AND DEFERRED CHARGES		6,764.	6,309.
RESTRICTED CASH-FISCAL SPONSORSHIP		0.	114,827.
TOTAL TO FORM 199, SCHEDULE L, LINE 12		<u>6,764.</u>	<u>1,045,824.</u>

FORM 199	OTHER LIABILITIES	STATEMENT	8
<u>DESCRIPTION</u>		<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
CUSTOMER DEPOSITS		449,904.	138,383.
LINE OF CREDIT		50,000.	0.
SECURITY DEPOSITS		1,175.	3,755.
DEFERRED REVENUE		9,600.	0.
TOTAL TO FORM 199, SCHEDULE L, LINE 18		<u>510,679.</u>	<u>142,138.</u>

FORM 199	FUND BALANCES	STATEMENT	9
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
UNRESTRICTED ASSETS	-520,797.	-448,050.	
TEMPORARILY RESTRICTED ASSETS	807,241.	2,106,103.	
TOTAL TO FORM 199, SCHEDULE L, LINE 21	286,444.	1,658,053.	

MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 Telephone: (916) 445-2021

**ANNUAL
 REGISTRATION RENEWAL FEE REPORT
 TO ATTORNEY GENERAL OF CALIFORNIA**

Sections 12586 and 12587, California Government Code
 11 Cal. Code Regs. sections 301-307, 311 and 312

WEB SITE ADDRESS:
<http://ag.ca.gov/charities/>

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT <u>0135183</u> INVENEO, INC <small>Name of Organization</small> <u>972 MISSION STREET, 5TH FLOOR</u> <small>Address (Number and Street)</small> <u>SAN FRANCISCO, CA 94103</u> <small>City or Town, State and ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>2671433</u> Federal Employer I.D. No. <u>20-1663266</u>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2010 ending 12/31/2010) list:
 Gross annual revenue \$ 3,230,094. Total assets \$ 1,890,142.

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		X
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number (415) 901-1969

 Organization's e-mail address _____

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

MARK SUMMER	CIO/CFO
<small>Signature of authorized officer</small>	<small>Title</small>
<small>Printed Name</small>	<small>Date</small>