

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form
The organization may have to use a copy of this return to satisfy state reporting requirements

Department of the Treasury Internal Revenue Service

A For the 2010 calendar year, or tax year beginning 01-01-2010, and ending 12-31-2010

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization: INVESTED INCORPORATED
Number and street (or P O box, if mail is not delivered to street address) Room/suite: PO BOX 301
City or town, state or country, and ZIP + 4: SLINGERLANDS, NY 121590301

D Employer identification number: 26-2187412
E Telephone number: (518) 207-0030
F Group Exemption Number

G Accounting method: Cash [], Accrual [x], Other (specify)
I Website: WWW.INVESTEDINC.ORG
J Tax-Exempt status (check only one): 501(c)(3) [x], 501(c) () (insert no) [], 4947(a)(1) [], 527 []

H Check [x] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check [] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 85,902

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I [x]

Table with 21 rows and 3 columns. Rows 1-9: Revenue (Total: 85,902). Rows 10-17: Expenses (Total: 80,897). Rows 18-21: Net Assets (Total: 62,735).

Part II **Balance Sheets**

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II)

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	60,366	22	76,137
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	1,601	24	1,873
25 Total assets	61,967	25	78,010
26 Total liabilities (describe in Schedule O)	4,237	26	15,275
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	57,730	27	62,735

Part III **Statement of Program Service Accomplishments**

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

TO PROVIDE INVESTING EDUCATION FOR INVESTORS

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 INVESTED INC HOSTED THEIR ANNUAL CONFERENCE IN BALTIMORE MD EDUCATIONAL SESSIONS WERE OFFERED TO ENHANCE INVESTORS' KNOWLEDGE OF INVESTMENT METHODS, THEORIES, AND THE TECHNOLOGIES AVAILABLE FOR THE INVESTING COMMUNITY TOPICS SUCH AS INVESTMENT ANALYSIS, CASH FLOW MANAGEMENT, BUILDING PORTFOLIOS, INDUSTRY STUDY, AND REBALANCING PORTFOLIOS WERE TAUGHT A PROGRAM FOR NEW INVESTORS WAS OFFERED THE COMPUTER LAB AT THE CONFERENCE ALLOWED HANDS-ON INSTRUCTION IN STOCK RESEARCH, USEFUL WEBSITES, AND ONE-ON ONE MENTORING THE CONFERENCE ALSO PROVIDES AN OPPORTUNITY TO ESTABLISH VALUABLE NETWORKING CONNECTIONS WITHIN THE INVESTING COMMUNITY (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	71,509
29 INVESTED INC OFFERS A FREE NEWSLETTER CONTAINING EDUCATIONAL ARTICLES, TECH TIPS, INFORMATION ABOUT THE ANNUAL CONFERENCE, AND THE REGISTRATION LINKS FOR FREE WEBINARS 2010 WEBINARS SUPPLIED EDUCATIONAL INFORMATION ABOUT INVESTING TOPICS SUCH AS ANALYZING A COMPANY, TEACHING CHILDREN ABOUT INVESTING, READING ANNUAL REPORTS, BLENDING FUNDAMENTAL AND TECHNICAL ANALYSIS, AND EVALUATING COMPANY MANAGEMENT (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	0
30 INVESTED INC PRINTS AND DISTRIBUTES INFORMATIONAL MATERIALS TO INVESTORS OR POTENTIAL INVESTORS IN AN EFFORT TO CONTINUALLY EXPAND THE KNOWLEDGE BASE OF THE GENERAL PUBLIC REGARDING INVESTING EDUCATION AND THE AVAILABLE INVESTMENT CHOICES (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	0
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	71,509

Part IV **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2010) Part V Other Information. Questions 33-44d regarding organizational activities, tax reporting, and financial accounts. Includes fields for Yes/No and numerical amounts.

Yes No

Table with 3 columns: Question (45, 45a, 46), Yes, No. Questions regarding controlled entities and political activities.

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

Table with 3 columns: Question (47, 48, 49a, 49b), Yes, No. Questions regarding lobbying, school status, and related organizations.

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

Table with 5 columns: (a) Name and address of each employee paid more than \$100,000, (b) Title and average hours per week devoted to position, (c) Compensation, (d) Contributions to employee benefit plans & deferred compensation, (e) Expense account and other allowances.

50(f) Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000, (b) Type of service, (c) Compensation.

51(d) Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. [X] Yes [] No

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 (2011-07-27), Type or print name and title (JOHN TONSAGER PRESIDENT)

Paid Preparer's Use Only: Preparer's signature (ARTHUR H PLACE), Date, Check if self-employed, Preparer's taxpayer identification number, Firm's name (ARTHUR PLACE & CO), address (1218 CENTRAL AVE, ALBANY, NY 12205), EIN, Phone no ((518) 459-8395)

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [] No

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

2010

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
INVESTED INCORPORATED

Employer identification number

26-2187412

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?
 (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 the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of 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 501(c)(3) organization, check this box and **stop here** ▶**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 for 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 ▶**b 33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶**17a 10%-facts-and-circumstances test—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 ▶**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 ▶**18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶

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

(Complete only if you checked the box on line 9 of Part I 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.")				2,107	2,095	4,202
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			136,542	88,919	83,467	308,928
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			136,542	91,026	85,562	313,130
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
8 Public Support (Subtract line 7c from line 6)						313,130

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			136,542	91,026	85,562	313,130
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			138	548	340	1,026
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b			138	548	340	1,026
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11 and 12)			136,680	91,574	85,902	314,156
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 <input checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
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 <input type="checkbox"/>		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions <input type="checkbox"/>		

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

Facts And Circumstances Test

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Additional Data

Software ID:
Software Version:
EIN: 26-2187412
Name: INVESTED INCORPORATED

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
PAMELA WRIGHT PO BOX 301 SLINGERLANDS, NY 12159	DIRECTOR, CONFERENCE MANAGER 40 00	0	0	0
JOE CRAIG PO BOX 301 SLINGERLANDS, NY 12159	VICE PRESIDENT 15 00	0	0	0
JOHN TONSAGER PO BOX 301 SLINGERLANDS, NY 12159	PRESIDENT 40 00	0	0	0
SAUL SEINBERG PO BOX 301 SLINGERLANDS, NY 12159	SECRETARY 20 00	0	0	0
LOUISE SECHLER PO BOX 301 SLINGERLANDS, NY 12159	TREASURER 30 00	0	0	0
SEYMOUR ZEENKOV PO BOX 301 SLINGERLANDS, NY 12159	DIRECTOR 10 00	0	0	0
IRA SMILOVITZ PO BOX 301 SLINGERLANDS, NY 12159	DIRECTOR 10 00	0	0	0
SANDY GALLEMORE PO BOX 301 SLINGERLANDS, NY 12159	DIRECTOR 15 00	0	0	0
JERRY PILLANS PO BOX 301 SLINGERLANDS, NY 12159	DIRECTOR 10 00	0	0	0
MARY ANN DAVIS PO BOX 301 SLINGERLANDS, NY 12159	DIRECTOR 10 00	0	0	0
JUDITH RUSS LEON PO BOX 301 SLINGERLANDS, NY 12159	DIRECTOR 15 00	0	0	0
BOB ADAMS PO BOX 301 SLINGERLANDS, NY 12159	DIRECTOR 10 00	0	0	0

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2010

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
INVESTED INCORPORATED

Employer identification number

26-2187412

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST INCOME 340

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION PROGRAM ADVERTISING EXPENSES AMOUNT 1,268 DESCRIPTION PROGRAM PROMOTIONAL MATERIALS AMOUNT 5,296 DESCRIPTION PROGRAM TRAVEL AMOUNT 10,363 DESCRIPTION PROGRAM MEALS AMOUNT 32,903 DESCRIPTION PROGRAM INSTRUCTOR EXPENSE AMOUNT 10,726 DESCRIPTION OFFICE INSURANCE EXPENSE AMOUNT 1,918 DESCRIPTION OFFICE SUPPLIES EXPENSE AMOUNT 585 DESCRIPTION OFFICE TRAVEL EXPENSE AMOUNT 2,152 DESCRIPTION OFFICE WEBSITE EXPENSE AMOUNT 824 DESCRIPTION OFFICE MISCELLANEOUS EXPENSE AMOUNT 909 DESCRIPTION PROGRAM COMPUTER EXPENSE AMOUNT 4,550 DESCRIPTION OFFICE-TELEPHONE EXPENSE AMOUNT 168 DESCRIPTION PROGRAM REGISTRATION PROCESSING FEE AMOUNT 1,431 DESCRIPTION TECHNOLOGY EXPENSE AMOUNT 4,676 TOTAL TO FORM 990-EZ, LINE 16 77,769

Identifier	Return Reference	Explanation
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION PREPAID INSURANCE BEG OF YEAR AMOUNT 1,601 END OF YEAR AMOUNT 1,635 DESCRIPTION PREPAID EXPENSES BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 238

Identifier	Return Reference	Explanation
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION DEFERRED REVENUES BEG OF YEAR AMOUNT 4,237 END OF YEAR AMOUNT 15,275

**TY 2010 Transfers Personal Benefits
Contracts Declaration**

Name: INVESTED INCORPORATED

EIN: 26-2187412

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.