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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)

2009

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning

, 2009, and ending

, 20

B Check if applicable:

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization **MEGAEGUSS INSTITUTE**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

101 Ft Union Ave

Room/suite

City or town, state or country, and ZIP + 4

Los Alamitos, CA 87544-3418

D Employer identification number

85-0124035

E Telephone number

(505) 672-3777

F Gross receipts \$ 0

F Name and address of principal officer:

Rafael E Reinosky - 77 Laypomar Los Alomos

I Tax-exempt status: 501(c) () (insert no.) 4947(a)(1) or 527 NM 87544

J Website: ►

K Form of organization: Corporation Trust Association Other ►

L Year of formation: 1989

M State of legal domicile: NM

Part I Summary

1 Briefly describe the organization's mission or most significant activities: *To foster understanding of science & applications of megaeauss technology*

2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets.
 3 Number of voting members of the governing body (Part VI, line 1a).
 4 Number of independent voting members of the governing body (Part VI, line 1b).
 5 Total number of employees (Part V, line 2a).
 6 Total number of volunteers (estimate if necessary).
 7a Total gross unrelated business revenue from Part VIII, column (C), line 12.
 b Net unrelated business taxable income from Form 990-T, line 34.

| | |
|----|---|
| 3 | 9 |
| 4 | 0 |
| 5 | 0 |
| 6 | 0 |
| 7a | 0 |
| 7b | 0 |

| | | Prior Year | Current Year |
|----------|--|---------------------------|--------------|
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | | 0 |
| | 9 Program service revenue (Part VIII, line 2g) | | |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | |
| | 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | | |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | | |
| | b Total fundraising expenses (Part IX, column (D), line 25) ► | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | | |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 1028 |
| | 19 Revenue less expenses. Subtract line 18 from line 12 | | |
| | | Beginning of Current Year | End of Year |
| | | 34953 | 33924 |
| | | 34953 | 33924 |

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.

Alta M. Roach, Treasurer

5/14/10

Signature of officer

Alta M. Roach, Treasurer

5/14/10

Type or print name and title

505-672-3777

Paid
Preparer's
Use OnlyPreparer's
signature ► Internal Revenue Service
Received LB #25

Date

Check if
self-
employed ► Preparer's identifying number
(see instructions)Firm's name (or yours
if self-employed),
address, and ZIP + 4 ► MAY 18 2010EIN ► :
Phone no. ► ()

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes No

SPC FRESNO, CA

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