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Form '990-PF

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Department of the Treasury Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service

OMB No 1545-0052 2009

For calendar year 2009, or tax year beginning and ending Final return G Check all that apply: Initial return of a former public charity Initial return Name change Amended return Address change Name of foundation A Employer identification number Use the IRS label. Otherwise, MELALEUCA LIFE ENHANCEMENT FOUNDATION 20-4353617 Number and street (or P O box number if mail is not delivered to street address) print Room/suite B Telephone number or type. 3910 S YELLOWSTONE (208)522-0700See Specific City or town, state, and ZIP code C If exemption application is pending, check here Instructions. IDAHO FALLS. ID 83402 D 1. Foreign organizations, check here Foreign organizations meeting the 85% test, check here and attach computation X Section 501(c)(3) exempt private foundation Check type of organization: Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation If private foundation status was terminated I Fair market value of all assets at end of year | J | Accounting method: X Cash under section 507(b)(1)(A), check here Accrual (from Part II, col (c), line 16) Other (specify) If the foundation is in a 60-month termination 11,494. (Part I, column (d) must be on cash basis.) ▶\$ under section 507(b)(1)(B), check here Analysis of Revenue and Expenses (d) Disbursements or charitable purposes (cash basis only) Part I (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books income ıncome Contributions, gifts, grants, etc., received 2 Check X if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 146 146. STATEMENT Dividends and interest from securities 5a Gross rents Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 8 1/0701 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 146 146 0 Total. Add lines 1 through 11 0. 0. Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 1,152 STMT 2 1,152. 0. Ō. **b** Accounting fees c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy Travel, conferences, and meetings 21 22 Printing and publications STMT 3 216. 216. 0 0. 23 Other expenses 24 Total operating and administrative 1,368. 1,368 0. 0. expenses Add lines 13 through 23 9,893 25 Contributions, gifts, grants paid 9,893. 26 Total expenses and disbursements. 11,261 1,368 0 9,893. Add lines 24 and 25 27 Subtract line 26 from line 12: -11,115.2 Excess of revenue over expenses and disbursements 0 b Net investment income (if negative, enter -0-) 0. c Adjusted net income (if negative enter -0-)

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

0.

9.893.

7 Add lines 5 and 6

See the Part VI instructions.

8 Enter qualifying distributions from Part XII, line 4

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

	irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b)	1 4040/01 05 4		ean inetr		ne)
			540 -	366 III2II	uctio	119)
1a	Exempt operating foundations described in section 4940(d)(2), check here \(\bigcup \) and enter "N/A" on line					
	Date of ruling or determination letter: (attach copy of letter if necessary-see inst					^
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter	er 1%	1			0.
	of Part I, line 27b					
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12	2, col. (b))				^
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2			<u>0.</u>
	Add lines 1 and 2		3			<u>0.</u>
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4			<u> </u>
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5			0.
	Credits/Payments:					
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a					
b	Exempt foreign organizations - tax withheld at source					
C	Tax paid with application for extension of time to file (Form 8868) 6c					
d	Backup withholding erroneously withheld 6d					_
	Total credits and payments. Add lines 6a through 6d		7			0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	•	9			0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	, ▶	10			
	Enter the amount of line 10 to be: Credited to 2010 estimated tax	Refunded ▶	11			
Pa	rt VII-A Statements Regarding Activities				1	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it pa	articipate or intervene	ın		Yes	
	any political campaign?			1a	ļ	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instruct	ions for definition)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any	matenals publishe	d or		1	
	distributed by the foundation in connection with the activities.				1	
C	Did the foundation file Form 1120-POL for this year?			1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. ▶ \$ 0 . (2) On foundation managers. ▶ \$	0.				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	d on foundation				
	managers. ► \$ 0 .					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
	If "Yes," attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, article	les of incorporation, o	r			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3	.l	X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
b	olf "Yes," has it filed a tax return on Form 990-T for this year?		N/	/A 4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	If "Yes," attach the statement required by General Instruction T.					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	By language in the governing instrument, or					ŀ
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	conflict with the state	law			
	remain in the governing instrument?			6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7	Х	
•	If "Yes," complete Part II, col. (c), and Part XV.					
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	ID					
h	of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	(or designate)			1	
	of each state as required by General Instruction G? If "No," attach explanation	1-: 223.8		8ь	X	1
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)	or 4942(i)(5) for cale	ndar	35	 	\vdash
J	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part X			9		x
10	Did any nersons become substantial contributors during the tax year? It type that the contributors during the tax year?			10	+	x

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Form 990-PF (2009) MELALEUCA LIFE ENHANCEME			20-43536	17	Page 6
Part VII-B Statements Regarding Activities for Which	rom 4/20 May be i	nequired (contin	ued)		
5a During the year did the foundation pay or incur any amount to:	~ 404E(~)\Q		es X No		İ
 Carry on propaganda, or otherwise attempt to influence legislation (section) Influence the outcome of any specific public election (see section 4955); 			es Lau No	İ	ļ
any voter registration drive?	or to carry on, unecting or muni-		es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	ว		es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization		, , , , , , , , , , , , , , , , , , ,	is Law No		
509(a)(1), (2), or (3), or section 4940(d)(2)?	ii uescribeu iii section		es X No	ł	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or adjugational numbers or t		:s _A_ NO		
the prevention of cruelty to children or animals?	or educational purposes, or i		s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni	dar the excentions described		18 LAL 110		
section 53.4945 or in a current notice regarding disaster assistance (see instru		in ricgulations	N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h	•		» —		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f		ined			
expenditure responsibility for the grant?		I/A □ Ye	s 🗆 No		
If "Yes," attach the statement required by Regulations section 53 494					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	• •				
a personal benefit contract?	F P. C		es X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?			6b	x
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	☐ Y6	s X No		
b If yes, did the foundation receive any proceeds or have any net income attribut				7b	
Information About Officers, Directors, Trust		nagers, Highly		•	
Paid Employees, and Contractors					
1 List all officers, directors, trustees, foundation managers and their	, 				
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred compensation	(e)	Expense ount, other
(a) Name and address	to position	enter -0-)	compensation	all	owances
······································	PRESIDENT				
3910 S YELLOWSTONE					
IDAHO FALLS ID	2.00	0.	0.	ļ	<u> </u>
THOMAS K KNUTSON	TREASURER				
3910 S YELLOWSTONE					_
IDAHO FALLS ID	4.00	0.	0.	ļ	0.
	-				
	-				
				ļ	
	-				
	-				
2 Compensation of five highest-paid employees (other than those inc	luded on line 1) If none	enter "NONE "			
	(b) Title, and average	THE PERSON NAMED IN COLUMN TO PERSON NAMED I	(d) Contributions to employee benefit plans	(e)	Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	l and deterred	acc	ount, other owances
NONE	devoted to position		compensation	- 411	Owances
HONE	1				
	-	 			
	1				
· · · · · · · · · · · · · · · · · · ·					
	1				
	1				
	-,-	 - · · · · · · · · · · · · · · · · · · 		1	
	1				
Total number of other employees paid over \$50,000					0

FORM 990-PF (2009) MELALEUCA LIFE ENHANCEMENT FOUND		1353617 Page /
Part VIII Information About Officers, Directors, Trustees, Foundat Paid Employees, and Contractors (continued)	ion Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	1	
	1	
	1	
	1	
	7	
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic number of organizations and other beneficiaries served, conferences convened, research papers produ	cal information such as the	Expenses
1 N/A		
1 N/A		
2		
2		
3		
<u> </u>		
4		
· · · · · · · · · · · · · · · · · · ·		
- "- "- "- "- "- "- "- "- "- "- "- "- "-		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on li	nes 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3	_	
Total Add lines 1 through 3	▶ 1	0.

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations,	, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
-	Average monthly fair market value of securities	1a	0.
	Average of monthly cash balances	1b	17,052.
c	Fair market value of all other assets	1c	
ď	Total (add lines 1a, b, and c)	1d	17,052.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) le 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	17,052.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	256.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	16,796.
6	Minimum investment return Enter 5% of line 5	6	840.
=	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here in and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	840.
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	840.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	840.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	840.
_	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		0 002
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	9,893.
Ь		1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	.	
a	Surfability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	0 002
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	9,893.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	_	^
_	income. Enter 1% of Part I, line 27b	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	9,893.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies fo	or the section
	4940(e) reduction of tax in those years.		

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				840.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2009:		0.		
a From 2004				
b From 2005				
c From 2006 266,719.				
d From 2007 17,321.				
e From 2008 7,899.				
f Total of lines 3a through e	291,939.		·	
4 Qualifying distributions for 2009 from				
Part XII, line 4: ►\$ 9,893.				
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2009 distributable amount				840.
e Remaining amount distributed out of corpus	9,053.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	300,992.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line	.,		*	
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2010				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			_
8 Excess distributions carryover from 2004				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010.				
Subtract lines 7 and 8 from line 6a	300,992.			<u></u>
10 Analysis of line 9:				
a Excess from 2005				
b Excess from 2006 266,719.				
c Excess from 2007 17,321.				
d Excess from 2008 7,899.				
e Excess from 2009 9,053.				<u> </u>

Form 990-PF (200	9) MELALEU	CA LIFE	ENHANCEMENT	FOUNDATION		353617 Page 10
Part XIV Pr	rivate Operating F	oundations (s	ee instructions and Pa	rt VII-A, question 9)	N/A	
1 a If the foundat	tion has received a ruling o	r determination letti	er that it is a private opera	iting		
foundation, a	nd the ruling is effective fo	r 2009, enter the da	te of the ruling	▶ L		
b Check box to	indicate whether the found	lation is a private of	perating foundation descr			942(j)(5)
2 a Enter the less	er of the adjusted net	Tax year		Prior 3 years		
income from	Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
investment re	eturn from Part X for					
each year list	ed					
b 85% of line 2	a					
c Qualifying dis	stributions from Part XII,					
line 4 for each	h year listed					ļ
d Amounts incl	uded in line 2c not					
used directly	for active conduct of					
exempt activi	ties					
e Qualifying dis	tributions made directly					
for active con	iduct of exempt activities.					
3 Complete 3a, alternative tes	2d from line 2c b, or c for the st relied upon: native test - enter: all assets					
\- <i>\</i>	assets qualifying iction 4942(j)(3)(B)(i)					
b "Endowment" 2/3 of minimi	alternative test - enter um investment return t X, line 6 for each year					
c "Support" alte	ernative test - enter:					
investme dividend securitie	oport other than gross ent income (interest, s, rents, payments on s loans (section 6)), or royalties)					
(2) Support and 5 or organiza	from general public more exempt trons as provided in 1942(j)(3)(B)(iii)					
(3) Largest	amount of support from					
an exem	pt organization					
	vestment income					<u> </u>
					ation had \$5,000 or m	ore in assets
at	any time during t	ne year-see	the instructions.)			
a List any man	n Regarding Foundation agers of the foundation wh y if they have contributed n	o have contributed		l contributions received	by the foundation before the cl	ose of any tax
NONE						
other entity)	agers of the foundation wh of which the foundation ha			ation (or an equally large	e portion of the ownership of a	partnership or
NONE						
Check here		only makes contribu	tions to preselected char	table organizations and	does not accept unsolicited red ons, complete items 2a, b, c, ar	
a The name, ac	ddress, and telephone num	ber of the person to	whom applications shou	ıld be addressed:		
b The form in v	which applications should t	oe submitted and in	formation and materials t	hey should include:		
c Any submiss	sion deadlines:					
d Any restriction	ons or limitations on award	s, such as by geogr	aphical areas, charitable	fields, kinds of institution	ns, or other factors:	

3 Grants and Contributions Paid During the Y	ear or Approved for Future	Payment		<u> </u>
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year VARIOUS CONTRIBUTIONS			CHARITABLE GRANTS TO VICTIMS OF NATURAL DISASTERS	9,074.
SCHOLARSHIPS			TUITION FOR EDUCATION	819.
Tabl				0 902
b Approved for future payment		Ι	▶ 3a	9,893.
b , pp. order or reterior paymont				
NONE				
Total			► 3b	0.

Part XVI-A **Analysis of Income-Producing Activities**

nter gross amounts unless otherwise indicated.	Unrelate	d business income		ided by section 512, 513, or 514	(e)
	(a) Business	(b)	(C) Exclu- sion	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a			ļ		
b					
<u> </u>					
d	 				
e			├		
g Fees and contracts from government agencies					
Membership dues and assessments	}			-	
3 Interest on savings and temporary cash					
investments			14	146.	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property				-	
6 Net rental income or (loss) from personal		-			
property		·	<u>L.</u>		
7 Other investment income			<u>. </u>		
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events			ļ		
O Gross profit or (loss) from sales of inventory			<u> </u>		
1 Other revenue:					
a					
b			-		
c			-		
d			 		
6 Cubtotal Add columns (b) (d) and (c)		0.		146.	0.
2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e)		<u>U•</u>	· L		146.
See worksheet in line 13 instructions to verify calculations.)				10	140.
				4 D	
Part XVI-B Relationship of Activities	to the Acco	omplishment of Ex	kemp	t Purposes	
Line No Explain below how each activity for which inco	me is reported i	in column (e) of Part XVI-A	contri	outed importantly to the accom	plishment of
the foundation's exempt purposes (other than	by providing fu	nds for such purposes).			
					<u> </u>
		 		·····	-
		<u> </u>			
					-
<u> </u>					<u> </u>
	-				
					
			_		-
					
			-		

a	and con	plete Debiaration of propared (other that taxpayer or fiduciary) is ba	sed on all information of which prepare	CHIEF FINANCIAL OF 1021	_
Here	Si	gnature of officer or trustee	Date	Title	_
ign	d rer's Inly	Preparer's signature	el l	Date Check if Preparer's identifying number Self-employed	
-	Paid epare se On	Firm's name (or yours COOPER NORMAN		EIN ►	
	ref Use	rf self-emptoyed), PO BOX 51330			
	ш-	address, and ZIP code IDAHO FALLS, ID	83405-1330	Phone no. 208-523-0862	
				Form 000 - DE (000	~

FORM 990-PF INTEREST ON SAVI	INGS AND TEM	PORARY CASH II	IVESTMENTS S	TATEMENT	1
SOURCE				AMOUNT	
INTEREST ON CASH ACCOUNT				1	46.
TOTAL TO FORM 990-PF, PART I,	LINE 3, CO	LUMN A		1	46.
FORM 990-PF	ACCOUNTI	NG FEES	S	TATEMENT	2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME			
ACCOUNTING	1,152.	1,152.	0.		0.
TO FORM 990-PF, PG 1, LN 16B	1,152.	1,152.	0.		0.
FORM 990-PF	OTHER E	XPENSES	S	TATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITA PURPOS:	
BANK CHARGES	216.	216.	0.		0.
TO FORM 990-PF, PG 1, LN 23	216.	216.	0.		0.

Form **. 8868** (Rev April 2009)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

OMB No 1545-1709

 If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of the 	• X
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously	
Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)	
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and co Part I only	mplete
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request a to file income tax returns.	an extension of time
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extens noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electro (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or c you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic www.irs.gov/efile and click on e-file for Chanties & Nonprofits	nically if (1) you want the additional onsolidated Form 990-T Instead,
Type or Name of Exempt Organization	Employer identification number
print MELALEUCA LIFE ENHANCEMENT FOUNDATION	20-4353617
Number, street, and room or suite no. If a P.O. box, see instructions. 3910 S YELLOWSTONE	
cetum See Instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. IDAHO FALLS, ID 83402	
Check type of return to be filed (file a separate application for each return)	
Form 990 Form 990-T (corporation) Form 4	1 720
Form 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 9	5227
Form 990-EZ Form 990-T (trust other than above) Form 6	6069
X Form 990-PF	3870
THOMAS K KNUTSON The books are in the care of > 3910 S YELLOWSTONE - IDAHO FALLS, ID 8	3402
Telephone No ► 208-522-0700 FAX No ►	
If the organization does not have an office or place of business in the United States, check this box	<u> </u>
 If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the box If it is for part of the group, check this box If it is for part of the group, check this box 	his is for the whole group, check this Il members the extension will cover
1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time up AUGUST 15, 2010 , to file the exempt organization return for the organization named is for the organization's return for. ▶ X calendar year 2009 or	
▶	
2 If this tax year is for less than 12 months, check reason. Initial return Final return	Change in accounting period
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$ 0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	
tax payments made include any prior year overpayment allowed as a credit	3b \$ 0.
c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required,	
deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System)	3c \$ 0.
See instructions. Courties of your are going to make an electropic fund withdrawal with this Form 8868, see Form 8463 FO and Form	