

#### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



### Form 990-PF

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

OMB No 1545 0052

2010

BAA For Paperwork Reduction Act Notice, see the instructions.

Department of the Treasury Internal Revenue Service Note The foundation may be able to use a copy of this return to satisfy state reporting requirements For calendar year 2010, or tax year beginning , 2010, and ending G Check all that apply: Initial return Initial Return of a former public charity Final return Amended return Address change Name change Employer identification number SCHMIDT FAMILY STAR FOUNDATION 20-8553555 P.O. BOX 95410 Telephone number (see the instructions) SOUTH JORDAN, UT 84095 (801) 562-1414 C If exemption application is pending, check here 1 Foreign organizations, check here н X Section 501(c)(3) exempt private foundation 2 Foreign organizations meeting the 85% test, check Check type of organization here and attach computation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation E If private foundation status was terminated J Accounting method: X Cash Fair market value of all assets at end of year Accrual under section 507(b)(1)(A), check here. (from Part II, column (c), line 16) Other (specify) If the foundation is in a 60-month termination 6,533. under section 507(b)(1)(B), check here **►** \$ (Part I, column (d) must be on cash basis ) Part In Analysis of Revenue and (a) Revenue and (b) Net investment (c) Adjusted net (d) Disbursements Expenses (The total of amounts in expenses per books income ıncome for charitable columns (b), (c), and (d) may not neces-sarily equal the amounts in column (a) purposes (cash basis only) (see the instructions).) Contributions, gifts, grants, etc, received (att sch) いいないまではないでき ナイン・イスマンがおくといい、「経済病の神経験」というない Ck ► X if the foundn is **not** req to att Sch B **计划**实现 主胸性病 法付税 **定规范据的**公司等5.公司 Interest on savings and temporary cash investments Dividends and interest from securities. 5a Gross rents b Net rental income or (loss) & Free core consists . " The 6a Net gain/(loss) from sale of assets not on line 10 其·唯二十八日 REVENU **b** Gross sales price for all assets on line 6a **运动物中心的特别或可以用** The Training Capital gain net income (from Part IV, line 2) Carried State of the Control of the مريد فرائز أوارية 8 Net short-term capital gain 17.39 1976 1976 动作物四方的种植物 9 Income modifications. . 10 a Gross sales less returns and allowances A CONTRACTOR OF THE PARTY OF TH **b** Less Cost of goods sold c Gross profit/(loss) (att sch) 11 Other income (attach schedule) , ti 1.数据2.5 Total. Add lines 1 through 11 0 0. 0. 0. 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16 a Legal fees (attach schedule) **b** Accounting fees (attach sch) c Other prof fees (attach sch) 17 Interest . SEE STM 1 372 18 Taxes (attach schedule)(see instr.) RECEIVED Depreciation (attach sch) and depletion Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses (attach schedule) 24 Total operating and administrative 372 expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 372 0 0 Subtract line 26 from line 12: Ç. a Excess of revenue over expenses -372and disbursements b Net investment income (if negative, enter -0-). 0. C Adjusted net income (if negative, enter -0-) 0.

TEEA0504L 07/23/10

Form 990-PF (2010)

Total net assets or fund balances at beginning of year — Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)

Enter amount from Part I, line 27a

Other increases not included in line 2 (itemize)

Add lines 1, 2, and 3

Decreases not included in line 2 (itemize)

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

6, 905.

1, 905.

2, -372.

3, 4, 6, 533.

5, Decreases not included in line 2 (itemize)

5

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

6, 533.

(a) List and descri	be the kind(s) of property sold (e.g., reuse, or common stock, 200 shares ML	eal estate,	(b) How acc P — Purch D — Dona	hase	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1a N/A	<del> </del>					<u>.</u>
b						
c						
d						
е						
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bar plus expense of sa	sis le		(h) Gain or (e) plus (f) m	
a						
b						
С						<del>-</del>
d		<u></u>			<u> </u>	<del> </del>
e						
Complete only for assets sho	wing gain in column (h) and owned by				(I) Gains (Colu	
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if a		g tha	ain minus column (F an -0-) <b>o</b> r Losses (fr	k), but not less rom column (h))
a					· · · · · · · · · · · · · · · · · · ·	_
b						
С						
d						
е						
If gain, also enter in Part I, lii in Part I, line 8 Part V Qualification Und	(loss) as defined in sections 1222(5) ne 8, column (c) (see the instructions) er Section 4940(e) for Reduce the foundations subject to the section 4	. If (loss), enter -0-			N/A	
If 'Yes,' the foundation does not qu	ection 4942 tax on the distributable am alify under section 4940(e) Do not co a in each column for each year, see th	mplete this part		ies	Yes	☐ No
(a)  Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c)  Net value of noncharitable-use as			<b>(d)</b> Distribution umn (b) divided	
2009						
2008						
2007						
2006						
2005						
2 Total of line 1, column (d)	-			2		
3 Average distribution ratio for	the 5-year base period – divide the to on has been in existence if less than t	otal on line 2 by 5, or by the	:	3		
-	aritable-use assets for 2010 from Part			4		
5 Multiply line 4 by line 3				5		
	ncome (1% of Part I, line 27b)			6		
7 Add lines 5 and 6	,			7		
8 Enter qualifying distributions	from Part XII. line 4		ļ	8		W W
	than line 7, check the box in Part VI,	line 1b, and complete that	part using		tax rate. See ti	he
BAA					Forr	n <b>990-PF</b> (2010)

10 BAA

<u>and addresses</u>

Form 990-PF (2010)

Х

9

Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names

1a During the year did the foundation (either directly or indirectly):	3-44-34	
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? $\qquad \qquad $ Yes	No	
· · · · · · · · · · · · · · · · · · ·	No .	
	No No	
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?  Yes	No	4.
(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days ) Yes X	]No	
<b>b</b> If any answer is 'Yes' to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see the instructions)?	<u>َ عَنْهُ الْحَالَةِ الْحَالَةِ الْحَالَةِ الْحَالَةِ الْحَالَةِ الْحَالَةِ الْحَالَةِ الْحَالَةِ الْحَالَةِ ا</u>	N/A
Organizations relying on a current notice regarding disaster assistance check here		
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2010?	1 c	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010?	]No	7 2 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1
If 'Yes,' list the years ► 20 07 , 20 08 , 20 09 , 20		
<b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer 'No' and attach statement — see the instructions )	2 b	X
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	1 474	
► 20, 20, 20		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes X	]No	
<b>b</b> If 'Yes,' did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or	,	
(3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2010)	3 b	N/A
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	x
<b>b</b> Did the foundation make any investment in a prior year (but after December 31, 1969) that could		
jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?	- <u></u>	X
BAA		0-PF (2010)

Form 990-PF (2010) SCHMIDT FAMILY STA				553555 Page <b>6</b>		
Part VII-B   Statements Regarding Activiti	es for Which Form	4720 May Be Requ	<u>uired (contınued)</u>			
5a During the year did the foundation pay or incur						
(1) Carry on propaganda, or otherwise attemp			. Yes X	No		
(2) Influence the outcome of any specific publion, directly or indirectly, any voter registra	tion drive?	• •	Yes X			
• •	(3) 1 10 vide a grain to an internet area, executive and property of the control					
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	4940(d)(2) <sup>7</sup> (see instru	uctions)	Yes	No P		
(5) Provide for any purpose other than religious educational purposes, or for the prevention	n of cruelty to children	or animals?		No		
b If any answer is 'Yes' to 5a(1)-(5), did any of t described in Regulations section 53.4945 or in (see instructions)?	a current notice regard	ding disaster assistance	ions	5b N/A		
Organizations relying on a current notice regard	rding disaster assistant	ce check here	▶ [			
c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure response	sibility for the grant?		N/A Yes	] No		
If 'Yes,' attach the statement required by Regu						
6a Did the foundation, during the year, receive ar on a personal benefit contract?			∐ Yes 2	No St.		
<b>b</b> Did the foundation, during the year, pay premi	urns, airectly or indirec	uy, on a personal benet	ii contract/	6b X		
<b>7a</b> At any time during the tax year, was the found	lation a party to a proh	ibited tax shelter transa	ction? Yes	No T		
<b>b</b> If yes, did the foundation receive any proceeds	s or have any net incor	ne attributable to the tra	insaction?	N/A 7b		
Part VIII Information About Officers, Di and Contractors	rectors, Trustees,	Foundation Manag	jers, Highly Paid	Employees,		
		namenation (can inst	ructions\			
1 List all officers, directors, trustees, foundation			(d) Contributions to	(e) Expense account,		
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred compensation	other allowances		
DAVID H. SCHMIDT	BOARD CHAIRM	0.	0.	0.		
P.O. BOX 95410	0					
SOUTH JORDAN, UT 84095	PRESIDENT	0.	0.	0		
DONNA A SCHMIDT P.O. BOX 95410	0	0.	· · · · · · · · · · · · · · · · · · ·			
SOUTH JORDAN, UT 84095	EXECUTIVE DI	0.	0.	0		
MONIKA SCHMIDT P.O. BOX 95410	0 EXECUTIVE DI	0.	0.	0.		
SOUTH JORDAN, UT 84095						
2 Compensation of five highest-paid employee	s (other than those in	luded on line 1 - see in	estructions) If none	enter 'NONE '		
	(b) Title and average	(c) Compensation	(d) Contributions to			
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) compensation	employee benefit plans and deferred compensation	other allowances		
NONE						
				<u> </u>		
Total number of other employees paid over \$50,000	<u> </u>	J	L	<b>&gt;</b> 0		
BAA	TEEA0306L	07/23/10	<del></del>	Form <b>990-PF</b> (2010)		

20-8553555

BAA

see instructions.)		
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes  a Average monthly fair market value of securities	1 a	
<b>b</b> Average of monthly cash balances	1ь	6,843.
c Fair market value of all other assets (see instructions)	1c	
d Total (add lines 1a, b, and c)	1d	6,843.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c		<u> </u>
(attach detailed explanation)	0.	
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	6,843.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	103.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	6,740.
6 Minimum investment return. Enter 5% of line 5	6	337.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private of	perating foun	dations
and certain foreign organizations check here ► and do not complete thi		
1 Minimum investment return from Part X, line 6	1	337.
2a Tax on investment income for 2010 from Part VI, line 5 . 2a		
b Income tax for 2010 (This does not include the tax from Part VI)		
c Add lines 2a and 2b	2c	
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	337.
4 Recoveries of amounts treated as qualifying distributions	4	
<b>5</b> Add lines 3 and 4	. 5	337.
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	337.
Part XII Qualifying Distributions (see instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes: a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26		
	1a	
<b>b</b> Program-related investments — total from Part IX-B	1 b	
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 Suitability test (prior IRS approval required)	. 3a	
<b>b</b> Cash distribution test (attach the required schedule)	. 3b	
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	0.
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 (see instructions)	. 5	
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating when calculating the section 4940(e) reduction of tax in those years	nether the founda	tion

Form 990-PF (2010)

Part XIII Undistributed Income (see instructions)

	<b>(a)</b> Corpus	(b) Years prior to 2009	<b>(c)</b> 2009	<b>(d)</b> 2010
1 Distributable amount for 2010 from Part XI, line 7	,			337.
2 Undistributed income, if any, as of the end of 2010	-			-
a Enter amount for 2009 only .	19 2	706	340.	
<b>b</b> Total for prior years: 20 <u>08</u> , 20 <u>07</u> , 20	***	796.		-
3 Excess distributions carryover, if any, to 2010	5 7 4 4 4 4 5		1 1 1 1 1 1 1 1	
<b>a</b> From 2005				
<b>b</b> From 2006		不一体意识意识		
<b>c</b> From 2007 .		154 经减少分差额	· · · · · · · · · · · · · · · · · · ·	The Market Control
<b>d</b> From 2008 .		4-4		
e From 2009	ــــــــــــــــــــــــــــــــــــــ			
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2010 from Part		,	,	
XII, line 4 ► \$		,		,
a Applied to 2009, but not more than line 2a			0.	
<ul> <li>Applied to undistributed income of prior years (Election required — see instructions)</li> </ul>		0.	1, , ' ;	
c Treated as distributions out of corpus (Election required – see instructions)	0.			
d Applied to 2010 distributable amount .		, , ,	. 1	0.
e Remaining amount distributed out of corpus	0.			, ,
5 Excess distributions carryover applied to 2010 .	0.			0.
(If an amount appears in column (d), the	· · · · · ·		12	
same amount must be shown in column (a).)	*	, , ,		أ الله الله الله الله الله الله الله الل
6 Enter the net total of each column as			10 Total	
indicated below:	0.			
a Corpus Add lines 3f, 4c, and 4e. Subtract line 5	0.	, , , , , , , , , , , , , , , , , , , ,	\frac{1}{2}	F
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b		796.		
c Enter the amount of prior years' undistribut-			, '7.	
ed income for which a notice of deficiency has been issued, or on which the section			*,*	- 4
4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount — see instructions	,	796.		
e Undistributed income for 2009 Subtract line 4a from				• •
line 2a. Taxable amount — see instructions		, , , , ,	340.	,
f Undistributed income for 2010 Subtract lines	, ,		, ·	
4d and 5 from line 1. This amount must be distributed in 2011	· ,		, ,	337.
7 Amounts treated as distributions out of		,		,
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)			,,	,
(see instructions)	0.	- :		, , , ,
8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see instructions)	0.	- ,	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
-11				
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a	0.	,	<u> </u>	-
10 Analysis of line 9.			<u> </u>	
a Excess from 2006	1	ļ.		
<b>b</b> Excess from 2007	],			,
c Excess from 2008.				
d Excess from 2009 .			,	
e Excess from 2010	, 1	<u> </u>	<u></u>	

Form 990-PF (2010) SCHMIDT FAMILY S'	TAR FOUNDATI	ON		20-855355	Page <b>10</b>
Rain NIV Private Operating Foundation					N/A
1a If the foundation has received a ruling or on its effective for 2010, enter the date of the	ruling			•	
<b>b</b> Check box to indicate whether the foundate		erating foundation d		4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year	ļ	Prior 3 years	r	
investment return from Part X for each year listed	(a) 2010	<b>(b)</b> 2009	(c) 2008	(d) 2007	(e) Total
<b>b</b> 85% of line 2a			<del></del>		
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a 'Assets' alternative test — enter.					
(1) Value of all assets .					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					<del>,</del>
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test — enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)			<del></del>		
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					
Supplementary Information assets at any time during the	e year – see ir	structions.)	organization na	ia \$5,000 or moi	re in
Information Regarding Foundation Managers as List any managers of the foundation who close of any tax year (but only if they have DAVID H. SCHMIDT	have contributed m	nore than 2% of the than \$5,000). (See	total contributions r section 507(d)(2).)	eceived by the foun	dation before the
<b>b</b> List any managers of the foundation who a partnership or other entity) of which the NONE	own 10% or more of foundation has a	of the stock of a cor 10% or greater inter	rporation (or an equ est	ally large portion of	the ownership of
2 Information Regarding Contribution, Grace Check here X if the foundation only requests for funds If the foundation make complete items 2a, b, c, and d	makes contribution:	s to preselected cha	arıtable organization	s and does not acce anizations under oth	ept unsolicited ner conditions,
<b>a</b> The name, address, and telephone number	er of the person to	whom applications	should be addresse	d	
<b>b</b> The form in which applications should be	submitted and info	rmation and materia	als they should inclu	de	
c Any submission deadlines					
d Any restrictions or limitations on awards,	such as by geogra	phical areas, charita	able fields, kinds of	institutions, or other	factors
					000 PF (000)
BAA	π	EEA0310L 02/16/11			orm <b>990-PF</b> (2010)

Page 11

3 Grants and Contributions Paid During the Ye	ar or Approved for Fut	ure Paymen	t	N/A
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient		Amount
Name and address (home or business)	substantial contributor	recipient		
a Paid during the year	substantial contributor	recipient		
Total .			► 3a	
b Approved for future payment  Total			► 3a ► 3b	

Part XVI-A	Analysis of	Income-Pro	ducing A	<b>Activities</b>
------------	-------------	------------	----------	-------------------

Ente	r gross	amounts unless otherwise indicated	Unrelate	ed business income	Exclude	d by section 512, 513, or 514	(0)
	_	am service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion code	(d) Amount	(e) Related or exempt function income (see the instructions)
	-	ani service revenue			0000		
ì	 b						
•	·				<del> </del>		
	' <del></del>			<del></del>			<del></del>
		and contracts from government agencies			<del> </del>	<u> </u>	
3		pership dues and assessments ton savings and temporary cash investments			<del> </del>	<del></del>	
4		ends and interest from securities.					
5		ental income or (loss) from real estate	"於"的樣" 5°	, at 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Pin 13	Com Bury to the said The	् अध्यक्षं र्षातास्त्री
		financed property					
		ebt-financed property					
6	Net ren	ntal income or (loss) from personal property					
7	Other	investment income					
8		(loss) from sales of assets other than inventory					
9		ncome or (loss) from special events				<u> </u>	
10		profit or (loss) from sales of inventory	St. Same	. Ki san sa maasa	54. a. 25 7 6	a paragraph . A see to be to the security	State and the Contract Contract Contract
		revenue:	1357 5 F 1 2 10 17	ું ક્રિકેક કે ડૂર્ટનું જમારિક કરવાં ક 	mat title 1	<b>就是你没有通过,你不能</b>	李公司·李公子《李公子》
1	a						
					<del>                                     </del>		
,	e						
12	Subto	otal Add columns (b), (d), and (e)	**************************************		4 6. TEP 5		
		. Add line 12, columns (b), (d), and (e)				13	0.
		. Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation	ons )			13	0.
(See	works			ishment of Exemp	t Purp		0.
(See	works	heet in line 13 instructions to verify calculation.  Relationship of Activities to the	Accompl			oses	
(See	works	heet in line 13 instructions to verify calculation	Accompl			oses	
(See	works rt:XVI ne No.	heet in line 13 instructions to verify calculation.  Relationship of Activities to the	Accompl			oses	
(See	rt:XVI ne No.	heet in line 13 instructions to verify calculation.  Relationship of Activities to the	Accompl			oses	
(See	rt:XVI ne No.	heet in line 13 instructions to verify calculation.  Relationship of Activities to the	Accompl			oses	
(See	rt:XVI ne No.	heet in line 13 instructions to verify calculation.  Relationship of Activities to the	Accompl			oses	
(See	rt:XVI ne No.	heet in line 13 instructions to verify calculation.  Relationship of Activities to the	Accompl			oses	
(See	rt:XVI ne No.	heet in line 13 instructions to verify calculation.  Relationship of Activities to the	Accompl			oses	
(See	rt:XVI ne No.	heet in line 13 instructions to verify calculation.  Relationship of Activities to the	Accompl			oses	
(See	rt:XVI ne No.	heet in line 13 instructions to verify calculation.  Relationship of Activities to the	Accompl			oses	
(See	rt:XVI ne No.	heet in line 13 instructions to verify calculation.  Relationship of Activities to the	Accompl			oses	
(See	rt:XVI ne No.	heet in line 13 instructions to verify calculation.  Relationship of Activities to the	Accompl			oses	
(See	rt:XVI ne No.	heet in line 13 instructions to verify calculation.  Relationship of Activities to the	Accompl			oses	
(See	rt:XVI ne No.	heet in line 13 instructions to verify calculation.  Relationship of Activities to the	Accompl			oses	
(See	rt:XVI ne No.	heet in line 13 instructions to verify calculation.  Relationship of Activities to the	Accompl			oses	
(See	rt:XVI ne No.	heet in line 13 instructions to verify calculation.  Relationship of Activities to the	Accompl			oses	
(See	rt:XVI ne No.	heet in line 13 instructions to verify calculation.  Relationship of Activities to the	Accompl			oses	
(See	rt:XVI ne No.	heet in line 13 instructions to verify calculation.  Relationship of Activities to the	Accompl			oses	
(See	rt:XVI ne No.	heet in line 13 instructions to verify calculation.  Relationship of Activities to the	Accompl			oses	
(See	rt:XVI ne No.	heet in line 13 instructions to verify calculation.  Relationship of Activities to the	Accompl			oses	
(See	rt:XVI ne No.	heet in line 13 instructions to verify calculation.  Relationship of Activities to the	Accompl			oses	
(See	rt:XVI ne No.	heet in line 13 instructions to verify calculation.  Relationship of Activities to the	Accompl			oses	
(See	rt:XVI ne No.	heet in line 13 instructions to verify calculation.  Relationship of Activities to the	Accompl			oses	

# Form 990-PF (2010) SCHMIDT FAMILY STAR FOUNDATION 20-8553555 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

				<del></del>					т —	
1 Di de re	d the organization directory escribed in section 501( lating to political organi	ctly or indirectly e c) of the Code (o izations?	engage in any of the fo ther than section 501	ollowing witl (c)(3) organ	h any oth izations)	ner organizatio or in section 5	n 527,	THE THE PERSON NAMED IN	Yes	No
a Tr	ansfers from the report	ing foundation to	a noncharitable exen	npt organiza	ition of					
(I)	) Cash	•	•					1 a (1)		X
	) Other assets							1a (2		X
•	ther transactions							1	1.	
	) Sales of assets to a r	aanaharitahla ayo	mnt organization						-	X
•					•			1b(1)	_	
•	) Purchases of assets t			ion				1 b (2		X
(3)	) Rental of facilities, ed	quipment, or othe	er assets					1 b (3		X
(4)	<ul><li>Reimbursement arrar</li></ul>	ngements				•		1 b (4	+	X
(5	) Loans or loan guaran	tees						1 b (5	+	X
(6	) Performance of service	ces or membersh	np or fundraising solic	itations				1 b (6	+	X
c St	raring of facilities, equip	oment mailing li	sts other assets or n	aid employe	es			1c		X
• • •	army or racingos, equi	princing in	510, 511101 do5510, 51 p	ala ollipioy	,,,,		•			
<b>d</b> If th ar	the answer to any of the goods, other assets, on the transaction or sharing	e above is 'Yes,' or services given g arrangement, s	complete the followin by the reporting foun how in column <b>(d)</b> the	ig schedule. dation. If the value of th	Column e founda e goods,	(b) should alw tion received lo other assets,	ays show thess than fair	e fair market va market value i received.	lue of	
(a) Line			of noncharitable exempt org					ons, and sharing arr		ts
N/A	.,	\-,	· · · · · · · · · · · · · · · · · · ·							
		<del></del>								
		<del></del>								
							<del></del>			
					-					
			<del></del>			<del></del>	··	<del></del>		
	the foundation directly escribed in section 501( 'Yes,' complete the foll		lated with, or related the than section 501	to, one or m (c)(3)) or in	ore tax-e section !	exempt organiz 527?	zations	Y	s X	No
	(a) Name of organiz	zation	(b) Type of o	rganızatıon		(с	<b>)</b> Description	of relationship		
N/A										
	Under penalties of perjury, I de	eclare that I have exan	nined this return, including ac	companying sch	nedules and	statements, and to	the best of my l	nowledge and belief	it is true	,
	correct, and complete Declara	ation of preparer (other	than taxpayer or fiduciary) is	s based on all in	iformation o	f which preparer ha	is any knowledgi	•		
Sign		-1	0 0	0		11				
Here	N Y we	0 2/-	Silmul		12	-Surd	N	lurage	<b>⁄</b> ų	
	Signature of officer or trus				Date		Title			
	Print/Type preparer's	name	Preparer's Signatu	<b>"</b> "	11	Date	Check if	ıf PTIN		
Deid	E. LYNN HA	ANSEN	Jen,	HALLE-	CAH	AUG 3 0 2		yed P0007	2480	
Paid	· · · · ·		RADSHAW MALMF	ROSE & E	RICKS	L	1 55 5	87-0367930		
Prepa				CODE & E	IVT CIVO	OH, 1.C.	rirm's EIN	01-0301930	<u>'</u>	
Use O	nly Firm's address	559 WEST					 	(001) 200	0000	
		BOUNTIFUL	, UT 84010				Phone no	(801) 296·		
BAA								Form 9	90-PF	(2010)

2010	FEDERAL STATEMENTS	PAGE 1
CLIENT 023	SCHMIDT FAMILY STAR FOUNDATION	20-8553555
8/19/11  STATEMENT 1 FORM 990-PF, PART I, LINE 18 TAXES		10 <sup>.</sup> 54AM
FEDERAL INCOME TAX	(A) (B) NET (C)  EXPENSES INVESTMENT ADJUSTE  PER BOOKS INCOME NET INCO  \$ 372.  TOTAL \$ 372. \$ 0. \$	(D) D CHARITABLE ME PURPOSES  0. \$ 0.

### Form **8868** (Rev January 2011)

## Application for Extension of Time To File an Exempt Organization Return

OMB No 1545 1709

Department of the Treasury Internal Revenue Service

File a separate application for each return.

nternai Revenue	Service 1110 d 30P	arate epp.			
	filing for an Automatic 3-Month Extension, con				► X
	filing for an Additional (Not Automatic) 3-Month				
•	plete Part II unless you have already been granted				
corporation re equest an ex Associated W	ing (e-file). You can electronically file Form 8868 equired to file Form 990-T), or an additional (not xtension of time to file any of the forms listed in lath Certain Personal Benefit Contracts, which ming of this form, visit www.irs.gov/efile and click contracts.	automatic) Part I or Pa ust be sent	3-month extension of time. You can ele irt II with the exception of Form 8870, In to the IRS in paper format (see instructi	ctronically file Form formation Return for	8868 to Transfers
Part I Au	utomatic 3-Month Extension of Time. C	nly subm	nit original (no copies needed).		
A corporation	required to file Form 990-T and requesting an a	utomatic 6-	month extension - check this box and	complete Part I only	▶ 🔲
All other corp ncome tax re	porations (including 1120-C filers), partnerships, eturns	REMICS, a	nd trusts must use Form 7004 to reques		
	Name of exempt organization			Employer identification r	umber
Type or orint		_			
	SCHMIDT FAMILY STAR FOUNDATION			20-8553555	
ile by the lue date for	Number, street, and room or suite number. If a P.O. box, see in	structions			
iling your eturn See	P.O. BOX 95410  City, town or post office, state, and ZIP code. For a foreign additional code.		elia	· · · · · · · · · · · · · · · · · · ·	
nstructions		ress, see instru	ctions		
	SOUTH JORDAN, UT 84095			<del> </del>	
Enter the Ret	turn code for the return that this application is fo	r (file a sep	arate application for each return)		04
Application		Return	Application		Return
s For		Code	is For		Code
orm 990		01	Form 990-T (corporation)		
orm 990-BL		02	Form 1041-A		08
orm 990-EZ		03	Form 4720		09
orm 990-PF		04	Form 5227		10
	(section 401(a) or 408(a) trust)	05	Form 6069		11
	(trust other than above)	06	Form 8870		12
Telephone If the org If this is the check this	s are in the care of DAVID H. SCHMIDT  No (801) 562-1414  anization does not have an office or place of bus for a Group Return, enter the organization's four s box [If it is for part of the group, check ision is for.	dıgıt Group	e United States, check this box  Exemption Number (GEN) If		
untıl _ The ext	st an automatic 3-month (6 months for a corpora $8/15$ , 2011, to file the exempt org tension is for the organization's return for: calendar year $20\underline{10}$ or tax year beginning, 20	anization re	eturn for the organization named above		
	ax year entered in line 1 is for less than 12 mont ange in accounting period	hs, check re	eason Initial return Fir	al return	
	application is for Form 990-BL, 990-PF, 990-T, 47 undable credits. See instructions	720, or 6069	9, enter the tentative tax, less any	3a \$	0.
<b>b</b> If this a paymei	application is for Form 990-PF, 990-T, 4720, or 6 nts made Include any prior year overpayment al	069, enter a lowed as a	any refundable credits and estimated tax credit	3b \$	0.
EFTPS	e due. Subtract line 3b from line 3a Include you (Electronic Federal Tax Payment System) See	instructions		3c \$	0.
Caution. If y payment inst	ou are going to make an electronic fund withdraw tructions	val with this	s Form 8868, see Form 8453-EO and For	rm 8879-EO for	

Form 8868 (Rev 1-2011)					
• If you	are filing for an Additional (Not Automatic) 3-Mont	th Extensio	n, complete only Part II and check t	his box	<b>►</b> X
Note. Only	y complete Part II if you have already been granted	l an automa	itic 3-month extension on a previous	sly filed Form 8868	
	are filing for an Automatic 3-Month Extension, cor			<del> </del>	
\artill?	Additional (Not Automatic) 3-Month Exte	ension of			
,	Name of exempt organization			Employer identification number	r
Type or					
print	SCHMIDT FAMILY STAR FOUNDATION			20-8553555	
File by the extended due date for filing the return See instructions	Number, street, and room or suite number. If a P O box, see instructions				
	HANSEN, BRADSHAW, MALMROSE & ERICKSON, P.C. 559 WEST 500 SOUTH				
	City, town or post office, state, and ZIP code. For a foreign address, see instructions				
	BOUNTIFUL, UT 84010				
	Return code for the return that this application is fo	T			04
Application Is For		Return Code	Application Is For		Return Code
Form 990		01	例が対対が必要な対象を表現を	The state of the s	<b>建二级汽</b>
Form 990-BL		02	Form 1041-A		08
Form 990-EZ		03	Form 4720		09
Form 990-PF		04	Form 5227	· · · · · · · · · · · · · · · · · · ·	10
Form 990-T (section 401(a) or 408(a) trust)		05	Form 6069		11
Form 990-T (trust other than above)		06	Form 8870		12
	not complete Part II if you were not already grant	ed an autor	natic 3-month extension on a previo	ously filed Form 8868.	<del></del>
	poks are in care of ► DAVID_H. SCHMIDT_				
	_`	FAX No			. —
	organization does not have an office or place of bu			16.11	· [ ]
	is for a Group Return, enter the organization's four				is for the
_		oup, check t	his box   And attach a list with	n the names and Elivs o	it all
	the extension is for	11/1E	20 11	<del></del>	
4   request an additional 3-month extension of time until 11/15 , 20 11					
5 For calendar year 2010, or other tax year beginning, 20, and ending, 20					-
	Change in accounting period	uis, check i	eason		
7 State in detail why you need the extension TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO					
	THER INFORMATION NECESSARY TO FI				<i>′</i>
GV	THEK INFORMATION NECESSARY 10 11	<u> </u>		1 1010111.	
8a 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.					0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax					<u></u>
payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868					0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions					0.
	Sign	ature an	d Verification		
Under penalt	ties of perjury, I declare that I have examined this form, including acc complete, and that I am authorized to prepare this form	companying sch	edules and statements, and to the best of my kn	owledge and belief, it is true,	
2011001, 2110	9/0/		CD A	- 0/0	/11
Signature	Title >		CPA	Date ► 8/3	/ 1 1

FIFZ0502L 11/15/10

Form **8868** (Rev 1-2011)