See a Social Security Number? Say Something!

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Or call the IRS Identity Theft Hotline at 1-800-908-4490
Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2010 or other tax year beginning and ending

Name of organization (☐ Check box if name changed and see instructions.)
The Schooner Foundation
c/o Schooner Capital LLC

Number, street, and room or suite no. If a P.O. box, see instructions.
745 Atlantic Ave, 11th Floor

City or town, state, and ZIP code
Boston, MA 02111

Employer identification number (Employees' trust, see instructions)
04-3347626

Unrelated business activity codes (See instructions)

Book value of all assets at end of year
31497113

Group exemption number (See instructions)

Check organization type ▶
☐ 501(c) corporation ☒ 501(c) trust ☐ 401(a) trust ☐ Other trust

31497113

During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?
☐ Yes ☒ No

If "Yes," enter the name and identifying number of the parent corporation ▶

The books are in care of ▶ S. Maiocco, Treasurer

Telephone number ▶ 617-963-5200

Part I Unrelated Trade or Business Income

<table>
<thead>
<tr>
<th>(A) Income</th>
<th>(B) Expenses</th>
<th>(C) Net</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Gross receipts or sales</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less returns and allowances</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Balance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Cost of goods sold (Schedule A, line 7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross profit. Subtract line 2 from line 1c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4a Capital gain net income (attach Schedule D)</td>
<td>254,529</td>
<td>254,529</td>
</tr>
<tr>
<td>b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Capital loss deduction for trusts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Income (loss) from partnerships and S corporations (attach statement)</td>
<td>26,665</td>
<td>Stmt 18</td>
</tr>
<tr>
<td>6 Rent income (Schedule C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Unrelated debt-financed income (Schedule E)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Exploited exempt activity income (Schedule I)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Advertising income (Schedule J)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Other income (See instructions; attach schedule.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Total. Combine lines 3 through 12</td>
<td>281,194</td>
<td>281,194</td>
</tr>
</tbody>
</table>

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income)

<table>
<thead>
<tr>
<th></th>
<th>14</th>
<th>15</th>
<th>16</th>
<th>17</th>
<th>18</th>
<th>19</th>
<th>20</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Compensation of officers, directors, and trustees (Schedule K)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Salaries and wages</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Repairs and maintenance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 Bad debts</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Interest (attach schedule)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Taxes and licenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 Charitable contributions (See instructions for limitation rules.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 Depreciation (attach Form 4562)</td>
<td>22</td>
<td>22a</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Less depreciation claimed on Schedule A and elsewhere on return</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 Depletion</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 Contributions to deferred compensation plans</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 Employee benefit programs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26 Excess exempt expenses (Schedule I)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27 Excess readership costs (Schedule J)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28 Other deductions (attach schedule)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29 Total deductions. Add lines 14 through 28</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13</td>
<td>281,194</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31 Net operating loss deduction (limited to the amount on line 30)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33 Specific deduction (Generally $1,000, but see instructions for exceptions.)</td>
<td>1,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32</td>
<td>280,194</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

LHA For Paperwork Reduction Act Notice, see instructions.

07440928 794015 04-3347626 2010.04030 The Schooner Foundation c/o 04-33471
1. Description of property

2. Rent received or accrued

<table>
<thead>
<tr>
<th></th>
<th>From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)</th>
<th>From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)</th>
<th>Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total: 0.

(e) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0.

(b) Total deductions. Enter here and on page 1, Part I, line 5, column (B) 0.

Schedule E - Unrelated Debt-Financed Income

1. Description of debt-financed property

2. Gross income from or allocable to debt-financed property

3. Deductions directly connected with or allocable to debt-financed property

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)

5. Average adjusted basis of or allocable to debt-financed property (attach schedule)

6. Column 4 divided by column 5

7. Gross income reportable (column 2 x column 5)

8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total dividends-received deductions included in column 8

0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations

1. Name of controlled organization

2. Employer identification number

3. Net unrelated income (loss) (see instructions)

4. Total of specified payments made

5. Part of column 4 that is included in the controlling organization's gross income

6. Deductions directly connected with income in column 5

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Nonexempt Controlled Organizations

7. Taxable income

8. Net unrelated income (loss) (see instructions)

9. Total of specified payments made

10. Part of column 9 that is included in the controlling organization's gross income

11. Deductions directly connected with income in column 10

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Add columns 5 and 10

Enter here and on page 1, Part I, line 6, column (A)

Add columns 6 and 11

Enter here and on page 1, Part I, line 6, column (B)

0.
## Capital Gains and Losses
### Part I - Short-Term Capital Gains and Losses - Assets Held One Year or Less

<table>
<thead>
<tr>
<th>Description of property</th>
<th>Date acquired (mo., day, yr.)</th>
<th>Date sold (mo., day, yr.)</th>
<th>Sales price</th>
<th>Cost or other basis</th>
<th>Gain or (loss) for the entire year</th>
</tr>
</thead>
<tbody>
<tr>
<td>From K-1 - Schooner Multi Strategy ST</td>
<td>232,428.</td>
<td>0.</td>
<td>232,428.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** Form 5227 filers need to complete only Parts I and II

### Part II - Long-Term Capital Gains and Losses - Assets Held More Than One Year

<table>
<thead>
<tr>
<th>Description of property</th>
<th>Date acquired (mo., day, yr.)</th>
<th>Date sold (mo., day, yr.)</th>
<th>Sales price</th>
<th>Cost or other basis</th>
<th>Gain or (loss) for the entire year</th>
</tr>
</thead>
</table>

**Note:**

- **b** Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b
- **2** Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824
- **3** Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts
- **4** Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2009 Capital Loss Carryover Worksheet
- **5** Net short-term gain or (loss). Combine lines 1a through 4 in column (f). Enter here and on line 13, column (3) on page 2
- **6b** Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b
- **7** Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824
- **8** Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts
- **9** Capital gain distributions
- **10** Gain from Form 4797, Part I
- **11** Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2009 Capital Loss Carryover Worksheet
- **12** Net long-term gain or (loss). Combine lines 6a through 11 in column (f). Enter here and on line 14a, column (3) on page 2
Debt Financed Income from Investment Partnership

To Form 990-T, Page 1

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
</table>

Total to Form 990-T, Page 1, line 5

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>26,665.</td>
</tr>
</tbody>
</table>
**The Schooner Foundation**  
c/o Schooner Capital LLC  
04-3347626 Page 2

**Part V**  
**Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

### Section A - Depreciation and Other Information

<table>
<thead>
<tr>
<th>24a</th>
<th>Do you have evidence to support the business/investment use claimed?</th>
<th>Yes</th>
<th>No</th>
<th>24b</th>
<th>If &quot;Yes,&quot; is the evidence written?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td>Type of property (list vehicles first)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(b) Date placed in service</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(c) Basis for depreciation (business/investment use only)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(d) Cost or other basis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(e) Basis for depreciation (business/investment use only)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(f) Recovery period</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(g) Method/Convention</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(h) Depreciation deduction</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(i) Elected section 179 cost</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use**

**26 Property used more than 50% in a qualified business use:**

%  
%  
%

**27 Property used 50% or less in a qualified business use:**

%  
%  
%

**28 Add amounts in column (h), lines 25 through 27**  
Enter here and on line 21, page 1

**29 Add amounts in column (i), line 26. Enter here and on line 7, page 1**

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

<table>
<thead>
<tr>
<th>30</th>
<th>Total business/investment miles driven during the year (do not include commuting miles)</th>
</tr>
</thead>
<tbody>
<tr>
<td>31</td>
<td>Total commuting miles driven during the year</td>
</tr>
<tr>
<td>32</td>
<td>Total other personal (noncommuting) miles driven</td>
</tr>
<tr>
<td>33</td>
<td>Total miles driven during the year. Add lines 30 through 32</td>
</tr>
<tr>
<td>34</td>
<td>Was the vehicle available for personal use during off-duty hours?</td>
</tr>
<tr>
<td>35</td>
<td>Was the vehicle used primarily by a more than 5% owner or related person?</td>
</tr>
<tr>
<td>36</td>
<td>Is another vehicle available for personal use?</td>
</tr>
</tbody>
</table>

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

<table>
<thead>
<tr>
<th>37</th>
<th>Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?</th>
</tr>
</thead>
<tbody>
<tr>
<td>38</td>
<td>Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners</td>
</tr>
<tr>
<td>39</td>
<td>Do you treat all use of vehicles by employees as personal use?</td>
</tr>
<tr>
<td>40</td>
<td>Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?</td>
</tr>
<tr>
<td>41</td>
<td>Do you meet the requirements concerning qualified automobile demonstration use?</td>
</tr>
</tbody>
</table>

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI**  
**Amortization**

<table>
<thead>
<tr>
<th>(a) Description of costs</th>
<th>(b) Date amortization begins</th>
<th>(c) Amortizable amount</th>
<th>(d) Code section</th>
<th>(e) Amortization period or percentage</th>
<th>(f) Amortization for this year</th>
</tr>
</thead>
</table>

**Amortization of costs that begins during your 2010 tax year:**


**Amortization of costs that began before your 2010 tax year**

**Total. Add amounts in column (f). See the instructions for where to report**

<table>
<thead>
<tr>
<th>43</th>
</tr>
</thead>
</table>

07440928 794015 04-3347626 2010.04030 The Schooner Foundation c/o 04-33471
Form 8868 (Rev. 1-2011)

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

**Part II** Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)

<table>
<thead>
<tr>
<th>Type or print</th>
<th>Name of exempt organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The Schooner Foundation</td>
<td>04-3347626</td>
</tr>
<tr>
<td></td>
<td>c/o Schooner Capital LLC</td>
<td></td>
</tr>
</tbody>
</table>

**File by the extended due date for filing your return. See instructions**

- Number, street, and room or suite no. If a P.O. box, see instructions
- 745 Atlantic Ave, 11th Floor
- City, town or post office, state, and ZIP code For a foreign address, see instructions
- Boston, MA 02111

Enter the Return code for the return that this application is for (file a separate application for each return)

0 6

<table>
<thead>
<tr>
<th>Application is for</th>
<th>Return Code</th>
<th>Application is for</th>
<th>Return Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990</td>
<td>01</td>
<td>Form 1041-A</td>
<td>08</td>
</tr>
<tr>
<td>Form 990-BL</td>
<td>02</td>
<td>Form 4720</td>
<td>09</td>
</tr>
<tr>
<td>Form 990-EZ</td>
<td>03</td>
<td>Form 5227</td>
<td>10</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>04</td>
<td>Form 6069</td>
<td>11</td>
</tr>
<tr>
<td>Form 990-T (sec. 401(a) or 408(a) trust)</td>
<td>05</td>
<td>Form 8870</td>
<td>12</td>
</tr>
<tr>
<td>Form 990-T (trust other than above)</td>
<td>06</td>
<td>Form 8870</td>
<td>12</td>
</tr>
</tbody>
</table>

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

S. Malocco, Treasurer

- The books are in the care of 745 Atlantic Avenue, 11th Floor - Boston, MA 02111
- Telephone No (617) 357-9031  FAX No (617) 357-5545

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)_______ . If this is for the whole group, check this box □ . If it is for part of the group, check this box □ , and attach a list with the names and EINs of all members the extension is for

4 Request an additional 3-month extension of time until November 15, 2011

5 For calendar year 2010, or other tax year beginning , and ending

6 If the tax year entered in line 5 is for less than 12 months, check reason □ Initial return □ Final return
- Change in accounting period

7 State in detail why you need the extension Additional time is required in order to file a complete and accurate return. Taxpayer is awaiting a Schedule K-1 from an investment partnership.

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 8a $ 100,000.

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 8b $ 131,000.

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 8c $ 0.

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete; and that I am authorized to prepare this form

**Signature**

**Title** CPA "A duly authorized agent"  

TONNESON & COMPANY CPAS PC 04-2943536  
401 EDDGREATRER PLACE, STE 300, WAKEFIELD, MA 01880

15300801 794015 04-3347626 2010.04010 The Schooner Foundation c/o 04-33471
Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

- If you are filing 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 this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charites & Nonprofits.

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 complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

File by the due date for filing your return. See instructions

Type or print

Name of exempt organization
The Schooner Foundation

c/o Schooner Capital LLC

Number, street, and room or suite no. If a P.O. box, see instructions
745 Atlantic Ave, 11th Floor

City, town or post office, state, and ZIP code For a foreign address, see instructions
Boston, MA 02111

Employer identification number
04-3347626

Enter the Return code for the return that this application is for (file a separate application for each return) 06

Application Is For Return Code Application Is For Return Code
Form 990 01 Form 990-T (corporation) 07
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 (sec 401(a) or 408(a) trust) 05 Form 6069 11
Form 990-T (trust other than above) 06 Form 8870 12

S. Maiocco, Treasurer

The books are in the care of 745 Atlantic Avenue, 11th Floor - Boston, MA 02111

Telephone No (617) 357-9031 FAX No (617) 357-5545

If the organization does not have an office or place of business in the United States, check this box ▶

If this is for a Group Return, enter the organization’s four digit Group Exemption Number (GEN) ▶. If this is for the whole group, check this box ▶. If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension is for.

I request an automatic 3-month (6 months for a corporation requested to file Form 990-T) extension of time until August 15, 2011, to file the exempt organization return for the organization named above. The extension is for the organization’s return for: ▶ calendar year 2010 or ▶ tax year beginning ▶, and ending ▶

If the tax year entered in line 1 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 $ 31,000.

3b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit 3b $ 11,000.

3c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions 3c $ 20,000.

Caution If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev 1-2011)
The Schooner Foundation
C/O Schooner Capital LLC

Part I - Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions) 1 500,000.
2 Total cost of section 179 property placed in service (see instructions) 2
3 Threshold cost of section 179 property before reduction in limitation 3 2,000,000.
4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter 0. 4
5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter 0. If married filing separately, see instructions 5

(a) Description of property  
(b) Cost (business use only)  
(c) Elected cost

7 Listed property. Enter the amount from line 29
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8
9 Tentative deduction. Enter the smaller of line 5 or line 8
10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11
13 Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II - Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year 14
15 Property subject to section 168(f)(1) election 15
16 Other depreciation (including ACRS) 16

Part III - MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A - MACRS deductions for assets placed in service in tax years beginning before 2010
17 MACRS deductions for assets placed in service in tax years beginning before 2010 17 469.
18 If you are electing to group any assets placed in service in the tax year into one or more general asset accounts, check here. 18

Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property  
(b) Year and month placed in service  
(c) Basis (business use only - see instructions)  
(d) Recovery period  
(e) Convention  
(f) Method  
(g) Depreciation deduction
19a 3-year property  
19b 5-year property  
19c 7-year property  
19d 10-year property  
19e 15-year property  
19f 20-year property  
19g 25-year property 25 yrs. S/L
19h Residential rental property 27.5 yrs. MM S/L
19i Nonresidential real property 39 yrs. MM S/L

Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20a Class life  
20b 12-year property 12 yrs. S/L
20c 40-year property 40 yrs. MM S/L

Part IV - Summary (See instructions)

21 Listed property. Enter amount from line 28
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21.

Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 22 469.

23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Form 4562 (2010)
### Part III - Summary of Parts I and II

<table>
<thead>
<tr>
<th>Caution: Read the instructions before completing this part.</th>
<th>(1) Beneficiaries</th>
<th>(2) Estate’s or trust’s</th>
<th>(3) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>13 Net short-term gain or (loss)</td>
<td>232,428</td>
<td>232,428</td>
<td></td>
</tr>
<tr>
<td>14 Net long-term gain or (loss):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Total for year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Unrecaptured section 1250 gain (see line 14 of the worksheet)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c 28% rate gain</td>
<td>22,810</td>
<td>22,810</td>
<td></td>
</tr>
<tr>
<td>15 Total net gain or (loss). Combine lines 13 and 14a</td>
<td>254,529</td>
<td>254,529</td>
<td></td>
</tr>
</tbody>
</table>

*Note: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 14a and 15, column (2), are net losses, go to Part IV. If line 15, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as necessary.*

### Part IV - Capital Loss Limitation

16 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of:
- The loss on line 15, column (3) or
- $3,000

*Note: If the loss on line 15, column (3), is more than $3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the Capital Loss Carryover Worksheet on page 7 of the instructions to figure your capital loss carryover.*

### Part V - Tax Computation Using Maximum Capital Gains Rates

*Form 1041 filers. Complete this part only if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero.*

*Caution: Skip this part and complete the worksheet on page 8 of the instructions if:
- Either line 14b, col. (2) or line 14c, col. (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.*

*Form 990-T trusts. Complete this part only if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the worksheet on page 8 of the instructions if either line 14b, col. (2) or line 14c, col. (2) is more than zero.*

17 Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34) 280,194

18 Enter the smaller of line 14a or 15 in column (2) but not less than zero 22,101

19 Enter the estate’s or trust’s qualified dividends from Form 1041, line 2b(2) (or the qualified dividends included in income in Part I of Form 990-T) 22,101

20 Add lines 18 and 19 44,202

21 If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter 0 22,101

22 Subtract line 21 from line 20. If zero or less, enter -0- 22,101

23 Subtract line 22 from line 17. If zero or less, enter -0- 258,093

24 Enter the smaller of the amount on line 17 or $2,300 2,300

25 Is the amount on line 23 equal to or more than the amount on line 24? Yes □ No □

26 Subtract line 25 from line 24 2,300

27 Are the amounts on lines 22 and 26 the same? Yes □ No □

28 Enter the amount from line 26 (if line 26 is blank, enter -0-) 22,101

29 Subtract line 28 from line 27 22,101

30 Multiply line 29 by 15% (.15) 3,315

31 Figure the tax on the amount on line 23. Use the 2010 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) 89,308

32 Add lines 30 and 31 92,623

33 Figure the tax on the amount on line 17. Use the 2010 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) 97,043

34 Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36) 92,623
Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

<table>
<thead>
<tr>
<th>1. Description of income</th>
<th>2. Amount of income</th>
<th>3. Deductions directly connected (attach schedule)</th>
<th>4. Set-asides (attach schedule)</th>
<th>5. Total deductions and set-asides (col. 3 plus col. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Totals ► 0. 0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

<table>
<thead>
<tr>
<th>1. Description of exploited activity</th>
<th>2. Gross unrelated business income from trade or business</th>
<th>3. Expenses directly connected with production of unrelated business income</th>
<th>4. Net income (loss) from unrelated trade or business (column 2 minus column 3) if a gain, compute cols 5 through 7</th>
<th>5. Gross income from activity that is not unrelated business income</th>
<th>6. Expenses attributable to column 5</th>
<th>7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Totals ► 0. 0. 0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

<table>
<thead>
<tr>
<th>1. Name of periodical</th>
<th>2. Gross advertising income</th>
<th>3. Direct advertising costs</th>
<th>4. Advertising gain or (loss) (col. 2 minus col. 3) if a gain, compute cols 5 through 7</th>
<th>5. Circulation income</th>
<th>6. Readership costs</th>
<th>7. Excess readership costs (column 6 minus column 5, but not more than column 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Totals (carry to Part II, line (5)) ► 0. 0. 0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

<table>
<thead>
<tr>
<th>1. Name of periodical</th>
<th>2. Gross advertising income</th>
<th>3. Direct advertising costs</th>
<th>4. Advertising gain or (loss) (col. 2 minus col. 3) if a gain, compute cols 5 through 7</th>
<th>5. Circulation income</th>
<th>6. Readership costs</th>
<th>7. Excess readership costs (column 6 minus column 5, but not more than column 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Totals, Part II (lines 1-5) ► 0. 0. 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

<table>
<thead>
<tr>
<th>1. Name</th>
<th>2. Title</th>
<th>3. Percent of time devoted to business</th>
<th>4. Compensation attributable to unrelated business</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>%</td>
<td></td>
</tr>
</tbody>
</table>

Total: Enter here and on page 1, Part II, line 14 ► 0. 0.
Part III | Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation.
   a. Enter your share of the $50,000, $25,000, and $9,925,000 taxable income brackets (in that order):
      (1) $                           (2) $                           (3) $
   b. Enter organization's share of (1) Additional 5% tax (not more than $11,750)
      $                           
   c. Enter organization's share of (2) Additional 3% tax (not more than $100,000)
      $                           
   d. Income tax on the amount on line 34
      $                           
   e. Total. Add lines 37 and 38 to line 35c or 36, whichever applies
      $                           

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:
   a. Tax rate schedule X Schedule D (Form 1041)
   $                           

37 Proxy tax. See instructions
   $                           

38 Alternative minimum tax
   $                           

39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies
   $                           

Part IV | Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)
   $                           

40b Other credits (see instructions)
   $                           

40c General business credit. Attach Form 3800
   $                           

40d Credit for prior year minimum tax (attach Form 8801 or 8827)
   $                           

40e Total credits. Add lines 40a through 40d
   $                           

41 Subtract line 40c from line 39
   $                           

42 Other taxes. Check if from:
   a. Form 4255
   b. Form 8611
   c. Form 8697
   d. Form 8866
   e. Other (attach schedule)
   $                           

43 Total tax. Add lines 41 and 42
   $                           

44a Payments: A 2009 overpayment credited to 2010
   a. 2010 estimated tax payments
      $                           
   b. Tax deposited with Form 8868
      $                           
   c. Foreign organizations; Tax paid or withheld at source (see instructions)
      $                           
   d. Backup withholding (see instructions)
      $                           
   e. Credit for small employer health insurance premiums (Attach Form 8941)
      $                           
   f. Other credits and payments:
      a. Form 2439
      b. Form 4136
      $                           
   g. Other
      $                           
   h. Total
      $                           

45 Total payments. Add lines 44a through 44g
   $                           

46 Estimated tax penalty (see instructions). Check if Form 2220 is attached
   $                           

47 Tax due. If line 45 is less than the total of lines 43 and 44, enter amount owed
   $                           

48 Overpayment. If line 45 is larger than the total of lines 43 and 44, enter amount overpaid
   $                           

49 Enter the amount of line 48 you want: Credited to 2011 estimated tax
   $                           Refunded
   $                           

Part V | Statements Regarding Certain Activities and Other Information (see instructions)

1. At any time during the 2010 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.
   Yes No
   X

2. During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?
   Yes No
   X

3. Enter the amount of any exempt interest received or accrued during the tax year.
   $                           

Schedule A - Cost of Goods Sold. Enter method of inventory valuation:

N/A

1. Inventory at beginning of year
2. Purchases
3. Cost of labor
4a. Additional section 263A costs
4b. Other costs (attach schedule)
5. Total. Add lines 1 through 4b

Part IV | Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer
Treasurer
Date

Paid Preparer Use Only

Print/Type preparer’s name
Heidi E. MacLean
Preparer’s signs
Tonnison & Company CPAs PC
Firm’s name
09/28/11
Date
Check if self-employed
PTIN
P0840184
Firm’s EIN
04-2943536
401 Edgewater Place, Suite 300
Firm’s address
(781) 245-9999
Phone no.

May the IRS discuss this return with the preparer shown below (see instructions)?
X
Yes
No

07440928 794015 04-3347626 2010.04030 The Schooner Foundation c/o 04-33471