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
### Part I: Unrelated Trade or Business Income

<table>
<thead>
<tr>
<th></th>
<th>(A) Income</th>
<th>(B) Expenses</th>
<th>(C) Net</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Gross receipts or sales</td>
<td>Balance</td>
<td>balance</td>
</tr>
<tr>
<td>2</td>
<td>Cost of goods sold (Schedule A, line 7)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Gross profit Subtract line 2 from line 1c</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4a</td>
<td>Capital gain net income (attach Schedule D)</td>
<td>4a</td>
<td></td>
</tr>
<tr>
<td>4b</td>
<td>Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)</td>
<td>4b</td>
<td></td>
</tr>
<tr>
<td>4c</td>
<td>Capital loss deduction for trusts</td>
<td>4c</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Income (loss) from partnerships and S corporations (attach statement)</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Rent income (Schedule C)</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Unrelated debt-financed income (Schedule E)</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Interest, annuities, royalties, and rents from controlled organizations (Schedule F)</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Exploited excess activity income (Schedule I)</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Advertising income (Schedule J)</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Other income (See page 10 of the instructions, attach schedule)</td>
<td>12</td>
<td></td>
</tr>
</tbody>
</table>

### Part II: Deductions Not Taken Elsewhere

<table>
<thead>
<tr>
<th></th>
<th>(A) Income</th>
<th>(B) Expenses</th>
<th>(C) Net</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>Compensation of officers, directors, and trustees (Schedule K)</td>
<td>14</td>
<td>693,908.</td>
</tr>
<tr>
<td>15</td>
<td>Salaries and wages</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Repairs and maintenance</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Bad debts</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Interest (attach schedule)</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Taxes and licenses</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Chantable contributions (See page 13 of the instructions for limitation rules)</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Depreciation (attach Form 4562)</td>
<td>21</td>
<td>0.</td>
</tr>
<tr>
<td>22</td>
<td>Less depreciation claimed on Schedule A and elsewhere on return</td>
<td>22a</td>
<td>22b</td>
</tr>
<tr>
<td>23</td>
<td>Depletion</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Contributions to deferred compensation plans</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Employee benefit programs</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Excess exempt expenses (Schedule I)</td>
<td>26</td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Excess readership costs (Schedule J)</td>
<td>27</td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Other deductions (attach schedule)</td>
<td>28</td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>Total deductions. Add lines 14 through 28</td>
<td>29</td>
<td>672,679.</td>
</tr>
<tr>
<td>30</td>
<td>Unrelated business taxable income before net operating loss deduction</td>
<td>30</td>
<td>1,366,587.</td>
</tr>
<tr>
<td>31</td>
<td>Net operating loss deduction (limited to the amount on line 30)</td>
<td>31</td>
<td>-145,677.</td>
</tr>
<tr>
<td>32</td>
<td>Unrelated business taxable income before specific deduction</td>
<td>32</td>
<td>-145,677.</td>
</tr>
<tr>
<td>33</td>
<td>Specific deduction (Generally $1,000, but see line 33 instructions for exceptions)</td>
<td>33</td>
<td>1,000.</td>
</tr>
<tr>
<td>34</td>
<td>Unrelated business taxable income</td>
<td>34</td>
<td>-145,677.</td>
</tr>
</tbody>
</table>
ITHAKA HARBORS, ICN.
FORM 990T
DECEMBER 31, 2010
EIN #13-3857105

NET OPERATING LOSS CARRYFORWARD FROM:

<table>
<thead>
<tr>
<th>Date</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/30/2008</td>
<td>$80,951</td>
</tr>
<tr>
<td>12/31/2009</td>
<td>$26,125</td>
</tr>
</tbody>
</table>

NOL AVAILABLE FOR 12/31/2010: $107,076

ADD: 12/31/2010: $145,677

NOL AVAILABLE FOR 12/31/2010: $252,753
FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

DIRECT EXPENSES RELATED TO SHARED ADMIN SERVICES       359,405.
OVERHEAD COST - INDIRECT EXPENSES                       200,595.
ADMINISTRATIVE EXPENSES - INDIRECT EXPENSES             112,679.

PART II - LINE 28 - OTHER DEDUCTIONS                   672,679.
PART I - LINE 12 - OTHER INCOME

SHARED SERVICES INCOME 1,220,910.

PART I - LINE 12 - OTHER INCOME 1,220,910.
ITHAKA HARBORS INC.

ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY.

ITHAKA HARBORS, INC PROVIDES SHARED ADMINISTRATIVE SERVICES TO A SMALL NUMBER OF NOT-FOR-PROFIT ORGANIZATIONS, AND THIS ACTIVITY IS TREATED AS UNRELATED BUSINESS INCOME FOR THE TAX YEAR ENDING DECEMBER 31, 2010
Application for Extension of Time To File an Exempt Organization Return

- 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 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 Charities & 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.

Type or print Name of exempt organization
ITHAKA Harbors Inc.

Employer identification number
13-3857105

File by the due date for filing your return. See instructions.
Number, street, and room or suite no. If a P.O. box, see instructions
151 East 61st Street
City, town or post office, state, and ZIP code. For a foreign address, see instructions
New York, NY 10065

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

<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 990-T (corporation)</td>
<td>07</td>
</tr>
<tr>
<td>Form 990-BL</td>
<td>02</td>
<td>Form 1041-A</td>
<td>08</td>
</tr>
<tr>
<td>Form 990-EZ</td>
<td>03</td>
<td>Form 4720</td>
<td>09</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>04</td>
<td>Form 5227</td>
<td>10</td>
</tr>
<tr>
<td>Form 990-T (sec 401(a) or 408(a) trust)</td>
<td>05</td>
<td>Form 6069</td>
<td>11</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>

The books are in the care of Chris Vanacore

Telephone No 212-500-2344 FAX No 212-500-2367

- 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. Attach a list with the names and EINs of all members the extension is for.

1. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 11/15/2011, 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 , 20 , and ending , 20 .

2. 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.

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.

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.

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.
Part III  Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation on page 15

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)  
(2) Additional 3% tax (not more than $100,000)

35c

c) Income tax on the amount on line 34

36 Trusts Taxable at Trust Rates. See instructions for tax computation on page 16 Income tax on the amount on line 34 from Tax rate schedule or Schedule D (Form 1041)

36

37 Proxy tax. See page 16 of the instructions

37

38 Alternative minimum tax

38

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

39

Part IV  Tax and Payments

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

40a

b) Other credits (see page 16 of the instructions)

40b

c) General business credit Attach Form 3800

40c

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

40d

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

40e

41 Subtract line 40e from line 39

41

42 Other taxes Check from Form 2455 Form 8611 Form 8607 Form 8866 Other (attach schedule)

42

43 Total tax. Add lines 41 and 42

43

44 a) Payments A 2009 overpayment credited to 2010

44a

b) 2010 estimated tax payments

44b

c) Tax deposited with Form 8868

44c

d) Foreign organizations Tax paid or withheld at source (see instructions)

44d

e) Backup withholding (see instructions)

44e

f) Credit for small employer health insurance premiums (Attach Form 8941)

44f

g) Other credits and payments

44g

Form 2439

Other

Total

44g

45 Total payments. Add lines 44a through 44g

45

46 Estimated tax penalty (see page 4 of the instructions) Check if Form 2220 is attached

46

47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed

47

48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid

48

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

49

Part V  Statements Regarding Certain Activities and Other Information (see instructions on page 17)

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 If YES, enter the name of the foreign country here

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? If YES, see page 5 of the instructions for other forms the organization may have to file

Yes No X

3 Enter the amount of tax-exempt interest received or accrued during the tax year

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

1 Inventory at beginning of year

2 Purchases

3 Cost of labor

4 a) Additional section 263A costs (attach schedule)

4b) Other costs (attach schedule)

5 Total. Add lines 1 through 4b

Paid Preparer Use Only

Print/Type preparer’s name

Julie Flock, CPA

EISNERAMPER LLP

Firm’s EIN 13-1639826

Phone no 212-949-8700

NEW YORK, NY 10017-2703

Form 990-T (2010)

JSA

OE1620 040

4890CC L161 6/6/2011 1:07:04 PM V 10-6.2
### Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Totals

 Enter here and on page 1, Part I, line 9, column (A)

Enter here and on page 1, Part I, line 5, column (B)

### 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>(1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
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<tr>
<td>(3)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Totals

 Enter here and on page 1, Part I, line 10, col (A)

Enter here and on page 1, Part I, line 10, col (B)

Enter here and on page 1, Part II, line 26

### Schedule J - Advertising Income

#### 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>(1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
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<tr>
<td>(4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Totals (carry to Part II, line (5))

#### 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>(1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
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</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(5) Totals from Part I

Enter here and on page 1, Part I, line 11, col (A)

Enter here and on page 1, Part I, line 11, col (B)

Enter here and on page 1, Part II, line 27

### Schedule K - Compensation of Officers, Directors, and Trustees

<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>(1)</td>
<td></td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td>%</td>
<td></td>
</tr>
</tbody>
</table>

Total. Enter here and on page 1, Part II, line 14
Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions on page 18)

1. Description of property
   (1)
   (2)
   (3)
   (4)

2. Rent received or accrued
   (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)
   (b) 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)
   3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)

   (1)
   (2)
   (3)
   (4)

   Total

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

Schedule E - Unrelated Debt-Financed Income (see instructions on page 19)

1. Description of debt-financed property
   (1)
   (2)
   (3)
   (4)

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

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

   (1)
   (2)
   (3)
   (4)

Enter here and on page 1, Part I, line 7, column (A)
Enter here and on page 1, Part I, line 7, column (B)

Total dividends-received deductions included in column 8

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions on page 20)

Exempt Controlled Organizations

1. Name of controlled organization
   (1)
   (2)
   (3)
   (4)

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

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

(1)
(2)
(3)
(4)

Add columns 5 and 10
Enter here and on page 1, Part I, line 8, column (A)
Add columns 6 and 11
Enter here and on page 1, Part I, line 8, column (B)

Totals