Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A	For the	e 2020 calend	dar year, or tax year beginning 01/01/2020 and ending	12/31/2	2020			
в	Check if	f applicable:	C Name of organization ITHACA CHILDRENS GARDEN INC		D Emplo	oyer identification number		
	Address	s change	Doing business as			52-2291247		
	Name c	hange	Number and street (or P.O. box if mail is not delivered to street address) Ro	om/suite	E Telephone number			
	Initial re	turn	704 W BUFFALO ST STE 4			607-319-4203		
	Final retu	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code					
	Amende	ed return	Ithaca, NY, 14850		G Gross	receipts \$ 371,016		
	Applicat	tion pending	H(a) Is this a gro	oup return fo	or subordinates? 🗌 Yes 🗹 No			
			704 W Buffalo St, Suite 4, Ithaca, NY 14850	H(b) Are all s	ubordinat	es included? 🗌 Yes 🗌 No		
I	Tax-exe	empt status:	✓ 501(c)(3) 501(c) () ◄ (insert no.) 4947(a)(1) or 527	If "No," attacl	n a list. Se	ee instructions		
J	Website	e: 🕨 ithacac	hildrensgarden.org	H(c) Group e	kemption	number 🕨		
к			Corporation Trust Association Other L Year of formati	on: 1998	M State	of legal domicile: NY		
Ρ	art I	Summa	ry					
	1		cribe the organization's mission or most significant activities: Develop	and maintain	a publi	c children's garden for		
ø		education.	· · · · · · · · · · · · · · · · · · ·					
Activities & Governance								
ern	2	Check this	box ►	of more than	25% of	its net assets		
Ň	3		voting members of the governing body (Part VI, line 1a)		3	11		
യ യ	4		independent voting members of the governing body (Fart VI, line 1b)		4	11		
es	5		ber of individuals employed in calendar year 2020 (Part V, line 2a)		5	24		
<u>viti</u>	6		per of volunteers (estimate if necessary)		6	200		
Acti	7a				7a			
4	b		ated business revenue from Part VIII, column (C), line 12	7a 7b	0			
				Prior Yea		0 Current Year		
		Contributio	upp and grants (Dart)/III line 1h)					
Revenue	8		ons and grants (Part VIII, line 1h)		35,024	300,917		
ven	9	-			80,871	66,018		
Be	10		: income (Part VIII, column (A), lines 3, 4, and 7d)		644	170		
	11		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8,811	3,896		
	12		ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5	25,350	371,001		
	13		I similar amounts paid (Part IX, column (A), lines 1–3)		0	0		
	14	•	aid to or for members (Part IX, column (A), line 4)		0	0		
es.	15		her compensation, employee benefits (Part IX, column (A), lines 5–10)	2	16,213	160,532		
Expenses	16a		al fundraising fees (Part IX, column (A), line 11e)		2,475	344		
ц.	b		aising expenses (Part IX, column (D), line 25) ► 45,500					
	17	-	enses (Part IX, column (A), lines 11a–11d, 11f–24e)	3	09,953	181,690		
	18	•	nses. Add lines 13–17 (must equal Part IX, column (A), line 25)	5	28,641	342,566		
	19	Revenue le	ess expenses. Subtract line 18 from line 12		-3,291	28,435		
Net Assets or Fund Balances				eginning of Curr	ent Year	End of Year		
set	20		s (Part X, line 16)	1	98,490	232,609		
t As	21		ties (Part X, line 26)		35,771 41,45			
Ϋ́́	22		or fund balances. Subtract line 21 from line 20	1	62,719	191,154		
P	art II	Signatu	re Block					
Un	der nens	altion of porium	I declare that I have examined this return, including accompanying schedules and stater	onts and to the	hest of r	ny knowledge, and belief it is		

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, true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer Mark Perry, Treasurer Type or print name and title			Date					
Paid Preparer	Print/Type preparer's name	Preparer's signature Date			Check if if self-employed	PTIN			
Use Only	Firm's name	Firm's EIN ►							
	Firm's address ►	Phone no.							
May the IRS discuss this return with the preparer shown above? See instructions									
For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y For									

Form 99	0 (2020) Page 2
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	Connecting children to nature to create a more beautiful, resilient, and just world.
	······································
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
Ŭ	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4-	
4a	(Code:) (Expenses \$17,809 including grants of \$0) (Revenue \$0) Camps, Summer and School Break: In 2020, ICG was not able to host in person summer camps due to COVID-19. Expenses were
	incurred prior to the cancellation. In place of in person camps, ICG directed efforts toward increased remote learning opportunities
	and graated outdoor logrning kits that ware distributed to families
4b	(Code:) (Expenses \$
чы	Garden Site: ICG maintains a 3-acre public garden supporting non-formal environmental learning through casual visitation. In
	March 2020, the garden was closed briefly, but reopened to visitors in May. The garden is ADA accessible and open to the public,
	free of charge, during daylight hours every day of the year. ICG also hosts public events and programs at the garden.
4c	(Code:) (Expenses \$49,404_including grants of \$0) (Revenue \$1,631_)
	Garden Programs: Our preschool morning program operated until March before going virtual. Beginning in the Spring we
	increased efforts to offer virtual activities while continuing to keep the garden open for families to visit. TUF: ICG's Teen Urban
	Farmer (TUF) apprentice program was unable to operate.
4d	Other program services (Describe on Schedule O.) See Schedule O, Statement 1
	(Expenses \$ 49,575 including grants of \$ 0) (Revenue \$ 51,762)
4e	Total program service expenses ► 158,549
	Form 990 (2020)

Form 99	0 (2020)		I	Page 3
Part	V Checklist of Required Schedules		-	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		~
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		r
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		~
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		v
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		~
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .	9		~
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .	10		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		~
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		~
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		~
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		~
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		r
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		r
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		r
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b		~
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		~
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> See instructions	17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .	18		~
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		v
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		~

Form 99	0 (2020)		I	Page 4			
Part	V Checklist of Required Schedules (continued)						
			Yes	No			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		~			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .	23		~			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		~			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b					
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c					
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d					
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		~			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		~			
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		~			
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		~			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):						
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		~			
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~			
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		~			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		~			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		~			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .	33		~			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		~			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~			
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b					
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		~			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		~			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	~				
Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V		-				
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable17Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable11	-	Yes	No			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	1					
	reportable gaming (gambling) winnings to prize winners?	1c	~				

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Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 24			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		~
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
°u	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
ŭ	and services provided to the payor?	7a		V
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		-
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
Ŭ	required to file Form 8282?	7c		~
d	If "Yes," indicate the number of Forms 8282 filed during the year			-
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		V
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		•
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	55		
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
_	Gross income from other sources (Do not net amounts due or paid to other sources			
b	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.	104		
h	Enter the amount of reserves the organization is required to maintain by the states in which			
b	the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
l4a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a 14b		-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		~
		13		~
16	If "Yes," see instructions and file Form 4720, Schedule N.	16		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		~

Form 99	00 (2020)			F	-age 6					
Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes	on Schedule O.	See in	struc						
	Check if Schedule O contains a response or note to any line in this Part VI				~					
Secti	on A. Governing Body and Management			Yes	No					
1a	1aEnter the number of voting members of the governing body at the end of the tax year1a11If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.1a11									
b										
2	Did any officer, director, trustee, or key employee have a family relationship or a business r any other officer, director, trustee, or key employee?		2		r					
3										
4	Did the organization make any significant changes to its governing documents since the prior Forr	n 990 was filed?	4		~					
5 6	5 Did the organization become aware during the year of a significant diversion of the organization's assets? .									
7a	Did the organization have members, stockholders, or other persons who had the power to one or more members of the governing body?	elect or appoint	7a		~					
b	Are any governance decisions of the organization reserved to (or subject to approval stockholders, or persons other than the governing body?		7b		r					
8	Did the organization contemporaneously document the meetings held or written actions un the year by the following:	dertaken during								
а	The governing body?		8a	~						
b	Each committee with authority to act on behalf of the governing body?		8b	~						
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>										
Section B. Policies (This Section B requests information about policies not required by the Internal Reven										
			10a	Yes	No V					
10a										
b	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exem	pt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	ore filing the form?	11a		~					
b 100	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		100	V						
12a b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	· · · · · · ·	12a 12b	V V						
c	Did the organization regularly and consistently monitor and enforce compliance with the p describe in Schedule O how this was done	oolicy? If "Yes,"	120 12c	~						
13	Did the organization have a written whistleblower policy?		13	~						
14	Did the organization have a written document retention and destruction policy?		14	V						
15	Did the process for determining compensation of the following persons include a review a independent persons, comparability data, and contemporaneous substantiation of the deliberation	nd approval by								
а	The organization's CEO, Executive Director, or top management official		15a	~						
b	Other officers or key employees of the organization		15b		~					
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or simil	ar arrangement								
b	with a taxable entity during the year?		16a		~					
	participation in joint venture arrangements under applicable federal tax law, and take steps t organization's exempt status with respect to such arrangements?	o safeguard the	16b							
Secti	on C. Disclosure		·							
17	List the states with which a copy of this Form 990 is required to be filed ► <u>NY</u>									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable (3)s only) available for public inspection. Indicate how you made these available. Check all that Own website Another's website V Upon request Other (explain on Sc	e), 990, and 990- apply. <i>hedule O</i>)	T (Sec	tion 5	501(c)					
19 20	Describe on Schedule O whether (and if so, how) the organization made its governing docu and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization				опсу,					
20	Richard Lansdowne, (607)319-4203	IT S DOOKS AND FE	corus	-						

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

				(C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average					e than one i is both an		Reportable	Reportable	Estimated amount
	hours	office	er and	dad	lirect	or/trust	ee)	compensation	compensation	of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
Sonja Skelly	1.00									
President	0.00	~		~				0	0	0
Adam Schaye	1.00									
Vice President	0.00	~		~				0	0	0
Mark Perry	1.00									
Treasurer	0.00	~		~				0	0	0
Kartik Sribarra	1.00									
Secretary	0.00	~		~				0	0	0
Harriet Becker	1.00									
Director	0.00	~						0	0	0
Joyce Barney	1.00									
Director	0.00	~						0	0	0
Dan Krall	1.00									
Director	0.00	~						0	0	0
Gen Meredith	1.00									
Director	0.00	~						0	0	0
Liz Kinast	1.00									
Director	0.00	~						0	0	0
Iris Packman	1.00	ļ								
Director	0.00	~						0	0	0
Kate Travis	1.00	ļ								
Director	0.00	~						0	0	0
	!									- 000 (000)

Part	VII Section A. Officers, Directors, 1	rustees,	Key	Emj	olo	yee	s, an	d F	lighest Compe	nsated	Emplo	yees (continued)
					•	C)						
	(A)	(B)	(do r	ot ch		ition more	e than c	one	(D)	(E)	1	(F)
	Name and title	Average hours							Reportable compensation	Report compen		Estimated amount of other
		per week		1		-	1	- É	from the	from re	lated	compensation
		(list any hours for	Individual trustee or director	nstitu	Officer	Key employee	lighe	Former	organization (W-2/1099-MISC)	organiza (W-2/1099		from the organization and
		related	dual	ltior	Ť	mp	st co	۹.	(`	,	related organizations
		organizations below	rtrus	al tr		оуее	ompe					
		dotted line)	tee	Institutional trustee			Highest compensated employee					
				œ			ted					
			-									
			-									
			1									
			-									
			-									
			-									
			-									
			-									
			-									
			-									
1b	Subtotal			L			L	►	0		0	0
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio		•	•	•			0		0	0
2	Total number of individuals (including but					ted	above	e) w	•	e than \$1		
	reportable compensation from the organi				-			,	0			
												Yes No
3	Did the organization list any former of											
	employee on line 1a? If "Yes," complete s											3 🗸
4	For any individual listed on line 1a, is the organization and related organizations											
	individual	0										4 🖌
5	Did any person listed on line 1a receive o	r accrue co	ompe	nsat	tion	fro	m any	/ un	related organizat	tion or ind	dividual	
Saati	for services rendered to the organization' on B. Independent Contractors	? If "Yes," c	compl	ete	Scł	nedu	ule J f	for s	such person .			5 🖌
<u>3ecu</u> 1	Complete this table for your five high	lest comp	ensat	ed	inde		ndent		ontractors that r	eceived	more	than \$100,000 of
	compensation from the organization. Rep											ization's tax year.
	(A) Name and business add	ress							(B) Description of serv	vices		(C) Compensation
None												
								-				

2	Total number	of	independent	contractors	(including	but	not	limited	to	those	listed	above)	who
	received more	tha	n \$100,000 of	^c compensatio	on from the	orga	aniza	tion 🕨			0		

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to a	ny line in this Pa	rt VIII .		•	

Part	: VIII	Statement of Revenue		u line in this De			
		Check if Schedule O contains a respor	ise or note to an	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
							sections 512–514
nts nts	1a	Federated campaigns 1a	0				
àraı our	b	Membership dues 1b	6,210				
Ŭ, Ŭ	С	Fundraising events 1c	0				
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations 1d	0				
s, a	е	Government grants (contributions) 1e	53,723				
Si	f	All other contributions, gifts, grants,					
bei		and similar amounts not included above 1f	240,984				
ot trik	g	Noncash contributions included in	¢				
Cor	h	lines 1a–1f		200.047			
<u> </u>	h	Total. Add lines 1a–1f	Business Code	300,917			
e O	20		624410	0.720	0.720	0	0
vic	2a b	Outdoor pre-school	712130	<u>9,729</u> 1,902	9,729 1,902	0	0
Ser	c	Garden programs School programs	712130	50,137	50,137	0	0
Program Service Revenue	d	Community programs	712130	1,625	1,625	0	0
gra Re	e	Garden Site Support	712130	2,500	2,500	0	0
Š	f	All other program service revenue	712130	125	0	0	125
ш	g	Total. Add lines 2a–2f		66,018			125
	3	Investment income (including dividend					
	•	other similar amounts)		170	0	0	170
	4	Income from investment of tax-exempt be		0	0	0	0
	5	Royalties		0	0	0	0
		(i) Real	(ii) Personal				
	6a	Gross rents 6a 0	0				
	b	Less: rental expenses 6b 0	0				
	С	Rental income or (loss) 6c 0	0				
	d	Net rental income or (loss)	🕨	0	0	0	0
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets	0				
		other than inventory 7a					
ne	b	Less: cost or other basis					
venue		and sales expenses . 7b 0					
		Gain or (loss) 7c 0					
er	d	Net gain or (loss)	🕨	0	0	0	0
Other Re	8a	Gross income from fundraising					
Ŭ		events (not including \$0 of contributions reported on line					
		1c). See Part IV, line 18 8a	0				
	b	Less: direct expenses 8b	0				
	c	Net income or (loss) from fundraising eve		0		0	0
	9a	Gross income from gaming		0		0	
	34	activities. See Part IV, line 19 . 9a	0				
	b	Less: direct expenses 9b	0				
	c	Net income or (loss) from gaming activiti	-	0	0	0	0
	10a	Gross sales of inventory, less					
		returns and allowances 10a	237				
	b	Less: cost of goods sold 10b	15				
	С	Net income or (loss) from sales of invento	ory 🕨	222	0	0	222
S			Business Code				
eor	11a						
anu	b						
scellaneo Revenue	С						
Miscellaneous Revenue	d	All other revenue		3,674	1,102	0	2,572
2	е	Total. Add lines 11a–11d	🕨	3,674			
	12	Total revenue. See instructions	🕨	371,001	66,995	0	3,089

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	on 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a response				
Dong	t include amounts reported on lines 6b, 7b,	(A)		(C)	(D)
8b, 9k	o, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0	0		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	0	0	0	0
6	Compensation not included above to disqualified persons (as defined under section $4958(f)(1)$) and				
_	persons described in section 4958(c)(3)(B) .	0	0	0	0
7	Other salaries and wages	139,373	24,892	80,005	34,476
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	8,434	122	6,487	1,825
10	Payroll taxes	12,725	2,342	7,312	3,071
11	Fees for services (nonemployees):				
а		100,417	88,777	11,640	0
b		0	0	0	0
c		1,500	0	1,500	0
d		0	0	0	0
e	Professional fundraising services. See Part IV, line 17	344			344
f	Investment management fees	0	0	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	15,108	11,067	3,864	177
12	Advertising and promotion	436	450		-14
13	Office expenses	15,668	11,187	1,378	3,103
14	Information technology	8,621	377	5,518	2,726
15	Royalties	0	0	0	0
16	Occupancy	17,987	4,315	13,953	-281
17	Travel	19	0	19	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings .	580	0	580	0
20	Interest	278	0	278	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization .	0	0	0	0
23	Insurance	632	-118	752	-2
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Food and Refreshments	738	468	270	0
b	Equipment and furnishings	11,226	8,034	3,192	0
С	Site maintenance and supplies	6,424	6,424	0	0
d	Membership fees	1,262	212	981	69
е	All other expenses	794	0	788	6
25	Total functional expenses. Add lines 1 through 24e	342,566	158,549	138,517	45,500
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ □ if following SOP 98-2 (ASC 958-720)				

Form 990 (2020)

	n 990 (2	•			Page 11
P	art X				_
		Check if Schedule O contains a response or note to any line in this Par	(A) Beginning of year		
	1	Cash-non-interest-bearing	4,283	1	53,613
	2	Savings and temporary cash investments	150,632	2	100,561
	3	Pledges and grants receivable, net	11,250	3	100,001
	4	Accounts receivable, net	21,074	4	66,329
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0	6	0
S	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	6,036	8	5,701
As	9	Prepaid expenses and deferred charges	1,068	9	1,254
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a		-	.,
	b	Less: accumulated depreciation 10b	0	10c	
	11	Investments—publicly traded securities	0		5,151
	12	Investments – other securities. See Part IV, line 11	0		0,101
	13	Investments-program-related. See Part IV, line 11	0		0
	14	Intangible assets	0		0
	15	Other assets. See Part IV, line 11	4,147	15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	198,490		232,609
	17	Accounts payable and accrued expenses	32,536	17	17,734
	18	Grants payable	0	18	0
	19	Deferred revenue	3,235	19	17,202
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
iab		controlled entity or family member of any of these persons	0		0
	23	Secured mortgages and notes payable to unrelated third parties	0		0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	6,519
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	35,771	26	41,455
seo		Organizations that follow FASB ASC 958, check here ► ✓ and complete lines 27, 28, 32, and 33.	33,771	20	41,455
lan	27	Net assets without donor restrictions	82,543	27	116,761
Ba	28	Net assets with donor restrictions	80,176	28	74,393
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ► □ and complete lines 29 through 33.			
ç	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
ĭΑ	32	Total net assets or fund balances	162,719	32	191,154
Ř	33	Total liabilities and net assets/fund balances	198,490	33	232,609
	00		170,490	55	232,0 Earm 990 (2)

Form **990** (2020)

Part	XI Reconciliation of Net Assets				ige 1 2
rarı	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)				1,001
2	Total expenses (must equal Part IX, column (A), line 25)				2,566
3	Revenue less expenses. Subtract line 2 from line 1				8,435
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4				2,719
5	Net unrealized gains (losses) on investments				. (
6	Donated services and use of facilities				(
7	Investment expenses				C
8	Prior period adjustments				C
9	Other changes in net assets or fund balances (explain on Schedule O)				C
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))			19	1,154
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
		_		Yes	No
1	Accounting method used to prepare the Form 990: Cash Cash Control Conter				
	If the organization changed its method of accounting from a prior year or checked "Other," explain Schedule O.	in			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		~
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled reviewed on a separate basis, consolidated basis, or both:	or			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		~
	If "Yes," check a box below to indicate whether the financial statements for the year were audited or separate basis, consolidated basis, or both:	na			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O.	on			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Single Audit Act and OMB Circular A-133?	the	3a		~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2020

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2020 Open to Public Inspection

Name	of th	ne org	janizati	on		
11110	~ ^	~ …	DDEN	c ~ /	DDEN	1010

Employer identification number

ITHA	CA CHILDRENS GARDEN INC	52-2291247
Par	t I Reason for Public Charity Status. (All organizations must complete this p	part.) See instructions.
The c	organization is not a private foundation because it is: (For lines 1 through 12, check only or	ne box.)
1	\square A church, convention of churches, or association of churches described in section 17	0(b)(1)(A)(i).
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-E	
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4	A medical research organization operated in conjunction with a hospital described in s hospital's name, city, and state:	ection 170(b)(1)(A)(iii). Enter the
5	An organization operated for the benefit of a college or university owned or operate section 170(b)(1)(A)(iv). (Complete Part II.)	d by a governmental unit described in
6	A federal, state, or local government or governmental unit described in section 170(b)	(1)(A)(v).
7	An organization that normally receives a substantial part of its support from a govern described in section 170(b)(1)(A)(vi). (Complete Part II.)	nmental unit or from the general public
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)	
9	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in or university or a non-land-grant college of agriculture (see instructions). Enter the nan university:	
10	An organization that normally receives (1) more than 33 ¹ / ₃ % of its support from contrib receipts from activities related to its exempt functions, subject to certain exceptions; a support from gross investment income and unrelated business taxable income (less se acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Particular Section 2009(a)) (2).	nd (2) no more than 331/3% of its ection 511 tax) from businesses
11	An organization organized and operated exclusively to test for public safety. See section	on 509(a)(4).
12	An organization organized and operated exclusively for the benefit of, to perform the fu of one or more publicly supported organizations described in section 509(a)(1) or se Check the box in lines 12a through 12d that describes the type of supporting organization	ection 509(a)(2). See section 509(a)(3).
а	☐ Type I. A supporting organization operated, supervised, or controlled by its support the supported organization(s) the power to regularly appoint or elect a majority of t supporting organization. You must complete Part IV, Sections A and B.	

b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.

c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

- d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
- e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

3			-			
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part IISupport Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under
Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Secti	on A. Public Support	, i i i i i i i i i i i i i i i i i i i		/I		,		
Calen	dar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	190,531	196,973	305,120	335,025	300,917	1,328,566	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0	
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0	
4	Total. Add lines 1 through 3	190,531	196,973	305,120	335,025	300,917	1,328,566	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6							516,652	
6 Secti	Public support. Subtract line 5 from line 4 on B. Total Support						811,914	
	dar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
7	Amounts from line 4	190,531	196,973	305,120	335,025	300,917	1,328,566	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	(0)	14/	22/		170		
9	Net income from unrelated business	60	146	226	644	170	1,246	
5	activities, whether or not the business is regularly carried on	0	0	0	0	0	0	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0	
11	Total support. Add lines 7 through 10						1,329,812	
12	Gross receipts from related activities, etc	. (see instructio	ons)			12	807,891	
13	First 5 years. If the Form 990 is for the organization, check this box and stop he	re			-	ear as a sectio		
Secti	on C. Computation of Public Suppor							
14	Public support percentage for 2020 (line					14	61.06 %	
15 16a	Public support percentage from 2019 Sch 33 ¹ / ₃ % support test-2020. If the organi					15	71.6 %	
16a	box and stop here. The organization qua					,		
b	331/3% support test-2019. If the organi	zation did not	check a box o	n line 13 or 16	a, and line 15	is 33¹/₃% or m	ore, check	
17a	 this box and stop here. The organization qualifies as a publicly supported organization							
b	10%-facts-and-circumstances test — 20 15 is 10% or more, and if the organizatio in Part VI how the organization meets the organization	on meets the fa e facts-and-cir	cts-and-circur cumstances te	nstances test, est. The organi	check this bo zation qualifies	x and stop he s as a publicly	r e. Explain supported	
18	Private foundation. If the organization of instructions	did not check	a box on line	13, 16a, 16b	17a, or 17b,	check this bo	x and see	
					Sch	edule A (Form 990) or 990-EZ) 2020	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
_	-						
5	The value of services or facilities furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
0	line 6.)						
	on B. Total Support dar year (or fiscal year beginning in) ►	(a) 0016	(b) 0017	(~) 0019	(4) 0010	(a) 2020	(f) Total
9	Amounts from line 6	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
ј 10а	Gross income from interest, dividends,						
IVa	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the	organization'	s first, second	, third, fourth,	or fifth tax ye	ar as a secti	ion 501(c)(3)
	organization, check this box and stop her	re					🕨 🗌
Secti	on C. Computation of Public Suppor	t Percentag	е				
15	Public support percentage for 2020 (line 8	, (),		, , , , , , , , , , , , , , , , , , , ,		15	%
16	Public support percentage from 2019 Sch					16	%
	on D. Computation of Investment Inc		-				
17	Investment income percentage for 2020 (I			-			<u>%</u>
18 10-	Investment income percentage from 2019					18	%
19a	33 1 / ₃ % support tests – 2020. If the organi 17 is not more than 33 1 / ₃ %, check this box a						
b	33 ¹ / ₃ % support tests - 2019. If the organize	-	-	-		-	
b	line 18 is not more than $33^{1/3}$ %, check this b						
20	Private foundation. If the organization did	-	-	-			
				,,,			990 or 990-EZ) 2020
						, ·	_,

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
 - a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?
 - **b** A family member of a person described in line 11a above?
 - c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2
- 3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

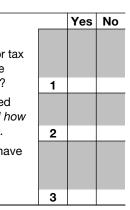
- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- а The organization satisfied the Activities Test. Complete **line 2** below.
- The organization is the parent of each of its supported organizations. *Complete line 3 below.* b
- С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2a

2b

3a

3b



Yes No

11a

11b

11c

1

2



Yes No

Yes No

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of			
	gross income or for management, conservation, or maintenance of property			
	held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
е	(explain in detail in Part VI):	1e		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C-Distributable Amount	•		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the ergenization's first as a neg function		ntograted Type III auppe	rting organization

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continue	d)	
	on D-Distributions	, oupporting organi			Current Year
1	Amounts paid to supported organizations to accomplish e		1		
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppo	rted		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
_ 5	Qualified set-aside amounts (prior IRS approval required-	-provide details in Part	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which (provide details in Part VI). See instructions.	h the organization is res	ponsive	8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required – <i>explain in Part VI</i>). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI.</i> See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
C	Excess from 2018				
d	Excess from 2019				
e	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020



SCHEDULE O	SCHEDULE 0 Supplemental Information to Form 990 or 990-EZ		OMB No. 1545-0047			
(Form 990 or 990-EZ) Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.			2020			
Department of the Treasury	► Attach to Form 990 or 990-EZ.		Open to Public			
Internal Revenue Service	► Go to www.irs.gov/Form990 for the latest information.		Inspection			
Name of the organization			tification number			
ITHACA CHILDRENS G			2-2291247			
Form 990, Part III, Line development of outdoo	2 - Ithaca Children's Garden provided consulting to local schools to evaluate the f or classroom spaces.	easibility and	assist with the			
	ion B, Line 11b - Form reviewed by members of the finance committee prior to filir nembers of the board subsequent to filing.	ng. A copy of t	ne filing is made			
	ion B, Line 12c - The board receives copies of conflict of interest statements from a mitigation of potential conflicts of interest including individuals' recusal from de					
Form 000 Dart VI Soot	ion P. Ling 15 In 2019, information from a current of coloring for area popprofile u	use utilized by	the board to plan for			
Form 990, Part VI, Section B, Line 15 - In 2018, information from a survey of salaries for area nonprofits was utilized by the board to plan for incrementally bringing employees into alignment with the survey data.						
Form 990, Part VI, Sect	ion C, Line 19 - ICG provides copies of official documents and filings to members	of the public u	pon request.			

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule	O, Statement 1	ITHACA	CHILDRENS G	ARDEN INC		
Form: Form 990 (2020)		EIN: 52-2291247				
Page: 2			Part III, Line 4d			
	Other Program Services Accomplishments					
Activity Code	Description	Expense	Grants	Revenue		
	Continuing Education and community programs provides services to professional educators and community members.	3,226	0	1,625		
	School Programs: In 2020 ICG provided services to area schools to promote the use of outdoor classroom spaces. ICG also provided service through a farm to table program through which produce grown in ICG's kitchen garden was distributed to the community.	40,022	0	50,137		
	Garden Events: ICG holds annual festivals to introduce new audiences to the garden while enriching lives of children and their families through exposure to nature through all seasons. In 2020, the garden hosted the Fire & Ice Festival in February.	6,327	0	0		
Total:		49,575	0	51,762		