Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For the 2021 calendar year, or tax year beginning

▶ Do not enter social security numbers on this form as it may be made public.

01/01/2021

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

and ending

12/31/2021

В	Check if a	oplicable:	C Name of organization ITHACA	CHILDRENS GARDEN INC				D Empl	oyer identi	fication	number	
~	Address cl	hange	Doing business as						52-229	1247		
	Name cha	nge	Number and street (or P.O. box if	f mail is not delivered to street add	ress)	Room/s	suite	E Telepl	none numb	er		
	Initial retur	n	1013 W STATE ST						607-319	9-4203		
	Final return	/terminated	City or town, state or province, co	ountry, and ZIP or foreign postal co	ode							
	Amended	return	ITHACA, NY 14850					G Gross	receipts \$		555,952	
	Application	n pending	F Name and address of principal off	ficer: Candice Meade		H	H(a) Is this a grou	group return for subordinates? Yes No				
			1013 W STATE ST, ITHACA, N	NY 14850		H	H(b) Are all sul	subordinates included? Yes No				
<u> </u>	Tax-exem	ot status:	✓ 501(c)(3)) ◀ (insert no.) 4947(a)	(1) or 527	7 I	f "No," attach	a list. S	ee instructi	ons.		
J	Website:	ithacac	hildrensgarden.org			ŀ	H(c) Group exe	emption	number >			
K	Form of org	ganization: 🔽	Corporation Trust Associa	ation ☐ Other ►	L Year of for	rmation:	1998	M State	of legal do	micile:	NY	
Р	art I	Summa	ry									
	1 E	Briefly des	cribe the organization's miss	ion or most significant activ	vities: Deve	elop an	d maintain a	a publi	c childre	า's gard	len for	
Se		education.										
Activities & Governance												
Ver	1		box ► ☐ if the organization					5% of	its net a	ssets.		
ĝ			voting members of the gove					3			10	
∞ ∞	1		independent voting member	0 , 1	•	,		4			10	
ţį.			per of individuals employed in					5			19	
ξ	1		per of volunteers (estimate if	= · · · · · · · · · · · · · · · · · · ·				6			200	
Ā			ated business revenue from	, , , , , , , , , , , , , , , , , , , ,				7a			0	
	b N	let unrelat	ted business taxable income	from Form 990-T, Part I, lir	ne 11			7b			0	
				Prior Year		Cu	rrent Ye	ar				
ē			ons and grants (Part VIII, line	•			30	00,917			396,784	
enc		-	ervice revenue (Part VIII, line	·			- 6	66,018			155,826	
Revenue			t income (Part VIII, column (A					170			146	
_	11 (Other reve	nue (Part VIII, column (A), line	es 5, 6d, 8c, 9c, 10c, and 1	1e)			3,896			2,901	
			ue-add lines 8 through 11 (n	•			37	71,001			555,657	
			d similar amounts paid (Part I						1,850			
	1		aid to or for members (Part IX					0			0	
es	15 S		ther compensation, employee		-		16			267,509		
) Suc	16 a F		al fundraising fees (Part IX, c					344			0	
Expenses	b T		raising expenses (Part IX, col	umn (D), line 25) 🕨	52,383							
ш	17	-	enses (Part IX, column (A), lin	· · · · · · · · · · · · · · · · · · ·			18	31,690			182,454	
	1	-	nses. Add lines 13-17 (must				34	12,566			451,813	
	19 F	Revenue le	ess expenses. Subtract line 1	8 from line 12				28,435			103,844	
Net Assets or Fund Balances						Begin	ning of Curre		Er	nd of Yea		
sset	20 T		ts (Part X, line 16)					32,609			340,210	
et A	21 T		ties (Part X, line 26)					11,455			45,212	
Z	22 N		or fund balances. Subtract li	ine 21 from line 20			19	91,154			294,998	
_	art II		re Block									
			, I declare that I have examined this e. Declaration of preparer (other than						my knowle	dge and	belief, it is	
	10, 0011001, 1	L COMPION	o. Docidiation of proparor (ethici than	omeen, ie baeed on an imermatien	or willon prop	- Tido	Tany knowledg					
Qi,	an	0:	f -#:				Data					
Sig		Signati	ure of officer				Date					
не	ere		Perry, Treasurer									
		* **	or print name and title	15		Ις.						
Pa	nid	Print/Type	e preparer's name	Preparer's signature		Date		Check	_	IIN		
	eparer							self-emp	Jioyea			
	se Only	Firm's nar					Firm's					
		Firm's add					Phone	no.		7.4		
Ma	y the IRS	discuss f	this return with the preparer s	shown above? See instruct	ions					Yes	■ No	

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Part	
1	Check if Schedule O contains a response or note to any line in this Part III
•	Connecting children to nature to create a more beautiful, resilient, and just world.
	Connecting crimarer to ridiare 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?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. 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.
4a	(Code:) (Expenses \$86,295 including grants of \$0) (Revenue \$83,976)
	Summer day camps: In 2021, ICG provided 376 summer camp opportunities to children. The purpose of our summer camp
	program is to engage children entirely through sensory exploration of their environment, M-F, from 9am-4pm, for 9 weekly camps
	through the summer. We provided 113 camp spaces to children in half-day camps for 3-5 yr olds, and 263 spaces in full-day
	camps for 6-9 year olds.
41	/O_L
4b	(Code:) (Expenses \$ 38,361 including grants of \$ 0) (Revenue \$ 0)
	Garden Site: ICG maintains a 3-acre public garden supporting non-formal environmental learning through casual visitation. 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
	overte and programs at the gorden
	events and programs at the garden.
4c	(Code:) (Expenses \$62,435 including grants of \$0) (Revenue \$48,630)
40	(Code:) (Expenses \$62,435 including grants of \$0) (Revenue \$48,630) Garden Programs: Our preschool morning program operated Monday through Thursday in the morning, during the school year.
	The program serves 8 children daily. In the fall of 2021, ICG began an after school program operating M-F during the school year,
	serving 18 children daily.
	Otherwise and in a (Describe on Orbertal C) and a second
4d	Other program services (Describe on Schedule O.) See Schedule O, Statement 2
40	(Expenses \$ 65,911 including grants of \$ 1,850) (Revenue \$ 23,220)

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	00 (2021)		ı	Page
Part	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)? If "Yes,"		162	NO
	complete Schedule A	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? <i>If "Yes," complete Schedule C, Part II</i>	4		,
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 Rev. Proc. 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? If "Yes," complete Schedule D, Part 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		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	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? If "Yes," complete Schedule D, Part IV	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, 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? If "Yes," complete Schedule D, Part VII	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? If "Yes," complete Schedule D, Part VIII	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? If "Yes," complete Schedule D, Part IX	11d		,
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		'
12a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>	11f		-
	Schedule D, Parts XI and XII	12a		~
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		,
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a b	Did the organization maintain an office, employees, or agents outside of the United States? 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	14a		-
15	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		~
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		~
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? If "Yes," complete Schedule F, Parts III and IV.	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? If "Yes." complete Schedule G. Part I. See instructions	17		,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

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? If "Yes," complete Schedule I, Parts I and II

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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20a

20b

Part I	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? If "Yes," complete Schedule I, Parts I and III	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? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part III	27		~
28	Was the organization a party to a business transaction with one of the following parties (see the 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? If "Yes," complete Schedule L, Part IV	28a		_
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	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? If "Yes," complete Schedule M	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</i> "Yes," <i>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 b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
	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? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	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 on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	,	
Part	Statements Regarding Other IRS Filings and Tax Compliance		1 •	
	Check if Schedule O contains a response or note to any line in this Part V	• •	Yes	No
1a b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-	. 55	1.0
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10		

orm 99	0 (2021)		F	Page 5				
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 19							
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 e-file. 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						
	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?	5с						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 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							
	and services provided to the payor?	7a		/				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		~				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~				
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 7h						
h o								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?							
9	Sponsoring organizations maintaining donor advised funds.							
а	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: Initiation fees and capital contributions included on Part VIII, line 12							
a b	Initiation fees and capital contributions included on Part VIII, line 12	-						
11	Section 501(c)(12) organizations. Enter:	-						
а	Gross income from members or shareholders							
b	Gross income from other sources. (Do not net amounts due or paid to other sources 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							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
b	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which							
С	the organization is licensed to issue qualified health plans	-						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	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		·				
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		~				
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes." complete Form 6069.							

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Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No"

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a 10 If 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. Enter the number of voting members included on line 1a, above, who are independent . 1b 10 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 1 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 8b ~ 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? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a ~ Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 ~ Did the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website ✓ Upon request Other (explain on Schedule O) Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ Richard Lansdowne, (607)319-4203

Part VI

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

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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)	Position						(D)	(E)	(F)
Name and title	Average					than c		Reportable	Reportable	Estimated amount
	hours					is both or/trust		compensation	compensation	of other
	per week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	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
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									
Director	0.00	~						0	0	0
Kate Travis	1.00									
Director	0.00	~						0	0	0

Part	VII Section A. Officers, Directors, 7	Trustees,	Key l	Em	plo	yee	s, an	d F	lighest Compe	nsated Emplo	yees (continued)
					(0	C)					
	(A)	(B)	(-1	4 1		ition	. 41		(D)	(E)	(F)
	Name and title	Average	,				e than o is both		Reportable	Reportable	Estimated amount
		hours per week					or/trus		compensation from the	compensation from related	of other compensation
		(list any	or c	Ins	Officer	<u>\$</u>	Hig em	ο̈́		organizations (W-2/	
		hours for	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former	1099-MISC/	1099-MISC/	organization and
		related organizations	tor la	ona		plo	e cor		1099-NEC)	1099-NEC)	related organizations
		below	ruste	tru		/ee	nper				
		dotted line)) e	stee			nsati				
							ed				
			-								
			-								
			-								
			-								
			1								
			1								
1b	Subtotal							>	0	0	0
С	Total from continuation sheets to Part	VII, Section	n A					▶			
d									0	0	0
2	Total number of individuals (including but		d to th	nose	e list	ted	above	e) w	ho received mor	e than \$100,000	of
	reportable compensation from the organi	ization ►							0		
											Yes No
3	Did the organization list any former								-	=	
_	employee on line 1a? If "Yes," complete							-			3 /
4	For any individual listed on line 1a, is the										
	organization and related organizations individual	greater th	an Þ	150	,UUC) (]	i re	S,	complete Sched	dule J for Such	
E					+:					· · · · ·	4
5	Did any person listed on line 1a receive of for services rendered to the organization									lion or individua	
Socti	on B. Independent Contractors	. 11 100, 0	Jonnpi	010		7000	110 0 1	-			5 /
1	Complete this table for your five high	nest comp	ensat	ed	inde	anei	ndent		ontractors that r	eceived more	than \$100,000 of
•	compensation from the organization. Rep										
								. <i>,</i> .			
	(A) Name and business add	Iress							(B) Description of serv	vices	(C) Compensation
None									•		-
140116											
2	Total number of independent contractor	ors (includi	ng bu	ut n	ot	limit	ed to	th	ose listed abov	e) who	
	received more than \$100,000 of compens	ation from	the or	gan	izat	ion	>		0		

Page 8

Part VIII Statement of Revenue

		Check if Schedule	Осо	ntains a re	espon	se or note to an	y line in this Pa	ırt VIII		🗌
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Ś. Ś.	1a	Federated campaig	ns .		1a	0				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues			1b	0				
g G	С	Fundraising events			1c	0				
Įς,	d	Related organization			1d	0				
Gif lar	e	Government grants			1e	80,370				
s, in	f	All other contribution				00,370				
ion	•	and similar amounts no			1f	316,414				
the st	a					310,414				
<u> </u>	9	g Noncash contributions included in lines 1a–1f				ф 47 0				
no;	L.				1g		201			
<u> </u>	h	Total. Add lines 1a-	-IT .				396,784			
o l						Business Code				_
Š	2a	Summer Day Camps				611699	83,976	83,976	0	0
ue ne	b	After school program				624410	25,805	25,805	0	0
n S	C	Outdoor pre-school				624410	22,825	22,825	0	0
gram Ser Revenue	d	School programs				712130	22,320	22,320	0	0
Program Service Revenue	е	Community program				611699	900	900	0	0
ے ا		f All other program service revenue					0	0	0	0
	g	Total. Add lines 2a-					155,826			
	3	Investment income								
	_	other similar amounts)					146	0	0	146
	4						0	0	0	0
	5	Royalties					0	0	0	0
				(i) Rea		(ii) Personal				
	6a	Gross rents	6a		750	0				
	b	Less: rental expenses	6b		0	0				
	С	Rental income or (loss)			750	0				
	d	Net rental income o	r (los	s)		🕨	750	750	0	0
	7a	Gross amount from		(i) Securi	ties	(ii) Other				
		sales of assets								
		other than inventory	7a							
ē	b	Less: cost or other basis								
Revenue		and sales expenses .	7b							
ě	С	Gain or (loss)	7c		0	0				
_	d	Net gain or (loss)				🕨				
Other	8a	Gross income fro	m fu	ndraising						
ō		events (not including	\$	0						
		of contributions re	porte	d on line						
		1c). See Part IV, line	e 18		8a	2,150				
	b	Less: direct expens	es .		8b	124				
	С	Net income or (loss) from	n fundraisin	g eve	nts >	2,026		0	2,026
	9a	Gross income	•		Ĭ		· ·			·
		activities. See Part	IV, lin	e 19 .	9a					
	b	Less: direct expens	es .		9b					
		Net income or (loss				es >				
		Gross sales of in	•							
		returns and allowan			10a	296				
	b	Less: cost of goods			10b	171				
		Net income or (loss)					125	0	0	125
"			, •			Business Code	123			123
Miscellaneous Revenue	11a									
scellaneo Revenue	b									
	C									
Sc	d	All other revenue								
Ξ		Total. Add lines 11a	 a_11c	1		•	0			
	12	Total revenue. See					555,657	156,576	0	2,297
					-		000,001		U	-1-11

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4)	organizations must complete a	all columns. All other organizations must complete colum	n (A).
0 1 1 1	<u> </u>		

	Check if Schedule O contains a response or note to any line in this Part IX									
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations		одропосс	general expenses	охроносс					
-	and domestic governments. See Part IV, line 21 .	0								
2	Grants and other assistance to domestic	0	0							
_	individuals. See Part IV, line 22									
•	·	1,850	1,850							
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	240,935	106,782	92,386	41,767					
8	Pension plan accruals and contributions (include	210,700	100,102	72,000	11,707					
	section 401(k) and 403(b) employer contributions)	0	0	0	0					
9	Other employee benefits	2,677	0	2,677	0					
10	Payroll taxes	23,897	10,838	8,773						
11	Fees for services (nonemployees):	23,097	10,038	0,113	4,286					
		100.040	00.450	10 202	•					
a	Management	100,842	90,450	10,392	0					
b	Legal	0	0	0	0					
C	Accounting	3,000	0	3,000	0					
d	Lobbying	0	0	0	0					
е	Professional fundraising services. See Part IV, line 17	0			0					
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.) .	11,998	9,092	2,906	0					
12	Advertising and promotion	3,169	2,819	0	350					
13	Office expenses	5,335	161	3,178	1,996					
14	Information technology	11,854	2,706	6,204	2,944					
15	Royalties	0	0	0	0					
16	Occupancy	17,560	3,620	13,940	0					
17	Travel	237	237	0	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 .	0	0	0	0					
20	Interest	250	0	250	0					
21	Payments to affiliates	0	0	0	0					
22	Depreciation, depletion, and amortization .	0	0	0	0					
23	Insurance	1,995	814	1,165	16					
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	·									
b										
C										
d										
	All other expenses	24 214	22 422	1 557	1 024					
e 25	Total functional expenses. Add lines 1 through 24e	26,214	23,633	1,557	1,024					
26	Joint costs. Complete this line only if the	451,813	253,002	146,428	52,383					
	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)									
	following SOP 98-2 (ASC 958-720)				Form 990 (2021)					

Part X Balance Sheet

		Check if Schedule O contains a response or	note	to any line in this Par	tX		
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			53,613	1	232,977
	2	Savings and temporary cash investments		[100,561	2	49,913
	3	Pledges and grants receivable, net		[3	
	4	Accounts receivable, net	[66,329	4	13,613	
	5	Loans and other receivables from any current or trustee, key employee, creator or founder, substa	antial	contributor, or 35%			
	_	controlled entity or family member of any of these	•		0	5	0
	6	Loans and other receivables from other disquali under section 4958(f)(1)), and persons described		•	0	6	0
s	7	Notes and loans receivable, net		0	7	0	
Assets	8	Inventories for sale or use			5,701		3,710
As	9	Prepaid expenses and deferred charges		-	1,254		1,206
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		38,459	1,201		1,200
	b	Less: accumulated depreciation		0		10c	38,459
	11	Investments—publicly traded securities		5,151		0	
	12	Investments—other securities. See Part IV, line 1		0		0	
	13	Investments - program-related. See Part IV, line 1			0	13	0
	14	Intangible assets		0	14	0	
	15	Other assets. See Part IV, line 11				15	332
	16	Total assets. Add lines 1 through 15 (must equal	lline	33)	232,609	16	340,210
	17	Accounts payable and accrued expenses			17,734	17	32,479
	18	Grants payable	[0	18		
	19	Deferred revenue		17,202	19	8,746	
	20	Tax-exempt bond liabilities		0	20		
	21	Escrow or custodial account liability. Complete P			0	21	
Liabilities	22	Loans and other payables to any current or trustee, key employee, creator or founder, substantially at the control of the cont	contributor, or 35%				
iab		controlled entity or family member of any of these	L	0			
_	23	Secured mortgages and notes payable to unrelat		•	0	23	
	24 25	Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, p			6,519	24	3,987
		parties, and other liabilities not included on lines					
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			41,455	26	45,212
Seol		Organizations that follow FASB ASC 958, checand complete lines 27, 28, 32, and 33.	ck ne	re ▶ ☑			
<u>a</u>	27	Net assets without donor restrictions		[116,761	27	182,707
ĕ	28			[74,393		112,291
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 95 and complete lines 29 through 33.	8, ch	eck here ► □			
ō	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or equ		-		30	
\ss	31	Retained earnings, endowment, accumulated inc	-	-		31	
et /	32	Total net assets or fund balances		[191,154	32	294,998
ž	33	Total liabilities and net assets/fund balances .			232,609		340,210

Form 990 (2021) Page **12**

Part	Reconciliation of Net Assets			
	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)		555	5,657
2	Total expenses (must equal Part IX, column (A), line 25)		451	1,813
3	Revenue less expenses. Subtract line 2 from line 1		103	3,844
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4		191	1,154
5	Net unrealized gains (losses) on investments			0
6	Donated services and use of facilities			0
7	Investment expenses			0
8	Prior period adjustments			0
9	Other changes in net assets or fund balances (explain on Schedule O)			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))		294	4,998
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>		
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Cash Other If the organization changed its method of accounting from a prior year or checked "Other," explain or	<u>, </u>		
	Schedule O.	'		
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 or	r		
	reviewed on a separate basis, consolidated basis, or both:			
	✓ 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 on a	a		
	separate basis, consolidated basis, or both:			
	☐ 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 or	f		
	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 or Schedule O.	1		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	4		
	Single Audit Act and OMB Circular A-133?	3a		~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	•		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	3b		

Form **990** (2021)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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.

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection Employer identification number

		A CHILDRENS GARDEN INC					52-22	91247
Pa	rt I	Reason for Public Chari	ity Status. (All	organizations mus	t comple	ete this p	art.) See instructi	ons.
he	orga	anization is not a private foundat	ion because it is	s: (For lines 1 through	12, chec	k only or	ne box.)	
1		\centcal{B} A church, convention of church					0(b)(1)(A)(i).	
2		A school described in section		•		•		
3		A hospital or a cooperative hos						
4		A medical research organization	•	onjunction with a hosp	oital desc	ribed in s	ection 170(b)(1)(A)	iii). Enter the
_		hospital's name, city, and state An organization operated for the						
5		section 170(b)(1)(A)(iv). (Comp		college or university	owned o	r operate	d by a government	ai unii described in
6		A federal, state, or local govern	•	mental unit described	in secti o	n 170(b)	(1)(Δ)(v)	
7		An organization that normally r	•			٠,	. , , , , ,	the general public
		described in section 170(b)(1)(A)(vi). (Complet	e Part II.)	-	J		
8		A community trust described in	section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9		☐ An agricultural research organiz				erated in	conjunction with a l	and-grant college
		or university or a non-land-gran university:	nt college of agri	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or
10		An organization that normally re	eceives (1) more	than 331/3% of its su	pport fro	m contrib	utions, membership	fees, and gross
	receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses							
		acquired by the organization af	ter June 30, 197	75. See section 509(a	1)(2). (Cor	nplete Pa	art III.)	
11		An organization organized and	•	•	-			
12		\Box An organization organized and c						
		one or more publicly supported the box on lines 12a through 12a						
		_					•	
ć	1	Type I. A supporting organize the supported organization(
		supporting organization. Yo					ne ancolors or trast	ccs of the
ŀ)	☐ Type II. A supporting organ	-	•			upported organizati	on(s), by having
		control or management of the						
		organization(s). You must c	omplete Part I	V, Sections A and C.				
(;	☐ Type III functionally integral						ally integrated with,
		its supported organization(s		•		-		
(t	☐ Type III non-functionally in	•		•			• • • • • • • • • • • • • • • • • • • •
		that is not functionally integ requirement (see instruction						d an attentiveness
		_ ` `	•	•		-		
•	•	Check this box if the organize functionally integrated, or Ty						e II, Type III
1	F	Enter the number of supported or			oporting (nganizati	OH.	
		Provide the following information						
		Name of supported organization	(ii) EIN	(iii) Type of organization	I	rganization	(v) Amount of monetary	(vi) Amount of
			.,	(described on lines 1–10	listed in you docur	ir governing	support (see	other support (see
				above (see instructions))	docui	nont:	instructions)	instructions)
					Yes	No		
A)								
B)								
C)								
D)								
E)								
_,								

18

Support 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.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . 196,973 305,120 300,917 335,025 354,558 1,492,593 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 0 0 0 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge 0 0 0 0 0 Total. Add lines 1 through 3. . . . 4 196,973 305,120 335,025 300.917 354,558 1,492,593 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) 708,020 Public support. Subtract line 5 from line 4 784,573 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 7 Amounts from line 4 196,973 305,120 335,025 354,558 300,917 1,492,593 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 226 644 170 103 146 1,289 Net income from unrelated business 9 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 **Total support.** Add lines 7 through 10 11 1,493,882 Gross receipts from related activities, etc. (see instructions) 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) 52.52 % Public support percentage from 2020 Schedule A, Part II, line 14 15 331/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 331/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

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 falls to quality	under the te	ists listed bei	ow, piease co	implete rait	II. <i>)</i>	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
Ū	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	 		1				
ı a	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						
01:	line 6.)						
	on B. Total Support	/) 0047	# N 0040	() 0040	/ IN 0000	() 0004	(n =
	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	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 on 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 sectio	n 501(c)(3)
	organization, check this box and stop her	·е					🕨 🗆
Secti	on C. Computation of Public Suppor	t Percentag	ie				
15	Public support percentage for 2021 (line 8	B, column (f), c	divided by line	13, column (f))		15	%
16	Public support percentage from 2020 Sch		•			16	%
Secti	on D. Computation of Investment Inc					-	
17	Investment income percentage for 2021 (I	ine 10c, colur	nn (f), divided l	oy line 13, colu	mn (f))	17	%
18	Investment income percentage from 2020			-		18	%
19a	331/3% support tests-2021. If the organi					ore than 331/39	
	17 is not more than 33 ¹ / ₃ %, check this box a						
b	331/3% support tests-2020. If the organize	_	_	-		=	
-	line 18 is not more than 33 ¹ / ₃ %, check this b						
20	Private foundation If the organization did	_	=	*	-		_

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

Cu	on A. All Supporting Organizations			
			Yes	No
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.	1		
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).	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.	3a		
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.	3b		
С	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.	3c		
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.	4a		
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.	4b		
С	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.	4c		
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	5a		
	designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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	6		
8	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line	7		
_	7? If "Yes," complete Part I of Schedule L (Form 990).	8		
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.	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined on 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.	9c		
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.	10a		
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.)	10b		

Schedule A (Form 990 or 990-EZ) 2021

Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
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.	1		
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.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
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).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
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?			
2		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 on 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.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s).
a b c	 ☐ 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. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity. 			
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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.	2a		
b	Did the activities described on 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.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> 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? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3h		

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
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		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
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 organization's first as a non-functional		ntegrated Type III suppo	orting organization
,	(see instructions).	any I	megrated Type III suppo	nung organization

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continue	d)	
Sect	ion D-Distributions				Current Year
1 2	Amounts paid to supported organizations to accomplish a Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity		orted	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 whic (provide details in Part VI). See instructions.	h the organization is res	sponsive		
				8	
9	Distributable amount for 2021 from Section C, line 6			9 10	
	10 Line 8 amount divided by line 9 amount Section E-Distribution Allocations (see instructions) (i) Excess Distributions (ii) Underdistributions Pre-2021			(iii) Distributable Amount for 2021	
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D, line 7: \$				
a	Applied to underdistributions of prior years			_	
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
С	Excess from 2019				
d	Excess from 2020				
6	Excess from 2021				

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number ITHACA CHILDRENS GARDEN INC 52-2291247 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) . . 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

Schedul	e D (Form 990) 2021				Page 2
Part					
3	Using the organization's acquisition, ac collection items (check all that apply):	cession, and other reco	rds, check any of th	ne following that make	e significant use of its
а	☐ Public exhibition	d	☐ Loan or exchange	ge program	
b	☐ Scholarly research		-		
	☐ Preservation for future generations	· ·			
4	Provide a description of the organizatio XIII.	n's collections and expl	ain how they further	the organization's ex	empt purpose in Par
5	During the year, did the organization so assets to be sold to raise funds rather the				nilar · 🗌 Yes 🗌 N o
Part	IV Escrow and Custodial Arran	gements.			
	Complete if the organization a 990, Part X, line 21.			·	
1a	Is the organization an agent, trustee, or	ustodian or other interr	nediary for contribu	tions or other assets	not
	included on Form 990, Part X?				· Yes No
b	If "Yes," explain the arrangement in Part	XIII and complete the fo	ollowing table:		
	, , , , , , , , , , , , , , , , , , ,		. .		Amount
С	Beginning balance			1c	
d	Additions during the year			1d	
e	Distributions during the year			1e	
_					
f	Ending balance			1f	ituo 🗆 Vaa 🗆 Na
2a	Did the organization include an amount				
	If "Yes," explain the arrangement in Part Endowment Funds.	XIII. Check here if the e	xpianation has been	provided on Part XIII	<u> ⊔</u>
Par			000 Dt IV II	- 10	
	Complete if the organization a				. 1
		(a) Current year (b) Pr	ior year (c) Two yea	ars back (d) Three years b	ack (e) Four years back
1a	Beginning of year balance				
b	Contributions				
С	Net investment earnings, gains, and losses				
d	Grants or scholarships				
е	Other expenditures for facilities and				
	programs				
f	Administrative expenses				
g	End of year balance				
2	Provide the estimated percentage of the	current year end baland	ce (line 1g. column (a	a)) held as:	
a	Board designated or quasi-endowment		, , , , , , , , , , , , , , , , , , ,	.,, ue.	
b		_%			
C	Term endowment ▶ %	- 70			
C	The percentages on lines 2a, 2b, and 2c	should squal 100%			
20	Are there endowment funds not in the p	•	ization that are hold	and administered for	tho.
3a	organization by:	_			Yes No
	(i) Unrelated organizations				. 3a(i)
	()				· · · ·
b	If "Yes" on line 3a(ii), are the related orga	•			. 3b
4	Describe in Part XIII the intended uses of		owment funds.		
Part	Land, Buildings, and Equipm Complete if the organization a		rm 990, Part IV, lin	e 11a. See Form 99	0, Part X, line 10.
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	0	0		0
b	Buildings	0			38,459
C	Leasehold improvements	0			0

0

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .

0

d Equipment

e Other

0

0

0

Part VII	Investments – Other Securities.	V 5 11- C E		Doub V. line 10
	Complete if the organization answered "Yes" on Form 990, Part I (a) Description of security or category	(b) Book value		ethod of valuation:
	(including name of security)	(b) Book value		nd-of-year market value
(1) Financial				
	eld equity interests			
(3) Other				
(B)				
(C)				
(D)				
(E) (F)				
(G)				
(H)				
	mn (b) must equal Form 990, Part X, col. (B) line 12.) . ▶			
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 11c. See Fo	orm 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) M	ethod of valuation:
			Cost or en	nd-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	mn (b) must equal Form 990, Part X, col. (B) line 13.) . ▶			
Part IX	Other Assets.			
T dit ix	Complete if the organization answered "Yes" on Form 990, Part I	V. line 11d. See F	orm 990.	Part X. line 15.
	(a) Description	.,		(b) Book value
(1)				.,,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	was the mount against Farma 000. Bort V. and t. (D.) line 15.)			
Part X	mn (b) must equal Form 990, Part X, col. (B) line 15.)			
PartA	Complete if the organization answered "Yes" on Form 990, Part I	V line 11e or 11f	See For	m 990 Part X
	line 25.	v, iiilo i io oi i ii.	000 1 011	11 550, 1 411 7,
1.	(a) Description of liability			(b) Book value
(1) Federal ir				(4) = 2 2 1 1 1 1 1 1 1 1
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 25.)		•	
	r uncertain tax positions. In Part XIII, provide the text of the footnote to the organ			
organization	s liability for uncertain tax positions under FASB ASC 740. Check here if the text	or the loothote has b	een provid	eu III Parl XIII .

Schedule D (Form 990) 2021 Page **4**

Part	•		Return.
	Complete if the organization answered "Yes" on Form 990, I		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part			er Return.
	Complete if the organization answered "Yes" on Form 990, I		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		4
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b		4c
5 Dor#	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)	5
	Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4. Dort IV lines 1h and 0h	or Dort V. line 4. Dort V. line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part		
_,	74, into 2a and 15, and 1 are 74, into 2a and 15.7400 complete the part	to provide any additional in	normation.

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

Name of the organization	Employer identification number
ITHACA CHILDRENS GARDEN INC	52-2291247
Form 990, Part III, Line 2 - An after school program serving children ages 5-8 was begun with the start of s	school year in fall of 2021. The
program serves approximately 18 children on a daily basis, offering outdoor free play and nature explorat	
program serves approximately to criminar on a daily basis, offering outdoor free play and mature explora-	ion.
Form 990, Part VI, Section B, Line 11b - The filing is reviewed by members of the finance committee and a	copy of the filing is made
available to voting members of the board subsequent to filing.	
Form 990, Part VI, Section B, Line 12c - The board receives copies of conflict of interest statements from	poard and committee members
and staff, and oversees mitigation of potential conflicts of interest including individuals' recusal from dec	
	isions of actions where accined
necessary.	
Form 990, Part VI, Section C, Line 19 - The organizations financial statements and governing policy docur	nents are available to members of
the public upon request. Financial statements are also made available via the New York State Charities Bu	ureau website.

Schedule O, Statement 1 ITHACA CHILDRENS GARDEN INC

Form: Form 990 (2021) EIN: 52-2291247

Page: 1 Header Section

Reasonable Cause Explanations

Form 8868 was submitted for automatic extension for time to file and was approved May 2, 2022.

Explanation

ITHACA CHILDRENS GARDEN INC

Form: Form 990 (2021)

EIN: **52-2291247**Part III, Line 4d

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Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	Continuing Education and community programs provides services to professional educators and community members.	16,731	0	900
	School Programs: In 2021 ICG continued to provide 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.	27,490	1,850	22,320
	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 2021, the garden did not host events in person due to public health concerns. Expenses were incurred for upcoming events in 2022.	512	0	0
	General education activities and interpretation of natural spaces supporting children's connection to nature.	21,178	0	0
Total:		65,911	1,850	23,220