

**Short Form**

**Return of Organization Exempt From Income Tax**

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

**2020**

**Open to Public Inspection**

▶ Do not enter social security numbers on this form, as it may be made public.  
▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

**A** For the 2020 calendar year, or tax year beginning , 2020, and ending , 20

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>Our House Cafe DBA Purple Tree Cafe</b>		<b>D</b> Employer identification number <b>45-4564716</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>140 B Street</b> <b>5-233</b>	<b>E</b> Telephone number <b>530-341-3087</b>	
	City or town, state or province, country, and ZIP or foreign postal code <b>Davis, DA 95616</b>		<b>F</b> Group Exemption Number ▶
	<b>G</b> Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶		

**I** Website: ▶ [www.purpletreecafe.org](http://www.purpletreecafe.org)

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**J** Tax-exempt status (check only one) –  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
Check if the organization used Schedule O to respond to any question in this Part I . . . . .

		Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received . . . . .	1	13,036			18	2,317
2	Program service revenue including government fees and contracts . . . . .	2	0			19	19,529
3	Membership dues and assessments . . . . .	3	0			20	104
4	Investment income . . . . .	4	0			21	21,950
5a	Gross amount from sale of assets other than inventory . . . . .	5a	0				
b	Less: cost or other basis and sales expenses . . . . .	5b	0				
c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . . .	5c	0				
6	Gaming and fundraising events:						
a	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a	0				
b	Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	6b	60				
c	Less: direct expenses from gaming and fundraising events . . . . .	6c	0				
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d	60				
7a	Gross sales of inventory, less returns and allowances . . . . .	7a	10,936				
b	Less: cost of goods sold . . . . .	7b	3,274				
c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . . .	7c	7,662				
8	Other revenue (describe in Schedule O) . . . . .	8	87				
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	9	20,845				
10	Grants and similar amounts paid (list in Schedule O) . . . . .	10	0				
11	Benefits paid to or for members . . . . .	11	0				
12	Salaries, other compensation, and employee benefits . . . . .	12	7,174				
13	Professional fees and other payments to independent contractors . . . . .	13	958				
14	Occupancy, rent, utilities, and maintenance . . . . .	14	495				
15	Printing, publications, postage, and shipping . . . . .	15	382				
16	Other expenses (describe in Schedule O) . . . . .	16	9,519				
17	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶	17	18,528				
18	Excess or (deficit) for the year (subtract line 17 from line 9) . . . . .	18	2,317				
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19	19,529				
20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20	104				
21	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶	21	21,950				

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	13,501	<b>22</b> 19,288
<b>23</b> Land and buildings . . . . .	0	<b>23</b> 0
<b>24</b> Other assets (describe in Schedule O) . . . . .	12,670	<b>24</b> 10,138
<b>25</b> <b>Total assets</b> . . . . .	26,171	<b>25</b> 29,426
<b>26</b> <b>Total liabilities</b> (describe in Schedule O) . . . . .	6,642	<b>26</b> 7,476
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	19,529	<b>27</b> 21,950

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? Providing employment for people with disabilities

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

<b>28</b> <u>Employing people with disabilities to make and sell vegan baked goods, along with beverages.</u> 12 employees, all people with disabilities, about 20 public events, also some wholesale and deliveries. Training for employees. Est. Expenses: 80% of Line 17 Grants paid Line 10: \$0 See Schedule O. (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	14,822
<b>29</b> <u>Disability-inclusive music events: "Hootenanny" events ( 2 live and 6 remote), all featuring performers with and without disabilities. Four employees; about 20 local performers; dozens of listeners/participants.</u> Est. expenses: 20% of line 17 Grants paid Line 10: \$0 See Schedule O. (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	3,706
<b>30</b> _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	0
<b>31</b> <u>Other program services (describe in Schedule O)</u> _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	0
<b>32</b> <b>Total program service expenses</b> (add lines 28a through 31a) . . . . .	<b>32</b>	18,528

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated – see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<u>Stuart A. Ross</u> Chair, Board of Directors	10	0	0	0
<u>Steven Cohen</u> Secretary, Board of Directors	4	0	0	0
<u>Jai Patel</u> Treasurer, Board of Directors June - December	6	0	0	0
<u>Isabel Romo</u> Member, Board of Directors February - December	5	0	0	0
<u>Bennett Ponder</u> Member, Board of Directors November - December	3	0	0	0
<u>Steven Clossick</u> Member, Board of Directors June - December	3	0	0	0
<u>Maria Cartwright</u> Member, Board of Directors January - March	4	0	0	0
<u>Lisa Lilienthal</u> Member, Board of Directors January - July	3	0	0	0
<u>Brianne Walker</u> Treasurer, Board of Directors January - March	5	0	0	0
<u>Pamela Cohen</u> Executive Director	10	0	0	0
<u>Kelsey Fortune</u> Assistant Executive Director March - December	5	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 33 through 45b regarding organizational activities, financials, and compliance.

	<b>Yes</b>	<b>No</b>
<b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	46	<input checked="" type="checkbox"/>

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

	<b>Yes</b>	<b>No</b>
<b>47</b> 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 . . . . .	47	<input checked="" type="checkbox"/>
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	48	<input checked="" type="checkbox"/>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	49a	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	49b	<input checked="" type="checkbox"/>
<b>50</b> Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				
				0

**f** Total number of other employees paid over \$100,000 . . . . . **0**

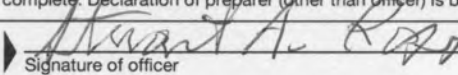
**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		
		0

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . **0**

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A . . . . .  **Yes**  **No**

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

<b>Sign Here</b>	Signature of officer: 	Date: 5/13/21
	Type or print name and title: <b>Stuart A. Ross</b>	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	na				
	Firm's name ▶ na	Firm's EIN ▶		Phone no.	
	Firm's address ▶				

May the IRS discuss this return with the preparer shown above? See instructions . . . . .  **Yes**  **No**