





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

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II, and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 0; section 4912 0; section 4955 0
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 0
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed Oregon
42a The organization's books are in care of Merry Broughal Telephone no. 5036574679
Located at PO Box 744, Gladstone OR ZIP + 4 97027
42b 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)? If "Yes," enter the name of the foreign country
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
42c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country Kenya
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions

46 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

Yes No
46 [ ] [x]

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

47 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

Yes No
47 [ ] [x]

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

Yes No
48 [ ] [x]

49a Did the organization make any transfers to an exempt non-charitable related organization?

Yes No
49a [ ] [x]

b If "Yes," was the related organization a section 527 organization?

Yes No
49b [ ] [x]

50 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."

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Row 1 contains 'NONE'.

f Total number of other employees paid over \$100,000 none

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."

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Row 1 contains 'None'.

d Total number of other independent contractors each receiving over \$100,000 None

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A [x] 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.

Sign Here [x] Signature of officer: Merry C Brougal, President Date: 5-13-21

Paid Preparer Use Only Print/Type preparer's name, Preparer's signature, Date, Check [ ] if self-employed, PTIN, Firm's name, Firm's address, Firm's EIN, Phone no.

May the IRS discuss this return with the preparer shown above? See instructions [ ] Yes [ ] No

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization  
**Olalo of Hope - Kenya**

Employer identification number  
**46-1634267**

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations
  - g Provide the following information about the supported organization(s).

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

**Part II 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	41726	35068	44648	39371	60924	221737
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0	0	0	0
4 <b>Total.</b> Add lines 1 through 3 . . . . .	41726	35068	44648	39371	60924	221737
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) . . . . .						45734
6 <b>Public support.</b> Subtract line 5 from line 4 . . . . .						176003

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4 . . . . .	41726	35068	44648	39371	60727	221737
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	0	0	0	0	0	3
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	0	0	0	0	0	0
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						221740
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	0
13 <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) . . . . .	14	79 %
15 Public support percentage from 2019 Schedule A, Part II, line 14 . . . . .	15	%
16a <b>33 1/3% support test—2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>		
b <b>33 1/3% support test—2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2020.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test—2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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.

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**2020**

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Name of the organization  
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Employer identification number  
46-1634267

990 EZ Part 1

Line 10 - Scholarships were paid for 29 Secondary Students in Kenya during 2020 who would not have attended school beyond the 8th grade without financial support. Costs covered included school tuition and fees, uniforms, text books and supplies such as pencils, paper, etc. COVID-19 forced the closure of all schools just prior to the end of Term 1. Form 4 students returned to school in October while all other students waited until January 2021. \$6714

Urgent Medical - Financial assistance was paid to local and nearby hospitals, doctors and pharmacies when urgent medical needs arose among the people. This was done for people who had no resources to get medical attention for urgent needs. Having the money in hand when arriving for treatment is necessary, otherwise they would be turned away. Over 120 situations were covered for receiving treatment, tests and pharmacy medications. Tests for malaria, typhoid were prevalent, also covered xrays, a variety of tests, CT/MRI scans, surgeries, treatments for cancer, rabies and snake bites. Babies through senior adults were treated. \$8651

Community Support - during usual years this program provides basic needs when situations arise - such as assistance with food, clothing, basics, hygiene items. With COVID-19 the need for food and rental assistance rose dramatically as families found themselves without any resources to provide for their families and many were totally out of food. By the end of 2020, 223 food packages were delivered to families. some families received rental assistance for back rent to avoid being put out onto the street. Food was purchased through local store owners to help support their efforts to stay in business. Local Motorbike taxis were paid to make deliveries to families. \$11,584

Orphan/Widow Assistance - Food, clothing, basic hygiene items and blankets were delivered to several widows throughout the year who were elderly and raising orphaned grandchildren and street kids. Items were locally purchased and delivered by volunteer. There were 4 such widows/families receiving supplies every other month plus 5 others who were given one-time deliveries. \$1503

Missionary Service - volunteer local missionaries working with the youth and families are available to mentor and assist with any needs of people that present themselves that cannot get the help they need due to their poverty. They arrange deliveries, make deliveries, visit to evaluate true need, and give resources as needed. They give emotional, spiritual and physical support to those who request it. They work with a local soccer academy to encourage and mentor young people. They check in with the students of our program to see how they are. In August 2020 they put together a two-day community outreach for the youth due to a dramatic increase in teen pregnancy among the students. They had individual meetings with the youth to talk about responsibility, respect for themselves and teen pregnancy. \$16311

Computer Class- Free training is offered to community members to learn basic keyboarding through the MicroSoft Office Suite. Children and adults come to learn. Due to COVID 19 closing the class, only about 40 students took part in 2020. \$2200

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

Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization  
Olalo of Hope - Kenya

Employer identification number  
46-1634267

## Page 2 Part 1

## 990 EZ Line 13

Independent Contractors - Local Kenyan workers doing general work around the office i.e. putting up a ceiling, moving furniture and equipment to different locations when moving offices, delivery of donations to recipients, monitoring computer lab if students come, paying school fees for students when new terms begin, sewing masks for sponsored students and families

## 990 EZ Line 16

Other expenses through the year covered Office supplies, Website Fee, Oregon SOS fee, Oregon Department of Justice fee, transport to hospitals, transport for food deliveries, gas and payment to drivers, bank fees, foreign bank fees, exchange rate variations, PayPal fees, one book and one training online.

## Part II Line 24

Other assets include 4 desktop computers/monitors and the table they are on - valued at \$800

## Part III Primary Purpose

Our Primary Exempt Purpose is to help those steeped in poverty in Kenya to help break that cycle by providing scholarships for Secondary School education, access to Urgent Medical care for those who cannot get help due to their poverty, to provide food and life basics to families- especially in this time of COVID-19 impacting lives, for spiritual encouragement to those seeking life change.

## Line 28

Urgent Medical - when people cannot access urgent medical care due to their poverty, our nonprofit provides the funds to have them seen at local or neighboring hospitals. Very few clinics or doctor offices exist. Though many are suffering from malaria and typhoid, we have also covered multiple surgeries, rabies, cancer treatments, xrays, CT scans, accident victims, injuries, as well as medications to treat a variety of ailments as well as pain management. In total 2020 covered over 120 medical situations.

## Line 29

Community Support - In 2020, our community support exploded with the arrival of COVID-19. Many jobs were lost, and some continued working with reduced or no pay. Our largest expense was providing food packages to families that had none. A number of families fell behind on rent and were about to be evicted to live on the streets. Back rent was paid in many cases to keep families off the streets. Other basics were also supplied as needed - clothing, shoes, soap. Through 2020, 223 food package deliveries were made. Food packages were also delivered to several elderly widows who were raising orphaned grandchildren or abandoned children. Food packages consisted of flour, beans, rice, sugar, cooking oil - typical Kenyan staples.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

Complete to provide information for responses to specific questions on  
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**2020**

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Page 3

Part III Line 30

Mission Work - throughout the year, local missionaries offered support and services to hundreds of people living in the community

of Oyugis Town. Regular contact was maintained to provide for needs of the people whether it be emotional, spiritual or physical.

Implementation of services provided was given, such as providing transportation to hospitals or dentists. Living among the

people of Oyugis they understand the local needs and community members in true need for assistance. This helps insure all services

offered through Olalo were given only to people truly in need of assistance whether it be for urgent medical care, food or education.

Line 31

The other program services offered scholarships to Secondary School students who cannot attend school beyond the 8th grade due

to their poverty - cover school tuition, fees, uniforms, school supplies and text books. A computer class from basic keyboarding to learning

the Microsoft Office Suite is also offered free of charge to community members and students. Each year the number of students in

Secondary school varies...we have had as many as 40 and in 2020 29.