** PUBLIC DISCLOSURE COPY **

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

2017
Open to Public Inspection

<u>A r</u>	or th	e 2017 calendar year, or tax year beginning and	enaing				
B (Check if pplicab	C Name of organization OVERFLOWING HANDS, INC.		D Employer identifi	cation number		
	Addre	BELARUSSIAN OUTREACH					
	Name chang	Doing business as		27-5	154645		
	Initial return	,	Room/suite				
	Final return	1500 BRIARWOOD PL		919-	349-2945		
_	termir ated ☐Amen			G Gross receipts \$	362,226.		
Ļ	return	RALEIGH, NC 2/014-9/10		H(a) Is this a group re			
	tion pendi	F Name and address of principal officer: CHANDLER H. ELLIS		for subordinates			
		SAME AS C ABOVE		H(b) Are all subordinates in			
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) cte: ► WWW.OVERFLOWINGHANDS.ORG	or 527	1 ′	list. (see instructions)		
		roganization: X Corporation Trust Association Other ►	I Voor	H(c) Group exemption	n number ► M State of legal domicile: NC		
	art I	Summary	L Year	oriorination. ZUIII	A State of legal domicile. INC		
	1	Briefly describe the organization's mission or most significant activities: OVERI	FLOWIN	G HANDS INC	C. TS A		
Se	١.	NORTH CAROLINA NON-PROFIT ORGANIZATION WI					
nan	2	Check this box if the organization discontinued its operations or dispos					
Ver	3	· · · · · · · · · · · · · · · · · · ·		3	6		
ဇ္	4	Number of independent voting members of the governing body (Part VI, line 1b)			6		
ري وي	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			0		
/itie	6	Total number of volunteers (estimate if necessary)			380		
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.		
_	b	Net unrelated business taxable income from Form 990-T, line 34	<u></u>	7b	0.		
				Prior Year	Current Year		
Ð	8	Contributions and grants (Part VIII, line 1h)		93,991.	133,391.		
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.		
Šě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.		
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		134,766.	154,486.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		228,757.	287,877.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		161,714.	246,548.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	_	0.	0.		
Ä	_D	Total fundraising expenses (Part IX, column (D), line 25)	0.	22,464.	71,684.		
_	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		184,178.	318,232.		
	18 19	Revenue less expenses. Subtract line 18 from line 12		44,579.	-30,355.		
		Tieveriue less experises. Subtract line 10 nont line 12		ginning of Current Year	End of Year		
ets c	20	Total assets (Part X, line 16)		76,245.	45,890.		
Assi	21	Total liabilities (Part X, line 26)		0.	0.		
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		76,245.	45,890.		
	art II	Signature Block					
Und	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my	knowledge and belief, it is		
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.			
Sig	n	Signature of officer		Date			
Her	е	CHANDLER H. ELLIS, PRESIDENT					
		Type or print name and title	1	Doto I	DTIN		
		Print/Type preparer's name Preparer's signature	11/	Date Check	PTIN		
Paid		JONATHAN G. STRICKLAND Justin David	Cherd (9/12/18 self-employ			
-	arer	Firm's name ELLIOTT DAVIS, LLC/PLLC		Firm's EIN ▶	57-0381582		
use	Only	Firm's address 5410 TRINITY ROAD, SUITE 320 RALEIGH, NC 27607-6003		Dhan / 0	10\ 702_7072		
	. 41= - "	· · · · · · · · · · · · · · · · · · ·		Phone no. (9			
May	/ tne l	RS discuss this return with the preparer shown above? (see instructions)			X Yes No		

Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	ζ
1	Briefly describe the organization's mission:	
	OUR MISSION IS TO GATHER RESOURCES TO SERVE THE MOST VULNERABLE	
	CHILDREN OF THE 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?	lo
	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? Yes X N	lo
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	_
4a	(Code:) (Expenses \$61,800 . including grants of \$61,800 .) (Revenue \$	_)
	BUILDING HOPE CENTERS - OVERFLOWING HANDS PARTNERS WITH INTERNATIONAL	_
	COOPERATING MINISTRIES (WWW.ICM.ORG) BY PROVIDING FUNDING TO CONSTRUCT	_
	BUILDINGS USED TO HOUSE/SHELTER CHILDREN WHOSE HOMES HAVE BEEN	_
	DISRUPTED BY THE EFFECTS OF RADIATION AND/OR EXTREME POVERTY. THE	_
	BUILDINGS ARE CALLED "HOPE CENTERS" AND CAN SERVE AS A FOSTER HOME,	_
	SHELTER, FEEDING CENTERS, OR COMMUNITY CENTER.	_
	THREE (3) HOPE CENTERS ARE COMPLETED IN EUROPE IN DZERSHINSK (BELARUS),	_
	NADWORNAYA (UKRAINE), AND CUZA (MOLDOVA). IN CENTRAL AMERICA, TWELVE	_
	(12) HOPE CENTERS ARE COMPLETED IN THE MANAGUA, NICARAGUA AREA.	_
	ADDITIONAL HOPE CENTERS ARE PLANNED IN NICARAGUA AND BELARUS IN 2018.	_
	OVERFLOWING HANDS CONTINUES TO WORK WITH AND SUPPORT THE HOPE CENTER'S	
	EFFORTS TO PROVIDE CHILDREN'S CAMPS, FAMILY OUTREACH, YOUTH	
4b	(Code:) (Expenses \$ 57,215. including grants of \$ 49,500.) (Revenue \$	_)
	BELARUSSIAN - SUMMER PROGRAM TO HOST BELARUSSIAN CHILDREN IN THE US.	
	BELARUSSIAN CHILDREN FROM IMPOVERISHED FAMILIES COME TO THE US FOR 6	_
	WEEKS TO REST AND RECOVER FROM THE EFFECTS OF LIVING IN AREAS	_
	CONTAMINATED BY RADIATION FROM THE 1986 CHERNOBYL NUCLEAR DISASTER. IN	_
	SUMMER 2017, 25 BELARUSSIANS WERE HOSTED BY 19 FAMILIES IN THE RALEIGH, NC AREA. LOCAL PEDIATRICIANS, DENTISTS, AND EYE DOCTORS SERVE THE	—
	CHILDREN. LOCAL FRIENDS, CHURCHES, AND BUSINESSES PROVIDE ACTIVITIES.	—
	CHILDREN. LOCAL FRIENDS, CHORCHES, AND BUSINESSES FROVIDE ACTIVITIES.	_
		—
	-	_
		_
		_
4c	(Code:) (Expenses \$ 117,748. including grants of \$ 117,748.) (Revenue \$	
	SUPPORTING CHILDREN IN THE US - OVERFLOWING HANDS PROVIDES RESOURCES TO	- '
	NON-PROFIT ORGANIZATIONS SUPPORTING POOR AND IMPOVERISHED CHILDREN.	_
	PROGRAMS ARE FUNDED THAT PROVIDE BASIC DAILY NEEDS TO CHILDREN,	_
	INCLUDING FOOD, CLOTHING, HEALTH AND MEDICAL SERVICES, PROTECTION FROM	_
	ABUSE AND NEGLECT, ACCESS TO ORGANIZED SPORTS, TRAINING, YOUTH	_
	DEVELOPMENT AND ACTIVITIES THAT PROMOTES HEALTHY LIFESTYLES AND MENTAL	_
	WELLNESS.	_
		_
		_
		_
		_
		_
4d	Other program services (Describe in Schedule O.)	_
	(Expenses \$ 75,669 • including grants of \$ 17,500 •) (Revenue \$)	
4e	Total program service expenses ▶ 312,432.	

Form 990 (2017) BELARUSSIAN Part IV 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," complete Schedule A	1	X	
	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			7.7
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			v
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	– ′–		
	Schedule D, Part III	8		Х
	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		х
	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
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		X
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		X
	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		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		Х
	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		Λ
D		12b		Х
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
	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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
		17		X
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I			
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
		18	Х	
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18	х	x

Form 990 (2017)

Part IV Checklist of Required Schedules (continued)

			Yes	No
2 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
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		X
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		X
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
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		Х
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? If "Yes," complete Schedule R, Part I	33		Х
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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
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? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a 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.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		Check if Schedule O contains a response or note to any line in this Part V									
14 Einter the number reported in Box 3 of form 1066. Enter 0-lin fort applicable 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						Yes	No				
be Enter the number of Forms W2G included in line 1s. Enter-0° in not applicable Did the organization comply with backup withholding dues for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 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 5 It is these tone is reported on line 2a, did the organization file all required federal employment tax returns? 2b It is the search or is not provided to report the provided on the provide	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	3							
c Did the organization comply with backup withholding nulses for reportable payments to vendors and reportable gamining (gambling) without some in the contributions or the contributions or the contributions or the contributions or the contributions of the contributions or the contributions of the organization in the water of the contributions with the year of the contributions or gifts were not tax deductible? 2				0							
(agambling) winnings to prize winners? 2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, life of the calendar year ending with or within the year covered by this return 5b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 5c b Note. If the sum of lines 1 and all as ingreater than 250, you may be required to e-the (employment tax returns) 5c b If Yes, 1 and 1 title all a Form 990 Tor this year? "Thin, 1 for the 3b, provide an explanation in Schedule O. 5c b If Yes, 2 and 1 title all a Form 990 Tor this year? "Thin, 1 for the 3b, provide an explanation in Schedule O. 5c b If Yes, 2 and 1 title all a Form 990 Tor this year? "Thin, 1 for the 3b, provide an explanation in Schedule O. 5c b If Yes, 2 and 1 title a Form 990 Tor this year? "Thin, 1 for 10 th 3b, and 1 the 1 this provide and	С		eportab	le gaming							
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 2a 0 0 1 1 1 to establish the process of the part of t		(gambling) winnings to prize winners?			1c	Х					
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to a_nile_fee instructions} 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b If Yes, * has it filed a Form 990-T for this year? # Yeo, * to line 3b, provide an explanation in Schedule O 3b A tany time during the calendary year, did the organization have uninterest 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)? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa Was the organization a party to a prohibited tax shelter transaction? 5b If Yes, * to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, * to line 5a or 5b, did the organization file Form 8886·17 5c Boes the organization shell exclusible as charitable contributions? 5c If Yes, * to line 5a or 5b, did the organization file Form 8886·17 5c Boes the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170c). 3b Uff the organization receive a payment in excess of \$7 make pathy as a contribution and party for goods and services provided to the payor? 7d If Yes, * did the organization notify the donor of the value of the goods or services provided? 7a X 7b If Yes, * did the organization motify the donor of the value of the goods or services provided? 7b If the organization section applies that the protein of qualified intellectual property, did the organization file of the protein of qualified intellectual property, did the organization file of the protein of qualified intellectual property, did the organization file a Form	2a										
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 unbises gross income of \$1,000 or more during the year? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securises account, or other financial account) over, a financial account in a foreign country (such as a bank account, securises account, or other financial account) over, a financial account in a foreign country (such as a bank account, securises account, or other financial account) over, a financial account in a foreign country (such as a bank account, securises account, or other financial account) over, a financial account in a foreign country (such as a bank account, securises account, or other financial accounts (FBAF). 5b If "Yes," either the name of the foreign country. ▶ 5c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization aparty to a prohibited tax shelter transaction? 5b If "Yes," did the organization that t was or its a party to a prohibited tax shelter transaction? 5c Sc		filed for the calendar year ending with or within the year covered by this return	2a	0							
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4b if "Yes," has it filed a Form 990-T for this year? if "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account (such as a bank account, securities account, or other financial account). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for the organization file Form 8886-T7 by the organization public organization file Form 8886-T7 Committee organization for explaints and the organization file form 8886-T7 See in "Yes," to limb e organization file Form 8886-T7 See in "Yes," to did the organization file form 8886-T7 See in "Yes," did the organization file form 8886-T7 See in "Yes," did the organization file form 8886-T7 See in "Yes," did the organization file form 8886-T7 See Did the organization excelve a payment in excess of \$75 mate partly is a contribution and partly for gloads and services provided to the payor? To "Yes," did the organization file form 8888-Tiled during the year If "Yes," did the organization file form 8888-Tiled during the year If "Yes," did the organization file provide any time during the year? If the organization file and the provide state of the organization file Form 8889 as required? If the organization received a contribution of qualified intellectual property, did the organization file a Form 1088-C? Section 501(b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b						
b (F'Yes,' has it filed a Form 990-T for this year? **I **No," to line 3b, provide an explanation in Schedule O 4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account or a foreign country (such as a barik account, societies, account, or other financial accountry) 4a. X b If 'Yes,' enter the name of the foreign country. b If 'Yes,' enter the name of the foreign country. country is a barik account, societies, account or other financial accountry (such as a barik account, societies, account, or other financial accountry (such as a barik account, societies, accounts (FBAR). See instructions for filing requirements for FincEIN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Say Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)								
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b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	9										
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O											
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4a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O 14b	_										
b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O					140		x				
	D		. U			990	(2017)				

Form 990 (2017)

Part VI 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 in Schedule O. See instructions.

	to line da, da, da, da i da adicina di cambiantida da, processos, di changes in contrata de contrata de la contrata del la contrata de la contrata del la contrata de la contrata de la contrata de la contrata de la co	<i>,</i> .			
	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management			T.,	Γ
		اء		Yes	No
та	Enter the number of voting members of the governing body at the end of the tax year	6			
	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 in Schedule 0.	6			
b	Enter the number of voting members included in line 1a, above, who are independent				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	l l	_	Х	
•	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervise.		2	Λ	
3			•		x
4	of officers, directors, or trustees, or key employees to a management company or other person?	Г	<u>3</u> 4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		-4 5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?		<u> </u>		X
6 7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		- 0		
1 a			7a		x
b			1 a		
b	and the state of t		7b		x
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		7.0		
а			8a	х	
b		I	8b	X	
9	Lach committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		OD		
3	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
	(This Section B requests information about policies not required by the internal nevertice code.)			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	ſ	10a		X
	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 th	г	11a	Х	
b					
12a			12a	Х	
b			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe				
	in Schedule O how this was done		12c	Х	
13	Did the organization have a written whistleblower policy?	[13		Х
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independen	nt			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a		X
b	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	on			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ►NC				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)	(3)s only) av	ailable	Э	
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website X Upon request Other (explain in Schedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	policy, and f	inanc	ial	
	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:	-			
	1500 BRIARWOOD PL, RALEIGH, NC 27614-9716				_

Form 990 (2017) BELARUSSIAN OUTREACH 27 - : 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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if neither the organizat	d organization compensate					sate	ated any current officer, director, or trustee.				
(A)	(B)			(0	C)			(D)	(E)	(F)	
Name and Title	Average	(do	Position (do not check more than one box, unless person is both an officer and a director/trustee)			າ than ເ	one	Reportable	Reportable	Estimated	
	hours per	box				is both	n an	compensation	compensation	amount of	
	week				T	1711 03	100)	from	from related	other	
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC)	compensation from the	
	related	e or c	tee			sated		(W-2/1099-MISC)	(00-2/1099-101130)	organization	
	organizations	Individual trustee or director	Institutional trustee		yee	m per		(** 27 1000 141100)		and related	
	below	idual	ution	<u></u>	Key employee	sst co	er			organizations	
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former				
(1) KEVIN BURNS	10.00										
BOARD MEMBER		Х						0.	0.	0.	
(2) GREGORY J. COX	4.00										
VICE PRESIDENT		Х		X				0.	0.	0.	
(3) CHANDLER HUBBARD ELLIS	40.00										
PRESIDENT		Х		X				0.	0.	0.	
(4) LON ERIC ELLIS	4.00										
BOARD MEMBER		Х						0.	0.	0.	
(5) ROY A. NOEL	4.00	<u> </u>									
SECRETARY		Х		Х				0.	0.	0.	
(6) JUDY ICE	10.00	<u> </u>									
TREASURER		Х		Х	L			0.	0.	0.	
(7) MECHELE LAUGEL	4.00										
BOARD MEMBER		Х				<u> </u>		0.	0.	0.	
		1									
					<u> </u>	_					
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Part VII Section	A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hi	ghes	t C	ompensated Employee	s (continued)				
	(A) me and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)) than (one n an	(D) (E) Reportable Reportable compensation			an	(F) stimate nount o other		
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MIS	s	com fr org and	other pensa om the anizati d relate	e ion ed
						<u>×</u>	1 0							
			•											
c Total from cor	ntinuation sheets to Part VI	, Section A						>	0.		0.			0.
2 Total number of	es 1b and 1c) of individuals (including but not from the organization							o re	0 . eceived more than \$100,	000 of reportable	0.			0.
	zation list any former officer,	director, or tru	ıste	e, ke	y en	nplo	yee,	or l	highest compensated er	nployee on			Yes	No
line 1a? <i>If</i> "Yes 4 For any individ	s," complete Schedule J for si lual listed on line 1a, is the su	<i>uch individual</i> m of reportabl	 e co	 mpe	 ensa	 tion	 and	oth	ner compensation from t	ne organization		3		X
5 Did any persor	ganizations greater than \$150 n listed on line 1a receive or a	ccrue comper	ısati	on fi	om	any	unre	elate	ed organization or individ	lual for services		4		X
rendered to the Section B. Indepen	e organization? <i>If</i> "Yes." com ndent Contractors	plete Schedule	∋ <i>J f</i> ∈	or su	ıch <u>ı</u>	oers	on .					5		Х
· · · · · · · · · · · · · · · · · · ·	table for your five highest con on. Report compensation for t	=	-								ensa	tion fro	om	
(A) Name and business address NONE (B) Description of services									ervices	C	(C Compe		า	
	of independent contractors (in		ot lin	nited	d to	thos		ted	above) who received mo	ore than				
Ψ100,000 01 CC	mponoadon nom the organiz	ation					-							

Form 990 (2017)

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Form 990 (2017) BELARUS
Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a					
ran	b							
E G	С	Fundraising events	1c	17,897.				
ifts ar A		Related organizations						
s, G mila		0						
Sign		All other contributions, gifts, grant						
but		similar amounts not included above	1 1	115,494.				
Öţ	g	Noncash contributions included in lines 1	a-1f: \$	12,400.				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f		>	133,391.			
				Business Code				
မွ	2 a							
e Ķ	b							
Sen	С							
ran Seve	d							
Program Service Revenue	е							
- ي	f	All other program service rever						
	g	Total. Add lines 2a-2f						
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)						
	4	Income from investment of tax	exempt bond p	oroceeds				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	1						
	С	Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)		·····				
enne	8 a	Gross income from fundraising including \$17,8	97. of					
Other Reven		contributions reported on line	•					
e		Part IV, line 18		228,835.				
뒴		Less: direct expenses		74,349.	154 406			154 406
		Net income or (loss) from fund		>	154,486.			154,486.
	9 a	Gross income from gaming ac						
	_	Part IV, line 19						
		Less: direct expenses		$\overline{}$				
		Net income or (loss) from gam						
	10 a	Gross sales of inventory, less i						
		and allowances						
		Less: cost of goods sold						
ŀ	С	Net income or (loss) from sales						
}	11 ^	Miscellaneous Revenue		Business Code				
	ii a							
	D C							
		All other revenue						_
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			287,877.	0.	0.	154,486.

Form 990 (2017) BELARUSSIAN O'Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons		•	• • • • • • • • • • • • • • • • • • • •	
	not include amounts reported on lines 6b, 8b, 9b, 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 and domestic governments. See Part IV, line 21	167,248.	167,248.		·
2	Grants and other assistance to domestic				
3	individuals. See Part IV, line 22 Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	79,300.	79,300.		
4	Benefits paid to or for members	,	,		
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9 10	Other employee benefits				
10 11	Payroll taxes Fees for services (non-employees):				
а	Management				
b	Legal				
c	Accounting	2,500.		2,500.	
d	Lobbying	,		,	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	31,966.	31,966.		
17	Travel	31,900.	31,900.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	SUPPLIES	18,555.	18,555.		
b	FACILITY AND EQUIPMENT	6,694.	6,694.		
C	MEDICAL	5,208.	5,208.		
d	BANK CHARGES AND FEES	1,735.	1,261.	474.	
е	All other expenses	5,026.	2,200.	2,826.	
25	Total functional expenses. Add lines 1 through 24e	318,232.	312,432.	5,800.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2017)

Form 990 (2017)
Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in t	his Part X			
		·		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		76,245.	1	45,890.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, di				
		trustees, key employees, and highest compensated employees.	Complete			
		Part II of Schedule L	L		5	
	6	Loans and other receivables from other disqualified persons (as				
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), a	nd contributing			
		employers and sponsoring organizations of section 501(c)(9) vol				
Ŋ		employees' beneficiary organizations (see instr). Complete Part	II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
¥	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a				
	b	Less: accumulated depreciation10b			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		76,245.	16	45,890.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Sched			21	
S	22	Loans and other payables to current and former officers, director	rs, trustees,			
ijĔ		key employees, highest compensated employees, and disqualifi	ed persons.			
Liabilities		Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties	; <u> </u>		23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related				
		parties, and other liabilities not included on lines 17-24). Comple	ete Part X of			
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
		Organizations that follow SFAS 117 (ASC 958), check here	▶			
es		complete lines 27 through 29, and lines 33 and 34.				
Š	27	Unrestricted net assets			27	
3ale	28	Temporarily restricted net assets			28	
힏	29	Permanently restricted net assets			29	
표		Organizations that do not follow SFAS 117 (ASC 958), check	here X			
ō		and complete lines 30 through 34.		^		_
ets	30	Capital stock or trust principal, or current funds		0.	30	0.
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		0.	31	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other f		76,245.	32	45,890.
	33	Total net assets or fund balances	······	76,245.	33	45,890.
	34	Total liabilities and net assets/fund balances		76,245.	34	45,890.

BELARUSSIAN OUTREACH 27-5154645 Page 12 Form 990 (2017) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 287,877. Total revenue (must equal Part VIII, column (A), line 12) 318,232. Total expenses (must equal Part IX, column (A), line 25) 2 2 -30,355.Revenue less expenses. Subtract line 2 from line 1 3 3 76,245. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 4 5 5 Net unrealized gains (losses) on investments 6 6 Donated services and use of facilities 7 7 Investment expenses 8 8 Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) 0. 9 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, 10 45,890. 10 column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Х 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 reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis Separate basis Consolidated basis Х 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 separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 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 in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

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 in Schedule O and describe any steps taken to undergo such audits

Act and OMB Circular A-133?

Form 990 (2017)

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SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OVERFLOWING HANDS, INC.

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number

BELARUSSIAN OUTREACH 27-5154645 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 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: 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Total

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.)

Calendar year (or fiscal year beginning in) ▶ (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 1 (d) Gits, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Satheast line 5 throw line. Section B. Total Support Calendaryear (or fiscal year beginning in) ▶ 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Capian in Part VI). 11 Total support. Add lines 7 through 10 Cross from the sale of capital assets (Capian in Part VI). 12 Cross receipts from related adultities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization of first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f) 14 9 5 . 16 9 5 . 71 9 5 . 71 9 5 . 71 9 .	Sec	tion A. Public Support						
membership fees received, (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 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) 5 Public support. National time 5 from line 4. Section B. Total Support Calledar year (or fiseal year beginning in) > (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total section S. Total Support (e) 2015 (d) 2016 (e) 2017 (f) Total section S. Total Support (e) 2015 (d) 2016 (e) 2017 (f) Total section S. Total Support (e) 2015 (e) 2017 (f) Total section S. Total Support (e) 2015 (e) 2016 (e) 2017 (f) Total section S. Total Support (e) 2015 (e) 2016 (e) 2017 (f) Total section S. Total Support (e) 2015 (e) 2016 (e) 2017 (f) Total section S. Total Support (e) 2015 (e) 2016 (e) 2017 (f) Total section S. Total Support (e) 2015 (e) 2016 (e) 2017 (f) Total section S. Total Support (e) 2015 (e) 2016 (e) 2017 (f) Total section S. Total Support (e) 2015 (e) 2016 (e) 2017 (f) Total section S. Total Support (e) 2015 (e) 2016 (e) 2017 (f) Total section S. Comparation of Public Support (e) 2016 (e) 2017 (f) Total section S. Comparation Of Public Support Percentage (e) 2017 (f) Total section S. Comparation Of Public Support Percentage (e) 2017 (f) Government (e) 2015 (e) 2016 (e) 2017 (f) Total section S. Comparation Of Public Support Percentage (e) 2017 (f) Government (e) 2015 (e) 2016 (e) 2017 (f) Total section S. Comparation Of Public Support Percentage (e) 2017 (f) Government (e) 2015 (e) 2016 (e) 2017 (f) Total section S. Comparation Of Public Support Percentage (e) 2017 (f) Government (e) 2015 (e) 2016 (e) 2017 (f) Total Section S. Comparation Of Public Support Percentage (e) 2017 (f) Government (e) 2015 (e) 2017 (f) Comp	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
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2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit to the organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Sehnet line 3 root line 4. Section B. Total Support Calledar year (or fiscal year beginning in)		membership fees received. (Do not						
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Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 95.16 % 15 Public support percentage from 2016 Schedule A, Part II, line 14 16 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2016. 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 stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2017. 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	800	organization, check this box and stor	o here Por	oontago				>
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and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2017. 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		· · ·		-				
17a 10% -facts-and-circumstances test - 2017. 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	b					line 15 is 33 1/3%	or more, check thi	s box
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization				•				
	17a	10% -facts-and-circumstances test	- 2017. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop h	ere. Explain in Pa	rt VI how the organ	ization
		meets the "facts-and-circumstances" $\\$	test. The organizat	ion qualifies as a p	oublicly supported	organization		▶□
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	b	10% -facts-and-circumstances test	- 2016. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, 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		more, and if the organization meets the	ne "facts-and-circur	mstances" test, ch	eck this box and	stop here. Explair	in Part VI how the	
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		organization meets the "facts-and-circ	cumstances" test.	Γhe organization q	ualifies as a public	ly supported organ	nization	▶□
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	>

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

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

Se	quality under the tests listed be ction A. Public Support	low, please comp	Diete Part II.)				
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not	.,,					
_	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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 Se	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) ► 📗	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3) organiza	ation,
	check this box and stop here						>
	ction C. Computation of Public					т т	
	Public support percentage for 2017 (lin			olumn (f))		15	%
	<u> </u>					16	%
	ction D. Computation of Inves					T .= I	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
198	a 33 1/3% support tests - 2017. If the						
k	more than 33 1/3%, check this box and 33 1/3% support tests - 2016. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, chec						. \Box
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in:	structions	▶Ш

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
L	2		
	3a		
	3b		
	3с		
L	4a		
	4b		
	4c		
	5a		
	<u>ou</u>		
	5b		
	5с		
	6		
	7		
	8		
	9a		
	9b		
L	9с		
	10a		
	10b		
		0-EZ)	2017

		•
Schedule A (Form 990 or 990-FZ) 2017	BELARUSSIAN	OUTREACH

Pai	t IV	Supporting Organizations (continued)			
	_			Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below	, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described in (a) above?	11b		
		6 controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1		e directors, trustees, or membership of one or more supported organizations have the power to			
	-	urly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
		ar? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
		olled the organization's activities. If the organization had more than one supported organization,			
		be how the powers to appoint and/or remove directors or trustees were allocated among the supported			
_	•	izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec		vised, or controlled the supporting organization. C. Type II Supporting Organizations			
		7. 1)po ii oappoi iiiig oi gaiii i- aiioiio		Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
·		stees of each of the organization's supported organization(s)? If "No." describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
Sec		D. All Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organi	ization'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			
	-	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	•	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	-	ason of the relationship described in (2), did the organization's supported organizations have a			
	-	cant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's orted organizations played in this regard.	3		
Sec		The organizations played in this regard. Type III Functionally Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions)		
2	Activit	ties Test. Answer (a) and (b) below.		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	pported 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 th	he organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
b		e activities described in (a) constitute activities that, but for the organization's involvement, one or more			
		organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ns for the organization's position that its supported organization(s) would have engaged in these	2h		
3		ies but for the organization's involvement. t of Supported Organizations. Answer (a) and (b) below.	2b		
		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a		es of each of the supported organizations? <i>Provide details in Part VI.</i>	За		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

OVERFLOWING HANDS, INC.

Schedule A (Form 990 or 990-EZ) 2017 BELARUSSIAN OUTREACH

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Pa	Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must of			•
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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	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 1-1/2% 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 .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 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-function	ally integrate	ed Type III supporting orga	inization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions).

Schedule A (Form 990 or 990-EZ) 2017 BELARUSSIAN OUTREACH

Par	t V T	ype III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Di	stributions			Current Year
1	Amounts				
2	Amounts	paid to perform activity that directly furthers exemp			
	organiza	tions, in excess of income from activity			
3	Administ	rative expenses paid to accomplish exempt purpose	3		
4	Amounts	paid to acquire exempt-use assets			
5	Qualified	set-aside amounts (prior IRS approval required)			
6	Other dis	tributions (describe in Part VI). See instructions.			
7	Total an	nual distributions. Add lines 1 through 6.			
8	Distributi	ons to attentive supported organizations to which th	ne organization is responsive		
	(provide	details in Part VI). See instructions.			
9	Distribut	able amount for 2017 from Section C, line 6			
10	Line 8 ar	nount divided by line 9 amount		T	
Secti	on E - Di	stribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distribut	able amount for 2017 from Section C, line 6			
2	Underdis	tributions, if any, for years prior to 2017 (reason-			
	able cau	se required- explain in Part VI). See instructions.			
3	Excess of	istributions carryover, if any, to 2017			
а					
b	From 20	13			
С	From 20	14			
	From 20				
	From 20				
		ines 3a through e			
		o underdistributions of prior years			
		o 2017 distributable amount			
<u>i</u>		r from 2012 not applied (see instructions)			
		er. Subtract lines 3g, 3h, and 3i from 3f.			
4		ons for 2017 from Section D,			
	line 7:				
		o underdistributions of prior years o 2017 distributable amount			
		er. Subtract lines 4a and 4b from 4.			
		ng underdistributions for years prior to 2017, if			
3		tract lines 3g and 4a from line 2. For result greater			
	-	o, explain in Part VI. See instructions.			
6		ng underdistributions for 2017. Subtract lines 3h			
•		om line 1. For result greater than zero, explain in			
		See instructions.			
7		distributions carryover to 2018. Add lines 3			
-	and 4c.				
8		wn of line 7:			
	Excess fi				
	Excess fi				
	Excess fi				
	Excess fi				
		rom 2017			

Schedule A (Form 990 or 990-EZ) 2017

OVERFLOWING HANDS, INC.

27-515<u>4645 Page 8</u> Schedule A (Form 990 or 990-EZ) 2017 BELARUSSIAN OUTREACH 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 B (Form 990, 990-EZ,

or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Name of the organization

OVERFLOWING HANDS, INC. BELARUSSIAN OUTREACH

Employer identification number

27-5154645

Organization type (check one):							
Filers of:	ilers of: Section:						
Form 990	or 990-EZ	$\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 990	-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
•	· ·	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General F	Rule						
	•	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special R	tules						
8	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
)	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
i 1	year, contributions s checked, enter ho ourpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year					
but it mus	st answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization
OVERFLOWING HANDS, INC.
BELARUSSIAN OUTREACH

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$14,850.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$5,618.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
OVERFLOWING HANDS, INC.
BELARUSSIAN OUTREACH

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate copies of Part II i	f additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_ _ _ _ _ \$	

Name of organization
OVERFLOWING HANDS, INC.

Employer identification number

OVERFLOWING HANDS, INC. BELARUSSIAN OUTREACH

	Use duplicate copies of Part III if additional s	enactions of \$1,000 or	less for the year. (Enter this info. once.) \$		
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
- -		(e) Transfer of gif			
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee		
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
_		(e) Transfer of gif			
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee		
No. om ort I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
_	Transferee's name, address, and	(e) Transfer of gif ZIP + 4	t Relationship of transferor to transferee		
No. om irt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift				
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

OVERFLOWING HANDS, INC. BELARUSSIAN OUTREACH

Employer identification number

27-5154645

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance,X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 For grantmakers. Desc United States.	ribe in Part V the	organization's _l	procedures for monitoring the use of its	s grants and other assistance outsi	de the
	ne following Part	L line 3 table ca	an be duplicated if additional space is n	needed)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND		-			
THE CARIBBEAN -					
ANTIGUA & BARBUDA,					
ARUBA, BAHAMAS,	0	0	GRANT	BUILDING HOPE CENTERS	61,800.
CENTRAL AMERICA AND THE CARIBBEAN	0	1	PROGRAM SERVICES	MISSION TRIPS, CAMPS, AND YOUTH DEVELOPMENT - NICARAGUA	31,966.
					52,555.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	MISSION TRIPS, CAMPS, AND YOUTH DEVELOPMENT - YOUTH CAMPS IN NICARAGUA	8,932.
					, , , , , , , , , , , , , , , , , , ,
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANT	SUMMER CAMPS AND PROGRAMS - YOUTH CAMPS IN ELEUTHERA	14,000.
				MISSION TRIPS, CAMPS,	
				AND YOUTH DEVELOPMENT -	
CENTRAL AMERICA AND				CONSTRUCTION IN	
THE CARIBBEAN	0	0	PROGRAM SERVICES	NICARAGUA	5,840.
CENTRAL AMERICA AND					
THE CARIBBEAN -				MISSION TRIPS, CAMPS,	
ANTIGUA & BARBUDA,		_		AND YOUTH DEVELOPMENT -	
ARUBA, BAHAMAS,	0	0	PROGRAM SERVICES	PROVIDE DENTAL SUPPLIES	4,982.
CENTRAL AMERICA AND				SUMMER CAMPS AND PROGRAMS - YOUTH DEVELOPMENT IN LATIN	
THE CARIBBEAN	0	0	GRANT	AMERICA	2,500.
				MISSION TRIPS, CAMPS, AND YOUTH DEVELOPMENT -	2,300.
CENTRAL AMERICA AND				COMMUNITY FEEDING	
THE CARIBBEAN	0	0	PROGRAM SERVICES	PROGRAM	1,000.
3 a Sub-total	0	1			131,020.
b Total from continuation sheets to Part I	0	0			5,924.
c Totals (add lines 3a and 3b)	0	1			136,944.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2017

5,924.

Schedule F (Form 990) Part I Continuation	BELARUSS on of Activities	IAN OUTR	EACH • (Schedule F (Form 990), Part I, line s	27-515464	45 Page
(a) Region	(b) Number of offices in the region	I	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
				MISSION TRIPS, CAMPS,	
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	AND YOUTH DEVELOPMENT - UPFITING KITCHENS	524.
EUROPE (INCLUDING				SUMMER CAMPS AND PROGRAMS - YOUTH	
ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	DEVELOPMENT IN SPAIN	2,000.
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	SUMMER CAMPS AND PROGRAMS - YOUTH DEVELOPMENT IN UKRAINE	2,400.
RUSSIA AND				SUMMER CAMPS AND PROGRAMS - YOUTH	
NEIGHBORING STATES	0	0	PROGRAM SERVICES	DEVELOPMENT IN BELARUS	1,000.

Totals

Schedule F (Form 990) 2017

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA					PAID FOR CAMP	
		AND THE CARIBBEAN	YOUTH CAMPS	16,500.	CREDIT CARD	6,550.	ROOM AND BOARD	FMV
		CENTRAL AMERICA						
		AND THE CARIBBEAN	BUILDING HOPE CENTERS	61,800.	СНЕСК	0.		
			ecognized as charities by the f					
by the IRS, or for which			ion 501(c)(3) equivalency letter					2

Schedule F (Form 990) 2017

Part III	Grants and Other Assistanc	e to Individuals Outside	the United Sta	tes. Complete i	f the organization answered "Yes" o	on Form 990, Part	IV, line 16.	
	Part III can be duplicated if a	dditional space is needed						
(a) T	ype of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

OVERFLOWING HANDS, INC.

Schedule F (Form 990) 2017 Part IV Foreign Forms BELARUSSIAN OUTREACH

27-5154645 Page 4

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2017

Schedule F (Form 990) 2017 BELARUSS Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2
BUDGETS ARE ESTABLISHED BEFORE SERVICE PROGRAMS/ PROJECTS COMMENCE. ALL
EXPENDITURES ARE SUPPORTED BY DOCUMENTATION/ RECEIPTS WITH TIMELY
RECONCILIATION TO BUDGET. UNUSED FUNDS ARE IDENTIFIED, THEN EITHER
RETURNED TO THE ORGANIZATION OR APPLIED TO FUTURE PROJECTS. PROGRESS
REPORTS ARE REQUIRED WHERE APPROPRIATE AND INDEPENDENT THIRD PARTY
VERIFICATION IS SECURED. US VOLUNTEERS PARTICIPATED IN 5 MISSION TRIPS
IN 2017 TO SUPPORT YOUTH CAMPS, CONSTRUCTION PROJECTS, YOUTH
DEVELOPMENT ACTIVITIES AND LEADERSHIP DEVELOPMENT. THE PROGRESS BY THE
LOCAL LEADERSHIP TEAMS IN NICARAGUA AND BAHAMAS IS VERY ENCOURAGING.

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization OVERFLOWING HANDS, INC.
BELARUSSIAN OUTREACH

 $\begin{array}{l} \textbf{Employer identification number} \\ 27-5154645 \end{array}$

Part I Fundraising Activities. required to complete this part	Complete if the organization answe t.	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with previduals or entities (fundraisers) pursua	ion of ion of fundra (includ	non-g gover aising of ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total			•			
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is exempt from re	gistration

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-F7, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990	-EZ, III les T and 60. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GOLF	CASINO	NONE	(add col. (a) through
			TOURNAMENT	ROYALE BANQU		col. (c))
മ			(event type)	(event type)	(total number)	55 (6)/
Revenue						
Seve	1	Gross receipts	155,750.	90,982.		246,732.
ш						
	2	Less: Contributions	750.	17,147.		17,897.
			155 000	72 025		220 025
	3	Gross income (line 1 minus line 2)	155,000.	73,835.		228,835.
	,	Cook prizos	400.			400.
	4	Cash prizes	400.			100•
	5	Noncash prizes	400.	17,563.		17,963.
S		Nondair prizes	1000	27,75551		27,75000
Direct Expenses	6	Rent/facility costs	620.	3,835.		4,455.
ž				,		,
St E	7	Food and beverages	3,010.	21,248.		24,258.
Dire		•				
	8	Entertainment	3,416.	8,275.		11,691.
	9	Other direct expenses	4,101.	11,481.		15,582.
	10	Direct expense summary. Add lines 4 through	9 in column (d)		>	74,349.
D -	11	Net income summary. Subtract line 10 from li				154,486.
Pa	ırt I		answered "Yes" on Form	1 990, Part IV, line 19, or r	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	<u> </u>	(I.) Dull take (in atom)		(N Tatal manakan (add
ē			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				billigo/progressive billige		(c)
Вè	1	Gross revenue				
	Ė	dross revenue				
	2	Cash prizes				
ses						
Direct Expenses	3	Noncash prizes				
Ě						
irec	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No No	No	
	_				_	
	7	Direct expense summary. Add lines 2 through	o in column (d)		>	
	8	Not gaming income summers. Subtract line 7	from line 1 column (d)			
	0	Net gaming income summary. Subtract line 7	irom line 1, column (a)		······	
9	Fn	ter the state(s) in which the organization condu	icts gaming activities:			
		the organization licensed to conduct gaming ac	_	states?		Yes No
		No," explain:				
	·					
	_					
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax y	rear?	Yes No
b	lf "	Yes," explain:				

OVERFLOWING HANDS, INC. Schedule G (Form 990 or 990-EZ) 2017 BELARUSSIAN OUTREACH

Sch	nedule G (Form 990 or 990-EZ) 2017 BELARUSSIAN OUTREACH 27	-5154645	Page 3
11		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes [No
13	Indicate the percentage of gaming activity conducted in:		
á	The organization's facility	13a	%
	n outside facility		<u></u> %
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address		
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes [No
ŀ	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party > \$		
,	If "Yes," enter name and address of the third party:		
`	7 1 165, Cited Haine and address of the tilled party.		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of convices provided		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
٠		Yes [No
,	retain the state gaming license? Discription Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
•	organization's own exempt activities during the tax year > \$		
Pa	Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part II	Llinos Q Qb 10b	15h
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	i, iiiles ə, əb, 10b,	
_			

OVERFLOWING HANDS, INC. BELARUSSIAN OUTREACH

Schedule G (Form 990 or 990-EZ) Part IV Supplemental Infor	BELARUSSIAN	OUTREACH	27-5154645	Page 4
Part IV Supplemental Infor	(continued)			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

■ Go to www.irs.gov/Form990 for the latest information.

OVERFLOWING HANDS, INC.

2017

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

BELARUSSI	AN OUTREAC	CH					27-5154645
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records t	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	
criteria used to award the grants or assis							Yes X No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to I	Domestic Organiza	ations and Domestic	Governments. C	omplete if the orga	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$	\$5,000. Part II can b	oe duplicated if additi	onal space is need		(6) Made and as	T	
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
KELL TOUCHDOWN CLUB							SPONSORING SUMMER
114 TOWNPARK DRIVE, STE 400							 FOOTBALL CAMP FOR AT-RISK
KENNESAW, GA 30144	03-0496504		10,000.	0.			CHILDREN IN CENTRAL GA.
			,				YOUTH DEVELOPMENT PROGRAM
THE FIRST TEE OF THE TRIANGLE							TEACHING LIFE SKILLS TO
8800 WESTGATE PARK DRIVE, STE 104							KIDS AND TEENS TO MANAGE
RALEIGH, NC 27617	56-2266025		10,000.	0.			EMOTIONS, SET GOALS AND
							GRANTS THE WISHES OF
MAKE A WISH EASTERN NC							CHILDREN WITH
2880 SLATER RD., STE 105							LIFE-THREATENING MEDICAL
MORRISVILLE, NC 27560	58-1792140		7,500.	0.			CONDITIONS TO ENRICH THE
							PROMOTES SCIENTIFIC
THE FOUNDATION OF HOPE							RESEARCH AIMED AT
9401 GLENWOOD AVE							DISCOVERING THE CAUSES
RALEIGH, NC 27617	56-6246626		5,000.	0.			AND POTENTIAL CURES FOR
							SERVING CHILDREN LIVING
AMERICAN BELARUSIAN RELIEF							IN AREAS CONTAMINATED BY
ORGANIZATION - P.O. BOX 25303 -							RADIATION FROM CHERNOBYL
WINSTON-SALEM, NC 27114	56-1916887		46,250.	0.			NUCLEAR DISASTER
							HELPING CHILDREN LIVE
LUCY DANIELS CENTER							EMOTIONALLY HEALTHY LIVES
9003 WESTON PARKWAY	[[[] [] [] []		15 105	•			THROUGH IN-DEPTH
CARY, NC 27513	58-1863104		15,106.	0.			EVALUATION AND TREATMENT,
2 Enter total number of section 501(c)(3) ar							······· • ————
3 Enter total number of other organizations	s listed in the line 1	table					

Schedule I (Form 990) BELARUSSI			 		1.1.1/5 200) 5		7-5154645 Pag
Part II Continuation of Grants and Other A	Assistance to Gov	ernments and Orgar	nizations in the Un	ited States (Sch	edule I (Form 990), Pa T	rt II.) T	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							DEDICATED TO PREVENTING
ADVOCATES FOR BARTOW'S CHILDREN							AND TREATINGCHILD ABUSE
INC - PO BOX 446 - CARTERSVILLE,							SERVING AT-RISK, LOW
GA 30120	58-1505825		5,000.	0.			INCOME CHILDREN IN NORT
							DELIVERING PROGRAMS AND
EAST LAKE GOLF FOUNDATION							SERVICES THAT CREATE LO
2606 ALSTON DRIVE, SE							TERM RESULTS FOR
ATLANTA, GA 30317	58-2204306		5,000.	0.			GENERATIONS WITH
SUPPORTING ADOPTION & FOSTER							PROTECTING CHILDREN AND
FAMILIES TOGETHER INC (SAFFT) -							FAMILIES WITH PROGRAMS
537 E POLK ST RICHARDSON, TX							AIMING TO SAVE BROKEN
75081	75-1533574		5,000.	0.			CHILDREN BEFORE THEY
							DELIVERING AND
ELS FOR AUSTISM							FACILITATING PROGRAMS
18370 LIMESTONE CREEK RD							THAT ARE LEADING EXAMPL
JUPITER, FL 33458	26-3520396		23,652.	0.			OF WHAT CAN BE AVAILABLE
TAMMY LYNN CENTER							PROVIDING DIRECT SERVICE
739 CHAPPELL DR							TO CHILDREN AND ADULTS
RALEIGH, NC 27606	56-1949970		5,000.	0.			WITH SPECIAL NEEDS
							Calcadula I /Farma

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete il tile	organization answe	cica res dirionne	750, 1 41117, 1110 22.			
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance		
Part IV Supplemental Information. Provide the information red	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.			
PART II, LINE 1, COLUMN (H):							
NAME OF ORGANIZATION OR GOVERNMENT	: THE FIR	ST TEE OF	THE TRIANG	LE			
(H) PURPOSE OF GRANT OR ASSISTANCE	: YOUTH D	EVELOPMENT	r program t	EACHING			
LIFE SKILLS TO KIDS AND TEENS TO M	ANACE EMC	יייד∩אופ פוביי	ת מסמנים מאום	DECOLVE			
TIPE SKILLS TO KIDS AND TEEMS TO ME	ANAGE EMC	TIONS, SEI	I GOALS AND	KESOUVE			
CONFLICT THROUGHT THE GAME OF GOLF	•						
NAME OF ORGANIZATION OR GOVERNMENT	: MAKE A	WISH EASTE	ERN NC				
(H) PURPOSE OF GRANT OR ASSISTANCE	: GRANTS	THE WISHES	S OF CHILDR	EN WITH			
IFE-THREATENING MEDICAL CONDITIONS TO ENRICH THE HUMAN EXPERIENCE WITH							

Part IV | Supplemental Information

HOPE, STRENGTH, AND JOY.

NAME OF ORGANIZATION OR GOVERNMENT: THE FOUNDATION OF HOPE

(H) PURPOSE OF GRANT OR ASSISTANCE: PROMOTES SCIENTIFIC RESEARCH AIMED

AT DISCOVERING THE CAUSES AND POTENTIAL CURES FOR MENTAL ILLNESS IN ORDER

TO DEVELOP A MORE EFFECTIVE MEANS OF TREATMENT, INCLUDING RESEARCH FOR

AUTISM AND OTHER CHILD RELATED ILLNESSES.

NAME OF ORGANIZATION OR GOVERNMENT: LUCY DANIELS CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: HELPING CHILDREN LIVE EMOTIONALLY
HEALTHY LIVES THROUGH IN-DEPTH EVALUATION AND TREATMENT, FAMILY
INVOLVEMENT, AND EDUCATION

NAME OF ORGANIZATION OR GOVERNMENT: ADVOCATES FOR BARTOW'S CHILDREN INC

(H) PURPOSE OF GRANT OR ASSISTANCE: DEDICATED TO PREVENTING AND

TREATINGCHILD ABUSE, SERVING AT-RISK, LOW INCOME CHILDREN IN NORTH GA

COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: EAST LAKE GOLF FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: DELIVERING PROGRAMS AND SERVICES

THAT CREATE LONG TERM RESULTS FOR GENERATIONS WITH EDUCATION, HOUSING AND

COMMUNITY WELLNESS

NAME OF ORGANIZATION OR GOVERNMENT:

SUPPORTING ADOPTION & FOSTER FAMILIES TOGETHER INC (SAFFT)

(H) PURPOSE OF GRANT OR ASSISTANCE: PROTECTING CHILDREN AND FAMILIES

WITH PROGRAMS AIMING TO SAVE BROKEN CHILDREN BEFORE THEY BECOME BROKEN

ADULTS

OVERFLOWING HANDS, INC. BELARUSSIAN OUTBEACH

Part IV Supplemental Information	27-5154645	Page 2
Part IV Supplemental Information		
NAME OF ORGANIZATION OR GOVERNMENT: ELS FOR AUSTISM		
(H) PURPOSE OF GRANT OR ASSISTANCE: DELIVERING AND FACILITAT:	ING PROGRAMS	5
THAT ARE LEADING EXAMPLES OF WHAT CAN BE AVAILABLE TO PEOPLE	WITH AUTISM	
SPECTRUM DISORDER (ASD)		

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.

Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

OVERFLOWING HANDS, INC. BELARUSSIAN OUTREACH

Employer identification number 27-5154645

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FOCUSING ON RELIEF OF THE POOR, DISTRESSED, AND UNDERPRIVILEGED. OUR

MISSION IS TO GATHER RESOURCES TO SERVE THE MOST VULNERABLE CHILDREN OF

THE WORLD.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
DEVELOPMENT, AND FEED CHILDREN IN THE LOCAL COMMUNITIES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

MISSION TRIPS, CAMPS, YOUTH DEVELOPMENT - OVERFLOWING HANDS ORGANIZES MISSION TRIPS TO MANAGUA, NICARAGUA TO SUPPORT CHILDREN AND YOUTH IN TWELVE (12) POVERTY STRICKEN COMMUNITIES. THE MISSION TRIPS ENABLE OUR VOLUNTEERS TO SERVE THE CHILDREN AND FAMILIES OF NICARAGUA. IN 2017. FOUR (4) MISSION TRIPS INCLUDED 65 VOLUNTEERS TRAVELING TO NICARAGUA TO SERVE MORE THAN 1,700 CHILDREN. TWO (2) OF THE TRIPS WERE CONSTRUCTION BASED TO ASSIST WITH THE HOPE CENTER BUILDING PROJECTS AND UPFIT OF KITCHENS TO FEED THE CHILDREN. ONE MISSION TRIP WAS TO SUPPORT THE EMPOWERED DREAMERS YOUTH CAMP FOR TEENAGERS (AGES 15-20 YRS.). THE CAMP IS DIRECTED BY NICARAGUAN PROJECT MANAGERS AND YOUTH LEADERS AND OUR VOLUNTEERS SERVE AS WORK CREW TO SUPPORT THE CAMP ACTIVITIES. ANOTHER MISSION TRIP WAS FOR LEADERSHIP TRAINING WITH THE LOCAL NICARAGUAN YOUTH LEADERS AND PLANNING ACTIVITIES FOR 2018. NICARAGUAN PROJECT MANAGERS AND LEADERS SUPPORT YOUTH DEVELOPMENT PROGRAMS THAT TEACH KIDS ABOUT VALUES, CHOICES, DECISIONS, AND CONSEQUENCES. TEENAGERS ARE ENCOURAGED TO SERVE IN THEIR LOCAL COMMUNITIES BY VOLUNTEERING IN THE HOPE CENTERS TO FEED CHILDREN, DELIVER SUPPLIES, MENTOR AND PLAY WITH

Name of the organization OVERFLOWING HANDS, INC. **Employer identification number** 27-5154645 BELARUSSIAN OUTREACH CHILDREN. OVERFLOWING HANDS PROVIDED DENTAL SUPPLIES FOR A FREE DENTAL CLINIC IN NICARAGUA TO SUPPORT THE COMMUNITIES WE SERVE. EXPENSES \$ 53,769. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. SUMMER CAMPS AND PROGRAMS - OVERFLOWING HANDS SPONSORS CHILDREN'S SUMMER CAMPS. FOR THE FOURTH YEAR OVERFLOWING HANDS PARTNERED WITH YOUNG LIFE BAHAMAS SPONSORING LOCAL BAHAMIAN TEENAGERS FROM THE ISLANDS OF ELEUTHERA, NASSAU, AND FREEPORT TO ATTEND OVERNIGHT CAMP FOR A WEEK. ALMOST 100 YOUTH ATTENDED. SPONSORSHIP PROVIDED CAMP SUPPLIES, FOOD AND LODGING, GUEST SPEAKERS, TRANSPORTATION AND CAMPER FEES. FOR A SECOND YEAR, OVERFLOWING HANDS PARTNERED WITH ELI AND SHERLING SANCHEZ, A NICARAGUAN MISSIONARY FAMILY TO SUPPORT A CHILDREN'S PROGRAM IN MADRID, SPAIN. THE PROGRAMS SERVE KIDS OF REFUGEE FAMILIES, PROVIDING FELLOWSHIP, STABILITY AND SUPPORT TO CHILDREN COMING TO MADRID AS PART OF THE REFUGEE CRISIS IN EUROPE. SUMMER CAMPS AND WEEKLY ACTIVITIES ARE PROVIDED TO MORE THAN 100 CHILDREN. LOCAL LEADERS ARE BEING IDENTIFIED AND TRAINED TO EXPAND THE PROGRAM ACTIVITIES. WEEKLY YOUTH ACTIVITIES ARE ALSO BEING SUPPORTED IN UKRAINE, LATIN AMERICA, AND BELARUS TO GET CHILDREN INVOLVED IN YOUTH DEVELOPMENT ACTIVATES THAT TEACH KIDS ABOUT VALUES, CHOICES, DECISIONS AND CONSEQUENCES. EXPENSES \$ 21,900. INCLUDING GRANTS OF \$ 17,500. REVENUE \$ 0. FORM 990, PART VI, SECTION A, LINE 2: BOARD MEMBER, LON ELLIS, IS MARRIED TO THE PRESIDENT, CHANDLER ELLIS.

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

Electronic filing (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

must t	use Form 7004 to request an extension of time to file income	tax retur	ns.	Enter file	er's identifying	ı number
Type o	OVERFLOWING HANDS, INC. BELARUSSIAN OUTREACH			Employer identification number (EIN) or $27-5154645$		
File by the due date filing you return. S	te for Number, street, and room or suite no. If a P.O. box, see instructions.			Social security number (SSN)		
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. RALEIGH, NC 27614-9716					
Enter 1	the Return Code for the return that this application is for (file	a separat	e application for each return)			0 1
Application		Return	Application			Return
ls For		Code	Is For			Code
Form 990 or Form 990-EZ		01	Form 990-T (corporation)			07
Form 990-BL		02	Form 1041-A			08
Form 4720 (individual)		03	Form 4720 (other than individual)			09
Form 990-PF		04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			11
Form 990-T (trust other than above) CHANDLER ELLIS			Form 8870			12
The books are in the care of ▶ 1500 BRIARWOOD PL - RALEIGH, NC 27614-9716 Telephone No. ▶ 919-349-2945 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If this is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.						
1	I request an automatic 6-month extension of time until NOVEMBER 15, 2018, to file the exempt organization ret					n return
	for the organization named above. The extension is for the organization's return for: X calendar year 2017 or tax year beginning					
Change in accounting period						
3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any					•
	nonrefundable credits. See instructions.				\$	0.
	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					•
	estimated tax payments made. Include any prior year overpayment allowed as a credit.			3b	\$	0.
	Balance due. Subtract line 3b from line 3a. Include your pay					•
	by using EFTPS (Electronic Federal Tax Payment System). So	ee instrud	ctions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)

MAIL TO: DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0045