Form 990

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.



AF	or the 2	2014 calendar year, or tax year beginning JUL 1, 2014 and en	nding J	UN 30, 2015	•
B c a	heck if pplicable:	C Name of organization		D Employer identific	cation number
	Address change	OVERLOOK FOUNDATION			
	Name change	Doing business as		51-0	194054
	Initial	Number and street (or P.0. box if mail is not delivered to street address)	oom/suite	E Telephone number	
	Final return/	36 UPPER OVERLOOK ROAD		908-	522-2840
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	27,881,443.
	Amendeo	SOMMIT, NJ 07902-0220		H(a) Is this a group re	
	Applica- tion pending	F Name and address of principal officer: ANN M. OLIVA		for subordinates	? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		npt status: $X 501(c)(3) = 501(c)() \checkmark$ (insert no.) $4947(a)(1)$ or	527	,	list. (see instructions)
		► OVERLOOKFOUNDATION.ORG		H(c) Group exemption	
		rganization: X Corporation Trust Association Other ►	L Year o	of formation: 1976 N	I State of legal domicile: NJ
Pa		Summary	Taato		
e		riefly describe the organization's mission or most significant activities: THE MI			
Governance				ER'S MISSIO	
ern		heck this box if the organization discontinued its operations or disposed			ets. 34
20					34
8		umber of independent voting members of the governing body (Part VI, line 1b)			
ies		otal number of individuals employed in calendar year 2014 (Part V, line 2a)			0
Activities &		otal number of volunteers (estimate if necessary)			65
Act		otal unrelated business revenue from Part VIII, column (C), line 12			0.
	b N	et unrelated business taxable income from Form 990-T, line 34	<u> </u>		0.
				Prior Year	Current Year
e		ontributions and grants (Part VIII, line 1h)		8,651,936.	5,939,055.
Revenue		rogram service revenue (Part VIII, line 2g)		0.	0.
Rev		vestment income (Part VIII, column (A), lines 3, 4, and 7d)		2,919,025.	3,504,938.
_		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,643.	-15,077.
		btal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		$\frac{11,572,604}{4,741,710}$	9,428,916.
		rants and similar amounts paid (Part IX, column (A), lines 1-3)		4,741,710.	4,166,155.
		enefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ses		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,800,671.	
Expenses		rofessional fundraising fees (Part IX, column (A), line 11e)		57,325.	0.
Хр		otal fundraising expenses (Part IX, column (D), line 25) $1,856,882$		1,699,448.	540,016.
		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		8,299,154.	6,441,231.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,273,450.	2,987,685.
_ s	19 Re	evenue less expenses. Subtract line 18 from line 12			
ts or ances	00 T	atal accasts (Dart V. line 16)		ginning of Current Year 79,048,601.	<u>End of Year</u> 80,751,530.
Assets Balanc		otal assets (Part X, line 16)		10,722,470.	10,403,496.
et A ind		otal liabilities (Part X, line 26)		68,326,131.	
	22 N	et assets or fund balances. Subtract line 21 from line 20		00,340,131.	70,348,034.

Part II Signature Block

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

		title Preparer's signature Date Check if self-employ REZNICK LLP Firm's EIN ► CKER FARM ROAD LAND, NJ 07068 Phone no.97 the preparer shown above? (see instructions) rk Reduction Act Notice, see the separate instructions.		
Sign	Signature of officer		Date	
Here	ANN M. OLIVA, EXECUTIVE	DIRECTOR		
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	THOMAS LANNING			self-employed P00851654
Preparer	Firm's name COHNREZNICK LLP		Firm'	sEIN ▶ 22-1478099
Use Only	Firm's address 🖕 4 BECKER FARM ROP	AD		
	ROSELAND, NJ 0706	58	Phon	e no.973-228-3500
May the II	RS discuss this return with the preparer shown abov	e? (see instructions)		X Yes No
432001 11-0	7-14 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.		Form 990 (2014)
~				

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

-	990 (2014) OVERLOC		51-0194054
Par	t III Statement of Program Se	•	
		esponse or note to any line in this Part III	
1	Briefly describe the organization's mission		TO SUPPORT OVERLOOK MEDICAL
			COST EFFECTIVE HEALTH CARE
	TO THE COMMUNITY.	DELIVER HIGH QUALITY, C	COST EFFECTIVE READIN CARE
	10 THE COMMONITI:		
2	Did the organization undertake any sign	ificant program services during the year which	h were not listed on
	If "Yes," describe these new services or		
3		or make significant changes in how it conduc	ts, any program services? Yes
	If "Yes," describe these changes on Sch		
4	Describe the organization's program ser	vice accomplishments for each of its three la	rgest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organization	tions are required to report the amount of gra	nts and allocations to others, the total expenses, and
	revenue, if any, for each program service	e reported.	
4a	(Code:) (Expenses \$ 4,	014,994. including grants of \$4	.,011,654.) (Revenue\$
			RELATED COMMUNITIES IN THE
Pai 1 2 3 4 4a 4b	EFFORTS TO DELIVER H	IGH-QUALITY, COST EFFEC	CTIVE HEALTH CARE, TO
	PURCHASE STATE-OF-TH	E-ART MEDICAL TECHNOLOG	GY, AND TO FUND SPECIAL
	PROGRAMS AND CONSTRU	CTION	
4b	(Code:) (Expenses \$	154,501. including grants of \$	154,501.) (Revenue \$
4b	(Code:) (Expenses \$ TO SUPPORT COMMUNITY	154,501. including grants of \$ ORGANIZATIONS WITH PRO	154,501.) (Revenue \$ DJECTS COMPLEMENTARY TO
4b	TO SUPPORT COMMUNITY	ORGANIZATIONS WITH PRO	154,501.) (Revenue \$ DJECTS COMPLEMENTARY TO
4b	(Code:) (Expenses \$ TO SUPPORT COMMUNITY OVERLOOK MEDICAL CEN	ORGANIZATIONS WITH PRO	
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4c 4d 4e	TO SUPPORT COMMUNITY OVERLOOK MEDICAL CEN	ORGANIZATIONS WITH PROTECTER	DJECTS COMPLEMENTARY TO

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 Form 990 (2014)
 OVERLOOK
 FOUNDATION

 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	Х	
2	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			
	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			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	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, VII, 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	х	
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	х	
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
Ū	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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			
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	х	
1 2 2	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12u		12a	х	
h	Schedule D, Parts XI and XII	120		
5	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the survey institute an efficiency and survey and survey to the idea of the United Obstant O	14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?	1-7a		<u> </u>
5	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<u> </u>
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
.,		17		x
18	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		<u> </u>
10		18	х	
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10	- 23	
19		19		x
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			X
	If "Yes," to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<u> </u>
	1 103 to 110 200, ou the organization attach a copy on its audited initiation statements to this returns			1

Form 990 (2014)

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OVERLOOK FOUNDATION Part IV Checklist of Required Schedules (continued)

			Yes	No
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	Х	
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	Х	
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	Х	
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		X
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		X
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		X
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		X
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		X
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		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			77
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	77	X
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		77	
	contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
~~	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			v
00	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		_X_
33		33		х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u></u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		х
250	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	354		- 23
U	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?	330		
50		36		х
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
57	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?	-		
00	Note. All Form 990 filers are required to complete Schedule O	38	х	
		. 30		

Form **990** (2014)

432004 11-07-14

Form	990 (2014) OVERLOOK FOUNDATION 51-0194	054	Р	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 49			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e_{-file} (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	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			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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			
с	Enter the amount of reserves on hand			
	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		
		Form	9 90	(2014

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Form 990) (2014)
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OVERLOOK FOUNDATION

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.

1a Enter the number of voting members of the governing body at the end of the tax year 1a 34 1f there are material differences in voting rights among members of the governing body. If the governing body and suborty to an executive committee, copian in Schedule 0. 1b 1c 34 2 Did any officer, director, trustee, or key employees have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management duties customarily performed by or under the direct supervision of officer, director, strustee, or key employees or a significant changes to its governing documents since the prior Form 990 was filed? 2 3 Did the organization based may significant changes to its governing documents since the prior Form 990 was filed? 3 4 Did the organization have members or stockholders? 6 5 Did the organization have members, stockholders? 7 6 Did the organization have members, stockholders? 7 7 Did the organization have members, stockholders? 7 8 Did the organization have members, stockholders? 7 9 Did the organization have members, stockholders? 7 9 Did the organization have members or stockholders? 7 9 Did the organization have members or stockholders? 7 9 Did the organization have and and of the governing bod? 8 9 Did the organiza	800	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management				_
1a Enter the number of voting members of the governing body, of the argenering body of the governing body? 3a 2 Bod the governing body? 3a 3 Bod the governing body? 3a 4 Coverning body? 3a 5 Did the governing body? 3a 6 Did the governing body? 3a 7a Did the governing body? 3a 5 Did the governing body? 3a 6 Did the governing body? 3a 7a Did the governing body? 3a 8 Each committee with a written pickes or subject to approval by imembers, stockholders, or governing body? 3a 9 Is the governing body?	Sec	tion A. Governing body and Management			Vee	-
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Form 990 (2014)	OVERLOOK FOUNDATION	51-0194054 Page
Part VII Compens	ation of Officers, Directors, Trustees, Key Employees	s, Highest Compensated
Employee	s, and Independent Contractors	
Check if Sch	edule O contains a response or note to any line in this Part VII	
Section A. Officers, D	rectors, Trustees, Key Employees, and Highest Compensated Em	ployees

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.

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

(A)	(B)	l	mea		C)	1001	oure	(D)	(E)	(F)
Name and Title	Average	(10	not c	Pos	ition	 		Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	ı an	compensation	compensation	amount of
	week		cer an	dad	irecto	r/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	al trus		yee	mpen		(00-2/1033-10130)		and related
	below	idual t	ution	ž	Key employee	est co oyee	er			organizations
	line)	Indivi	In stitutional trustee	Officer	Key e	Highest compensated employee	Former			
(1) ALAN LIEBER	1.00									
TRUSTEE		х						0.	0.	0.
(2) ANNE MARTINSON	1.00									
TRUSTEE		Х						0.	0.	0.
(3) AVA SCHLESINGER	1.00									
TRUSTEE		Х						0.	0.	0.
(4) BEV LUEHS	1.00									
TREASURER		Х		х				0.	0.	0.
(5) BRUCE F. WESSON	1.00									
TRUSTEE		Х						0.	0.	0.
(6) CHRISTOPHER COATES	1.00									
TRUSTEE		Х						0.	0.	0.
(7) CLELIA BIAMONTI, PHD	1.00									
CHAIR		Х		Х				0.	0.	0.
(8) CLIFFORD M. SALES, M.D.	1.00									
TRUSTEE		Х						0.	0.	0.
(9) D. ANDREW SPELLMAN	1.00									
TRUSTEE		Х						0.	0.	0.
(10) DAVID DIETZE	1.00									
TRUSTEE		Х						0.	0.	0.
(11) DAVID G. HARTMAN	1.00									
TRUSTEE		Х						0.	0.	0.
(12) DAVID WEXLER	1.00									
TRUSTEE		Х						0.	0.	0.
(13) ERIC J. SHICK	1.00									
TRUSTEE		Х						0.	0.	0.
(14) GALE METZGER	1.00									
TRUSTEE		Х						0.	0.	0.
(15) GEORGE L. FOTIADES	1.00									
TRUSTEE		Х						0.	0.	0.
(16) JACK COOPER	1.00									
TRUSTEE		Х						0.	0.	0.
(17) JACK S. MANN	1.00									
TRUSTEE		Х						0.	0.	0.
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OVERLOOK FOUNDATION

Part VII Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,	anc	d Hig	ghes	st C	ompensated Employee	s (continued)			
(A) (B) (C)								(D)	(E)		(F)	
Name and title	Average	(do	not cl		itior more		one	Reportable	Reportable	Es	stimated	ł
	hours per week	box	, unles cer an	s per	rson i	is both	n an	compensation	compensation	ar	nount o	f
	(list any							- from the	from related organizations		other pensati	on
	hours for	direct				p		organization	(W-2/1099-MISC)	1	om the	
	related	tee or	ustee			ensate		(W-2/1099-MISC)	,	org	anizatio	n
	organizations	al trus	nal tr		loyee	comp					d relate	
	below line)	In dividual trustee or director	Institutional trustee	Officer	/ emp	Highest compensated employee	Former			orga	anizatio	ns
(18) JOHN VIGORITA, MD	1.00	Ĕ	ű	0ŧ	Ke	ΞΈ	요					
TRUSTEE	1.00	x						0.	0.			0.
(19) JOSHUA A. WEINREICH	1.00	~						0.	0.			0.
TRUSTEE	1.00	х						0.	0.			0.
(20) LAURENCE S. RICKLES, ESQ.	1.00											<u> </u>
TRUSTEE		х						0.	0.			0.
(21) MAGGIE HARIRI	1.00											
TRUSTEE		х						0.	0.			0.
(22) MARY ANGUS BUSHNELL	1.00											
SECRETARY		х		Х				0.	0.			0.
(23) MELISSA TASSE, PHD	1.00											
TRUSTEE		Х						0.	0.			0.
(24) MERI BARER	1.00											
VICE CHAIR	1 0 0	Х		Х				0.	0.			0.
(25) MICHAEL TANENBAUM, ESQ.	1.00							0	0			^
VICE CHAIR	1 0 0	Х		Х				0.	0.			0.
(26) PAMLEA GUMPORT VICE CHAIR	1.00	x		х				0.	0.			^
								0.	0.			0. 0.
1b Sub-total c Total from continuation sheets to Part VII								777,469.	0.	14	5,56	9
d Total (add lines 1b and 1c)	•							777,469.	0.		5,50 5,56	
2 Total number of individuals (including but no						 a) wh	o re					
compensation from the organization						,		,				4
											Yes	No
3 Did the organization list any former officer,	director, or tru	istee	e, ke	y en	nplo	yee,	or I	highest compensated en	nployee on			
line 1a? If "Yes," complete Schedule J for su	ıch individual									3		X
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150										4	X	
5 Did any person listed on line 1a receive or a								•				37
rendered to the organization? <i>If</i> "Yes," <i>comp</i>	olete Schedule	e J f	or su	ch i	bers	on .				5		Х
Section B. Independent Contractors								· · · · · · · · · · · · · · · · · · ·	100.000 - (1		
1 Complete this table for your five highest con the experimentary papert companyation for the										ation fro	om	
the organization. Report compensation for the (A)	ne calendar ye	are		y w				(B)		(0	וי	
رم) Name and business :	address	N	ONE	2				رط) Description of s	ervices		n sation	
				_								
							-					
• Total number of independent contract. "		at 15			+		+ c - 1		are then			
2 Total number of independent contractors (in \$100,000 of compensation from the organiz	•	Jt IIr	niteo	1 10 1	thos (ted	above) who received mo	bre man			
SEE PART VII, SECTION		ΤN	UA	тτ	_	-	नम	ETS		Form	990 (2)	014)
432008 11-07-14					1	2	للك د .			1 0111	(2)	J 1 +)

Part VII Section A. Officers, Director	s, Trustees, Key Er	nplo	yee	s, an	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	Position						Reportable	Reportable	Estimated
	hours	(cł	neck	all t	hat	app	ly)	compensation	compensation	amount of
	per					-		from	from related	other
	week (list any	or				ploye		the organization	organizations (W-2/1099-MISC)	compensatic from the
	hours for	direct				d em		(W-2/1099-MISC)	(00-2/1033-10100)	organizatior
	related	ee or	stee			nsate				and related
	organizations	trust	nal tru		oyee	ompe				organization
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ner			
	line)	Indi	Inst	Officer	Key	High	Former			
(27) PAUL STARKER	1.00									
TRUSTEE		Х						0.	0.	(
(28) RICHARD CARLSON	1.00	-								
TRUSTEE		Х						0.	0.	(
(29) ROY E. NATURMAN, MD	1.00									
TRUSTEE		Х						0.	0.	(
(30) SHANNON CROSS	1.00	-								
TRUSTEE		Х						0.	0.	(
(31) STACY MCCANN	1.00								•	
TRUSTEE	1 00	Х						0.	0.	(
(32) TIMOTHY J. ERDAY	1.00							0	0	
TRUSTEE	1 00	Х						0.	0.	(
(33) TRACY MCKEE TRUSTEE	1.00	х						0.	0.	
(34) VINCENT URSINO, SR.	1.00	<u> </u>			_			0.	0.	(
TRUSTEE	1.00	x						0.	0.	(
(35) ANN OLIVA	40.00	<u> </u>						0.	0.	
EXECUTIVE DIRECTOR	40.00			x				311,863.	0.	53,41
(36) KENNETH COLE	40.00			23	_			511,005.	0.	55,41
DIR OF PLANNED GIVING & FI		•			x			207,000.	0.	42,938
(37) CONSTANCE F ADAMS	40.00							20,70000		12,55
DIRECTOR						х		143,501.	0.	30,273
(38) LISBETH SEARING	40.00							113/3011		50727
DIRECTOR						х		115,105.	0.	18,93
-										
										145 55
Total to Part VII, Section A, line 1c		<u></u>						777,469.		145,56

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	-	Check if Schedule O cont		01130		(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
1	а	Federated campaigns		a					
		Membership dues		b					
		Fundraising events		lc	677,745.				
		Related organizations		d					
		Government grants (contributi		le					
1	f	All other contributions, gifts, gran	ts, and						
		similar amounts not included above	/e	f	5,261,310.				
	g	Noncash contributions included in lines	1a-1f: \$		455,271.				
	h	Total. Add lines 1a-1f			>	5,939,055.			
					Business Code				
2	а								
	b								
	с								
	d								
	е								
1		All other program service reve							
		Total. Add lines 2a-2f							
3		Investment income (including			· ·				1 500 500
		other similar amounts)				1,503,562.			1,503,562
4		Income from investment of tax		•	ŕ F				
5		Royalties							
			(i) Re	al	(ii) Personal				
		Gross rents							
		Less: rental expenses							
		Rental income or (loss)							
		Net rental income or (loss)	1						
7	а	Gross amount from sales of	(i) Secu		(ii) Other				
	_	assets other than inventory	20,000	,458.					
		Less: cost or other basis	17 000	000					
		and sales expenses	17,999						
		Gain or (loss)				2 001 276			2 001 276
		Net gain or (loss)			►	2,001,376.			2,001,376
8		Gross income from fundraising		στ					
		including \$ 677							
		contributions reported on line	-	_	438,368.				
		Part IV, line 18 Less: direct expenses							
		Net income or (loss) from fund			► Internet	-15,077.			-15,077
		Gross income from gaming ac	•						
	ŭ	Part IV, line 19							
	h	Less: direct expenses							
		Net income or (loss) from gam							
		Gross sales of inventory, less	-						
		and allowances		а					
		Less: cost of goods sold							
		Net income or (loss) from sale			· · · · · · · · · · · · · · · · · · ·				
	-	Miscellaneous Revenue			Business Code				
11	а								
	b								
	с								
	d	All other revenue							
1		Total. Add lines 11a-11d							
	е								

OVERLOOK FOUNDATION

Form 990 (2014)

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2014.05060 OVERLOOK FOUNDATION

OVERLOOK FOUNDATION Part IX Statement of Functional Expenses

<u>Secti</u>	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in t			
	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		4 944 654		
	and domestic governments. See Part IV, line 21	4,011,654.	4,011,654.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	154,501.	154,501.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	608,516.			608,516.
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	877,598.			877,598.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	248,946.			248,946.
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management	1,253. 3,600.		1,253. 3,600.	
b	Legal	3,600.		3,600.	
с	Accounting	56,917.		56,917.	
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.)	96,501.	3,340.	72,124.	21,037.
12	Advertising and promotion				
13	Office expenses	257,258.		173,955.	83,303.
14	Information technology	37,402.		37,402.	
15	Royalties				
16	Occupancy				
17	Travel	2,616.		2,616.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	28,340.		28,340.	
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)				
а	amount, list line 24e expenses on Schedule 0.)	23,076.		15,772.	7,304.
a b	BAD DEBT EXPENSE	10,873.		10,873.	,,5040
c	EQUIPMENT RENTAL	6,344.		6,344.	
d	FEDERAL TAX EXPENSE	3,450.		3,450.	
	All other expenses	12,386.		2,208.	10,178.
25	Total functional expenses. Add lines 1 through 24e	6,441,231.	4,169,495.	414,854.	1,856,882.
<u>25</u> 26	Joint costs. Complete this line only if the organization	-,,201.	_,_0,,1,0,,	,0010	_,
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here ► if following SOP 98-2 (ASC 958-720)				
	In 1010 Wing COL 30-2 (ROC 300-720)				

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Form **990** (2014)

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OVERLOOK FOUNDATION

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	נא	Chook if Schodule O contains a management	o to	v line in this Dort V			
		Check if Schedule O contains a response or note	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			4,105,618.	1	6,032,580.
	2	Savings and temporary cash investments			1/100/0100	2	0,002,000
	3	Pledges and grants receivable, net			1,694,666.	3	1,633,857.
	4	Accounts receivable, net			1,001,0001	4	1,000,001,
	5	Loans and other receivables from current and fo				-	
	3	trustees, key employees, and highest compensa					
						5	
	6	Part II of Schedule L Loans and other receivables from other disqualif				J	
	U	section 4958(f)(1)), persons described in section	-	· ·			
		employers and sponsoring organizations of section					
		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
Ass	8	Inventories for sale or use				8	
	9				138,942.	9	9,959.
		Land, buildings, and equipment: cost or other	 I		100,9121	5	5,5051
	100	basis. Complete Part VI of Schedule D	102	68,241.			
	h	Less: accumulated depreciation	10h		0.	10c	0.
	11	Investments - publicly traded securities			54,873,006.	11	57,372,321.
	12	Investments - other securities. See Part IV, line 1			15,416,881.	12	12,991,631.
	13	Investments - program-related. See Part IV, line 1			10,110,0011	13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			2,819,488.	15	2,711,182.
	16	Total assets. Add lines 1 through 15 (must equa			79,048,601.	16	80,751,530.
	17	Accounts payable and accrued expenses			336,465.	17	153,605.
	18	Grants payable			1,477,398.	18	1,052,482.
	19	Deferred revenue			54,075.	19	0.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
	22	Loans and other payables to current and former					
Liabilities		key employees, highest compensated employee					
lig						22	
Ľ	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines					
		Schedule D			8,854,532.	25	9,197,409.
	26	Total liabilities. Add lines 17 through 25			10,722,470.	26	10,403,496.
		Organizations that follow SFAS 117 (ASC 958)), chec	k here 🕨 🗴 and			
s		complete lines 27 through 29, and lines 33 and					
-jc	27	Unrestricted net assets			8,725,118.	27	8,564,925.
alaı	28	Temporarily restricted net assets			32,390,560.	28	33,379,245.
d B	29	Permanently restricted net assets			27,210,453.	29	28,403,864.
<u>n</u>		Organizations that do not follow SFAS 117 (As	SC 958	3), check here 🕨 🗌			
٩. ۳		and complete lines 30 through 34.					
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds				30	
SSE	31	Paid-in or capital surplus, or land, building, or eq				31	
∋t A	32	Retained earnings, endowment, accumulated inc	come,	or other funds		32	
ž	33	Total net assets or fund balances			68,326,131.	33	70,348,034.
	34	Total liabilities and net assets/fund balances			79,048,601.	34	80,751,530.
							Form 990 (2014)

Form 990 (2014)
Part X Balance Sheet

Form	990 (2014) OVERLOOK FOUNDATION	51-	019405	4 F	-age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>916.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			231.
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>685.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	68,3		
5	Net unrealized gains (losses) on investments	5	-9	<u>44,</u>	<u>543.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-	<u>21,</u>	239.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	70,3	<u>48,</u>	034.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>	X
			_	Ye	s No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			3	<u> </u>
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?			s X	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?			; X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Auc	lit		
	Act and OMB Circular A-133?			3	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red aud	it		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				
			-	00	0 (001 4)

Form **990** (2014)

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(Form	990	or	990-	EZ)
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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.

2014	
Open to Public Inspection	

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at	www.irs.gov/fo	rm990	Э.
		-	-

Name	oft	the organization							identification number
			LOOK FOUND						1-0194054
Par	t I	Reason for Public C	Charity Status	All organizations must co	omplete th	is part.) Se	e instructions	S.	
The o	rgan	ization is not a private found	ation because it is: (I	For lines 1 through 11, c	heck only	one box.)			
1 [A church, convention of ch	urches, or associatio	on of churches described	l in sectio	on 170(b)(1	I)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E.)					
з [A hospital or a cooperative			ection 170)(b)(1)(A)(ii	i).		
4 [A medical research organization	ation operated in co	njunction with a hospital	described	l in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6 [A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).		
7 [X	An organization that norma						ne general p	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8 [A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9 [An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	oort from o	contributio	ns, membersl	nip fees, an	d gross receipts from
		activities related to its exem	npt functions - subject	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of it	s support f	rom gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the org	anization a	Ifter June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
10 [An organization organized a	and operated exclusi	ively to test for public sa	fety. See	section 50)9(a)(4).		
11 [An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box in
		lines 11a through 11d that	describes the type o	f supporting organizatior	n and com	plete lines	11e, 11f, and	11g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	pically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	l or controlled in connect	tion with it	s supporte	ed organizatio	n(s), by hav	ring
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
с		Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functional	ly integrate	ed with,
		its supported organization	n(s) (see instructions). You must complete l	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	integrated. A supp	porting organization oper	ated in co	nnection w	ith its suppor	ted organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	/eness
		requirement (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V .		
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.			
f	Ente	er the number of supported o	organizations						
g	Prov	vide the following information	about the supporte	d organization(s).					
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) Is the o listed i	rganization in vour	(v) Amount or		(vi) Amount of
		organization		above or IRC section		document?	support Instruct	-	other support (see Instructions)
				(see instructions))	Yes	No	Instruct	10113)	

 Total
 LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2014

Form 990 or 990-EZ. 432021 09-17-14

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Schedule A (Form 990 or 990-EZ) 2014 OVERLOOK FOUNDATION

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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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6534031.	5192897.	5129272.	8651936.	5939055.	31447191.
2	Tax revenues levied for the organ-						
	ization'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	6534031.	5192897.	5129272.	8651936.	5939055.	31447191.
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)						2696775.
6	Public support. Subtract line 5 from line 4.						28750416.
Se	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	6534031.	5192897.	5129272.	8651936.	5939055.	31447191.
8	Gross income from interest,						
-	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	1047692.	1017915.	1471303.	1318615.	1503562.	6359087.
9	Net income from unrelated business						
Ŭ	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	127 380.	112,220.	264,225.	83,972.	438,368.	1026165.
44	Total support. Add lines 7 through 10	12773000	112/2200	201/2250	0070720	15075000	38832443.
	Gross receipts from related activities,	etc. (see instructio				12	500521150
	First five years. If the Form 990 is for		,	d fourth or fifth to			
13	organization, check this box and stor				-		
Se	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2014 (I			olumn (f))		14	74.04 %
	Public support percentage from 2013		•			15	74.76 %
	33 1/3% support test - 2014. If the c					· · · · · ·	
100	stop here. The organization qualifies	-					
F	33 1/3% support test - 2013. If the c		•		line 15 is 33 1/3%		······································
	and stop here. The organization qual	-					
17-					13 162 or 16b a		
170	17a 10% -facts-and-circumstances test - 2014. 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						
	-			-	-	-	
L	meets the "facts-and-circumstances"	-		• • • •		Za and line 15 is	
C	10% -facts-and-circumstances test	-					
	more, and if the organization meets the				• •		■
40	organization meets the "facts-and-circ		•	-			
18	Private foundation. If the organization	IT UIU HOT CHECK A	box on line 13, 16	a, 100, 17a, 0r 17b			
					Sche	aule A (FUIII 99() or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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.)

Section A. Public Support						
Calendar year (or fiscal year beginning	g in) ▶ (a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, ar	ıd					
membership fees received. (De	o not					
include any "unusual grants.")	·					
2 Gross receipts from admission merchandise sold or services formed, or facilities furnished i any activity that is related to th organization's tax-exempt purpose	per- in he					
3 Gross receipts from activities are not an unrelated trade or b						
iness under section 513						
4 Tax revenues levied for the orgization's benefit and either pai	°					
or expended on its behalf						
5 The value of services or faciliti furnished by a governmental u the organization without chard	unit to					
6 Total. Add lines 1 through 5	· · · ·					
7a Amounts included on lines 1, 2						
3 received from disqualified pe	,					
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	ved : e					
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from I						
Section B. Total Support	ine 6.)					
Calendar year (or fiscal year beginning	g in) ▶ (a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	, , , , , , , , , , , , , , , , , , , ,		(0) 2012			
 10a Gross income from interest, dividends, payments received securities loans, rents, royaltie and income from similar source 	on					
b Unrelated business taxable incom (less section 511 taxes) from busi acquired after June 30, 1975						
c Add lines 10a and 10b						
 Net income from unrelated bu activities not included in line 1 whether or not the business is regularly carried on 	siness Ob, S					
12 Other income. Do not include or loss from the sale of capital assets (Explain in Part VI.)	gain I					
13 Total support. (Add lines 9, 10c, 11, a		L				
14 First five years. If the Form 99	90 is for the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organi:	zation,
check this box and stop here						
Section C. Computation of					1 1	
15 Public support percentage for			olumn (f))		15	%
16 Public support percentage fro					16	%
Section D. Computation of	Investment Income	• Percentage				
17 Investment income percentage					17	%
18 Investment income percentage					18	%
19a 33 1/3% support tests - 2014	If the organization did r	ot check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line	17 is not
more than 33 1/3%, check this b 33 1/3% support tests - 201 3						
line 18 is not more than 33 1/3	-					
20 Private foundation. If the org						

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (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 11a or 11b 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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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 IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 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).*
- **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 9(a)) 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 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer (b) 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.)

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Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 OVERLOOK FOUNDATION
Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
4	Did the diverters twisters as membership of one as more supported exceptions have the neuror to		163	NU
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
		1		
Sec	the supported organization(s). tion D. Type III Supporting Organizations			
			Yes	No
	Did the executation provide to each of its supported executations, by the last day of the fifth month of the		Tes	NO
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions)		
2	Activities Test. Answer (a) and (b) below.	uotionoj.	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
432025	5 09-17-14 Schedule A (Form 9	90 or 99	0-EZ)	2014
	18		,	

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Schedule A (Form 990 or 990-EZ) 2014 OVERLOOK FOUNDATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1

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

Section 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		
Section 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		
e 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		
Section 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-functional	ly-integrate	d Type III supporting orga	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2014

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Schedule A (Form 990 or 990 EZ) 2014 OVERLOOK FOUNDATION

	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	I OIJIOJI Fager
Sect	ion D - Distributions		(continuou)	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	<u>.</u>		
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
с				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
с				
	Excess from 2013			
е	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

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Schedule A (Form 990 or 990-EZ) 2014	OVERLOOK	FOUNDATION

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

FUNDRAISING	
2010 AMOUNT: \$	127,380.
2011 AMOUNT: \$	112,220.
2012 AMOUNT: \$	264,225.
2013 AMOUNT: \$	83,972.
2014 AMOUNT: \$	438,368.

90	HEDULE D	Supplement	al Financial Statements		OMB No. 1545-0047		
	Form 990)						
•	Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.						
	Partach to Form 990. Prnal Revenue Service ► Information about Schedule D (Form 990) and its instructions is at <u>www.irs.gov/form990</u> .						
Nam	ame of the organization Employer OVERLOOK FOUNDATION 5						
Pa	rt I Organiza		d Funds or Other Similar Funds or	r Accou	51-0194054 nts. Complete if the		
		n answered "Yes" to Form 990, Part IV, line					
			(a) Donor advised funds	(b) Fu	nds and other accounts		
1	Total number at er	nd of year					
2		f contributions to (during year)					
3	Aggregate value of	f grants from (during year)					
4	Aggregate value at	t end of year					
5	Did the organizatio	on inform all donors and donor advisors in v	writing that the assets held in donor advised	funds			
	are the organizatio	n's property, subject to the organization's	exclusive legal control?		Yes No		
6	e e		dvisors in writing that grant funds can be us				
			r donor advisor, or for any other purpose co	0			
Do							
			ganization answered "Yes" to Form 990, Par	t IV, line 7			
1		servation easements held by the organization	· · · ·				
		of land for public use (e.g., recreation or e	, <u> </u>				
		f natural habitat	Preservation of a certifie	ed historic	structure		
•		of open space	ind an any other an ability diam in the former of		tion concert on the last		
2		8 0 I	ied conservation contribution in the form of	a conserva	ation easement on the last		
	day of the tax year				Held at the End of the Tax Year		
-	Total number of co	onservation essements		2a	TICIU AL LIC LILU UT LIC TAX TCAT		
b							
c	•		ucture included in (a)	····			
			ofter 8/17/06, and not on a historic structure				
		., .					
3							
	year 🕨						
4	Number of states v	where property subject to conservation eas	ement is located >				
5	Does the organizat	tion have a written policy regarding the per	iodic monitoring, inspection, handling of				
	violations, and enfo	orcement of the conservation easements it	holds?		Yes No		
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	and enforcing conservation easements durir	ng the year	· •		
7	-		enforcing conservation easements during the	•	\$		
8			e satisfy the requirements of section 170(h)(
-	and section 170(h)						
9		-	on easements in its revenue and expense sta				
			ion's financial statements that describes the	organizat	ion's accounting for		
Pa	conservation ease		Art, Historical Treasures, or Othe	er Simila	r Assets.		
		the organization answered "Yes" to Form					
1a	· · · · · ·		C 958), not to report in its revenue statemer	nt and bala	ince sheet works of art		
			hibition, education, or research in furtherance				
		note to its financial statements that descri			,,,		
b	If the organization	elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement ar	nd balance	sheet works of art, historical		
	b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts						
	relating to these ite				· ·		
	-			►	\$		
				•			
2			asures, or other similar assets for financial g		e		
		unts required to be reported under SFAS 1					
а	-			►	\$		
b							
		advetion Act Nation and the Instantions	·		Calcadula D (Farma 000) 0014		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14 Schedule D (Form 990) 2014

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Sche		K FOUNDATIC			5	51-01	94054	Page 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	er Similar	Assets	(continu	ued)
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that are a s	significant us	se of its c	ollection i	items
	(check all that apply):							
а	Public exhibition d Loan or exchange programs							
b	Scholarly research	е	Other					
с	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's exe	empt purpos	e in Part	XIII.	
5	During the year, did the organization solicit o	r receive donations o	f art, historical treas	sures, or other simila	ar assets			
	to be sold to raise funds rather than to be ma	aintained as part of th	e organization's col	lection?			Yes	No No
Par	t IV Escrow and Custodial Arrang	gements. Comple	te if the organizatio	n answered "Yes" to	o Form 990,	Part IV, li	ne 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.	-					
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contributions	s or other assets not	t included			
	on Form 990, Part X?						Yes	No No
b	If "Yes," explain the arrangement in Part XIII							
		·	Ū.				Amount	
с	Beginning balance				1c			
d	Additions during the year							
е	Distributions during the year							
f	Ending balance							
2a	Did the organization include an amount on Fe				ility?		Yes	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	planation has been	provided in Part XIII				
Par		f the organization and	swered "Yes" to For	m 990, Part IV, line	10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three ye	ears back	(e) Four	years back
1a	Beginning of year balance	45,730,769.	36,439,160.	31,052,372.		39,406.		918,765.
b	Contributions	1,198,029.	3,847,468.	420,001.		26,432.		075,234.
с	Net investment earnings, gains, and losses	1,602,618.	6,242,549.	4,561,217.	- 38	34,114.	5,	388,263.
d	Grants or scholarships	876,772.	499,612.	309,107.				
	Other expenditures for facilities	,		,				
•	and programs			-1,107,403.	77	79,352.		492,856.
f	Administrative expenses	366,580.	298,796.	392,726.		,		,
g	End of year balance	47,288,064.	45,730,769.	,		52,372.	31,	889,406.
2	Provide the estimated percentage of the curr		, ,		,	,	,	,
a	Board designated or quasi-endowment		%					
b	Permanent endowment 60.07	%	_,,,					
	Temporarily restricted endowment 3							
Ŭ	The percentages in lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should							
3a	Are there endowment funds not in the posse	-	tion that are held an	nd administered for t	he organizat	tion		
ou	by:	solori or the organiza			ine organiza			Yes No
	(i) unrelated organizations						3a(i)	X
							3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations						3b	
4	Describe in Part XIII the intended uses of the							
Par	t VI Land, Buildings, and Equipm							
	Complete if the organization answere		Part IV. line 11a. Se	e Form 990. Part X	line 10			
	Description of property	(a) Cost or ot			Accumulate	ч	(d) Book	value
		basis (investm		. ,	epreciation		(4) 2001	Value
19	Land		,					
b	Buildings							
	Leasehold improvements							
d	Equipment		4	6,100.	46,10	0.		0.
	0.11			2,141.	$\frac{10,10}{22,14}$			0.
	Other Add lines 1a through 1e. (Column (d) must e							0.
TOLD	i Aud intes ra through re. (Column (d) must e	<u>qual Form 990, Part /</u>	<u>, column (B), line 1(</u>	JC.J		Schodulo	D (Form	990) 2014
						schedule	D (POIM	3301 20 14

Schedule D (Form 990) 2014	OVERLOOK	FOUNDATION

51-	01	94	05	4	Page 3

Part VII	Investments - Other Securities.				
	Complete if the organization answered "Yes"				
(a) Descrip	Dtion of security or category (including name of security)	(b) Book value	(c) Method of va	aluation: Cost or end	l-of-year market value
	al derivatives				
	-held equity interests				
(3) Other		10 001 00			773 7 7777
	TERNATIVE INVESTMENTS	12,991,63	I. END-OF-Y	EAR MARKET	VALUE
(B)					
(C) (D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨	12,991,63	1.		
Part VII	Investments - Program Related.				
	Complete if the organization answered "Yes"				
	(a) Description of investment	(b) Book value	(c) Method of va	aluation: Cost or enc	l-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
<u>(6)</u> (7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets.				
	Complete if the organization answered "Yes"	to Form 990, Part IV,	ine 11d. See Form 990, P	Part X, line 15.	
	(a)	Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
<u>(6)</u> (7)					
(8)					
(9)					
	ımn (b) must equal Form 990. Part X. col. (B) line	. 15)			
Part X	Other Liabilities.				
	Complete if the organization answered "Yes"	to Form 990, Part IV,	ine 11e or 11f. See Form	990, Part X, line 25.	
1.	(a) Description of liability		(b) Book value		
	deral income taxes				
	NUITY OBLIGATIONS		884,089.		
	JE TO OVERLOOK MEDICAL CE	SNTER	8,313,320.		
(4)					
(5)					
(6)					
(7)					
(9)					
	<u>ımn (b) must equal Form 990, Part X, col. (B) line</u>	25)	9,197,409.		
	<i>imn (p) must equal Form 990, Part X, col. (B) line</i> / for uncertain tax positions. In Part XIII, provide			ancial statements th	nat reports the
-	ation's liability for uncertain tax positions under		-		

Schedule D (Form 990) 2014

Sche	dule D (Form 990) 2014 OVERLOOK FOUNDATION			51-	0194054 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per Re		
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	•			
1	Total revenue, gains, and other support per audited financial statements			1	8,916,579.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	-944,543.		
b	Donated services and use of facilities	. 2b			
с	Recoveries of prior year grants	. 2c			
d	Other (Describe in Part XIII.)	. 2d	-21,239.		
е	Add lines 2a through 2d			2e	-965,782.
3	Subtract line 2e from line 1			3	9,882,361.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. 4b	-453,445.		
с	Add lines 4a and 4b			4c	-453,445.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)			5	9,428,916.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem		n Expenses per l	Retur	n.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a			1	6,894,676.
1	Total expenses and losses per audited financial statements			1	0,094,070.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities				
b	Prior year adjustments				
с	Other losses		453,445.		
a	Other (Describe in Part XIII.)				453,445.
e	Add lines 2a through 2d			2e	6,441,231.
3	Subtract line 2e from line 1			3	0,441,231.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)				^
С	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	6,441,231.
Pa	rt XIII Supplemental Information.				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

ENDOWMENT FUNDS ARE USED TO FURTHER THE ORGANIZATION'S TAX EXEMPT PURPOSE.

PART X, LINE 2:

THE FOUNDATION HAS NO UNRECOGNIZED TAX BENEFITS AT JUNE 30, 2015, AND

2014. THE FOUNDATION'S FEDERAL AND STATE INCOME TAX RETURNS PRIOR TO

FISCAL YEARS 2012 AND 2011, RESPECTIVELY, ARE CLOSED AND MANAGEMENT

CONTINUALLY EVALUATES CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS.

IF APPLICABLE, THE FOUNDATION WILL RECOGNIZE INTEREST AND PENALTIES

ASSOCIATED WITH TAX MATTERS AS MANAGEMENT AND GENERAL CHARGES AND INCLUDE

ACCRUED INTEREST AND PENALTIES WITH ACCOUNTS PAYABLE AND ACCRUED EXPENSES 432054 10-01-14 Schedule D (Form 990) 2014

Schedule D (Form 990) 2014 OVERLOOK FOUNDATION Part XIII Supplemental Information (continued)	51-0194054 _{Pag}
IN THE STATEMENTS OF FINANCIAL POSITION. THERE WERE NO	D INTEREST OR
PENALTIES PAID FOR THE YEARS ENDED JUNE 30, 2015, AND	2014.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
PRESENT VALUE ADJUSTMENT	-21,239
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES	-453,445
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES	453,445
	Schedule D (Form 990) 2
¹³²⁰⁵⁵ 10-01-14 32	. ,

SCHEDULE G	Supplama	ntel Information Description	Euro	Iraiai	na or Comina A			OMB No. 1545-0047				
(Form 990 or 990-EZ)		ntal Information Regarding e organization answered "Yes" to F						2014				
Department of the Treasury		organization entered more than \$1 Attach to Form 990	5,000 o	on For	rm 990-EZ, line 6a.	,		Open to Public				
Internal Revenue Service		bout Schedule G (Form 990 or 990-EZ)				ov/fo	rm 990.	Inspection				
Name of the organization		K FOUNDATION					Employer id	entification number				
Part I Fundrais		Complete if the organization answe	ered "Y	es" to	Form 990. Part IV. li	ne 17						
required to	complete this part	t.										
a 📃 Mail solicitat			tion of	non-g	overnment grants							
•												
		or oral agreement with any individual art VII) or entity in connection with p				tees	or Ve	s No				
	n highest paid indi	viduals or entities (fundraisers) pursu				he fu						
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or con contrib	ustody itrol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization				
			Yes	No								
		I		L								
		n is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from r	egistration				
	aduction Act Not	ion con the Instructions for Forms	000 ~~	000 -	7	ohe-		000 or 000 EZ 0014				
-	eauction ACt Noti	ice, see the Instructions for Form S	งลก ol	990-E	z. S	cnec	iule G (Form	990 or 990-EZ) 2014				
432081 08-28-14		2.2										

Schedule G (Form 990 or 990 EZ) 2014 OVERLOOK FOUNDATION

51-0194054 Page 2

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

		of fundraising event contributions and gro		,	<u> </u>	5 greater than \$5,000.		
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
						(add col. (a) through		
				GOLF	2	col. (c))		
0			(event type)	(event type)	(total number)			
nu								
Revenue	1	Gross receipts	656,851.	233,620.	225,642.	1,116,113.		
<u>т</u>								
	2	Less: Contributions	405,926.	136,645.	135,174.	677,745.		
	3	Gross income (line 1 minus line 2)	250,925.	96,975.	90,468.	438,368.		
	4	Cash prizes						
	5	Noncash prizes	5,225.		599.	5,824.		
ŝ								
ğ	6	Rent/facility costs	26,407.	57,816.	46,121.	130,344.		
Ы								
Direct Expenses	7	Food and beverages	100,600.	40,045.	32,616.	173,261.		
٦								
	8	Entertainment	94,510.			94,510.		
	9	Other direct expenses	37,446.	5,112.	6,948.	49,506.		
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		►	453,445.		
11 Net income summary. Subtract line 10 from line 3, column (d)								
a	rt I	Gaming. Complete if the organization	answered "Yes" to Form	990, Part IV, line 19, or r	eported more than			
		\$15,000 on Form 990-EZ, line 6a.						
	(a) Bingo (b) Pull tabs/instant (c) Other gaming (
nue				bingo/progressive bingo		col. (a) through col. (c))		

anue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)				
Revenue	1	Gross revenue								
ses	2	Cash prizes								
stens	3	Noncash prizes								
Direct Expenses	4	Rent/facility costs								
	5	Other direct expenses								
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No					
	7	Direct expense summary. Add lines 2 through	5 in column (d)		►					
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)							
	10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No b If "Yes," explain:									
	_	3-28-14			Schedule G (Fo	rm 990 or 990-EZ) 2014				
10200	- 00									

<u>Sch</u> e	edule G (Form 990 or 990-EZ) 2014 OVERLOOK FOUNDATION 51-	0194	054	Page
11	Does the organization conduct gaming activities with nonmembers?		Yes	
	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	N
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		
	An outside facility			
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address 🕨			
			Vac	
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		162	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
	of gaming revenue retained by the third party \blacktriangleright \$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address			
	Gaming manager information:			
10				
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
47				
	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		V	
	retain the state gaming license?	🖵	res	
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Pa	organization's own exempt activities during the tax year s Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III,	lines 0	06 10	h 15h
ı a	Supplemental information. Provide the explanations required by Part 1, line 2b, columns (iii) and (v), and Part II, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	lines 9, s	90, 10	0, 150,
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).			
43208	3 08-28-14 Schedule G (Fo 35	rm 990 o	or 990	-EZ) 201
201	211 147227 0154112-0154112.0990 2014.05060 OVERLOOK FOUNDATION	J		0154
5 0⊿				

432084 05-01-14	36		
432084		Schedule G (Form 990 or 990	-EZ)

SCHEDULE I	SCHEDULE I Grants and Other Assistance to Organizations,						OMB No. 1545-0047			
(Form 990)	(Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.									
Department of the Treasury Internal Revenue Service Information about Schedule I (Form 990) and its instructions is at www.jrs.gov/form990.										
Name of the organization Employer i OVERLOOK FOUNDATION										
Part I General Ir	nformation on Grants a	nd Assistance						51-0194054		
 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 										
Part II Grants an	d Other Assistance to	Domestic Organiz	ations and Domestic	Governments. C	omplete if the orga	anization answered "Y	′es" to Form 990, Part	IV, line 21, for any		
	hat received more than §					(f) Method of				
	ddress of organization vernment	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
ATLANTIC HEALTH S	YSTEM									
478 SOUTH ST.	0.6.0	51-1985255	F01(C)(2)	625 200	0.			BREAST ULTRASOUND UNITS		
MORRISTOWN, NJ 07	960	51-1965255	501(C)(3)	625,200.	0.			BREAST OLTRASCOND UNITS		
ATLANTIC HEALTH S	YSTEM									
478 SOUTH ST.								COLORECTAL RENOVATION OF		
MORRISTOWN, NJ 07	960	51-1985255	501(C)(3)	400,000.	٥.			MAC BUILDING		
ATLANTIC HEALTH S	YSTEM									
478 SOUTH ST.								CERE-TOM CORE SYSTEM FOR		
MORRISTOWN, NJ 07	960	51-1985255	501(C)(3)	360,952.	0.			NEUROLOGY		
ATLANTIC HEALTH S	YSTEM									
478 SOUTH ST.								E10 ULTRASOUND WITH		
MORRISTOWN, NJ 07	960	51-1985255	501(C)(3)	301,000.	0.			ADVANCE PROBE		
ATLANTIC HEALTH S	YSTEM									
478 SOUTH ST.	0.00	E1 100EDEE	E01(0)(2)	250 605	0			EATING DISORDERS POSITION		
MORRISTOWN, NJ 07	500	51-1985255	50T(C)(2)	259,695.	0.			SUPPORT		
ATLANTIC HEALTH S	YSTEM									
478 SOUTH ST.								MRI PROCESSING DYNACAD		
MORRISTOWN, NJ 07	960	51-1985255	501(C)(3)	254,800.	0.			SYSTEM		
2 Enter total numb	per of section 501(c)(3) a	nd government org	ganizations listed in the	e line 1 table				▶72.		
3 Enter total numb	per of other organizations	s listed in the line 1	I table					►		

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

OVERLOOK FOUNDATION Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(b) EIN

51-1985255 501(C)(3)

(c) IRC section

if applicable

(d) Amount of

cash grant

172,557.

(e) Amount of

non-cash

assistance

0.

(f) Method of

valuation

(book, FMV,

appraisal, other)

(g) Description of

non-cash assistance

(a) Name and address of

organization or government

E 1	0194054	
<u> </u>	0194054	

PROGRAMS

(h) Purpose of grant

or assistance

SUPPORT FOR PROFESSIONAL

DEVELOPMENT AND EDUCATION

Page 1

ATLANTIC HEALTH SYSTEM						
478 SOUTH ST.						POSITION SUPPORT FOR
MORRISTOWN, NJ 07960	51-1985255 5	501(C)(3)	125,000.	0.		NEUROLOGY SERVICE LINE
ATLANTIC HEALTH SYSTEM						
478 SOUTH ST.						CONSTRUCTION OF LACKLAND
MORRISTOWN, NJ 07960	51-1985255 5	501(C)(3)	122,502.	0.		NEUROLOGY WAITING ROOM
ATLANTIC HEALTH SYSTEM						
478 SOUTH ST.						PEDIATRIC EPILEPSY
MORRISTOWN, NJ 07960	51-1985255 5	501(C)(3)	100,530.	0.		EQUIPMENT
ATLANTIC HEALTH SYSTEM						
478 SOUTH ST.	F1 1005055		00.055	•		SUPPORT FOR HOSPICE
MORRISTOWN, NJ 07960	51-1985255 5	501(C)(3)	89,855.	0.		PROGRAM
						POSITION SUPPORT FOR
ATLANTIC HEALTH SYSTEM						PRINCIPAL AUTISM
478 SOUTH ST.						INVESTIGATOR & STUDY
MORRISTOWN, NJ 07960	51-1985255 5	501(C)(3)	78,498.	0.		COORDINATOR
ATLANTIC HEALTH SYSTEM						
478 SOUTH ST.						TOUDNAL CURCEDIDUTONS FOR
		-01/01/21	74 110	0		JOURNAL SUBSCRIPTIONS FOR
MORRISTOWN, NJ 07960	51-1985255 5	501(C)(3)	74,119.	0.		OMC LIBRARY
ATLANTIC HEALTH SYSTEM						
478 SOUTH ST.						SUPPORT FOR PALLIATIVE
MORRISTOWN, NJ 07960	51-1985255 5	501(C)(3)	50,000.	0.		CARE
	51-1905255	501(0)(5)	50,000.	0.		
ATLANTIC HEALTH SYSTEM						
478 SOUTH ST.						CARDIOVASCULAR CAPITAL
MORRISTOWN, NJ 07960	51-1985255 5	501(C)(3)	49,286.	0.		EQUIPMENT
·					• · ·	Schedule I (Form 990)

Schedule I (Form 990)

ATLANTIC HEALTH SYSTEM

MORRISTOWN, NJ 07960

478 SOUTH ST.

organization or government if applicable cash grant

(b) EIN

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(c) IRC section

ATLANTIC HEALTH SYSTEM 478 SOUTH ST.					HOLOGIC 3D BIOPSY UNIT -
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	47,110.	0.	WOMEN'S IMAGING
ATLANTIC HEALTH SYSTEM					
478 SOUTH ST.					CHILD LIFE SPECIALIST
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	46,750.	0.	POSITION SUPPORT
ATLANTIC HEALTH SYSTEM					RESPITE CARE &
478 SOUTH ST.					TRANSPORTATION FOR
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	46,115.	0.	PATIENTS
ATLANTIC HEALTH SYSTEM					
478 SOUTH ST.					
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	43,383.	0.	PASTORAL CARE SUPPORT
ATLANTIC HEALTH SYSTEM					
478 SOUTH ST.	54 4005055		20.442		
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	39,143.	0.	NEUROLOGY SYMPOSIUMS
ATLANTIC HEALTH SYSTEM					
478 SOUTH ST.					CAPITAL SUPPORT FOR
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	37,950.	0.	BEHAVIORAL HEALTH
				••	
ATLANTIC HEALTH SYSTEM					
478 SOUTH ST.					PALLIATIVE CARE PHYSICIAN
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	37,687.	0.	SUPPORT
ATLANTIC HEALTH SYSTEM					
478 SOUTH ST.					SUPPORT FOR VALERIE
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	37,000.	0.	PROGRAM
ATLANTIC HEALTH SYSTEM					
478 SOUTH ST.					HOLOGIC 3D BIOPSY UNIT -
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	32,890.	0.	BREAST CARE

(d) Amount of

(e) Amount of

non-cash

assistance

(f) Method of

valuation

(book, FMV,

appraisal, other)

(g) Description of

non-cash assistance

Schedule I (Form 990)

Schedule I (Form 990) OVERLOOK FOUNDATION

(a) Name and address of

(h) Purpose of grant

or assistance

Schedule I (Form 990) OVERLOOK FOUNDATION

(a) Name and address of

organization or government

ATLANTIC HEALTH SYSTEM

MORRISTOWN, NJ 07960

ATLANTIC HEALTH SYSTEM

MORRISTOWN, NJ 07960

MORRISTOWN, NJ 07960

ATLANTIC HEALTH SYSTEM

ATLANTIC HEALTH SYSTEM

478 SOUTH ST.

478 SOUTH ST.

478 SOUTH ST.

478 SOUTH ST.

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(c) IRC section

if applicable

(d) Amount of

cash grant

29,184.

27,500

26,723,

(e) Amount of

non-cash

assistance

0.

Ο.

Ο.

(f) Method of

valuation

(book, FMV, appraisal, other)

(b) EIN

51-1985255 501(C)(3)

51-1985255 501(C)(3)

51-1985255 501(C)(3)

SUPPORT

BREAST CARE FOR

UNDERSERVED

(h) Purpose of grant

or assistance

ULTRASOUND FOR CARDIOLOGY

PASTORAL CARE EDUCATION

SUPPORT TOWARD ECHO

(g) Description of

non-cash assistance

Page 1

AND SOUTH ST.		04.005		
MORRISTOWN, NJ 07960	51-1985255 501(C)(3)	24,925.	0.	BLADDER SCANNERS
ATLANTIC HEALTH SYSTEM				
478 SOUTH ST.				TECHNOLOGY SERVICE
MORRISTOWN, NJ 07960	51-1985255 501(C)(3)	24,850.	0.	SUPPORT FOR NEUROLOGY
ATLANTIC HEALTH SYSTEM				
478 SOUTH ST.				SUPPORT FOR INTEGRATIVE
MORRISTOWN, NJ 07960	51-1985255 501(C)(3)	23,988.	0.	MEDICINE
ATLANTIC HEALTH SYSTEM				SUPPORT FOR PATIENT
478 SOUTH ST.				LIAISON CHEMO INFUSION
MORRISTOWN, NJ 07960	51-1985255 501(C)(3)	22,824.	0.	CENTER
ATLANTIC HEALTH SYSTEM				
478 SOUTH ST.				CAPITAL EQUIPMENT FOR
MORRISTOWN, NJ 07960	51-1985255 501(C)(3)	20,390.	0.	EMERGENCY DEPARTMENT
ATLANTIC HEALTH SYSTEM				
478 SOUTH ST.				CHILD LIFE POSITION AND
MORRISTOWN, NJ 07960	51-1985255 501(C)(3)	20,233.	0.	PROGRAM SUPPORT

15,650.	0.	
,		

Schedule I (Form 990)

51-1965255 501	.(C)(3)	10,232.	υ.	
51-1985255 501	.(C)(3)	15,650.	0.	
		41		

organization or government	(D) EIN	if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
ATLANTIC HEALTH SYSTEM							
478 SOUTH ST.							STROKE SUPPORT GROUPS &
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	20,150.	0.			САМР
ATLANTIC HEALTH SYSTEM							
478 SOUTH ST.							
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	19,000.	0.			TEE PROBES FOR CARDIOLOGY
ATLANTIC HEALTH SYSTEM							
478 SOUTH ST.							SUPPORT FOR DIABETES
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	18,818.	0.			EDUCATION & PROGRAMS
ATLANTIC HEALTH SYSTEM							CAPITAL
478 SOUTH ST.							EQUIPMENT/CONSTRUCTION
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	17,841.	٥.			FOR UNION EMERGENCY DEPT.
HOMETOWNE TELEVISION							
COMMUNITES ON CABLE, INC. 70 MAPLE							MEDICAL PROGRAMMING &
SUMMIT, NJ 07901	22-2336028	501(C)(3)	17,000.	0.			PRODUCTION EQUIPMENT
ATLANTIC HEALTH SYSTEM							
478 SOUTH ST.							
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	16,925.	0.			SUPPORT FOR CANCER CENTER
ATLANTIC HEALTH SYSTEM							
478 SOUTH ST.							EDUCATION FOR NEUROLOGY
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	16,647.	0.			NURSING
ATLANTIC HEALTH SYSTEM							
478 SOUTH ST.							EARLY DETECTION OF
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	16,232.	0.			OVARIAN CANCER RESEARCH
ATLANTIC HEALTH SYSTEM							
478 SOUTH ST.							CAPITAL & PROGRAM SUPPORT
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	15,650.	0.			FOR HEALTHSTART

OVERLOOK FOUNDATION Schedule I (Form 990)

(a) Name and address of

(f) Method of

(g) Description of

(d) Amount of (e) Amount of

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(c) IRC section

(b) EIN

(h) Purpose of grant

4	2		

	FOUNDATIO						01-0194054 Pag
Part II Continuation of Grants and Other	Assistance to Gov	vernments and Orgar	nizations in the Un	ited States (School	edule I (Form 990), Pa	rt II.)	1
(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
ATLANTIC HEALTH SYSTEM							
478 SOUTH ST.							INTEGRATIVE MEDICINE
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	14,348.	0.			POSITION SUPPORT
ATLANTIC HEALTH SYSTEM							
478 SOUTH ST.							SUPPORT FOR CAREGIVER
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	13,477.	0.			CENTER PROGRAM
ATLANTIC HEALTH SYSTEM							ONCOLOGY NURSE
478 SOUTH ST.	E1 100EDEE	F(1)(q)(2)	10 700	0.			COORDINATOR POSITION
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	12,729.	0.			SUPPORT
ATLANTIC HEALTH SYSTEM							SUPPORT FOR ONCOLOGY
478 SOUTH ST.							INTEGRATIVE MEDICINE
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	12,729.	0.			COORDINATOR
			, *				
ATLANTIC HEALTH SYSTEM							
478 SOUTH ST.							
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	12,500.	0.			DIGITAL MONITORS
ATLANTIC HEALTH SYSTEM							
478 SOUTH ST.							SUPPORT OF PAIN PROGRAM
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	10,716.	0.			"PAINT YOUR PAIN" EVENT
				·			
ATLANTIC HEALTH SYSTEM							POSITION & PROGRAM
478 SOUTH ST.							SUPPORT FOR BEHAVIORAL
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	10,700.	0.			HEALTH
ATLANTIC HEALTH SYSTEM							
478 SOUTH ST.							DIALECTICAL BEHAVIORAL
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	10,000.	0.			THERAPY TRAINING
HOMETOWNE TELEVISION							
COMMUNITES ON CABLE, INC. 70 MAPLE							"30 MEDICAL MINUTES" WI
SUMMIT, NJ 07901	22-2336028	501(C)(3)	10,000.	0.			KASSANDRA ROMAS

Schedule I (Form 990) OVERLOOK FOUNDATION

Schedule I (Form 990)

Schedule I (Form 990) OVERLOOK FOUNDATION Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
SAGE ELDERCARE							
290 BROAD STREET							
SUMMIT, NJ 07901	22-1657969	501(C)(3)	10,000.	0.			"SAGE GUIDANCE" PROGRAM
		501(0)(3)	10,000.				
STOMP THE MONSTER							
P.O. BOX 521							"STOMP THE MONSTER"
MARLBORO, NJ 07746	27-3802796	501(C)(3)	10,000.	0.			PROGRAM
ATLANTIC HEALTH SYSTEM							
478 SOUTH ST.							WOUND CARE SYMPOSIUM
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	9,564.	٥.			SUPPORT
ATLANTIC HEALTH SYSTEM							
478 SOUTH ST.							ONCOLOGY NURSING
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	9,446.	0.			EDUCATION
ATLANTIC HEALTH SYSTEM							
478 SOUTH ST.							
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	8,902.	0.			DIABETIC HOME PROGRAM
ATLANTIC HEALTH SYSTEM							POSITION SUPPORT FOR
478 SOUTH ST.							DIRECTOR OF PALLIATIVE
MORRISTOWN, NJ 07960	51-1985255	501(0)(3)	8,200.	0.			GRANT
MORRISIONN, NO 07500	51 1905255	501(0)(3)	0,200.				GRANI
ATLANTIC HEALTH SYSTEM							
478 SOUTH ST.							BREAST & OVARIAN CANCER
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	7,766.	0.			SYMPOSIUM
			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·			
ATLANTIC HEALTH SYSTEM							
478 SOUTH ST.							VASCULAR SYMPOSIUM
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	7,575.	0.			SUPPORT
			1				
MADISON AREA YMCA							
111 KINGS RD.							
MADISON, NJ 07940	22-1487385	501(C)(3)	7,500.	٥.			"COMMUNITY PRIDE" PROGRA

Schedule I (Form 990)

5,000.	

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Schedule I (Form 990)

(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
ATLANTIC HEALTH SYSTEM							
478 SOUTH ST.							SUPPORT FOR MOVEMENT
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	7,309.	0.			DISORDERS PROGRAM
ATLANTIC HEALTH SYSTEM							
478 SOUTH ST.							SUPPORT FOR DIRECTOR OF
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	6,641.	٥.			PALLIATIVE CARE
ATLANTIC HEALTH SYSTEM							
478 SOUTH ST.							SUPPORT FOR NEUROLOGY
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	6,330.	٥.			RESEARCH & OTHER PROGRAMS
ATLANTIC HEALTH SYSTEM							
478 SOUTH ST.							
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	5,795.	٥.			PHARMACY EDUCATION
ATLANTIC HEALTH SYSTEM							
478 SOUTH ST.							SUPPORT FOR ST. GEORGE
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	5,516.	0.			UNIVERSITY PROGRAM
SENIOR SERVICES OF THE CHATHAMS							
58 MEYERSVILLE RD.							SENIOR TRANSPORTATION
CHATHAM, NJ 17928	52-1576533	501(C)(3)	5,000.	0.			SERVICE BUS
SUMMIT AREA YMCA							
490 MORRIS AVENUE							"LIVESTRONG" PROGRAM
SUMMIT, NJ 07901	22-1487392	501(C)(3)	5,000.	0.			OPERATING EXPENSES
OUR HOUSE FOUNDATION							
76 FLORAL AVENUE							"HEALTH AND WELLNESS AT
MURRAY HILL, NJ 07974	22-1230308	501(C)(3)	5,000.	0.			HOME" PROGRAM
ONEGIFT							
310 SOUTH STREET							ADMINSTRATIVE COSTS,
MORRISTOWN, NJ 07960	20-8992710	501(C)(3)	5,000.	0.			7/1/2014 - 6/30/2015

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

OVERLOOK FOUNDATION Schedule I (Form 990)

OVERLOOK FOUNDATION

	FOUNDATIO			ited Chatas (Cab			1-0194054 Pag
Part II Continuation of Grants and Other (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
DANA FARBER CANCER INSTITUTE 14 BINNEY STREET 30STON, MA 02115	04-2263040	501(C)(3)	5,000.	0.			SALLAN LEUKEMIA RESEARC PROGRAM
CANCER SUPPORT COMMUNITY CENTRAL NJ - 3 CROSSROADS DR SEDMINSTER, NJ 07921	22-3804609	501(C)(3)	5,000.	0.			"KIDS CONNECT/PARENTS CONNECT" PROGRAM
SUMMIT WRESTLING CLUB, INC. 2.0. BOX 296 SUMMIT, NJ 07902-0296	26-2050778	501(C)(3)	5,000.	0.			WRESTLING MAT FOR COMMUNITY CLUB

Schedule I (Form 990)

Schedule I (Form 990) (2014)

OVERLOOK FOUNDATION

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(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 non-cash assistance
ASSISTANCE TO FAMILIES OF CANCER PATIENTS	123	38,997.	0.		
EMERGENCY SUPPORT TO OVERLOOK MEMBERS	3	18,207.	0.		
PARTIAL REIMBURSEMENT FOR EXPENSES OF INTERNATIONAL MEDICAL MISSIONS	54	53,797.	0.		
SCHOLARSHIPS FOR NURSING CONTINUING EDUCATION	39	43,500.	0.		
SCHOLARDHITS FOR NORSING CONTINUING EDUCATION		43,300.	<u>0.</u>		

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I:

FY 2015 FINANCIALS INCLUDE CERTAIN ADJUSTMENTS FOR PRIOR PERIODS,

INFORMATION REFLECTED ON SCHEDULE I PART I DOES NOT INCLUDE THESE

ADJUSTMENTS. THEREFORE, INFORMATION SHOW ON SCHEDULE I PART I DOES NOT

TIE TO INFORMATION ON FORM 990, PART IX LINE 1.

Page 2

SCI	HEDULE J	Compensation Inform	nation	I	OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key En	nployees, and Highest		20	1/	
		Compensated Employees			20	14	h i
Denar	tment of the Treasury	 Complete if the organization answered "Yes" on Feature Attach to Form 990. 	orini 990, Part IV, iine 23.		Open to	Publ	ic
	al Revenue Service	Information about Schedule J (Form 990) and its instruction	tions is at <u>www.irs.gov/for</u>		Inspe		
Nam	e of the organizatio				identificatio		nber
De		OVERLOOK FOUNDATION		51-0	019405	4	
Pa	rt I Question	Regarding Compensation					
	o			~~		Yes	No
1a		ate box(es) if the organization provided any of the following to or f		90,			
		line 1a. Complete Part III to provide any relevant information rega	•				
	First-class or c		ance or residence for perso				
	Travel for com		business use of personal res				
			al club dues or initiation fee				
		pending account Personal service	ces (e.g., maid, chauffeur, c	nei)			
h	If any of the bayes	n line to are checked, did the organization follow a written policy	reading polymont or				
b	-	on line 1a are checked, did the organization follow a written policy rovision of all of the expenses described above? If "No," complet	5		1b		
2		require substantiation prior to reimbursing or allowing expenses					
2	-	s, including the CEO/Executive Director, regarding the items che	•		2		
	trustees, and onice						
3	Indicate which if a	y, of the following the filing organization used to establish the co	mpensation of the organizat	ion's			
-		ctor. Check all that apply. Do not check any boxes for methods u	•				
		tion of the CEO/Executive Director, but explain in Part III.					
	Compensation		ment contract				
	·		survey or study				
	X Form 990 of o		e board or compensation c	ommittee			
4	During the year, did	any person listed in Form 990, Part VII, Section A, line 1a, with re	espect to the filing				
	organization or a re	ated organization:					
а	Receive a severance	e payment or change-of-control payment?			4a		X
b	Participate in, or re	eive payment from, a supplemental nonqualified retirement plan?	?		4b	Х	
с	Participate in, or re	eive payment from, an equity-based compensation arrangement?	?		4c		X
	If "Yes" to any of lir	es 4a-c, list the persons and provide the applicable amounts for e	each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete line	es 5-9.				
5	For persons listed i	n Form 990, Part VII, Section A, line 1a, did the organization pay o	or accrue any compensatior	1			
	contingent on the r						
							X
		ation?					x
		5b, describe in Part III.					
6		n Form 990, Part VII, Section A, line 1a, did the organization pay o	or accrue any compensation	1			
	contingent on the r	•					
							X
b		ation?			6b		X
-		6b, describe in Part III.					
7		Form 990, Part VII, Section A, line 1a, did the organization provi			_		v
~		es 5 and 6? If "Yes," describe in Part III			7		X
8		reported in Form 990, Part VII, paid or accrued pursuant to a com					v
~		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," of			8		X
9		d the organization also follow the rebuttable presumption procedu					
		53.4958-6(c)?					
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.		Schee	dule J (Forn	n 990)	2014

432111 10-13-14

51-0194054

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denetits	(B)(i)-(D)	in column (B) reported as deferred in prior Form 990
(1) ANN OLIVA	(i)	254,069.	44,600.	13,194.	33,800.	19,619.	365,282.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KENNETH COLE	(i)	199,540.	4,700.	2,760.	18,877.	24,061.	249,938.	0.
DIR OF PLANNED GIVING & FI	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CONSTANCE F ADAMS	(i)	141,698.	0.	1,803.	18,740.	11,533.	173,774.	0.
DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2014

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4B:

ANN OLIVA, KENNETH COLE, CONSTANCE ADAMS AND LISBETH SEARING ALL

PARTICIPATE IN THE NON-QUALIFIED RETIREMENT PLAN AND RECEIVED \$33,800,

\$18,877, \$18,740, AND \$6,975 RESPECTIVELY.

SCHEDULE	Μ
(Form 990)	

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury	
Internal Revenue Service	

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

Open To Public Inspection

Name of	the o	organi	zatior
---------	-------	--------	--------

Information about Schedule M (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

nization		
	OVERLOOK	FOUNDATION

Employer identification number
51-0194054

Pa	rt I Types of Property								
		(a)	(b)	(c)		(d)			
		Check if	Number of	Noncash contr		Method of de			
		applicable	contributions or items contributed	amounts repor		noncash contrib	ution ar	nount	S
1	Art - Works of art	X	3			FMV			
				<u> </u>	550.	1 11 0			
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	Х	23	452,	809.	FMV			
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
13									
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (OTHER)	Х	2		112.	FMV			
26	Other ► ()								
27	Other ► ()								
28	Other ()								
<u>20</u> 29		ation during	the tex year for a						
29	Number of Forms 8283 received by the organiz	-			00				
	for which the organization completed Form 828	ss, Part IV, L	Jonee Acknowledg	jement	29			v	
								Yes	No
30a	During the year, did the organization receive by								
	must hold for at least three years from the date		l contribution, and	which is not requi	ired to be ι	used for			
	exempt purposes for the entire holding period?						30a		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	olicy that re	equires the review o	of any non-standar	d contribu	tions?	31		X
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell	l noncash				
	contributions?						32a		X
b	If "Yes," describe in Part II.								
33	If the organization did not report an amount in a	column (c) f	or a type of proper	ty for which colum	ın (a) is che	ecked,			
	describe in Part II.				.,				
LHA		the Instruct	tions for Form 990).		Schedule M	(Form	990) (2014)

Schedule M (Form 990) (2014) OVERLOOK FOUNDATION Part II Supplemental Information. Provide the informatio

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

AMOUNTS IN COLUMN B REPRESENT THE NUMBER OF CONTRBUTORS.

Schedule M (Form 990) (2014)

432142 08-12-14

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990



OVERLOOK FOUNDATION

51-0194054

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

DELIVER HIGH QUALITY, COST EFFECTIVE CARE FOR THE COMMUNITY.

FORM 990, PART VI, SECTION B, LINE 11:

THE AUDIT COMMITTEE REVIEWS THE FINANCIAL STATEMENTS ANNUALLY WITH THE

AUDITORS. THEY ALSO REVIEW THE FORM 990 BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

ON AN ANNUAL BASIS AND A CONDITION OF OFFICE, EVERY TRUSTEE, OFFICER AND

COMMITTEE MEMBER MUST COMPLETE AND FILE WITH THE BOARD OF TRUSTEES A

QUESTIONNAIRE PROVIDED FULLY DISCLOSING ANY CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

THE PERSONNEL COMMITTEE ESTABLISHES THE COMPENSATION OF THE EXECUTIVE

DIRECTOR, OTHER DIRECTORS AND KEY EMPLOYEES. THE PROCESS IS THEN REVIEWED

BY THE COMPENSATION AND BENEFITS AREA OF THE ATLANTIC HEALTH SYSTEM'S HUMAN

RESOURCES DEPARTMENT, UTILIZING COMPARABILITY DATA FROM AN OUTSIDE

ORGANIZATION.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, POLICIES AND FINANCIAL

STATEMNTS AVAILABLE TO THE PUBLIC AT THEIR OFFICE LOCATION UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PRESENT VALUE ADJUSTMENT

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization OVERLOOK FOUNDATION	Employer identification number 51-0194054
FORM 990, PART XII, LINE 2C	
THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT ASSUMES TH	E RESPONSIBILITY
OF THE OVERSIGHT OF THE AUDIT. THE AUDIT COMMITTEE REVI	EWS THE
FINANCIAL STATEMENT ANNUALLY WITH THE OUTSIDE AUDITORS.	
432212 08-27-14	Schedule O (Form 990 or 990-EZ) (2014
53 30211 147227 0154112-0154112.0990 2014.05060 OVERLOOK F	OUNDATION 01541

Page **2**

Schedule O (Form 990 or 990-EZ) (2014)