PUBLIC INSPECTION COPY

			EXTENDED TO MAY 15, 2018		OMB No. 1545-0047
-	Q	90	Return of Organization Exempt From		
Forr	n J	30	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code		^{s)} 2016
		of the Treasury enue Service	 Do not enter social security numbers on this form as it may Information about Form 990 and its instructions is at www 		Open to Public Inspection
-				JUN 30, 2017	Inspection
Bc	heck if	C Name of	f organization	D Employer identific	ation number
	- ⊐Addre				
	chang Name		LOOK FOUNDATION		194054
	chang Initial returr		usiness as and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Telephone number	
	Final Final	36 11	PPER OVERLOOK ROAD		522-2840
	termi	n-	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	21,331,757.
	Amer		IT, NJ 07902-0220	H(a) Is this a group re	
	Appli tion	^{ca-} F Name a	nd address of principal officer: MICHAEL TANENBAUM, ESQ		
	pend	SAME	AS C ABOVE	H(b) Are all subordinates in	cluded? Yes No
		empt status:		527 If "No," attach a	list. (see instructions)
			LOOKFOUNDATION.ORG	H(c) Group exemption	
			X Corporation Trust Association Other L	Year of formation: 1976 N	I State of legal domicile: NJ
Pa	art I	Summary			
ø	1		be the organization's mission or most significant activities: THE MISS		
Governance				ENTER'S MISSIO	
ern	2	Check this bo		ets. 35	
õ	3	Number of vot		35	
	4		·····	0	
ties	5		of individuals employed in calendar year 2016 (Part V, line 2a)		65
Activities &			of volunteers (estimate if necessary)		0.
Ac			business taxable income from Form 990-T, line 34		0.
		Not unrelated		Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)	6,505,448.	6,140,211.
nue	9		ce revenue (Part VIII, line 2g)	0.	0.
Revenue	10	•	come (Part VIII, column (A), lines 3, 4, and 7d)	2,355,458.	1,408,467.
č	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-4,946.	-86,566.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,855,960.	7,462,112.
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)	3,783,505.	4,084,044.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)	0.	0.
ŝ	15	Salaries, other	r compensation, employee benefits (Part IX, column (A), lines 5-10)	1,783,254.	1,774,363.
nse	16a	Professional fi	undraising fees (Part IX, column (A), line 11e)	0.	0.
Expenses	b	Total fundraisi	r compensation, employee benefits (Part IX, column (A), lines 5·10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) ▶ <u>1,938,330.</u>		
Ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)	641,755.	560,934.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,208,514.	6,419,341.
	19	Revenue less	expenses. Subtract line 18 from line 12	2,647,446.	1,042,771.
Net Assets or und Balances		-		Beginning of Current Year	End of Year
Bala	20	Total assets (F		78,959,503.	<u>88,478,255</u> 7,255,263.
let A Ind	21		(Part X, line 26)	7,427,904. 71,531,599.	81,222,992.
	22 art II		fund balances. Subtract line 21 from line 20	/ I, JJI, JJJ	UI,444,334.
		•	I declare that I have examined this return, including accompanying schedules and sta	tements and to the best of my	knowledge and helief it is
			. Declaration of preparer (other than officer) is based on all information of which prep		anomougo ana bonoi, it 15
	55110			and the any knowledge.	

Sign	Signature of officer		Date								
Here	MICHAEL TANENBAUM, ESQ Type or print name and title										
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN							
Paid	THOMAS LANNING	THOMAS LANNING	02/01	/18 self-employed P00851654							
Preparer	Firm's name COHNREZNICK LLP			Firm's EIN 22-1478099							
Use Only	Firm's address 🖌 4 BECKER FARM RO	AD									
	ROSELAND, NJ 07068 Phone no. 973-228-3										
May the If	May the IRS discuss this return with the preparer shown above? (see instructions)										
632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2016)											

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2016) OVERLOOK FOUNDATION 51-0194054 F
Par	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MISSION OF THE OVERLOOK FOUNDATION IS TO SUPPORT OVERLOOK MEDICAL
	CENTER'S MISSION TO DELIVER HIGH QUALITY, COST EFFECTIVE HEALTH CARE
	TO THE COMMUNITY.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$3, 791, 246. including grants of \$3, 791, 246.) (Revenue \$
	TO PROVIDE DIRECT SUPPORT TO OVERLOOK MEDICAL CENTER AND ITS RELATED
	COMMUNITY BY DELIVERING HIGH QUALITY, COST EFFECTIVE HEALTH CARE,
	PURCHASING STATE-OF-THE-ART EQUIPMENT AND FUNDING SPECIAL PROGRAMS.
4h	(Code:) (Eveneses \$ 292,798, including grants of \$ 2.92, 798,) (Revenue \$
4b	(Code:) (Expenses \$ 292,798. including grants of \$ 292,798.) (Revenue \$) (R
4b	TO PROVIDE SUPPORT TO COMMUNITY ORGANIZATIONS WITH PROJECTS
4b	
4b	TO PROVIDE SUPPORT TO COMMUNITY ORGANIZATIONS WITH PROJECTS
4b	TO PROVIDE SUPPORT TO COMMUNITY ORGANIZATIONS WITH PROJECTS
4b	TO PROVIDE SUPPORT TO COMMUNITY ORGANIZATIONS WITH PROJECTS
4b	TO PROVIDE SUPPORT TO COMMUNITY ORGANIZATIONS WITH PROJECTS
4b	TO PROVIDE SUPPORT TO COMMUNITY ORGANIZATIONS WITH PROJECTS
4b	TO PROVIDE SUPPORT TO COMMUNITY ORGANIZATIONS WITH PROJECTS
4b	TO PROVIDE SUPPORT TO COMMUNITY ORGANIZATIONS WITH PROJECTS
4b	TO PROVIDE SUPPORT TO COMMUNITY ORGANIZATIONS WITH PROJECTS
4b	TO PROVIDE SUPPORT TO COMMUNITY ORGANIZATIONS WITH PROJECTS
4b	TO PROVIDE SUPPORT TO COMMUNITY ORGANIZATIONS WITH PROJECTS
4b 4c	TO PROVIDE SUPPORT TO COMMUNITY ORGANIZATIONS WITH PROJECTS
	TO PROVIDE SUPPORT TO COMMUNITY ORGANIZATIONS WITH PROJECTS COMPLEMENTARY TO OVERLOOK MEDICAL CENTER.
	TO PROVIDE SUPPORT TO COMMUNITY ORGANIZATIONS WITH PROJECTS COMPLEMENTARY TO OVERLOOK MEDICAL CENTER.
	TO PROVIDE SUPPORT TO COMMUNITY ORGANIZATIONS WITH PROJECTS COMPLEMENTARY TO OVERLOOK MEDICAL CENTER.
	TO PROVIDE SUPPORT TO COMMUNITY ORGANIZATIONS WITH PROJECTS COMPLEMENTARY TO OVERLOOK MEDICAL CENTER.
	TO PROVIDE SUPPORT TO COMMUNITY ORGANIZATIONS WITH PROJECTS COMPLEMENTARY TO OVERLOOK MEDICAL CENTER.
	TO PROVIDE SUPPORT TO COMMUNITY ORGANIZATIONS WITH PROJECTS COMPLEMENTARY TO OVERLOOK MEDICAL CENTER.
	TO PROVIDE SUPPORT TO COMMUNITY ORGANIZATIONS WITH PROJECTS COMPLEMENTARY TO OVERLOOK MEDICAL CENTER.
	TO PROVIDE SUPPORT TO COMMUNITY ORGANIZATIONS WITH PROJECTS COMPLEMENTARY TO OVERLOOK MEDICAL CENTER.
	TO PROVIDE SUPPORT TO COMMUNITY ORGANIZATIONS WITH PROJECTS COMPLEMENTARY TO OVERLOOK MEDICAL CENTER.
	TO PROVIDE SUPPORT TO COMMUNITY ORGANIZATIONS WITH PROJECTS COMPLEMENTARY TO OVERLOOK MEDICAL CENTER.
	TO PROVIDE SUPPORT TO COMMUNITY ORGANIZATIONS WITH PROJECTS COMPLEMENTARY TO OVERLOOK MEDICAL CENTER.
	TO PROVIDE SUPPORT TO COMMUNITY ORGANIZATIONS WITH PROJECTS COMPLEMENTARY TO OVERLOOK MEDICAL CENTER.
4c	TO PROVIDE SUPPORT TO COMMUNITY ORGANIZATIONS WITH PROJECTS COMPLEMENTARY TO OVERLOOK MEDICAL CENTER.
4c	TO PROVIDE SUPPORT TO COMMUNITY ORGANIZATIONS WITH PROJECTS COMPLEMENTARY TO OVERLOOK MEDICAL CENTER.
4c 4d	TO PROVIDE SUPPORT TO COMMUNITY ORGANIZATIONS WITH PROJECTS COMPLEMENTARY TO OVERLOOK MEDICAL CENTER.
4c	TO PROVIDE SUPPORT TO COMMUNITY ORGANIZATIONS WITH PROJECTS COMPLEMENTARY TO OVERLOOK MEDICAL CENTER
4c 4d	TO PROVIDE SUPPORT TO COMMUNITY ORGANIZATIONS WITH PROJECTS COMPLEMENTARY TO OVERLOOK MEDICAL CENTER.

Form	990	(201	6
FUIII	330	(201	U,

 Form 990 (2016)
 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, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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		v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	44-1		x
•	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	Х	
-	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Tie	- 13	
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	
10-	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		- 23	
120		12a	х	
h	Schedule D, Parts XI and XII	- <u>-</u> -a		
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		14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19		X

Form **990** (2016)

632003 11-11-16

Form 990 (2016)	OVERLOOK		
Part IV	Checklist	of Required Sched	lules	(continued)

OVERLOOK FOUNDATION

			Yes	No
20 a D	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	f "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21 D	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
d	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	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	
	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	
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	ast 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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	ransaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
	s the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	hat the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		x
	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
	ormer officers, directors, trustees, key employees, highest compensated employees, or disgualified persons? If "Yes "			
	complete Schedule L, Part II	26		x
	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
	Vas the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	nstructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
	lirector, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	х	
	Did the organization liquidate, terminate, or dissolve and cease operations?			
	f "Yes," complete Schedule N, Part I	31		x
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete			
	Schedule N, Part II	32		x
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
	Nas the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	f "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	vithin the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	f "Yes," complete Schedule R, Part V, line 2	36		x
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
		—		_ <u>_</u>
JO I.	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			

Form 990 (2016)

632004 11-11-16

Form	990 (2016) OVERLOOK FOUNDATION		51-0194	054	P	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	41				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0				
с	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portabl	e gaming				
	(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	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions						
3a				3a		X	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b			
	At any time during the calendar year, did the organization have an interest in, or a signature or other a						
	financial account in a foreign country (such as a bank account, securities account, or other financial a	(ccount	?	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 A	ccounts	(FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		X	
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e organ	zation 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 contributi	ons or g	jifts				
	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 ser	vices pro	ovided to the payor?	7a	X X		
b	b If "Yes," did the organization notify the donor of the value of the goods or services provided?						
С	c 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					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?		7e		X	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		X	
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g			
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the					
_				8			
9	Sponsoring organizations maintaining donor advised funds.			-			
a				9a			
b				9b			
10	Section 501(c)(7) organizations. Enter:	40-1					
a L	Initiation fees and capital contributions included on Part VIII, line 12	10a					
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter:	11a					
a h	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against						
U		11b					
122	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	· · · · ·		12a			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		120			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
	Is the organization licensed to issue qualified health plans in more than one state?			13a			
d	Note. See the instructions for additional information the organization must report on Schedule O.			104			
 b Enter the amount of reserves the organization is required to maintain by the states in which the 							
5	organization is licensed to issue qualified health plans	13b					
с	Enter the amount of reserves on hand	13c					
		· · · ·		14a		x	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b			
					990	(2016)	

632005 11-11-16

5 2016.05040 OVERLOOK FOUNDATION 13590202 147227 0154112-0154112.0990

Form 990	(2016)
----------	--------

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.

In Enter the number of voting members of the governing body at the end of the tax year In these are material differences in voting rights among members of the governing body. If the governing body If the governing body with a procession included in line 1a, above, who are independent Image: State	Soot	Check if Schedule O contains a response or note to any line in this Part VI		<u></u>		-			
1a Enter the number of xoling members of the governing body 2 2 Did the enginatation hake gave body body body body body body and the governing body of the governing body of the governing body 3 3 3 Did the enginatation hake gave body down and the governing body of the governing body 3 4 4 Did the organization hake given body 5 6 6 6 5 Did the organization hake governing body? 6 6 6 6 5 Did the organization hake governing body? 8 8 8 8 6 Did the organization hake governing body? 8 8 8 8 6 Did the organization hake governing body? 8 8 8 8 7 Did the organization hake governing body? 8 8 8	Seci	tion A. doverning body and Management			Vac	-			
If the are analysis differences in wating rights among members of the governing body, or if the governing body, or if the governing body and the analysis in Schedule 0. 10 35 If the arganization diagnation is a structure or invitis commutation and the prediction of the organization has an independent of the organization diagnation is the analysis of the organization diagnation is the analysis of the organization diagnation is the analysis of the organization diagnation of the organization diagnation is the analysis of the organization diagnation is the organization of the organization diagnation is the organization diagnation is the organization diagnation is the organization diagnation become aware during the year of a significant diversion of the organization is assets? 2 If the organization make any significant changes to its governing documents ince the prior Form 900 was filed? 3 If the organization have members or stochholders? 6 If the organization have members or stochholders? 7 If the organization changes bits diversity of a virtue actions underlaten dring the year by the following: 7 If the organization on the organization reserved to (or subject to approval by) members, stockholders, or previous diverse of the governing body? 7 If the organization address? 7 8 If the organization have bload of the governing body? 8 8 If the organization have bload of the governing body? 8 8 8 8 8 8 8	10	Enter the number of voting members of the governing body at the end of the tay year	1.1. 3	5	Tes	2			
between the moder of wording members included in line 1a, above, who are independent 11 35 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of efficer, director, trustee, or key employees to a management company or other person? 3 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of efficers, director, or trustees, or key employees to a management company or other person? 3 4 Did the organization delegate control over management duties customarily performed by or under the direct supervision of the direct supervision of the organization takes members, stockholders? 5 6 Did the organization have members or stockholders? 6 7 7 Did the organization have members or stockholders? 7 8 Did the organization take members or stockholders? 7 9 Did the organization take members or stockholders? 7 9 Did the organization take members or 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 were management duties and stockholders. 7 9 Did the organization have were thave pres	Ia			4					
b Enter the number of writing members included in line 1a, above, who are independent									
2 Did the organization delegate control over management dufies customarily performed by or under the direct supervision of officer, director, trustee, or key employees to a management company or other person? 2 3 Did the organization delegate control over management dufies customarily performed by or under the direct supervision of officers, directors, or tustees, or key employees to a management company or other person? 3 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b A eary governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8a 5 Each committee with authority to act on bahaff of the governing body? 8a 6 Each committee with authority to act on bahaff of the governing body? 8a 5 Each committee with authority to act on bahaff of the governing body? 8a 6 Each committee with authority to act on bahaff of the governing body? 8a 7 Bid the organization nave members of indigon and authorses in Schedule O 9a 7 Bid the organization have written policies and procedures governing body? 8a 8 <td>b</td> <td></td> <td>46 3</td> <td>5</td> <td></td> <td></td>	b		46 3	5					
office, director, trustee, or key employee? 2 3 Did the organization delegate control over management dulies customarily performe by or under the direct supervision of officers, or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization have members or tockholders? 6 7 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the organization's assets? 6 7 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the organization centemporaneously document the metrings held or withen actions undertaken during the year by the following: 8 8 Did the organization notemporaneously document the metrings held or withen actions undertaken during the year by the following: 8 9 Is there any officer, director, those, or key employee listed in Part VII, Section A, who cannot be reached at the organization to release on the organization search as a doct mass in <i>Schedula</i> D 9 9 Is there any officer, director, the write more and processes and procedures governing body? 10 9 Is there any officer, director, the write more and processes and procedures governing body before filing the form? 10 9 Is there any officer, director, the write more and processes and procedures governing body before fi				ᅴ					
 3) Did the organization delegate control over management dules customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management diversion of the organization is assets? 4) Did the organization make any significant danges to its governing documents since the prior Form 990 was filed? 5) Did the organization have members, stockholders? 6) Did the organization have members or stockholders? 70 6) Did the organization have members or stockholders? 71 72 73 74 74 75 75 76 76 77 76 77 76 77 76 77 78 78 79 74 74 74 75 75 76 76 77 78 78 78 79 74 74 74 75 75 76 76 77 76 76 77 78 78 78 78 79 79 79 70 70 74 74 74 75 75 76 76 76 77 78 78 79 79 70 70<td>2</td><td></td><td></td><td></td><td></td><td></td>	2								
deficies, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization become aware during the year of a significant diversion of the organization is assets? 5 6 Did the organization have members as tockholders? 6 7 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the ognazitation reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 7 Did the organization nearmend excisions of the organization reserved to (or subject to approval by) members, stockholders, or more members of the governing body? 8 8 Did the organization nearmend excisions of the organization reserved to (or subject to approval by) members, stockholders, or more approver the organization for officer, director, trustee, or key meloyee listed in PatVII. Secton A, who cannot be reached at the organization provider. 8 9 Is there any officer, director, trustee, or key meloyee listed in PatVII. Secton A, who cannot be reached at the organization provide a complete cory of this Form S900 to all members of the governing body? 10 9 Is there any relation have local chapters, branches, or affliates? 10 10 10 10 10 <td< td=""><td>~</td><td></td><td></td><td>2</td><td></td><td></td></td<>	~			2					
 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was fied? 5 Did the organization have members or stockholders? 6 Did the organization have members or stockholders? 7 Did the organization have members or stockholders? 7 Did the organization nave members of the governing body? 9 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 9 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 9 The governing body? 9 Beach commission on the parameter to the stock of the governing body? 9 Is there any office, director, trustee, or key employee listed in Part VI, Soction A, who cannot be reached at the organization reserved to provide the names and addressae in Schedule 0 9 Is there any office, director, trustee, or key employee listed in Part VI, Soction A, who cannot be reached at the organization rave interpretions are consistent with the organization have include by the internal Resence Code. 9 Is there any office, director, trustee, branches, or affiliates? 10 Did the organization have interpretions are consistent with the organization is event purposes? 10 Did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are exempt purposes? 10 Did the organization have written conflict of theores (Did W) wrok, or of the solution by a written conflict of theores (Did W) wrok, or of the solution and derivation to review this Form 590. 11 Has the organization have written conflict of threes topolog? If wole, or of the process (Did Beer Beet Beet Beet Beet Beet Beet Beet	3		•						
 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 7 Did the organization have members of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Are any governance decision of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? B atch committee with authority to act on behalf of the governing body? B atch committee with authority to act on behalf of the governing body? B atch committee with authority to act on behalf of the governing body? B atch committee with authority to act on behalf of the governing body? B atch committee with authority to act on behalf of the governing body? B is there any forcer, director, trustee, or key members and addresses in Schedule 0 governing body? B is the organization maling address? If 'Yes,' provide the names and addresses in Schedule 0 governing body before fining the form? The governing body of this Form 900 to all members of its governing body before fining the form? Did the organization nave written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their coperators are consistent with the organization's exempt purposes? Did the organization nave a written conflict of interest policy? If 'No,'''' or form 990. Did the organization nave a written conflict of interest	_					-			
6 Did the organization have members or stockholders? 6						-			
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Ta 7a Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Ta 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Ta 9 Is there any officier, director, trastee, or key employee listed in Part VII, Saction A, who cannot be reached at the organization's mailing address? <i>II</i> , 'yes, ' provide the names and addresses in Schedule O 9 eection B. Policies (<i>This Section B requests information about policies and procedures governing</i> the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10a 10 Did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization regularity and consistently monitor and enforce compliance with she form 900. 11a Xa 20 Did the organization nave written outfliet of interest policy? <i>II 'Wa</i> , ' <i>go to line</i> 13 Xa Xa 210 Did the organization nave written outfliet of interest policy? <i>II 'Wa</i> , ' <i>go to line</i> 13 Xa Xa 220 Did the organization nave written outfliet on interest policy? <i>II 'Wa</i> , ' <i>go to line</i> 13						-			
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 b Each committee with authority to act on behalf of the governing body? 8 8 b Each committee with authority to act on behalf of the governing body? 8 8 committee with authority to act on behalf of the governing body? 8 8 committee with authority to act on behalf of the governing body? 8 8 committee with authority to act on behalf of the governing body? 8 8 committee with authority to act on behalf of the governing body? 9 9 committee with authority to act on behalf of the governing body? 9 9 committee with authority to act on behalf of the governing body? 9 9 committee with authority to act on behalf of the governing body? 9 9 committee with authority to act on behalf of the governing body? 9 9 committee with authority to act on behalf of the governing body? 9 9 committee with authority to act on behalf of the governing body? 10 10 committee with authority to act on behalf of the governing body? 10		•		6		-			
b Ar any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? B Old the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? B Each commute written theorities, or rekey employee listed in Part VII, Section A, who cannot be reached at the organization is mailing address? If "Yes," croxicis the names and addresses in Schedulo O effort B. PoliCies (This Section B requests information about policies not required by the Internal Revenue Code.) Vestions D. PoliCies (This Section B requests information about policies not required by the Internal Revenue Code.) Vestions D. PoliCies (This Section B requests information about policies not required by the Internal Revenue Code.) Vesting Did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization is form 1002. 10 bescribe in Schedule O the process, if any, used by the organization to review this Form 990. 12 Did the organization provide a complete copy of this Form 990 to all members of its governing body before filing the form? 14 As the organization nave a written contlict of interest policy? If "No," go to ine 13 in Schedule O how this was dore 15 Did the process for determing compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 14 X to the organization nave a written document retention and destruction policy? If "Yes," describe in joint venture arrangement with a taxable entity during the year? 16 Did the organization invective Director, or top management official in joint venture arrangement with a taxable entity during the year? 16 D	7a								
a persons other than the governing body? 7b a Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 7a a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8b X b Each committee with authority to act on behalf of the governing body? 8b X b Each committee with authority to act on behalf of the governing body? 9b 10b organization's mailing address? If "yss," provide the names and addresses in Schedule 0 9b 10c organization have local chapters, branches, or affiliates? 10a 10a 10b b If "yss," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization is exempt purposes? 10a 11a X b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a X b Ut the organization have a written conlicit or interes policy? 12a X c Did the organization have a written conlicit or interes policy? 12a X X b Ut t				7a		-			
B Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the tollowing: Image: State Sta	b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockholders, or						
a The governing body? Ba X b Each committee with authority to act on behalf of the governing body? Ba X b Each committee with authority to act on behalf of the governing body? Ba X b Each committee with authority to act on behalf of the governing body? Ba X b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 cection B. Policies (Dis Section B requests information about policies not required by the Internal Revenue Code.) Yes 00 Did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization neve written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operacins are consistent with the organization requires this governing body before filing the form? 11a 12a Bit the organization neve written policies and procedures operatization requires this form 990. 12a X 12a Did the organization neve awritten conflict of interest policy? If 'No," go to line 13 12a X 12b Did the organization have a written outenteretty monitor and enforce compliance with		persons other than the governing body?		7b					
b Each committee with authority to act on behalf of the governing body? Bo X 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,'' arowide the manes and addresses in Schedule 0. 9 ieotion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a id 'Yes,'' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's evernet purposes? 10a 11 Tal Ass the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 10a 12 Tal Ass the organization provided a complete copy of this Form 990. 12a 12 Did the organization provided a complete copy of this Form 990. 12a 12 Did the organization have a written conflict of intrest policy? If 'No,'' go to line 13 12a 12 Did the organization have a written written policy? 14 13 Did the organization have a written written comment retention and destruction policy? 14 14 Did the organization have a written written one deforce compliance written written and generon? 15b 14 Did the organization have a wr	8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the following:						
b Each committee with authority to act on behalf of the governing body? Bab X 9 is three any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "key," provide the names and addresses in Schedule O. 9 ierction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 9 ierction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10e 0 Did the organization have local chapters, branches, or affiliates? 10e 1 Has the organization provided a complete copy of this Form 990 tall members of its governing body before filing the form? 10e 1 Has the organization nave a written conflict of interest policy? If "No," go to line 13 12a X 2 Did the organization nave a written whitseblower policy? 14a X 12e X 2 Did the organization have a written whitseblower policy? 14a X 12e X 3 Did the organization nave a written whitseblower policy? 14a X 12e X 2 Did the organization nave a written whitseblower policy? 14a X X X 4 Did the organization	а	The governing body?		8a	Х				
9 is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's malling address? If 'Yes,' oprovide the names and addresses in Schedule O 9 9 bection B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 9 bit the organization have local chapters, branches, or affiliates? 10a 10 Tot the organization have local chapters, branches, or affiliates? 10b 11 Has the organization have written policies and proceedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization is exempt purposes? 10b 12 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 12a 12 Did the organization have a written conflict of interest policy? If 'No,'' go to line 13 12a 12 X Were officers, directors, or trustes, and key employees required to disclose annually interests that could give rise to conflicts? 12b 2 Did the organization have a written connent retention and destruction policy? 13 X 4 Did the organization have a written document retention and destruction policy? 13 X 4 Did the organization have a written document retention and destruction policy? 13 X 4 Did the organization have a written document reten				8b	Х				
granization's mailing address? /f 'Yes,' provide the names and addresses in Schedule O 9 election B. Policies (This Section B requests information about policies not required by the Internal Revenue Code). Vest 10a Did the organization have local chapters, branches, or affiliates? 10a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization have a written conflict of interest policy? If 'Yes,'' do the organization is a written conflict of interest policy? If 'Yes,'' do the organization are written conflict of interest policy? If 'Yes,'' describe 12a 2 Uset the organization have a written onlice of interest policy? If 'Yes,'' do the organization have a written onlice of interest policy? 13a 3 Did the organization have a written onlice of interest policy? 13a 4 Did the organization have a written onlice of the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a 3 Other officers or key employees of the process in Schedule O is evaluate and erapicable foderal tax law, and take steps to safeguard the organization's exampt status with respect to such arrangement official 15a 4 Did the organization in scher Arphicable federal tax law, and take steps to safeguard the organization's									
in the organization have local chapters, branches, or affiliates? Image: the organization have local chapters, branches, or affiliates? Image: the organization have local chapters, branches, or affiliates? in "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization is exempt purposes? Image: the organization have a written conflict of interest policy? If "No," go to line 13 in the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O have this was done Image: the organization have a written document retention and destruction policy? if the organization have a written document retention and destruction policy? Image: the organization have a written document retention and destruction policy? if the organization have a written document retention and destruction policy? Image: the organization have a written document retention and destruction policy? if the organization have a written document retention and destruction policy? Image: the organization have a written document retention and destructions). if the organization is Coo, Executive Director, or top management official Image: the organization is the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? if thes' to line 15a or 15b, describe the process in Schedule 0 (see instructions). Image: the organization invest in, contribute assets to, or participate in a joint ventu				9					
0a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10a 1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 2b Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 2b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b 2 Did the organization have a written document retention and destruction policy? 13 X 31 Did the organization have a written document retention and destruction policy? 14 X 4 Did the organization ins CEO, Executive Director, or top management official 15a X 5 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a 164 Did the organization follow and approach the process in Schedule O (see instructions). 16a 165 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity duri	Sect	tion B. Policies (This Section B requests information about policies not required by the Internal Be	venue Code)		1				
000 Did the organization have local chapters, branches, or affiliates? 101 01 TYes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 106 11 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the orm? 11a 20 Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 21 Did the organization have a written whisteblower policy? 12a 23 Did the organization have a written whisteblower policy? 12a 24 Did the organization have a written document retention and destruction policy? 13 24 Did the organization have a written document retention of the deliberation and decision? 12a 25 Did the organization have a written document retention of the deliberation and decision? 15b 26 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 15b 26 Did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements? 16a 26 Dif 'Yes," did the organization follow a written polic			venue oode.j		Yes				
b ff "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 all members of its governing body before filing the form? 12b Did the organization nave a written conflict of interest policy? <i>If "No," go to line 13</i> 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe</i> <i>in Schedule O how this was done</i> 12c Did the organization nave a written whistleblower policy? 13 Did the organization nave a written whistleblower policy? 14 Did the organization have a written whistleblower policy? 14 Did the organization have a written whistleblower policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 15 Did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with necho to way of this Form 900 is required to be filed ▶MJ 16 Dether official And the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with necho a copy of this Form 900 is required to be filed ▶MJ 16 Deter (organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the yeas; 16 Describer O Disclosure 17 List the s	10a	Did the organization have local chapters, branches, or affiliates?		10a					
and branches to ensure their operations are consistent with the organization's exempt purposes? 11 Ha has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 12 Did the organization have a written conflict of interest policy? If "No," go to line 13 12 Did the organization have a written whistleblower policy? 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written whistleblower policy? 15 Did the organization have a written document retention and destruction policy? 14 Did the organization have a written document retention and destruction policy? 14 X 15 Did the organization have a written document retention and destruction policy? 14 X 15 Did the organization have a written document retention and destruction policy? 14 X 15 Did the organization is cEO, Executive Director, or top management official 16 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16 If the organization invest under applicable federal tax law, and take steps to safeguard the organization in status with respect to such arrangements? 16 If "Yes" to line 15a or 15b, describe the seavailable. Check all that apply. 16 If west, "did the organization follow a written policy or procedure requiring the organization to evaluate its participation's exempt				100		•			
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a X b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a 12a 12d X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflict? 12a X c Did the organization have a written conflict of interest policy? <i>If</i> "Yes," <i>describe</i> 12c X 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written whistleblower policy? 14 X 14 Did the organization have a written whistleblower policy? 14 X 15 Did the organization have a written document retention and destruction policy? 15 X 14 X Did the organization have a written document retention and destructions). 15a X 15 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 15a X 16 If "Yes" to line 15a or 15b, describe the process in Schedule 0 (see instructions). 16b 16a 16a <t< td=""><td></td><td colspan="7"></td></t<>									
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 122 Did the organization have a written conflict of interest policy? <i>If *No,* go to line 13</i> 123 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 124 Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If *Yes,* describe</i> 126 X 128 X 129 X 120 X 129 Did the organization nave a written whistleblower policy? 130 Did the organization have a written document retention and destruction policy? 131 X 132 Did the organization have a written document retention and destruction policy? 132 Did the organization have a written document retention and destruction policy? 133 Did the organization have a written document retention and destruction policy? 134 Did the organization's CEO, Executive Director, or top management official 15a X 15b Other officers or key employees of the organization 15a X 15b T 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 174 List the states with which a copy of this Form 990 is required to be filed ▶NJ 183 Section 6.04 requires an organization to make its Form 990 is required to be filed ▶NJ 183 Section 6.04 requires an organization to make its Form 990 is required to be filed ▶NJ 183 Section 6.04 requires an organization to make its Form 990 is required to be filed ▶NJ 183 Section 6.04 requires an organization to make its Form 990 is required to be filed ▶NJ 183 Section 6.04 requires an organization to make its Form 990 is required to be filed ▶NJ 184 Did wreake available to whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial state	44.				v	•			
22a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustes, and key employees required to disclose annually interests that could give rise to conflicts? 12b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 14 X 14 Did the organization have a written document retention and destruction policy? 14 X 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a X b Other officers or key employees of the organization 15a X b If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions). 15a X 16a 15a Y 17 Is the states with nespect to such arrangements? 16a 18 Section 61.04 requires an organization to make its Form 900 is required to be filed ▶NJ 16b 19 Describe in Schedule O wheth a copy of this Form 990 is required to be filed ▶NJ 16b 19 Describe in Schedule O whether (and it so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 16 Describe in Schedule O									
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12b X 13 Did the organization have a written whistleblower policy? 13 X 14 X Did the organization have a written document retention and destruction policy? 14 X 15 Did the organization is CEO, Executive Director, or top management official 15a X 16 Oth the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a 16a 16 If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions). 16a 16a 16 If "Yes," did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a 16a 16 If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organizations's ceo following and and tax law, and take steps to safeguard the organization's ceo following and and tax law, and take steps to safeguard the organization's ceo following were sampla									
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c X 13 Did the organization nave a written whistleblower policy? 13 X 14 X 14 Did the organization have a written whistleblower policy? 14 X 15 Did the organization have a written document retention and destruction policy? 14 X 15 Did the organization have a written document retention and destruction policy? 15 X 14 X X X X 15 Did the organization for CON process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a X a The organization 's CEO, Executive Director, or top management official 15b X b Other officers or key employees of the organization 15b X 164 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a 16a 165 If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicabl									
in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 X 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 14 X a The organization's CEO, Executive Director, or top management official 15a X b Other officers or key employees of the organization 15b X if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a 16a 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organizations's exempt status with respect to such arrangements? 16b ieetion C. Disclosure Image: Construction in Schedule O Image: Construction in Schedule O 17 List the states with which a copy of this Form 990 is required to be filed ▶NJ Imag									
3 Did the organization have a written whistleblower policy? 13 X 4 Did the organization have a written document retention and destruction policy? 14 X 5 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 X 14 X 6 The organization's CEO, Executive Director, or top management official 15a X 15b X 9 Other officers or key employees of the organization 15a X 15b X 16 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a 16a b If 'Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b 16b 200 Exection C. Disclosure 16b NJ 16b 16b 18 Section 6104 requires an organization to make its Form 990 is required to be filed NJ 16b 16b 16b 19 Describe in Schedule O w	С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
14 Did the organization have a written document retention and destruction policy? 14 X 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 X a The organization's CEO, Executive Director, or top management official 15a X b Other officers or key employees of the organization 15b X 16 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16a Form 500 to Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶NJ 18 8 Section 6.104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. 16 IX Own website Another's website X Upon request Other (explain in Schedule O)						-			
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a X a The organization's CEO, Executive Director, or top management official 15a X b Other officers or key employees of the organization 15a X If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a 16a 16a 16b X 16a 16 Ti Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16a 16 Exection C. Disclosure 16b 17 List the states with which a copy of this Form 990 is required to be filed ▶NJ 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. IX Own website Another's website IX Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements avai	13				_	-			
a The organization's CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization 15b if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a 16a 16a b If "Yes," did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16a vector C. Disclosure 16b 17 List the states with which a copy of this Form 990 is required to be filed ▶MJ 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3) sonly) available for public inspection. Indicate how you made these available. Check all that apply. IX Own website IP Another's website IX Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: IM ILELIA BIAMONTI - 908-522-2840 IV ILELIA BIAMONTI - 908-522-2840	14	Did the organization have a written document retention and destruction policy?		14	X				
a The organization's CEO, Executive Director, or top management official 15a X b Other officers or key employees of the organization 15b X If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a 16a 16a 16a 16a b If "Yes," did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 16b 16b 17 List the states with which a copy of this Form 990 is required to be filed ▶NJ 16b 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Image: Check all that apply. Image:	15	Did the process for determining compensation of the following persons include a review and approva	l by independent						
b Other officers or key employees of the organization		persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). I6a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 16b 77 List the states with which a copy of this Form 990 is required to be filed ▶NJ 88 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. IX Own website Another's website IX Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶	а	The organization's CEO, Executive Director, or top management official		15a	_				
I6a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? I6a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? I6a If List the states with which a copy of this Form 990 is required to be filed ▶NJ Iffeeting Poly If Section C. Disclosure Iffeeting Poly If List the states with which a copy of this Form 990 is required to be filed ▶NJ Iffeeting Poly If Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. If Own website Another's website If Upon request Other (explain in Schedule O) If Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. Enterting Poly Poly Poly Poly Poly Poly Poly Poly	b	Other officers or key employees of the organization		15b	Х				
I6a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? I6a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? I6a If List the states with which a copy of this Form 990 is required to be filed ▶NJ Iffeeting Poly If Section C. Disclosure Iffeeting Poly If List the states with which a copy of this Form 990 is required to be filed ▶NJ Iffeeting Poly If Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. If Own website Another's website If Upon request Other (explain in Schedule O) If Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. Enterting Poly Poly Poly Poly Poly Poly Poly Poly		If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 16b 17 List the states with which a copy of this Form 990 is required to be filed ▶NJ 16b 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ○ Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶	16a		nent with a						
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Bection C. Disclosure 16b 17 List the states with which a copy of this Form 990 is required to be filed ▶NJ 16b 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Image: Check all that apply. Image: Imag				16a					
in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 16b exempt status with respect to such arrangements? 16b Gection C. Disclosure 16b 17 List the states with which a copy of this Form 990 is required to be filed ▶NJ 16b 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Image: Check all that apply. IV Image: Another's website Image: Check all that apply. Image: Check all that apply. I9 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. Image: Check all that apply. Image: Check all that apply. I0 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. Image: Check all that apply. Image: Check all that apply. I1 Image: State the name, address, and telephone number of the person who possesses the organization's books and records: Image: State the name, address, and telephone number of the person who possesses the organization's books and records: Image: State the name, address, and telephone, SUMMIT, NJ 07902-0220	b					1			
exempt status with respect to such arrangements? 16b Section C. Disclosure 17 17 List the states with which a copy of this Form 990 is required to be filed ▶NJ 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. IX Own website Another's website IX Upon request Other (explain in Schedule O) Interest policy, and financial statements available to the public during the tax year. 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. Endetset Endet									
 Section C. Disclosure I7 List the states with which a copy of this Form 990 is required to be filed ▶NJ I8 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O) I9 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶ CLELIA BIAMONTI - 908-522-2840 36 UPPER OVERLOOK ROAD, SUMMIT, NJ 07902-0220 				16b					
 Ist the states with which a copy of this Form 990 is required to be filed ▶NJ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: ▶ CLELIA BIAMONTI - 908-522-2840 36 UPPER OVERLOOK ROAD, SUMMIT, NJ 07902-0220 	Sect			105					
 8 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. I Own website Another's website I Upon request Other (explain in Schedule O) 9 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 80 State the name, address, and telephone number of the person who possesses the organization's books and records: CLELIA BIAMONTI - 908-522-2840 36 UPPER OVERLOOK ROAD, SUMMIT, NJ 07902-0220 						•			
for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: <u>CLELIA BIAMONTI - 908-522-2840</u> <u>36 UPPER OVERLOOK ROAD, SUMMIT, NJ 07902-0220</u> Form 990			(Saction 501(c)(3)c only)	availabl		•			
X Own website Another's website X Upon request Other (explain in Schedule O) 9 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶ CLELIA BIAMONTI - 908-522-2840 36 UPPER OVERLOOK ROAD, SUMMIT, NJ 07902-0220 Form 990 Store 11-11-16	10			availabi	5				
 Pescribe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: ► <u>CLELIA BIAMONTI - 908-522-2840</u> <u>36 UPPER OVERLOOK ROAD, SUMMIT, NJ 07902-0220</u> Form 990									
statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: CLELIA BIAMONTI - 908-522-2840 36 UPPER OVERLOOK ROAD, SUMMIT, NJ 07902-0220 S2006 11-11-16 Form 990 6									
20 State the name, address, and telephone number of the person who possesses the organization's books and records: CLELIA BIAMONTI - 908-522-2840 36 UPPER OVERLOOK ROAD, SUMMIT, NJ 07902-0220 2006 11-11-16 Form 990	19		iffict of interest policy, ar	id financ	al				
CLELIA BIAMONTI 908-522-2840 36 UPPER OVERLOOK ROAD, SUMMIT, NJ 07902-0220 07902-0220 Form 990 32006 11-11-16 6									
<u>36 UPPER OVERLOOK ROAD, SUMMIT, NJ 07902-0220</u> 32006 11-11-16 Form 990 6	20		oks and records: 🕨			-			
32006 11-11-16 Form 990						-			
6		36 UPPER OVERLOOK ROAD, SUMMIT, NJ 07902-0220				2			
	32006			Forn	ן 990	Ĺ			
0202 147227 0154112-0154112.0990 2016.05040 OVERLOOK FOUNDATION 03					01				

Form 990 (2	2016) OVERLOOK FOUNDATION	51-0194054	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest C	ompensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	l	11120	(0		ipen	Juic	(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated
	hours per	box,	box, unless person is both an officer and a director/trustee)			s both	n an	compensation	compensation	amount of
	(list any							from the	from related organizations	other compensation
	hours for	Individual trustee or director				ed		organization	(W-2/1099-MISC)	from the
	related	stee or	rustee			ensat		(W-2/1099-MISC)		organization
	organizations	al trus	onal ti		oloyee	comp				and related
	below line)	dividu	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) A. JUDE AVELINO	1.00	Ц	=	of	ξe	e H	Б			
TRUSTEE	1.00	х						0.	0.	0.
(2) AL LORD III	1.00	Δ								<u></u>
TRUSTEE	1.00	х						0.	0.	0.
(3) ALAN LIEBER	1.00	23								```
TRUSTEE	100	х						0.	0.	0.
(4) ANNE MARTINSON	1.00									
TRUSTEE		х						0.	0.	0.
(5) AVA SCHLESINGER	1.00									
OUTGOING TRUSTEE		х						0.	0.	0.
(6) BEV LUEHS	1.00									
VICE CHAIR		х		х				0.	0.	0.
(7) BRUCE F. WESSON	1.00									
TRUSTEE		х						0.	0.	0.
(8) CHRISTOPHER COATES	1.00									
TRUSTEE		Х						0.	0.	0.
(9) CHRISTOPHER SULLIVAN	1.00									
TRUSTEE		Х						0.	0.	0.
(10) CLELIA BIAMONTI, PHD	1.00									
TRUSTEE		Х						0.	0.	0.
(11) CLIFFORD M. SALES, M.D.	1.00									_
TRUSTEE		Х						0.	0.	0.
(12) D. ANDREW SPELLMAN	1.00									
OUTGOING TRUSTEE	1 0 0	Х						0.	0.	0.
(13) DAVID DIETZE	1.00									0
TRUSTEE	1 0 0	Х						0.	0.	0.
(14) DAVID G. HARTMAN	1.00	37								0
TRUSTEE	1 0 0	Х						0.	0.	0.
(15) DAVID WEXLER TRUSTEE	1.00	x						0.	0.	0
	1 00	Δ						0.	0.	0.
(16) EDWARD ZAMPELLA TRUSTEE	1.00	x						0.	0.	0.
(17) ERIC J. SHICK	1.00	Δ						U.	0.	0.
TREASURER	1.00	x		x				0.	0.	0.
	1	Δ		177	l			. 0.		Form 990 (2016)
632007 11-11-16				-	-					FUITI 500 (2016)

7

Form	990	(201	6
	330	(201	U.

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
(A)	(A) (B) (C)							(D)	(E)	(E) (F)			
Name and title	Average	Position (do not check more than one					200	Reportable	Reportable	Es	stimated		
	hours per	box	, unles	ss pei	rson i	s both	n an	compensation	compensation	an	nount of		
	week		cer an	dad	irecto	or/trus	tee)	from	from related		other		
	(list any hours for	recto						the	organizations		pensation		
	related	e or di	ee			sated		organization	(W-2/1099-MISC)		om the		
	organizations	rustee	l trust		ee	npens		(W-2/1099-MISC)		۲ ×	anization d related		
	below	Individual trustee or director	Institutional trustee	_	nploy	st cor	5				anizations		
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former						
(18) FRANCIS I. PERIER, JR.	1.00												
TRUSTEE		х						0.	0.		Ο.		
(19) GALE METZGER	1.00												
TRUSTEE		х						0.	0.		0.		
(20) GEORGE L. FOTIADES	1.00												
TRUSTEE		Х						0.	0.		0.		
(21) JACK S. MANN	1.00												
TRUSTEE		Х						0.	0.		0.		
(22) JAMES N. GARDNER, MD	1.00												
TRUSTEE		х						0.	0.		0.		
(23) JESSALYN CHANG	1.00										•		
TRUSTEE	1 0 0	Х						0.	0.		0.		
(24) JOHN VIGORITA, MD	1.00								0		•		
TRUSTEE	1 00	Х						0.	0.		0.		
(25) JOHN W. COOPER, ESQ.	1.00	77							0		0		
OUTGOING TRUSTEE	1 00	Х						0.	0.		0.		
(26) JOSHUA A. WEINREICH TRUSTEE	1.00	x						0.	0.		0.		
								0.	0.		0.		
1b Sub-total c Total from continuation sheets to Part VI								764,741.	0.	12	0,891.		
d Total (add lines 1b and 1c)			•••••					764,741.	0.		0,891.		
2 Total number of individuals (including but n							o re	,		1	0,0010		
compensation from the organization		030	1310	u ac	0000	<i>,</i> , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	010				4		
											Yes No		
3 Did the organization list any former officer,	director. or tru	istee	e. ke	v en	olan	vee.	or l	highest compensated en	nplovee on				
line 1a? If "Yes," complete Schedule J for si										3	X		
4 For any individual listed on line 1a, is the su										_			
and related organizations greater than \$150	•		•					•	•	4	Х		
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com	plete Schedule	e J f	or su	ich i	bers	on .		-		5	Х		
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated ind	lepe	nder	nt co	ontra	actor	rs th	nat received more than \$	100,000 of compensation	ation fro	om		
the organization. Report compensation for t	he calendar ye	ear e	endin	ıg w	ith c	or wi	thin	the organization's tax ye	ear.				
(A)								(B)		(0			
Name and business	address	N	ONE	6				Description of s	ervices	Compe	nsation		
							_						
2 Total number of independent contractors (ir	ncludina but na	ot lir	nited	l to	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	•				C			, <u>.</u>					
SEE PART VII, SECTION		IN	ŪΑ	ΤI	ON	S	HE	ETS		Form	990 (2016)		

Part VII Section A. Officers, Directors, 1	rustees, Key Er	nplo	yee	s, ar	nd H	ligh	est (Compensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Posi				Reportable	Reportable	Estimated
	hours	(C	heck	all t	that	app	ly)	compensation	compensation	amount of
	per week					e.		from the	from related organizations	other compensatio
	(list any	tor				ploye		organization	(W-2/1099-MISC)	from the
	hours for	or director				ed em		(W-2/1099-MISC)	()	organization
	related	stee o	ustee			en sat				and related
	organizations	al trus	onal tr		oloyee	comp				organizations
	below	Individual trustee	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former			
	line)	ln	^{su}	0ŧ	Ke	Ŧ	8			
(27) KARINA CALZADILLA	1.00								0	0
	1 00	Х						0.	0.	0
(28) KEITH HERTELL	1.00	v						0	0	0
IRUSTEE (29) MAGGIE HARIRI	1.00	Х						0.	0.	0
RUSTEE	1.00	x						0.	0.	0
(30) MANISH BHANDARI	1.00	^					-	· · ·		0
IRUSTEE	1.00	x						0.	0.	0
(31) MARY ANGUS BUSHNELL	1.00									
DUTGOING VICE CHAIR	1.00	x		x				0.	0.	0
(32) MELISSA TASSE, PHD	1.00									
IRUSTEE ,		x						0.	0.	0
(33) MERI BARER	1.00								• -	
TRUSTEE		х						0.	0.	0
(34) MICHAEL TANENBAUM, ESQ.	1.00									
CHAIRMAN		х		Х				0.	0.	0
(35) PAMLEA GUMPORT	1.00									
DUTGOING VICE CHAIR		Х		Х				0.	0.	0
(36) PAUL M.STARKER,MD	1.00									
IRUSTEE		Х						0.	0.	0
(37) RICHARD CARLSON	1.00									
OUTGOING TRUSTEE		Х						0.	0.	0
(38) ROY E. NATURMAN, MD	1.00									
OUTGOING TRUSTEE	1.00	Х						0.	0.	0
(39) SHANNON CROSS	1.00									
	1 0 0	Х						0.	0.	0
(40) STACY WILSON MCCANN	1.00								0	0
SECRETARY	1 00	Х		X				0.	0.	0
(41) TIMOTHY J. ERDAY	1.00	v						0	0	0
OUTGOING TRUSTEE	1 00	Х						0.	0.	0
(42) TRACY MCKEE IRUSTEE	1.00	x						0.	0.	0
(43) VINCENT URSINO, SR.	1.00	^		$\left \right $			-	· · ·		0
rustee	1.00	x						0.	0.	0
(44) ANN OLIVA	40.00									0
EXECUTIVE DIRECTOR		1		х				313,801.	0.	19,048
(45) KENNETH COLE	40.00	1							```	,040
DIR OF PLANNED GIVING & FINANCE		1			х			221,335.	0.	41,374
(46) LORIE MCDONALD	40.00	1						,,	.	,-,-
DIRECTOR		1				x		110,845.	0.	35,180

632201 04-01-16

9 13590202 147227 0154112-0154112.0990 2016.05040 OVERLOOK FOUNDATION

Form 990 OVERLOOK	FOUNDAI	'IC)N						51-019	4054
Part VII Section A. Officers, Directors, Tru	istees, Key En	est (Compensated Employe	ees (continued)						
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition	ı		Reportable	Reportable	Estimated
	hours	(cl				app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week					yee		the	organizations	compensation
	(list any	ector				old m		organization	(W-2/1099-MISC)	from the
	hours for	or dir	e.			ated e		(W-2/1099-MISC)		organization
	related	istee	truste		æ	bensi				and related
	organizations	ual tri	ional		ploye	tcom				organizations
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
	-	=	=	ò	ž	Ξ Ξ	Ĕ			
(47) MARIANNE DEVLIN	40.00							110 700	0	
DIRECTOR						X		118,760.	0.	25,289.
		1								
		1								
		1								
		1								
		1								
		1								
		ł								
			-	<u> </u>	-	-				
						<u> </u>				
					<u> </u>					
Total to Part VII, Section A, line 1c								764,741.		120,891.

632201 04-01-16

10 13590202 147227 0154112-0154112.0990 2016.05040 OVERLOOK FOUNDATION

		Check if Schedule O cont	ains a res	ponse	or note to any line	e in this Part VIII (A)	(B)	(C)	
						(A) Total revenue	(D) Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
? 0	1 a	Federated campaigns	1	1a					012 014
nut		Membership dues		1b					
Ē		Fundraising events		1c	549,560.				
ΓĀ		Related organizations		1d	,				
nila		Government grants (contributi		1e					
Sin		All other contributions, gifts, gran							
Jer	•	similar amounts not included abor		1f	5,590,651.				
ō	a	Noncash contributions included in lines							
and Other Similar Amounts	•	Total. Add lines 1a-1f			<u>`</u>	6,140,211.			
/					Business Code	, ,			
	2 a				Business orde				
	b								
ne	c								
ver	d								
Be	e								
Revenue		All other program service reve	nue						
		Total. Add lines 2a-2f							
	3	Investment income (including							
	0	other similar amounts)			· .	1,638,301.			1,638,301.
	4	Income from investment of tax							
	5	Royalties	•	•					
	5	noyanies	(i) R		(ii) Personal				
	6 2	Gross rents		cai	(ii) Feisonai				
		Less: rental expenses							
		Rental income or (loss)							
		Net rental income or (loss)							
		Gross amount from sales of	(i) Secu		(ii) Other				
	<i>1</i> a	assets other than inventory	13,341						
	h	Less: cost or other basis	10,011	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	b	and sales expenses	13,571	764					
	~	Gain or (loss)	-229						
						-229,834.			-229,834.
		Net gain or (loss)				225,034.			225,031
ne	0 a	Gross income from fundraising including \$ 549							
Other Revenue		contributions reported on line							
не		•	,	_	211,315.				
Jer	h	Part IV, line 18 Less: direct expenses		a b					
5		Net income or (loss) from func			· · · · ·	-86,566.			-86,566.
		Gross income from gaming ac	0						
	9 a								
	h	Part IV, line 19							
		Less: direct expenses							
		Net income or (loss) from gam			▶				
	10 a	Gross sales of inventory, less		_					
	L	and allowances Less: cost of goods sold							
\vdash	С	Net income or (loss) from sale		ury					
F	11 ~	Miscellaneous Revenu			Business Code				
	11а ь								
	b								
	C L								
		All other revenue							
		Total. Add lines 11a-11d				7,462,112.	0.	0.	1,321,901.
	12	Total revenue. See instructions.			🕨	,,=v2,±±2.	· · ·	υ.	Form 990 (2016

13590202 147227 0154112-0154112.0990

2016.05040 OVERLOOK FOUNDATION

OVERLOOK FOUNDATION

Form 990 (2016)

⁰¹⁵⁴¹¹²¹

OVERLOOK FOUNDATION Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons		his Part IX	· · · ·	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	3,924,108.	3,924,108.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	159,936.	159,936.		
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	636,746.			636,746
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	062 070			062 070
7	Other salaries and wages	863,078.			863,078.
8	Pension plan accruals and contributions (include				
~	section 401(k) and 403(b) employer contributions)	274,539.			274,539.
9	Other employee benefits	4/4,007.			4/4,009.
10	Payroll taxes				
11	Fees for services (non-employees):	5 212		5 212	
a L	Management	5,212. 10,152.		5,212. 10,152.	
b		70,235.		70,235.	
C L	Accounting	10,233.		10,233.	
d	Lobbying Professional fundraising services. See Part IV, line 17				
e f	Investment management fees				
ı g	Other. (If line 11g amount exceeds 10% of line 25,				
y	column (A) amount, list line 11g expenses on Sch O.)	38,970.		38,970.	
12	Advertising and promotion				
13	Office expenses	288,718.		232,722.	55,996.
.e 14	Information technology	19,334.		19,334.	
15	Royalties	,			
16	Occupancy				
17	Travel	3,423.		3,423.	
18	Payments of travel or entertainment expenses			-	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,031.		5,031.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)				EE 767
a	CAMPAIGN EXPENSES	55,767.			55,767.
b	MISCELLANEOUS EXPENSES	52,204.		7 200	52,204.
c	BAD DEBTS EXPENSES	7,298. 3,455.		7,298.	
d	EQUIPMENT RENTAL	1,135.		1,135.	
-	All other expenses	6,419,341.	4,084,044.	396,967.	1,938,330.
25 06	Total functional expenses. Add lines 1 through 24e	0,419,341.	4,004,044.	550,507.	т,950,330.
26	Joint costs . Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

632010 11-11-16

12

2016.05040 OVERLOOK FOUNDATION

01541121

Form 990 (2016)

Form 990 (2016)

_

OVERLOOK FOUNDATION Part X Balance Sheet

		Check if Schedule O contains a response or note	e to any line in	this Part X		·····	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			5,677,410.	1	5,037,523.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			2,249,358.	3	2,311,775.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensat					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualifi	ied persons (a	s defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), a	and contributing			
		employers and sponsoring organizations of section					
s		employees' beneficiary organizations (see instr).		-		6	
Assets	7	Notes and loans receivable, net		Г		7	
As	8	Inventories for sale or use				8	
	9				6,130.	9	154,238.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	68,241.			
	b			68,241.	0.	10c	0.
	11				53,795,354.	11	64,331,873.
	12	Investments - other securities. See Part IV, line 1			14,431,639.	12	13,244,537.
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			2,799,612.	15	3,398,309.
	16	Total assets. Add lines 1 through 15 (must equa			78,959,503.	16	88,478,255.
	17	Accounts payable and accrued expenses			255,889.	17	150,424.
	18	Grants payable			1,400,791.	18	1,074,957.
	19	Deferred revenue			, , .	19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
6	22	Loans and other payables to current and former					
Liabilities		key employees, highest compensated employees					
ilidi						22	
Lia	23	Secured mortgages and notes payable to unrelat				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay	-	Г			
		parties, and other liabilities not included on lines					
		Schedule D			5,771,224.	25	6,029,882.
	26				7,427,904.	26	7,255,263.
		Organizations that follow SFAS 117 (ASC 958)	, check here	► X and			
s		complete lines 27 through 29, and lines 33 and					
JCe	27	Unrestricted net assets			7,017,306.	27	8,472,727.
alar	28			34,910,998.	28	8,472,727. 42,181,943.	
d B	29	Permanently restricted net assets	29,603,295.	29	30,568,322.		
nnc		Organizations that do not follow SFAS 117 (AS					
ъF		and complete lines 30 through 34.					
tso	30					30	
sse	31	Paid-in or capital surplus, or land, building, or equ				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inc				32	
Ne	33	Total net assets or fund balances			71,531,599.	33	81,222,992.
	34	Total liabilities and net assets/fund balances			78,959,503.	34	88,478,255.
					•		Form 990 (2016)

Form **990** (2016)

13590202 147227 0154112-0154112.0990 2016.05040 OVERLOOK FOUNDATION

Form	990 (2016) OVERLOOK FOUNDATION	51-	-0194054	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,46		
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,41		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,04		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	71,53		
5	Net unrealized gains (losses) on investments	5	8,78	<u>9,5</u>	04.
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	-14	0,8	82.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	81,22	<u>2,9</u>	92.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	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?		2a		X
	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?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e 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?		2c	Х	
	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	0	lit		
	Act and OMB Circular A-133?		<u>3a</u>		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				
			F	aan	(2016)

Form **990** (2016)

(Form	990	or	990	-EZ
-------	-----	----	-----	-----

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.

Department of the Treasury	
Internal Revenue Service	

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

2016	
Open to Public Inspection	

OMB No. 1545-0047

Name	e of t	he organization						Employer	r identification number
_			LOOK FOUND					5	1-0194054
Par	tl	Reason for Public C	Charity Status	(All organizations must co	mplete th	is part.) Se	e instructions	8.	
The o	rgani	zation is not a private founda	ation because it is:	(For lines 1 through 12, cl	neck only	one box.)			
1		A church, convention of chu	urches, or associati	on of churches described	in sectio	on 170(b)(⁻	I)(A)(i).		
2		A school described in secti	on 170(b)(1)(A)(ii).	(Attach Schedule E (Form	n 990 or 99	90-EZ).)			
3 [A hospital or a cooperative							
4		A medical research organiza	ation operated in co	onjunction 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 fo		ollege or university owned	or operat	ed by a go	vernmental u	nit describe	ed in
-		section 170(b)(1)(A)(iv). (C							
6 [A federal, state, or local gov	•				.,		
7 [X	An organization that normal	-	antial part of its support fr	om a gove	ernmental	unit or from th	ne general	public described in
- F		section 170(b)(1)(A)(vi). (Co							
8 [_	A community trust describe							
9 [An agricultural research org				-		-	-
		or university or a non-land-g	rant college of agric	culture (see instructions).	Enter the	name, city	, and state of	the college	e or
10	_	university:							
10 [An organization that normal							
		activities related to its exem							-
		income and unrelated busin		e (less section 511 tax) iro	m busines	sses acqui	rea by the org	anization a	alter Julie 30, 1975.
11 [See section 509(a)(2). (Cor An organization organized a		sively to test for public sat	oty Soo	coction 5(0(a)(4)		
12		An organization organized a	-	•	•			rry out the	nurnoses of one or
		more publicly supported org	-	-				•	
		lines 12a through 12d that of	-						
а		Type I. A supporting orga	• •					-	aivina
		the supported organizatio	-	-	•	-			
		organization. You must c							
b		Type II. A supporting orga	anization supervise	d or controlled in connect	ion with it	s supporte	d organizatio	n(s), by hav	/ing
		control or management of	f the supporting org	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported
		organization(s). You must	t complete Part IV	, Sections A and C.					
с] Type III functionally integ	grated. A supportir	ng organization operated	in connec ⁻	tion with, a	and functional	ly integrate	ed with,
		its supported organizatior	n(s) (see instructions	s). You must complete F	Part IV, Se	ections A,	D, and E.		
d] Type III non-functionally	integrated. A sup	porting organization oper	ated in co	nnection v	ith its suppor	ted organiz	zation(s)
		that is not functionally inte	egrated. The organi	zation generally must sati	isfy a distr	ibution red	quirement and	an attentiv	veness
		requirement (see instruction	ons). You must co	mplete Part IV, Sections	A and D,	and Part	V .		
е		Check this box if the orga	nization received a	written determination from	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally integrated, or	Type III non-function	onally integrated supportir	ng organiz	ation.			
		r the number of supported o	•						
g		ide the following information) Name of supported	about the support (ii) EIN	ed organization(s). (iii) Type of organization	(iv) Is the ora	anization listed	(v) Amount o	monotony	(vi) Amount of other
	ų	organization		(described on lines 1-10	in your govern	ing document?	support (see ir		support (see instructions)
				above (see instructions))	Yes	No		,	
Total									
		aperwork Reduction Act N	otice, see the Inst	ructions for Form 990 or	990-EZ.	632021 09-	21-16 Sche	dule A (Fo	rm 990 or 990-EZ) 2016
		-	-	15					,

Schedule A (Form 990 or 990-EZ) 2016 OVERLOOK FOUNDATION

51-0194054 Page 2

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5129272.	8651936.	5939055.	6505448.	6140211.	32365922.
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 \dots						
4	Total. Add lines 1 through 3	5129272.	8651936.	5939055.	6505448.	6140211.	32365922.
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)						2771352.
6	Public support. Subtract line 5 from line 4.						29594570.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	5129272.	8651936.	5939055.	6505448.	6140211.	32365922.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources \dots	1471303.	1318615.	1503562.	1808273.	1638301.	7740054.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	264,225.	83,972.	438,368.	91,493.	211,315.	
11	Total support. Add lines 7 through 10						41195349.
	Gross receipts from related activities,	•	,			12	
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	x year as a sectior	n 501(c)(3)	
Sec	organization, check this box and stor ction C. Computation of Publi	<u>o here</u> c Support Per	centage				····· >
	Public support percentage for 2016 (I			olump (fl)		14	71.84 %
	Public support percentage from 2015		•			15	72.73 %
	33 1/3% support test - 2016. If the c						
100	stop here. The organization qualifies	•					
h	33 1/3% support test - 2015. If the c		-				······································
~	and stop here. The organization qual	-					
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"		-	•	•	it willow the organ	
٢	10% -facts-and-circumstances test	-			-		
	more, and if the organization meets the	-					
	organization meets the "facts-and-circ				• •		►
18	Private foundation. If the organizatio			-	• • • •		
							or 990-EZ) 2016

632022 09-21-16

Schedule A (Form 990 or 990 EZ) 2016 OVERLOOK FOUNDATION

13590202 147227 0154112-0154112.0990

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 20 ⁻	16 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 20 ⁻	16 (f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) c	organization,
_	check this box and stop here		-				
Sec	ction C. Computation of Publi	c Support Per	rcentage				
	Public support percentage for 2016 (•	column (f))		15	%
	Public support percentage from 2015					16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20)16 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2015 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2016. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and	d line 17 is not
	more than 33 1/3%, check this box a	nd stop here. The	e organization qua	lifies as a publicly	supported organiz	ation	
b	33 1/3% support tests - 2015. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 ⁻	1/3%, and
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The org	anization qualifies	as a publicly supp	orted organi	ization
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	structions .	
63202	23 09-21-16				Sch	edule A (Fo	orm 990 or 990-EZ) 2016
902	202 147227 0154112-0)154112.09	17 90 2016.		RLOOK FOU	NDATIO	N 01541

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

Section A. All Supporting Organizations

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

632024 09-21-16

Schedule A (Form 990 or 990-EZ) 2016

01541121

			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		
c	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
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			
0	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	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	2		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1				
' a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru-	uctions)		
2	Activities Test. Answer (a) and (b) below.	10113).	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described 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? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
632025	5 09-21-16 Schedule A (Form 9	90 or 99	0-EZ)	2016

13590202 147227 0154112-0154112.0990 2016.05040 OVERLOOK FOUNDATION

Schedule A (Form 990 or 990-EZ) 2016 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 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
6		-		anization (see

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990 or 990-EZ) 2016

632026 09-21-16

Schedule A (Form 990 or 990-EZ) 2016 OVERLOOK FOUNDATION

Par	t V Type III Non-Functionally Integrated 509		nizations (continued)	
Secti	on D - Distributions		(continued)	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	5		
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
Secti	on E - Distribution Allocations (see instructions)		Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
с	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
а				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

632027 09-21-16

Schedule A (Form 990 or 990-EZ) 2016 OVERLOOK FOUNDATION

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

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

264,225.				
83,972.				
438,368.				
91,493.				
211,315.				
	83,972. 438,368. 91,493.	83,972. 438,368. 91,493.	83,972. 438,368. 91,493.	83,972. 438,368. 91,493.

		<u>Cumplement</u>		aial Otatawaa	4-		OMB N	o. 1545-0047
				cial Statemen			20	146
(Forn	n 990)	Part IV, line 6, 7, 8, 9, 10	anization ans , 11a, 11b, 11	wered "Yes" on Form 9 c, 11d, 11e, 11f, 12a, or	90, 12b.		21	JIO
	ment of the Treasury I Revenue Service	Information about Schedule D (For	Attach to For	m 990.		00 <i>(</i>		n to Public ection
-	e of the organizati	on			<u>w.iis.govii</u>		loyer identifica	
D		OVERLOOK FOUNDATIO					51-019	
Par		ations Maintaining Donor Advise		Other Similar Fund	ds or Ac	coun	ts. Complete	if the
	organizatio	n answered "Yes" on Form 990, Part IV, lin		nor advised funds			do and other as	
	- · · · ·		(a) DC	nor advised funds	(b) Fund	ds and other ac	Counts
1		nd of year			_			
2		f contributions to (during year)						
3		f grants from (during year)						
4 5		t end of year on inform all donors and donor advisors in v		accets held in departed		0		
5	-	on's property, subject to the organization's	-				Yes	No
6		on inform all grantees, donors, and donor a					Ies	
Ū	6	poses and not for the benefit of the donor o		8 8				
		ate benefit?				•	Yes	No
Par		ation Easements. Complete if the or						
1		servation easements held by the organization						
		n of land for public use (e.g., recreation or e		Preservation of a h	nistorically	import	ant land area	
	Protection o	f natural habitat	-	Preservation of a c	certified his	storic s	tructure	
	Preservation	n of open space						
2	Complete lines 2a	through 2d if the organization held a qualit	fied conservati	on contribution in the for	m of a cor	nservat	ion easement o	n the last
	day of the tax year	r.					Held at the End o	of the Tax Year
а	Total number of co	onservation easements				2a		
b	Total acreage rest	ricted by conservation easements				2b		
с	Number of conser	vation easements on a certified historic stru	ucture include	d in (a)		2c		
d		vation easements included in (c) acquired a	· · ·					
		nal Register				2d		
3		vation easements modified, transferred, rel	eased, extingu	iished, or terminated by t	the organiz	zation o	during the tax	
_	year							
4		where property subject to conservation eas		-	_			
5	-	tion have a written policy regarding the per						
~		orcement of the conservation easements it		lationa and anfaraing a				
6		r hours devoted to monitoring, inspecting,	nandling of vio	nations, and enforcing co	Silservatio	reaser	ments during th	e year
7		 ees incurred in monitoring, inspecting, hand	lling of violatio	ns, and onforcing consor	vation oar	omont	s during the yea	r
'	► \$	is incurred in monitoring, inspecting, nanc	ang or violatio	ns, and emotoring conser	valion eas	ement	s during the yea	u
8		vation easement reported on line 2(d) abov	e satisfy the re	equirements of section 17	70(h)(4)(B)(i)		
•)(4)(B)(ii)?					Yes	No
9		be how the organization reports conservation						
		ble, the text of the footnote to the organization						
	conservation ease				C C		Ū	
Par	t III Organiza	ations Maintaining Collections of	· Art, Histor	rical Treasures, or (Other S	imilar	[•] Assets.	
	Complete if	f the organization answered "Yes" on Form	990, Part IV, I	ine 8.				
1a	If the organization	elected, as permitted under SFAS 116 (AS	SC 958), not to	report in its revenue stat	tement and	d balan	ice sheet works	of art,
	historical treasures	s, or other similar assets held for public ext	nibition, educa	tion, or research in furthe	erance of p	oublic s	ervice, provide,	in Part XIII,
		tnote to its financial statements that descri						
b	-	elected, as permitted under SFAS 116 (AS						
	treasures, or other	r similar assets held for public exhibition, ed	ducation, or re	search in furtherance of p	public serv	vice, pro	ovide the follow	ing amounts
	relating to these it							
		ded on Form 990, Part VIII, line 1					§	
-							§	
2		received or held works of art, historical tre			cial gain, p	provide		
	the following amol	unts required to be reported under SFAS 1	10 (ASU 958) I	elating to these items:				

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 632051 08-29-16

Schedule D (Form 990) 2016

\$ ► \$

►

29

13590202 147227 0154112-0154112.0990 2016.05040 OVERLOOK FOUNDATION

Sche		K FOUNDATIO				51-01	94054	1 Pa	age 2
Pa	t III Organizations Maintaining Co	ollections of Art	, Historical Tre	asures, or Oth	er Simila	r Assets	(contin	nued)	
3	Using the organization's acquisition, accessio	n, and other records	, check any of the f	ollowing that are a	significant	use of its c	ollection	items	
	(check all that apply):								
а	Public exhibition	d	Loan or exc	hange programs					
b	Scholarly research	e	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's ex	empt purpo	ose in Part	XIII.		
5	During the year, did the organization solicit or	receive donations of	f art, historical treas	sures, or other simil	ar assets		_		_
	to be sold to raise funds rather than to be ma						Yes		No
Pa	TIV Escrow and Custodial Arrang reported an amount on Form 990, Parl		te if the organizatio	n answered "Yes" o	on Form 99	0, Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custodia	n or other intermedia	ary for contributions	s or other assets no	t included				
	on Form 990, Part X?		-				Yes		No
b	If "Yes," explain the arrangement in Part XIII a								
							Amount	t	
с	Beginning balance				1c				
d	Additions during the year				1d				
е	Distributions during the year								
f	Ending balance				1f				
2a	Did the organization include an amount on Fo	rm 990, Part X, line 2	21, for escrow or cu	istodial account liat	oility?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.								
Pa	t V Endowment Funds. Complete if	the organization and	wered "Yes" on Fo	rm 990, Part IV, line					
	-	(a) Current year	(b) Prior year	(c) Two years back		years back	(e) Four		
1a	Beginning of year balance	48,039,505.	47,288,064.	45,730,769		439,160.	31	,052,	
b	Contributions	1,202,588.	1,219,606.			847,468.		420,	
С	Net investment earnings, gains, and losses	6,709,655.	536,055.			242,549.	4,	,561,	
d	Grants or scholarships	638,591.	606,662.	876,772	•	499,612.		309,	107.
е	Other expenditures for facilities						_		
	and programs	424 405	205 550	266 500	-		-1,	107,	
f	Administrative expenses	431,105.	397,558.		-	298,796.		392,	
g	End of year balance	54,882,052.	48,039,505.		• 45,	730,769.	36,	,439,	160.
2	Provide the estimated percentage of the curre	·) held as:					
a	Board designated or quasi-endowment	.41	_%						
b	Permanent endowment 43.89	<u>~</u> %							
С	Temporarily restricted endowment 55 The second sec								
0-	The percentages on lines 2a, 2b, and 2c should be the second seco		ion that and hald an	al a duaininta us al fau	4 h a a				
Ja	Are there endowment funds not in the posses	ision of the organizat	ion that are held ar	a administered for	the organiz	ation	ſ	Yes	Na
	by: (i) unrelated organizations						3a(i)	res	No X
	()						3a(ii)		X
h	If "Yes" on line 3a(ii), are the related organizat	ions listed as require					3b		
4	Describe in Part XIII the intended uses of the						00		
Pa	t VI Land, Buildings, and Equipme								
	Complete if the organization answered		Part IV. line 11a. S	ee Form 990. Part)	K. line 10.				
	Description of property	(a) Cost or ot			Accumulat	ed	(d) Bool	k valu	e
		basis (investm	• • •		lepreciation		(u) 200	it faith	0
1a	Land								
b	Buildings								
c	Leasehold improvements								
d	Equipment		4	6,100.	46,1	00.			0.
	Other			2,141.	22,1				0.
	. Add lines 1a through 1e. (Column (d) must ec			· · · ·	-	. 🕨			0.
				÷		Schedule	D (Form	1 990)	2016

Dort VII	Invootm	onte	Other Securities	
Schedule D	(Form 990)	2016	OVERLOOK	FOUNDATION

	on Form 990, Part IV, line	11b. See Form 990, Part	X, line 12.	
a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua	tion: Cost or end-of-yea	r market value
Financial derivatives				
Closely-held equity interests				
Other				
(A) ALTERNATIVE INVESTMENTS	13,244,537.	END-OF-YEA	R MARKET VAL	JUE
(B)				
(C)				
(D)				
(E)				
(F)				
G)				
(H)				
ıl. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨	13,244,537.			
art VIII Investments - Program Related.				
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990, Part	X, line 13.	
(a) Description of investment	(b) Book value		tion: Cost or end-of-yea	r market value
1)				
(2)				
3)				
(4)				
5)				
6)				
(7)				
(8)				
(9)				
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
	on Form 990, Part IV, line	11d. See Form 990, Part	X, line 15.	
Complete if the organization answered "Yes" of	on Form 990, Part IV, line Description	11d. See Form 990, Part		b) Book value
Complete if the organization answered "Yes" ((a)		11d. See Form 990, Part		b) Book value
Other Assets. Complete if the organization answered "Yes" of (a) 1 (1)		11d. See Form 990, Part		b) Book value
Other Assets. Complete if the organization answered "Yes" of (a) (1) (2)		11d. See Form 990, Part		b) Book value
Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3)		11d. See Form 990, Part		b) Book value
Art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4)		11d. See Form 990, Part		b) Book value
Art IX Other Assets. Complete if the organization answered "Yes" of (a) if (11d. See Form 990, Part		b) Book value
Other Assets. Complete if the organization answered "Yes" of (a) if (a		11d. See Form 990, Part		b) Book value
art IX Other Assets. Complete if the organization answered "Yes" of (a) if (11d. See Form 990, Part		b) Book value
Art IX Other Assets. Complete if the organization answered "Yes" of (a) (1) (2) (3) (4) (5) (6) (7) (8)		11d. See Form 990, Part		b) Book value
art IX Other Assets. Complete if the organization answered "Yes" of (a) (a) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description	11d. See Form 990, Part		b) Book value
Art IX Other Assets. Complete if the organization answered "Yes" (a) (a) (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Colymn (b) must equal Form 990, Part X, col. (B) line	Description	11d. See Form 990, Part		b) Book value
art IX Other Assets. Complete if the organization answered "Yes" (a) (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.	Description			b) Book value
Art IX Other Assets. Complete if the organization answered "Yes" (a) (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Colymn (b) must equal Form 990, Part X, col. (B) line	Description 15.) Dn Form 990, Part IV, line			b) Book value
art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description 15.) Dn Form 990, Part IV, line	11e or 11f. See Form 99(b) Book value
art IX Other Assets. Complete if the organization answered "Yes" of (a) (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes	Description 15.) Dn Form 990, Part IV, line	11e or 11f. See Form 99((b) Book value		b) Book value
art IX Other Assets. Complete if the organization answered "Yes" of (a) (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) ANNUITY OBLIGATIONS	Description	11e or 11f. See Form 99((b) Book value 1,093,314.		b) Book value
Art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) (a) Description of liability (1) Federal income taxes (2) ANNUITY OBLIGATIONS (3) DUE TO OVERLOOK MEDICAL CE	Description	11e or 11f. See Form 99((b) Book value		b) Book value
Art IX Other Assets. Complete if the organization answered "Yes" of (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) ANNUITY OBLIGATIONS (3) DUE TO OVERLOOK MEDICAL CE (4)	Description	11e or 11f. See Form 99((b) Book value 1,093,314.		b) Book value
Art IX Other Assets. Complete if the organization answered "Yes" of (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) ANNUITY OBLIGATIONS (3) DUE TO OVERLOOK MEDICAL CE (4) (5)	Description	11e or 11f. See Form 99((b) Book value 1,093,314.		b) Book value
art IX Other Assets. Complete if the organization answered "Yes" of (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) ANNUITY OBLIGATIONS (3) DUE TO OVERLOOK MEDICAL CE (4) (5) (6)	Description	11e or 11f. See Form 99((b) Book value 1,093,314.		b) Book value
Art IX Other Assets. Complete if the organization answered "Yes" of (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) ANNUITY OBLIGATIONS (3) DUE TO OVERLOOK MEDICAL CE (4) (5) (6) (7)	Description	11e or 11f. See Form 99((b) Book value 1,093,314.		b) Book value
art IX Other Assets. Complete if the organization answered "Yes" of (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) ANNUITY OBLIGATIONS	Description	11e or 11f. See Form 99((b) Book value 1,093,314.		b) Book value

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII [🛛

Schedule D (Form 990) 2016

632053 08-29-16

	dule D (Form 990) 2016 OVERLOOK FOUNDATION				0194054 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	nts With	n Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	16,408,615.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	8,789,50	4.	
b	Donated services and use of facilities	2b		_	
с	Recoveries of prior year grants	2c		_	
d	Other (Describe in Part XIII.)	2d	-140,88	2.	
е	Add lines 2a through 2d			2e	8,648,622.
3	Subtract line 2e from line 1			3	7,759,993.
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	-297,88	1.	
~	Add lines 4a and 4b			4c	-297,881.
U U					
_ <u>5</u>	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	7,462,112.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	ents Wit	th Expenses pe		
	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	ents Wit	th Expenses pe		n.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	ents Wit	th Expenses pe	er Retur	
Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents Wit	th Expenses pe	er Retur	n.
Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statemet Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	ents Wit	th Expenses pe	er Retur	n.
Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents Wit	th Expenses pe	er Retur	n.
Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ents Wit	th Expenses pe	er Retur	n.
Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	th Expenses pe	er Retur	n. 6,717,222.
Pa 1 2 a b c	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	th Expenses pe	2 Retur	n. 6,717,222. 297,881.
Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	th Expenses pe	2 Retur	n. 6,717,222.
Pa 1 2 b c d e	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	th Expenses pe	2 Retur	n. 6,717,222. 297,881.
Pa 1 2 b c d 3	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	th Expenses pe	2 Retur	n. 6,717,222. 297,881.
Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 4a	th Expenses pe	2 Retur	n. 6,717,222. 297,881.
Pa 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statemet Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d 4a 4b	th Expenses pe	2e 3	n. 6,717,222. 297,881. 6,419,341. 0.
Pa 1 2 a b c d e 3 4 b c 5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	th Expenses pe	2e 3	n. 6,717,222. 297,881. 6,419,341.

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:

632054 08-29-16

13590202 147227 0154112-0154112.0990

THE FOUNDATION HAS NO UNRECOGNIZED TAX BENEFITS AT JUNE 30, 2017, AND

2016. THE FOUNDATION'S FEDERAL AND STATE INCOME TAX RETURNS PRIOR TO

FISCAL YEARS 2014 AND 2013, 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

IN THE STATEMENTS OF FINANCIAL POSITION. THERE WERE NO INTEREST OR

Schedule D (Form 990) 2016

32

2016.05040 OVERLOOK FOUNDATION

PART XI, LINE 4B - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES	-297,881.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES	297,881.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

PRESENT VALUE ADJUSTMENT

Schedule D (Form 990) 2016

Part XIII Supplemental Information (continued)

PENALTIES PAID FOR THE YEARS ENDED JUNE 30, 2017, AND 2016.

OVERLOOK FOUNDATION

Schedule D (Form 990) 2016

632055 08-29-16

33 13590202 147227 0154112-0154112.0990 2016.05040 OVERLOOK FOUNDATION

-140,882.

(Form 990 or 990-EZ) Complete if 1 Department of the Treasury	the organization answered "Yes" on organization entered more than \$1 Attach to Form 990	Form 5,000 (990, P on For	Part IV, line 17, 18, o rm 990-EZ, line 6a.			OMB No. 1545-0047
	n about Schedule G (Form 990 or 990-EZ)	and its	instru	ctions is at <u>www.irs.c</u>	ov/fo		Inspection
	OK FOUNDATION					51-019	
Part I Fundraising Activitie required to complete this p	S. Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-	EZ filers are not
 Indicate whether the organization ration a Mail solicitations Mail solicitations Internet and email solicitation Phone solicitations In-person solicitations Did the organization have a writter key employees listed in Form 990, 	aised funds through any of the followir e Solicita ns f Solicita g Special n or oral agreement with any individual Part VII) or entity in connection with p dividuals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover iising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Y	es 🗌 No be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustody trol of	(iv) Gross receipts from activity	tò (o	Amount paic or retained by fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No	-			
Total		•					
3 List all states in which the organization or licensing.	tion is registered or licensed to solicit o	contrib	utions	or has been notified	it is (exempt from	registration
LHA For Paperwork Reduction Act No	otice, see the Instructions for Form §	990 or	990-E	Z. S	Sche	dule G (Form	n 990 or 990-EZ) 2016

632081 09-12-16

Schedule G (Form 990 or 990 EZ) 2016 OVERLOOK FOUNDATION

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

		of fundraising event contributions and gro			•	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GALA	GOLF OUTING	1	(add col. (a) through
0			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	512,975.	207,245.	40,655.	760,875.
ш	2	Less: Contributions	374,250.	143,215.	32,095.	549,560.
	3	Gross income (line 1 minus line 2)	138,725.	64,030.	8,560.	211,315.
	4	Cash prizes				
	5	Noncash prizes	4,350.	60.		4,410.
benses	6	Rent/facility costs	19,436.	56,022.		75,458.
Direct Expenses	7	Food and beverages	91,850.	34,336.	14,400.	140,586.
ā	8	Entertainment	11,750.		400.	12,150.
	9	Other direct expenses	62,382.	2,700.	195.	65,277.
	10	Direct expense summary. Add lines 4 through	9 in column (d)		►	297,881.
_	11					-86,566.
Pa	art I	Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1 990, Part IV, line 19, or r	eported more than	
ue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
	İ					

ses	2	Cash prizes										
xpens	3	Noncash prizes										
Direct Expenses	4	Rent/facility costs										
	5	Other direct expenses										
	6	Volunteer labor		Yes % No		Yes_	%		Yes_	_ %		
	7	Direct expense summary. Add lines 2 through	ז 5 in c	column (d)						 ►		
	8	Net gaming income summary. Subtract line 7	from I	line 1, column (d)								
а	ls t	er the state(s) in which the organization condu he organization licensed to conduct gaming ac	ctivities	s in each of these	state	s?					Yes	No
b	lf "	No," explain:										
		re any of the organization's gaming licenses re Yes," explain:					ring the tax y	year?		 	Yes	No No

632082 09-12-16

Schedule G (Form 990 or 990-EZ) 2016

Schedule G (Form 990 or 990-EZ) 2016 OVERLOOK FOUNDATION		<u>194</u> 0.		Page 3
11 Does the organization conduct gaming activities with nonmembers?		Ye		No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
to administer charitable gaming?		Ye	es [No
13 Indicate the percentage of gaming activity conducted in:				
a The organization's facility		13a		ç
b An outside facility		13b		ç
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record				
Name				
Address 🕨				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Ye	es [No
b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$	ount			
of gaming revenue retained by the third party \triangleright \$	ount			
c If "Yes," enter name and address of the third party:				
Name				
Address 🕨				
16 Gaming manager information:				
Name				
Gaming manager compensation \$				
Director/officer Employee Independent contractor				
Director/officer Employee Independent contractor				
17 Mandatory distributions:				
17 Mandatory distributions:a Is the organization required under state law to make charitable distributions from the gaming proceeds to				
 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 		Ye	es [No
 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent 		Υε	es [No
 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent organization's own exempt activities during the tax year ▶ \$ 	in the			
 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and I 	in the			
 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent organization's own exempt activities during the tax year ▶ \$ 	in the			
 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and I 	in the			
 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and I 	in the			
 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and I 	in the			
 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and I 	in the			
 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and I 	in the			
 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and I 	in the			
 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and I 	in the			
 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and I 	in the			
 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and I 	in the			
 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and I 	in the			
 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and I 	in the			
 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and I 	in the			
 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and I 	in the			
 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and I 	in the			
 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and I 	in the			
 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and I 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions 	in the	es 9, 9b,	, 10b,	15b,

SCHEDULE I		G	rants and Oth	er Assistan	ce to Organ	izations.		0	MB No. 1545	5-0047
(Form 990)		Gov	vernments, an ete if the organization	d Individual	s in the Ūni	ted States			201	6
Department of the Treasury Internal Revenue Service		► Informatio	on about Schedule I /	Attach to Fori		www.irs.gov/form99	0	C	pen to P Inspecti	
Name of the organization	BLOOK F	OUNDATION				www.irs.gov/ioi/ii99	0.	Employer ident	ification -0194	
Part I General Information								51	0194	1031
 Does the organization main criteria used to award the g Describe in Part IV the orga 	rants or assista	ince?				•			Yes	No No
Part II Grants and Other As						anization answered "Y	es" on Form 990, Parl	IV, line 21, for a	ny	
recipient that received	d more than \$5	,000. Part II can I	be duplicated if addition	onal space is need	ed.		1	1	-	
1 (a) Name and address of or or government	ganization	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		ose of gra sistance	nt
ATLANTIC MEDICAL GROUP P.O. BOX 419101 BOSTON, MA 02241		22-3380375	501(C)(3)	26,840.	0.			OFFICE VISIT INDIGENT PAT		
BRIDGES OUTREACH INC. P.O. BOX 1444 SUMMIT, NJ 07901		22-3190141	501(C)(3)	7,800.	0.			"WELCOME NEI PROGRAM	GHBORS"	
CAMP SUNSHINE 1700 ROUTE 33 SUITE 210 WAYNE, NJ 07470		22-3368505	501(C)(3)	7,500.	0.			FOR 3 CHILDR FAMILIES FOR EACH		EK
DANA FARBER CANCER RESEAR % STEVEN CONNOLLY, 450 BR BOSTON, MA 02215		04-2263040	501(C)(3)	7,500.	0.			CANCER RESEA	RCH	
ELSEVIER 313 WASHINGTON STREET STE NEWTON, MA 02458	400	43-1976990	501(C)(3)	27,289.	0.			LIBRARY FUND	S	
HEALTH SCIENCES LIBRARY ASSOCIATION - PO BOX 7908 PRINCETON, NJ 08543	-	22-2405226	501(C)(6)	8,422.	0.			LIBRARY FUND	S	
2 Enter total number of section3 Enter total number of other		• •		e line 1 table						<u>46.</u> 1.

LHA For Paperwork Reduction Act Notice, see the Instructions for 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
HOMETOWNE TELEVISION							
70 MAPLE STREET							"30 MEDICAL MINUTES"
SUMMIT, NJ 07901	22-2336028	501(C)(3)	10,000.	0.			PROGRAM
OUR HOUSE FOUNDATION							
76 FLORAL AVENUE							MEDICAL EQUIPMENT FOR
MURRAY HILL, NJ 07974	22-2856145	501(0)(3)	5,500.	0.			RESIDENTS
MORRAI HILL, NO 07974	22-2050145	501(0)(5)	5,500.	0.			RESIDENTS
OVERLOOK MEDICAL CENTER							
475 SOUTH ST							
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	1,000,000.	0.			SUPPORT OF THE HELIPAD
			,,				
OVERLOOK MEDICAL CENTER							
475 SOUTH ST							OPERATING ROOM NURSE
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	84,000.	0.			INTERNSHIP
,,			,				
OVERLOOK MEDICAL CENTER							
475 SOUTH ST							KATZ WOUND CENTER CARE
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	149,379.	0.			NURSE & CENTER
	51 1905155	501(0)(5)	115,575.	.			
OVERLOOK MEDICAL CENTER							
475 SOUTH ST							PALLIATIVE CARE
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	15,000.	0.			CHAPLAINCY
OVERLOOK MEDICAL CENTER							
475 SOUTH ST							REHABILITATION EQUIPMENT
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	42,824.	0.			GRANT
OVERLOOK MEDICAL CENTER							
475 SOUTH ST							
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	7,060.	0.			FAMILY MEDICINE
			.,	••			
OVERLOOK MEDICAL CENTER							EATING DISORDERS
475 SOUTH ST							CONSTRUCTION AND POSITIC
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	423,204.	0.			SUPPORT
101111010MM, NO 07500			-40,404.	U.	1	1	POLIONI

Schedule I (Form 990)

OVERLOOK FOUNDATION

	K FOUNDATIO						51-0194054 Page
Part II Continuation of Grants and Oth	er Assistance to Gov	vernments and Orga	nizations in the Un	ited States (Sche	edule I (Form 990), Pa	ırt II.) T	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
OVERLOOK MEDICAL CENTER							
175 SOUTH ST							EMERGENCY DEPARTMENT
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	24,869.	0.			SUPPORT
	51 1905255	501(0)(5)					
OVERLOOK MEDICAL CENTER							
175 SOUTH ST							
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	23,690.	0.			HEALTHY AVE. VAN
,			,				
OVERLOOK MEDICAL CENTER							STROKE REHAB CENTER
475 SOUTH ST							CONSTRUCTION AND
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	481,690.	0.			EQUIPMENT
OVERLOOK MEDICAL CENTER							
475 SOUTH ST							
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	12,268.	0.			CANCER PREVENTION PROGRAM
OVERLOOK MEDICAL CENTER							
475 SOUTH ST	F1 100F0FF	F01 (q) (2)	10.000	0			RETREAT FOR STROKE
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	12,900.	0.			SURVIVORS
OVERLOOK MEDICAL CENTER							
475 SOUTH ST							FAYE. G. MCMAHAN HEALING
AORRISTOWN, NJ 07960	51-1985255	501(C)(3)	7,628.	0.			ARTS PROGRAM
			.,	- •			
OVERLOOK MEDICAL CENTER							
175 SOUTH ST							NUTRITION AND MOBILITY
AORRISTOWN, NJ 07960	51-1985255	501(C)(3)	21,384.	0.			AIDES
OVERLOOK MEDICAL CENTER							
175 SOUTH ST							
AORRISTOWN, NJ 07960	51-1985255	501(C)(3)	161,294.	0.			HOSPICE PROGRAM
OVERLOOK MEDICAL CENTER							SUPPORT OF PEDIATRIC
75 SOUTH ST							CANCER PATIENTS AND
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	80,000.	0.			FAMILIES

Schedule I (Form 990)

475 SOUTH ST				SUPPORT FOR NEUROSCIENCE
MORRISTOWN, NJ 07960	51-1985255 501(C)(3)	99,998.	0.	MEDICAL DIRECTOR POSITION
OVERLOOK MEDICAL CENTER				
475 SOUTH ST				PROFESSIONAL NURSING
MORRISTOWN, NJ 07960	51-1985255 501(C)(3)	168,290.	0.	DEVELOPMENT
OVERLOOK NEDLOLL CENTER				
OVERLOOK MEDICAL CENTER				
475 SOUTH ST				PATIENT LIAISON CANCER
MORRISTOWN, NJ 07960	51-1985255 501(C)(3)	23,904.	0.	PROGRAMS
OVERLOOK MEDICAL CENTER				
475 SOUTH ST				
MORRISTOWN, NJ 07960	51-1985255 501(C)(3)	107,594.	0.	HELIPAD
OVERLOOK MEDICAL CENTER				
475 SOUTH ST				REHABILITATION EQUIPMENT

OVERLOOK FOUNDATION Schedule I (Form 990)

(a) Name and address of

organization or government

OVERLOOK MEDICAL CENTER

MORRISTOWN, NJ 07960

MORRISTOWN, NJ 07960

MORRISTOWN, NJ 07960

MORRISTOWN, NJ 07960

475 SOUTH ST

475 SOUTH ST

475 SOUTH ST

475 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

10,370.

142,958,

29,160,

56,907.

(e) Amount of

non-cash

assistance

0.

0.

0.

Ο.

0.

(f) Method of

valuation

(book, FMV,

appraisal, other)

(g) Description of

non-cash assistance

(b) EIN

51-1985255 501(C)(3)

51-1985255 501(C)(3)

51-1985255 501(C)(3)

51-1985255 501(C)(3)

51-1985255 501(C)(3)

Schedule I (Form 990)

MORRISTOWN, NJ 07960

35,649.

51-0194054 Page 1

(h) Purpose of grant

or assistance

OMC CAREGIVER CENTER BOOK

EQUIPMENT AND NURSING

IMPROVEMENT PROGRAM

CANCER SURVIVORSHIP

INSULIN, GLUCOMETERS AND

SUPPLIES FOR VAUXHALL

PROGRAM

CLINIC

GRANT

632241 04-01-16

MORRISTOWN, NJ 07960

4	2
4	\sim

24,282.

Ο.

OVERLOOK MEDICAL CENTER						
475 SOUTH ST						
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	12,494.	0.		THOMAS GLASSER LECTURE
OVERLOOK MEDICAL CENTER						
475 SOUTH ST						
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	7,290.	0.		PALLIATIVE CARE PROGRAM
OVERLOOK MEDICAL CENTER						
475 SOUTH ST						POSITION SUPPORT IN
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	14,000.	٥.		PEDIATRICS
OVERLOOK MEDICAL CENTER						
475 SOUTH ST						
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	28,199.	٥.		BEHAVIORAL HEALTH PROGRAM
OVERLOOK MEDICAL CENTER						
475 SOUTH ST						OVARIAN CANCER EARLY
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	30,477.	٥.		DETECTION RESEARCH
OVERLOOK MEDICAL CENTER						
475 SOUTH ST						OUTPATIENT ONCOLOGY
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	28,071.	٥.		CENTER
OVERLOOK MEDICAL CENTER						
475 SOUTH ST						NEUROSCIENCE INSTITUTE
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	67,742.	٥.		СМЕ
OVERLOOK MEDICAL CENTER						
475 SOUTH ST						
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	26,000.	0.		AHS NEUROSCIENCE
OVERLOOK MEDICAL CENTER						
475 SOUTH ST						

(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

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.)

(b) EIN

51-1985255 501(C)(3)

(c) IRC section

if applicable

(a) Name and address of

organization or government

LIBRARY FUNDS

Schedule I (Form 990)

(h) Purpose of grant

or assistance

Page 1

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							MEALS ON WHEELS WITH
SUMMIT, NJ 07901	22-1657929	501(C)(3)	7,800.	0.			SUPPORTIVE SERVICE
			,				
STOMP THE MONSTER							
PO BOX 521							
MARLBORO, NJ 07746	27-3802796	501(C)(3)	10,000.	0.			SUPPORT FOR SMART PROGRAM
THE VALERIE FUND							UNRESTRICTED SUPPORT OF
2101 MILLBURN AVENUE MAPLEWOOD, NJ 07040	22-2126867	F(1/2)/2	31,000.	0.			ORGANIZATION'S MISSION
UNIVERSITY OF CALIFORNIA, IRVINE	22-2120007	501(C)(3)	51,000.	0.			ORGANIZATION 5 MISSION
DEPARTMENT OF NEUROLOGY, 839							
HEALTH SCIENCES RD - IRVINE, CA							
92697-3910	95-2226406	501(C)(3)	45,654.	0.			AUTISM RESEARCH
			,	- •			
YOUTH & FAMILY COUNSELING SERVICES							
233 PROSPECT STREET							SUPPORT TO ASSIST AT
WESTFIELD, NJ 07090	22-1587010	501(C)(3)	6,500.	0.			LEAST 20 CANCER PATIENTS
· · · · ·							

Schedule I (Form 990)

Schedule I (Form 990) (2016)

OVERLOOK FOUNDATION

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 noncash assistance
ASSISTANCE TO FAMILIES OF CANCER PATIENTS	122	22,849.	0.		
PARTIAL REIMBURSEMENT FOR EXPENSES OF					
INTERNATIONAL MEDICAL MISSIONS	42	52,386.	0.		
EMERGENCY SUPPORT AND SCHOLARSHIP TO OVERLOOK					
IEMBERS	2	9,441.	0.		
CHOLARSHIPS FOR NURSING CONTINUING EDUCATION	76	75,260.	0.		

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

SCHEDULE J		Compensation Information		OMB No. 1	545-004	47	
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest	-	20	16		
		Compensated Employees		20	10)	
Depa	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to Public			
	al Revenue Service	Information about Schedule J (Form 990) and its instructions is at www.irs.gov/for					
Nam	ne of the organization			identificatio		mber	
_		OVERLOOK FOUNDATION	51-(019405	4		
Pa	rt I Question	s Regarding Compensation					
					Yes	No	
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,				
		line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or c	harter travel Housing allowance or residence for perso	nal use				
	Travel for com						
		ation and gross-up payments					
	Discretionary	spending account Personal services (such as, maid, chauffe	ur, chef)				
_							
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or					
•		provision of all of the expenses described above? If "No," complete Part III to explain		1b			
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
2	la dia ata udaia la lifa.		t io lo				
3		ny, of the following the filing organization used to establish the compensation of the organization used to establish the compensation used to establish the compensation of the organization used to establish the compensation u					
		ector. Check all that apply. Do not check any boxes for methods used by a related organization of the CEO/Executive Director, but explain in Part III.	JILO				
	·	ation of the CEO/Executive Director, but explain in Part III.					
		a committee					
	X Form 990 of o		ommittoo				
			Ommillee				
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a re						
а	-	e payment or change-of-control payment?		4a		x	
b		ceive payment from, a supplemental nonqualified retirement plan?			Х	<u> </u>	
c		ceive payment from, an equity-based compensation arrangement?				x	
•		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n				
	contingent on the r						
а	The organization?			5a		X	
b	Any related organiz	ation?				X	
		or 5b, describe in Part III.					
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n				
	contingent on the r	et earnings of:					
а	The organization?			6a		X	
b	Any related organiz	ation?		6b		X	
		or 6b, describe in Part III.					
7	-	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
		nes 5 and 6? If "Yes," describe in Part III		7	Х		
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th	ie				
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X	
9		id the organization also follow the rebuttable presumption procedure described in					
	Regulations section	1 53.4958-6(c)?	<u></u>	9			
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Scheo	dule J (Forn	n 990)) 2016	

632111 09-09-16

45 13590202 147227 0154112-0154112.0990 2016.05040 OVERLOOK FOUNDATION

51-0194054

Page **2**

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 on 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 aren't 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.

	(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)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denetits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) ANN OLIVA	(i)	266,733.	35,800.	11,268.	0.	19,089.	332,890.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KENNETH COLE	(i)	210,521.	5,400.	5,414.	19,985.	22,431.	263,751.	0.
DIR OF PLANNED GIVING & FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)				I			

Part III Supplemental Information

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:

KENNETH COLE PARTICPATES IN THE NON-QUALIFIED RETIREMENT PLAN AND RECEIVED

\$19,985.

PART I, LINE 7:

AMOUNTS IN PART II COLUMN B(II) REPRESENT BONUSES. THESE AMOUNTS WERE

INCLUDED IN THE INDIVIDUALS' 2016 W-2'S.

Schedule J (Form 990) 2016

SCHEDULE	Μ
(Form 990)	

Noncash Contributions

OMB No. 1545-0047

ſ

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.

2016 **Open To Public** Inspection

Name of the	organization
-------------	--------------

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

Employer identification number 51-0194054

OVERLOOK	FOUNDATION

Par	tl	Types of Property							
			(a) Check if	(b) Number of	(c) Noncash contribution		(d) Method of determir	vina	
			applicable	contributions or	amounts reported on	nc	oncash contribution a		S
			37		Form 990, Part VIII, line				
1		Works of art	X	2	5,900). FMV			
2		Historical treasures							
3		Fractional interests							
4		ks and publications							
5		ning and household goods							
6		and other vehicles							
7	Boat	s and planes							
8		lectual property		1.0	<u> </u>				
9		urities - Publicly traded	X	18	640,685				
10	Secu	urities - Closely held stock							
11	Secu	urities - Partnership, LLC, or							
	trust	interests							
12	Secu	urities - Miscellaneous							
13	Qua	ified conservation contribution -							
	Histo	pric structures							
14	Qua	ified conservation contribution - Other							
15	Real	estate - Residential							
16	Real	estate - Commercial							
17	Real	estate - Other							
18		ectibles							
19		d inventory							
20		is and medical supplies	Х	1	20).FMV			
21		dermy							
22	Histo	orical artifacts							
23		ntific specimens							
24		eological artifacts							
25		er 🕨 (OFFICE EQUIPM)	Х	1	4,500).FMV			
26	Othe	er 🕨 ()							
27	Othe								
28	Othe								
29	Num	ber of Forms 8283 received by the organiz	ation during	, the tax year for co	ontributions	•			
	for w	hich the organization completed Form 828	33. Part IV. [, Donee Acknowledd	iement 29				
		5	, , ,					Yes	No
30a	Duri	ng the year, did the organization receive by	, contributio	n anv propertv rep	orted in Part I. lines 1 thr	buah 28. ti	nat it		
		t hold for at least three years from the date							
		npt purposes for the entire holding period?			······		30a		х
b		es," describe the arrangement in Part II.							
31		s the organization have a gift acceptance p	olicv that re	auires the review o	of any nonstandard contri	butions?	31		Х
		s the organization hire or use third parties of							
oLu		ributions?		•	· · ·				X
b	lf "Y	es," describe in Part II.							
33	If the	e organization didn't report an amount in co	olumn (c) foi	r a type of property	r for which column (a) is c	hecked,			
		ribe in Part II.							
ЦΔ	Fo	r Paperwork Reduction Act Notice, see	the Instruct	tions for Form 000	1		Schedule M (Form	000) (2016)

ction Act Notice, see the Insti

ule M (Form 990) (2016)

632141 08-23-16

Schedule M (Form 990) (2016) 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 CONTRIBUTORS.

Schedule M (Form 990) (2016)

632142 08-23-16

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 11B:

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

-140,882.

Schedule O (Form 990 or 990-EZ) (2016)

50

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.	
632212 08-25-16 51	Schedule O (Form 990 or 990-EZ) (2016

Schedule O (Form 990 or 990-EZ) (2016)

	EXTENDED TO MA				ī	
Form 990-T	Exempt Organization Bus	sine	ss income la	x Return	_	OMB No. 1545-0687
	(and proxy tax und			20 201	-	0040
	For calendar year 2016 or other tax year beginning <u>JUL 1</u> ,				<u>/</u> .	2016
Department of the Treasury Internal Revenue Service	 Information about Form 990-T and its instruct Do not enter SSN numbers on this form as it may 		0			Open to Public Inspection for
A Check box if	Name of organization (Check box if name of				D Emplo	501(c)(3) Organizations Only yer identification number
address changed		manycu			(Emplo instruc	byees' trust, see ctions.)
B Exempt under section	Print OVERLOOK FOUNDATION				53	1-0194054
X 501(c)(3)	_ or Number, street, and room or suite no. If a P.O. bo	F Unrela	ted business activity codes			
408(e)220(e)	^{Type} 36 UPPER OVERLOOK ROAD				(566 11	succions.
408A 530(a)	City or town, state or province, country, and ZIP o	r foreig	n postal code			
529(a)	SUMMIT, NJ 07902-0220				5239	920
C Book value of all assets at end of year	F Group exemption number (See instructions.)					
	G Check organization type 🕨 🔀 501(c) corporatio		501(c) trust	401(a) trust		Other trust
	n's primary unrelated business activity. PARTNER					\\\
	the corporation a subsidiary in an affiliated group or a parel	nt-subsi	idiary controlled group?	Þ L	Yes	s 🚺 No
	IND INCLESS IN THE PARENT CORPORATION.		Talanhan	e number 🕨 9	08-1	522-2840
	d Trade or Business Income		(A) Income	(B) Expenses	1	(C) Net
1a Gross receipts or sale		1				(0) 1101
 b Less returns and allo 		1c				
	ichedule A, line 7)	2				
	line 2 from line 1c	3				
	ne (attach Schedule D)	4a				
	4797, Part II, line 17) (attach Form 4797)	4b				
c Capital loss deductio	n for trusts	4c				
	artnerships and S corporations (attach statement)	5				
	le C)	6				
	ed income (Schedule E)	7				
	valties, and rents from controlled organizations (Sch. F)	8				
	a section $501(c)(7)$, (9), or (17) organization (Schedule G)					
	vity income (Schedule I)	<u>10</u> 11				
 Advertising income (Other income (See in 	Schedule J)structions; attach schedule)	12				
13 Total. Combine lines		13	0.			
Part II Deductio	ns Not Taken Elsewhere (See instructions for					
	contributions, deductions must be directly connected			come.)		
14 Compensation of of	icers, directors, and trustees (Schedule K)				14	
	· · · · · · · · · · · · · · · · · · ·				15	
16 Repairs and mainter	ance				16	
17 Bad debts					17	
	dule)				18	
19 Taxes and licenses					19	
	ons (See instructions for limitation rules)				20	
	Form 4562)				22b	
	aimed on Schedule A and elsewhere on return				220	
	erred compensation plans				23	
	ograms				25	
	nses (Schedule I)				26	
	osts (Schedule J)				27	
	tach schedule)				28	
29 Total deductions. A	dd lines 14 through 28				29	0.
30 Unrelated business	axable income before net operating loss deduction. Subtrac	t line 29	9 from line 13		30	0.
	eduction (limited to the amount on line 30)				31	
	axable income before specific deduction. Subtract line 31 fr				32	0.
	Generally \$1,000, but see line 33 instructions for exceptions				33	1,000.
	taxable income. Subtract line 33 from line 32. If line 33 is	0	,			0
	r Danarwork Daduction Act Notice see instructions				34	0. Earm 990-T (2016)

53

13590202 147227 0154112-0154112.0990 2016.05040 OVERLOOK FOUNDATION

Form **990-T** (2016)

Form 990-1	T (2016) OVERLOOK FOUNDA	FION		51-01	94054	Page 2
Part I	II Tax Computation					
35	Organizations Taxable as Corporations. See	e instructions for tax computation.				
	Controlled group members (sections 1561 ar	-	ructions and:			
а	Enter your share of the \$50,000, \$25,000, and					
-	(1) <u>\$</u> (2) <u>\$</u>	(3) (3)	in that of dory.			
Ь	Enter organization's share of: (1) Additional					
U						
_	(2) Additional 3% tax (not more than \$100,00				05.	0.
	Income tax on the amount on line 34				35c	0.
36	Trusts Taxable at Trust Rates. See instruction	•				
	Tax rate schedule or Schedule				36	
37	Proxy tax. See instructions			🕨	37	
38					38	
39	Tax on Non-Compliant Facility Income. See	instructions			39	
40	Total. Add lines 37, 38 and 39 to line 35c or 3	36, whichever applies			40	0.
Part I	V Tax and Payments					
41a	Foreign tax credit (corporations attach Form	1118; trusts attach Form 1116)	41a			
b	Other credits (see instructions)					
С						
d	Credit for prior year minimum tax (attach For					
e					41e	
42	Outstand Base Adv. Concer Prov. 40				42	0.
	Other taxes. Check if from: Form 4255	Eorm 9611 Eorm 9607				
43					43	0.
44					44	0.
	Payments: A 2015 overpayment credited to 2				-	
	2016 estimated tax payments				-	
	Tax deposited with Form 8868				_	
	Foreign organizations: Tax paid or withheld a					
е	Backup withholding (see instructions)					
	Credit for small employer health insurance pr					
g	Other credits and payments:	Form 2439				
•	Form 4136	Other	Total 🕨 45a			
46	Total payments. Add lines 45a through 45g				46	
47	Estimated tax penalty (see instructions). Check	ck if Form 2220 is attached ►			47	
48	Tax due. If line 46 is less than the total of line					0.
49	Overpayment. If line 46 is larger than the tot				49	0.
	Enter the amount of line 49 you want: Credit			Refunded	50	
	V Statements Regarding Cert	tain Activities and Other Int	ormation (see		1 30 1	
				· · · · · · · · · · · · · · · · · · ·		Vee Ne
51	At any time during the 2016 calendar year, di	•	•	•		Yes No
	over a financial account (bank, securities, or	,	•			
	FinCEN Form 114, Report of Foreign Bank an	d Financial Accounts. If YES, enter the h	ame of the foreign co	untry		v
	here					
52	During the tax year, did the organization rece	•	ntor of, or transferor t	co, a foreign trust?		X
	If YES, see instructions for other forms the o	rganization may have to file.				
53	Enter the amount of tax-exempt interest recei					
Cierr	Under penalties of perjury, I declare that I have exa correct, and complete. Declaration of preparer (oth				edge and belief, it is	s true,
Sign					May the IRS discuss	this return with
Here			IAIRMAN		the preparer shown	
	Signature of officer	Date Title		i	instructions)?	Yes No
	Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN	
Paid				self- employed	l t	
	THOMAS LANNING	THOMAS LANNING	02/01/		P0085	51654
Prepa			, /	Firm's EIN		178099
Use C		R FARM ROAD				
	Firm's address ROSELAN			Phone no	973-228-	-3500
		2, 10 0,000				990-T (2016)
					FUIII	

623711 01-18-17

Form 990-T (2016) OVERLOOK FOUNDATION

Schedule A - Cost of Goods So	Id. Enter	method of inver	ntory v	aluation 🕨 N/A					
1 Inventory at beginning of year	1		6	Inventory at end of yea	r		6		
2 Purchases	2					1			
3 Cost of labor	3			from line 5. Enter here	and in F	Part I,			
4 a Additional section 263A costs				line 2			7		-
(attach schedule)	4a		8	Do the rules of section	with respect to		Yes	No	
b Other costs (attach schedule)	4b			property produced or a	cquired	l for resale) apply to			
5 Total. Add lines 1 through 4b	5			the organization?					
-	m Real I	Property and	l Per	sonal Property L	ease	d With Real Prop	erty)		
	Rent receive	d or accrued							
			and pers	onal property (if the percentage	ae	3(a) Deductions directly	connected	with the income i	n
(a) rent for personal property is more than 10% but not more than 50%)		` of rent for p	personal	property exceeds 50% or if	5	columns 2(a) an	iu 2(b) (attai	ch schedule)	
_(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
	and 2(b). Ent	ter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	►		0.
	nanced	Income (see	instru	ctions)		•			
			2	. Gross income from		 Deductions directly conr to debt-financ 	nected with ed property	or allocable	
1. Description of debt-financed	property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		
(1)			_				-		
							-		
							+		
							-		
	E Average	adjusted basis	6	Column 4 divided		7 Gross income		Allocable deduc	tions
debt on or allocable to debt-financed property (attach schedule)	of or a debt-finar	llocable to nced property		by column 5		reportable (column 2 x column 6)		umn 6 x total of co 3(a) and 3(b))	olumns
(1)				%					
				%					
				%					
				%					
1 Inventory at beginning of year 1 2 7 6 Inventory at end of year 6 7 Cost of goods sold. Subtract line 6 7 7 Cost of goods sold. Subtract line 6 7				r here and on pag t I, line 7, column					
Totals					0			0.	
					·				0.
								Form 990-1	

623721 01-18-17

Page 3

Form 990-T (2016) OVERLO	OOK FOU	JNDAT	ION						51-01	9405	4 Page
Schedule F - Interest,	Annuities	s, Royal	ties, an					ations	s (see ins	struction	s)
				Exempt C	Controlled O	rganizati	ons				
1. Name of controlled organization	1. Name of controlled organization 2. Employer identification number			elated income instructions) 4. Tota paym		ments made inclu		5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5	
(1)											
(2)											
(3)											
<u>(4)</u>											
Nonexempt Controlled Organ	nizations			1							
7. Taxable Income		related incom ee instructions		9. Total o	of specified payr made	ments	10. Part of colu in the controll gross		nization's		ductions directly connected income in column 10
(1)											
(2)											
(3)											
(4)											
							Add colun Enter here and line 8, o		e 1, Part I,	Enter h	ld columns 6 and 11. ere and on page 1, Part I, line 8, column (B).
Tatala									0.		0.
Schedule G - Investme	ont Incom			501/a)/7) (0) or (onination		0.		0.
		ie of a c	section	501(0)(7), (9), or (17) Org	janization				
	structions)	ne			2. Amount of	income	3. Deductio directly conne	ected	4. Set-	asides schedule)	5. Total deductions and set-asides
(1)							(attach sched	dule)	((col. 3 plus col. 4)
(1)											_
(2)											
(3)											
(4)											
					Enter here and Part I, line 9, co						Enter here and on page 1 Part I, line 9, column (B).
Totals				►		0.					0.
Schedule I - Exploited (see inst	-	Activity	Incom	e, Other	Than Adv	vertisin	g Income				
			0 -		4. Net incom	ne (loss)					7 -
1. Description of exploited activity	2. Gr unrelated t income trade or b	ousiness from	directly o with pro of un	penses connected oduction related is income	from unrelated business (co minus colum gain, compute through	trade or blumn 2 n 3). If a e cols. 5	 Gross inco from activity is not unrelat business inco 	that ted	6. Exp attribut colu	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)											
(2)											
(3)	-										
(4)											
	Enter here page 1,	Part I,	page ⁻	re and on 1, Part I,							Enter here and on page 1,
	line 10, c		line IU,	, col. (B).							Part II, line 26.
Totals	<u> </u>	0.		0.							0.
Schedule J - Advertis	-			,							
Part I Income From	Periodica	als Repo	orted o	n a Cons	solidated	Basis					
1. Name of periodical		2. Gross advertising income	adv	3. Direct ertising costs	or (loss) (co col. 3). If a ga	tising gain ol. 2 minus ain, compute nrough 7.	e 5. Circula income		6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)											
(2)											
<u>(</u> (<u>)</u>)					-						
(3)					_						
(4)											
				_			1				
Totals (carry to Part II, line (5))	▶		0.	0	•						0.

Form 9 9	90-T (2016)
-----------------	--------------------

623731 01-18-17

Form 990-T (2016) OVERLOOK FOUNDATION

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in

columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income						leadership costs	7. Excess reader costs (column 6 m column 5, but not than column 4	ninus more	
(1)										
(2)										
(3)										
(4)										
Totals from Part I								0.		
	Enter here and on page 1, Part I, line 11, col. (A).	Enter her page 1 line 11,	, Part I,					Enter here and on page 1, Part II, line 27		
Totals, Part II (lines 1-5) 🕨	0.		0.							0.
Schedule K - Compensation	n of Officers, I	Directo	rs, and	Trustees (see in	structio	ns)				
1. Name				2. Title		3. Percer time devote busines	ed to		ensation attributable related business	
(1)							%			
(2)							%			
(3)							%			
(4)							%			
Total. Enter here and on page 1, Part II, li	ine 14					•				0.

Form **990-T** (2016)

Page 5