PUBLIC INSPECTION COPY

			EXTENDED TO MAY 15, 2019			OMB No. 1545-0047			
F	Q	90	Return of Organization Exempt Fron						
For	m J	30	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code		-				
		of the Treasury enue Service	 Do not enter social security numbers on this form as it m Go to www.irs.gov/Form990 for instructions and the la 			Open to Public Inspection			
-	A For the 2017 calendar year, or tax year beginning JUL 1, 2017 and ending JUN 30, 2018								
	Check if		f organization	D Employer		tion number			
	applicab	ole:							
	Addr	ge OVER	LOOK FOUNDATION						
	Name chan	ge Doing b	usiness as		51-019	94054			
	returr	n Number	and street (or P.O. box if mail is not delivered to street address) Room/s						
	Final returi termi		PPER OVERLOOK ROAD			22-2840			
	ated Amer	City or 1	own, state or province, country, and ZIP or foreign postal code TT, NJ 07902-0220	G Gross receipts		25,977,602.			
	returr Appli		nd address of principal officer: MICHAEL TANENBAUM, ESQ	H(a) Is this a	group retu rdinates?				
	tion pend		AS C ABOVE	• IOF SUDO H(b) Are all subo					
1	Tax-ex	empt status: [t. (see instructions)			
			LOOKFOUNDATION.ORG	H(c) Group e		(
						State of legal domicile: NJ			
		Summary							
-	1	Briefly describ	e the organization's mission or most significant activities:						
Governance		SEE SCH	EDULE O FOR MISSION STATEMENT						
rna	2	Check this bo	x 🕨 🔲 if the organization discontinued its operations or disposed of n	nore than 25% of its	s net asset				
ove	3		ting members of the governing body (Part VI, line 1a)			34			
			lependent voting members of the governing body (Part VI, line 1b)			34			
es	5		of individuals employed in calendar year 2017 (Part V, line 2a)			0			
Activities &	6		of volunteers (estimate if necessary)			65			
Act	7a		d business revenue from Part VIII, column (C), line 12			0.			
		Net unrelated	business taxable income from Form 990-T, line 34	Prior Year		Current Year			
	8	Contributions	and grants (Part VIII, line 1h)	6,140,1		6,070,481.			
ant	9			0,110,1	0.	0.			
Revenue	10	•	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)	1,408,		5,158,022.			
å	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-86,		-10,190.			
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,462,		11,218,313.			
	13		milar amounts paid (Part IX, column (A), lines 1-3)	4,084,	044.	3,580,949.			
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.			
ŝ	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)	1,774,		1,652,341.			
nse	16a	Professional f	undraising fees (Part IX, column (A), line 11e)		0.	0.			
Expenses	. b	Total fundrais	ing expenses (Part IX, column (D), line 25)						
Ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	560,		804,130.			
	18	-	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,419,		6,037,420.			
	19	Revenue less	expenses. Subtract line 18 from line 12	1,042,		5,180,893.			
Net Assets or				Beginning of Curre		End of Year			
Sset	20	Total assets (88,478,2		<u>94,547,275.</u> 6,478,632.			
let A	21		(Part X, line 26)	7,255,2		88,068,643.			
	<u>22</u> art II		fund balances. Subtract line 21 from line 20	UI, 444,	9940	00,000,043.			
		-	I declare that I have examined this return, including accompanying schedules and sta	tements and to the h	est of my kn	nowledge and belief it is			
			. Declaration of preparer (other than officer) is based on all information of which prep		-	וטיאוטעש מווע אפוופו, וג וא			

Sign Signature of officer Date Here MICHAEL TANENBAUM, ESQ., CHAIRMAN Type or print name and title										
	Print/Type preparer's name THOMAS LANNING	Preparer's signature THOMAS LANNING	Date 0 2 / 2 7	/19 Check PTIN if self-employed P00851654						
Preparer	Firm's name COHNREZNICK LLP			Firm's EIN 22-1478099						
Use Only	Firm's address 🕨 4 BECKER FARM RO									
ROSELAND, NJ 07068 Phone no.973-228-35										
May the IRS discuss this return with the preparer shown above? (see instructions)										
732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2017)										

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2017) OVERLOOK FOUNDATION 51-0194054 Page Service Accomplishments	ige 4
Pal	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 DEVELOP, MANAGE, AND	
	DISTRIBUTE RESOURCES TO ADVANCE THE DELIVERY OF HIGH-QUALITY HEALTH	
	CARE BY OVERLOOK MEDICAL CENTER.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
	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?	No
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	
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$3,170,359including grants of \$3,170,359) (Revenue \$	
та	OVERLOOK FOUNDATION FUNDS INNOVATIVE PROGRAMS AND SERVICES AT OVERLOOK	
	MEDICAL CENTER BY PROVIDING CRITICAL PEOPLE, PROCESSES AND / OR	
	TECHNOLOGY TO BENEFIT PATIENTS, THEIR FAMILIES AND CARE PROVIDERS.	
4b	(Code:) (Expenses \$ 410,590, including grants of \$ 410,590,) (Revenue \$	
4b	(Code:) (Expenses \$410,590. including grants of \$410,590.) (Revenue \$ TO PROVIDE SUPPORT TO OVERLOOK MEDICAL CENTER-ALIGNED ORGANIZATIONS AND	
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	TO PROVIDE SUPPORT TO OVERLOOK MEDICAL CENTER-ALIGNED ORGANIZATIONS AND INITIATIVES	
4b 4c	TO PROVIDE SUPPORT TO OVERLOOK MEDICAL CENTER-ALIGNED ORGANIZATIONS AND INITIATIVES	
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	TO PROVIDE SUPPORT TO OVERLOOK MEDICAL CENTER-ALIGNED ORGANIZATIONS AND INITIATIVES	

Form 990 (2017) OVERLOOK FOU Part IV Checklist of Required Schedules OVERLOOK FOUNDATION

			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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			<u>-</u> -
	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		<u>14a</u>		X
b	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			37
	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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
-	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	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		v	
40	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? <i>If</i> "Yes,"			x
	complete Schedule G. Part III	19	i i	1 27

Form 990 (2017)

732003 11-28-17

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OVERLOOK FOUNDATION Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
-	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
~	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If</i> "Yes "			
		26		x
27	<i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	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		
•	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			_
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			_
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
-	Note. All Form 990 filers are required to complete Schedule O	38	х	

Form 990 (2017)

732004 11-28-17

Form	990 (2017) OVERLOOK FOUNDATION 51-0194	054	Р	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 49			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e_{-file} (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		
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732005 11-28-17

Form	990	(2017)
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OVERLOOK FOUNDATION Management and Disclosure

51-0194054 Page **6**

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Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b t	below, a	and for a	a "No'	' response
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instru				

1a 1a 34 11 there are material differences in volting rights among members of the governing body, or if the governing body, or if the governing body, or if the governing body. The member of volting members included in line 1a, above, who are independent 34 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person? 3 3 Did the organization delegate control over management duties customarity performed by or under the direct supervision of officers, directors, or truste, 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 is stockholders? 6 7a Did the organization new embers or stockholders? 7 8 Did the organization have members is stockholders? 7 9 Did the organization have members of the odverming body? 8 9 Did the organization have members of the odverming body? 8 9 Did the organization have members of the odverming body? 8 9 Did the organization have members of the odverming body? 8 9 Did the organization have members of the odverming body? 8 9 Did the organization have members of toocdvide the namase and addresses in body members. stockhol		
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statements available to the public during the tax year	cial	ial
etatemente avanable te alle publie dannig alle tax your.		
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		
32006 11-28-17 Fo	m 99	99
6		
0227 147227 0154112-0154112.0990 2017.05040 OVERLOOK FOUNDATION	0	(

Form 990 (2		<u>JT-0T}40]4</u>	Page I
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Com	npensated	
	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.

51-0101051

D. . . 7

• 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."

OVEDIOOR FOIINDATION

• 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.

		T	mzu			iper	Jour			(E)
(A)		(B) (C) Position						(D)	(E)	(F)
Name and Title	Average	(do not check more than one						Reportable	Reportable	Estimated
	hours per	officer and a director/trustee						compensation	compensation	amount of
	week (list any	or					,	from the	from related organizations	other
	hours for	direct						organization	(W-2/1099-MISC)	compensation from the
	related	e or (stee			sated		(W-2/1099-MISC)	(** 2/1000 1000)	organization
	organizations	ruste	l trus		/ee	mper				and related
	below	dual t	ution	_	mplo	st co	5			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			5
(1) A. JUDE AVELINO	1.00	_	_							
TRUSTEE		х						0.	0.	0.
(2) AL LORD III	1.00									
TRUSTEE		х						0.	0.	0.
(3) ALAN LIEBER	1.00									
TRUSTEE		х						0.	0.	0.
(4) ANNE MARTINSON	1.00									
TRUSTEE		х						0.	0.	0.
(5) BEV LUEHS	1.00									
VICE CHAIR		Х		х				0.	0.	0.
(6) BRUCE F. WESSON	1.00									
TRUSTEE		Х						0.	0.	0.
(7) CHRISTOPHER COATES	1.00									
TRUSTEE		Х						0.	0.	0.
(8) CHRISTOPHER SULLIVAN	1.00									
TRUSTEE		Х						0.	0.	0.
(9) CLIFFORD M. SALES, M.D.	1.00									
TRUSTEE		Х						0.	0.	0.
(10) DAVID DIETZE	1.00									
TRUSTEE		Х						0.	0.	0.
(11) DAVID G. HARTMAN	1.00									
TRUSTEE		Х						0.	0.	0.
(12) DAVID WEXLER	1.00									
TRUSTEE		Х						0.	0.	0.
(13) EDWARD ZAMPELLA	1.00									
OUTGOING TRUSTEE		Х						0.	0.	0.
(14) ERIC J. SHICK	1.00									
TREASURER		Х		Х				0.	0.	0.
(15) FEDORA BALOIU	1.00									
TRUSTEE		Х						0.	0.	0.
(16) FRANCIS I. PERIER, JR.	1.00									
TRUSTEE		Х						0.	0.	0.
(17) GALE METZGER	1.00									
TRUSTEE		Х						0.	0.	0.
732007 11-28-17				_	-					Form 990 (2017)

Form	990	(201	7)
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Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)		
(A)	(B)			(0				(D)	(E)		(F)
Name and title	Average	(1)		Posi	ition			Reportable	Reportable	E	Estimated
	hours per	box	not cl , unles	ss per	son i	s both	n an	compensation	compensation	a	mount of
	week		cer an	d a di	irecto	or/trus T	tee)	from	from related		other
	(list any hours for	rector						the	organizations		npensation
	related	e or di	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)		from the
	organizations	rustee	l trus		ee	npen		(00-2/1099-00130)			ganization nd related
	below	Individual trustee or director	Institutional trustee	-	Key employee	Highest compensated employee	er				ganizations
	line)	Indivi	Instit	Officer	Key el	Highe	Former				-
(18) GEORGE L. FOTIADES	1.00										
TRUSTEE		Х						0.	0	•	0.
(19) JACK S. MANN	1.00										
TRUSTEE		Х						0.	0	•	0.
(20) JAMES N. GARDNER, MD	1.00										
TRUSTEE		Х						0.	0	•	0.
(21) JESSALYN CHANG	1.00										
TRUSTEE	1 00	Х						0.	0	<u>•</u>	0.
(22) JOHN VIGORITA, MD	1.00										•
TRUSTEE	1 0 0	Х						0.	0	•	0.
(23) JOSHUA A. WEINREICH	1.00	37						0	0		0
TRUSTEE	1 0 0	Х						0.	0	•	0.
(24) KARINA CALZADILLA TRUSTEE	1.00	х						0.	0		0.
(25) KEITH HERTELL	1.00	Δ						0.	0	•	0.
TRUSTEE	1.00	х						0.	0		0.
(26) MAGGIE HARIRI	1.00									•	
TRUSTEE	1.00	x						0.	0		0.
1b Sub-total						-		0.	0		0.
c Total from continuation sheets to Part VI	• •• •							929,794.	0		57,593.
d Total (add lines 1b and 1c)								929,794.	0	_	57,593.
2 Total number of individuals (including but no							o re		000 of reportable		•
compensation from the organization						,		,			5
ii											Yes No
3 Did the organization list any former officer,	director, or tru	istee	e, ke	y em	nplo	yee,	or	highest compensated en	nployee on		
line 1a? If "Yes," complete Schedule J for su								-		3	X
4 For any individual listed on line 1a, is the su											
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	dule	e J f	or such individual		4	X
5 Did any person listed on line 1a receive or a	ccrue compen	sati	on fr	om a	any	unre	elate	ed organization or individ	dual for services		
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or su	ich p	oers	on .				5	X
Section B. Independent Contractors											
1 Complete this table for your five highest cor	•	•							•	sation f	rom
the organization. Report compensation for t	he calendar ye	ear e	ndin	ig wi	ith c	or wi	thin T		ear.		
(A) Name and business	address	NTC) NTE	,				(B) Description of s	ervices		(C) ensation
		INC	ONE	5			_	Description of s		Comp	
2 Total number of independent contractors (ir	ncluding but no	ot lin	nited	l to t	thos	se lis	ted	above) who received mo	ore than		
\$100,000 of compensation from the organiz					(-					
SEE PART VII, SECTION	A CONT	IN	ŪΑ	TI	ON	S	HE	ETS		Form	1 990 (2017)

732008 11-28-17

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B · \ ///	K FOUNDAT			s. ar	nd H	liah	est (Compensated Employe	51-019	1001
(A)	(B)		ycc	<u>s, ar</u> ((ingin		(D)	(E)	(F)
Name and title	Average			Posi		r		Reportable	Reportable	Estimated
	hours	(check all that apply)					ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	irecto				empl		organization	(W-2/1099-MISC)	from the
	hours for related	e or d	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	truste	al trus		yee	mper				organizations
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest com pen sated em ployee	ner			0
	line)	Indiv	Insti	Officer	Key	High	Former			
(27) MANISH BHANDARI	1.00									
TRUSTEE		х						0.	0.	0
(28) MELISSA TASSE, PHD	1.00								0	
TRUSTEE	1 00	Х						0.	0.	0
(29) MERI BARER	1.00	v							0	
TRUSTEE (30) MICHAEL TANENBAUM, ESQ.	1.00	Х				<u> </u>		0.	0.	0
(30) MICHAEL TANENBAUM, ESQ. CHAIRMAN	L.00	x		х				0.	0.	0
(31) PAUL M.STARKER,MD	1.00								U •	0
TRUSTEE		x						0.	0.	0
(32) SHANNON CROSS	1.00									u
TRUSTEE		x						0.	0.	0
(33) STACY WILSON MCCANN	1.00									
SECRETARY		х		х				0.	0.	0
(34) TRACY MCKEE	1.00									
TRUSTEE		Х						0.	0.	0
(35) VINCENT URSINO, SR.	1.00									
TRUSTEE		Х						0.	0.	0
(36) ANN OLIVA	40.00									
OUTGOING EXECUTIVE DIRECTOR	- 1 00			Х				271,893.	0.	0
(37) CLELIA BIAMONTI, PHD	1.00							FO 004	0	F 000
EXECUTIVE DIRECTOR	40.00			X				70,004.	0.	7,986
(38) KENNETH COLE	40.00				77			220 045	0	
DIR OF PLANNED GIVING & FI	40.00				Х			229,945.	0.	55,293
(39) KERRY MOWRY DIRECTOR	40.00					x		106,508.	0.	24,212
(40) LORIE MCDONALD	40.00							100,500.	0.	24,212
DIRECTOR	40.00					x		125,588.	0.	35,058
(41) MARIANNE DEVLIN	40.00							12373001		
DIRECTOR		1				x		125,856.	0.	35,044
		1								
		L								
		{								
		I	I				L			
								929,794.		157,593

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2017.05040 OVERLOOK FOUNDATION 09580227 147227 0154112-0154112.0990

		Check if Schedule O conta		perioe		(A)	(B)	(C)	
						(A) Total revenue	(D) Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Ś	1 a	Federated campaigns		1a					
nnt		Membership dues		1b					
e E		Fundraising events		1c	144,450.				
ΓA		Related organizations		1d					
nila		Government grants (contributi		1e					
Si		All other contributions, gifts, gran							
Jer	•	similar amounts not included abov		1f	5,926,031.				
ō	a	Noncash contributions included in lines							
and Other Similar Amounts		Total. Add lines 1a-1f				6,070,481.			
			<u></u>		Business Code	, , -			
	2 a				Dusiness Code				
	z a b								
ne									
ven	C d								
Re	d								
Revenue	e								
		All other program service reve							
-		Total. Add lines 2a-2f							
	3	Investment income (including			,	1 740 696			1 740 696
	_	other similar amounts)				1,740,686.			1,740,686
	4	Income from investment of tax	•						
	5	Royalties							
			(i) R	eal	(ii) Personal				
		Gross rents							
		Less: rental expenses							
		Rental income or (loss)							
	d	Net rental income or (loss)			🕨				
	7 a	Gross amount from sales of	(i) Secu	urities	(ii) Other				
		assets other than inventory	18,096	5,035.					
	b	Less: cost or other basis							
		and sales expenses	14,678	3,699.					
	с	Gain or (loss)	3,417	7,336.					
		Net gain or (loss)				3,417,336.			3,417,336
		Gross income from fundraising							
		including \$ 144							
		contributions reported on line							
:		Part IV, line 18		а	70,400.				
	b	Less: direct expenses							
5		Net income or (loss) from fund			····· ►	-10,190.			-10,190
		Gross income from gaming ac	•			,			,
	U U	Part IV, line 19							
	h	Less: direct expenses							
		Net income or (loss) from gam		ues					
ין	υa	Gross sales of inventory, less							
		and allowances							
		Less: cost of goods sold							
-	С	Net income or (loss) from sales		ntory					
		Miscellaneous Revenue	e		Business Code				
1	1 a								
	b								+
	С								
1		All other revenue							
	е	Total. Add lines 11a-11d			🕨	11,218,313.	0.	0	5,147,832.

09580227 147227 0154112-0154112.0990

2017.05040 OVERLOOK FOUNDATION

OVERLOOK FOUNDATION

Form 990 (2017)

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OVERLOOK FOUNDATION

Da	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	3,382,535.	3,382,535.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	198,414.	198,414.		
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	572,859.			572,859
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	000 144			000 144
7	Other salaries and wages	829,144.			829,144
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				250 220
9	Other employee benefits	250,338.			250,338
0	Payroll taxes				
11	Fees for services (non-employees):	0.7.0		070	
а	Management	870. 2,505.		870. 2,505.	
b	Legal	2,505.		2,505.	
С	Accounting	265,312.		265,312.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	06 085		FO 000	14.000
	column (A) amount, list line 11g expenses on Sch 0.)	86,975.		72,909.	14,066
12	Advertising and promotion	0.00 0.00		000 000	20 550
13	Office expenses	268,388.		228,829.	39,559
14	Information technology	12,319.		12,319.	
15	Royalties				
16	Occupancy	400		400	
17	Travel	429.		429.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1 445		1 445	
19	Conferences, conventions, and meetings	1,445.		1,445.	
20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23					
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.)	86,062.			06 060
a	CAMPAIGN EXPENSE BAD DEBTS EXPENSES	35,392.		21 020	86,062 1,353
b	EQUIPMENT RENTAL	<u> </u>		<u>34,039</u> . 19,199.	т, эрэ
c	ANNUITY GIFT	1,131.		1,131.	
d		24,103.		±,±>±•	2/ 102
e	All other expenses	· · ·	2 500 040	620 007	<u>24,103</u> 1,817,484
25	Total functional expenses. Add lines 1 through 24e	6,037,420.	3,580,949.	638,987.	1,01/,484
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Earm 990 (201

732010 11-28-17

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11

2017.05040 OVERLOOK FOUNDATION

09580227 147227 0154112-0154112.0990 2017.05040 OVERLOOK FOUNDATION

OVERLOOK FOUNDATION

Check if Schedule O contains a response or note to any line in this Part X

		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			312,264.	1	295,623.
	2	Savings and temporary cash investments			4,725,259.	2	2,233,682.
	3	Pledges and grants receivable, net	2,311,775.	3	2,811,586.		
	4	Accounts receivable, net		4			
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa	ited emp	loyees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualif					
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501(d	c)(9) voluntary			
ß		employees' beneficiary organizations (see instr).	Complet	e Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
Ä	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			154,238.	9	99,622.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		68,241.			
	b	Less: accumulated depreciation	10b	68,241.	0.	10c	0.
	11	Investments - publicly traded securities			64,331,873.	11	69,762,380.
	12	Investments - other securities. See Part IV, line 1	1		13,244,537.	12	15,628,590.
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			3,398,309.	15	3,715,792.
	16	Total assets. Add lines 1 through 15 (must equa			88,478,255.	16	94,547,275.
	17	Accounts payable and accrued expenses	150,424.	17	409,072.		
	18	Grants payable			1,074,957.	18	253,152.
	19	Deferred revenue		19	10,000.		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to current and former					
iliti		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
-	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated		Г		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	,		6,029,882.	25	5,806,408.
	26	Schedule D			7,255,263.	25 26	6,478,632.
	20	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958		here ► X and	,,200,200.	20	0,1,0,052.
		complete lines 27 through 29, and lines 33 an					
ces	27	Unrestricted net assets			8,472,727.	27	9,430,405.
llan	28	Temporarily restricted net assets			42,181,943.	28	47,808,467.
l Be	29	–			30,568,322.	29	30,829,771.
nnc		Organizations that do not follow SFAS 117 (A					, ,
Γ		and complete lines 30 through 34.		,			
ts c	30	Capital stock or trust principal, or current funds		30			
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or eq				31	
it A	32	Retained earnings, endowment, accumulated in				32	
Ne	33	Total net assets or fund balances			81,222,992.	33	88,068,643.
	34	Total liabilities and net assets/fund balances			88,478,255.	34	94,547,275.
							Form 990 (2017)

Form 990 (2017) Part X Balance Sheet

12

	1990 (2017) OVERLOOK FOUNDATION	<u>51-0</u>	194054	Paç	_{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	11,218		
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,037	<u> </u>	
3	Revenue less expenses. Subtract line 2 from line 1	3	5,180		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	81,222		
5	Net unrealized gains (losses) on investments	5	1,859),3:	35.
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	-194	1,5	77.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	88,068	3,64	43.
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	Х	
	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	gle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			I
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				
			_ (aan /	

Form **990** (2017)

732012 11-28-17

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SCHED	ULI	ΕA
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Department of the Treasury Internal Revenue Service

(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.

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

OMB No. 1545-0047
2017
Open to Public

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

Nam	e of t	he organization						Employer	identification number		
			LOOK FOUND						1-0194054		
Par	tl	Reason for Public (Charity Status	All organizations must co	omplete th	is part.) Se	ee instructions	3.			
The c	rgani	zation is not a private found	ation because it is: (For lines 1 through 12, cl	heck only	one box.)					
1		A church, convention of chu	urches, or associatio	on of churches described	in sectio	on 170(b)(1	1)(A)(i).				
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)									
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(ii	ii).				
4		A medical research organization	ation operated in co	njunction with a hospital	described	in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,		
		city, and state:									
5		An organization operated for	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in		
		section 170(b)(1)(A)(iv). (Complete Part II.)									
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7	Х	An organization that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	oublic described in		
,		section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or		
r		university:									
10		An organization that norma									
		activities related to its exem							-		
		income and unrelated busir		(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	ifter June 30, 1975.		
		See section 509(a)(2). (Cor									
11		An organization organized a		•	•						
12		An organization organized a	•	•	•			•	• •		
		more publicly supported or	-						Sheck the box in		
-		lines 12a through 12d that	• •			-		-	-:		
а		Type I. A supporting orga		-	• • • •	-					
		the supported organization			majority c	of the aired	ctors or truste	es of the sl	ipporting		
		organization. You must o						n (n) huu hau			
b		Type II. A supporting org	-				-		•		
		control or management o			ame perso	ns that co	ntroi or manaç	ye the supp	Joned		
с		organization(s). You mus Type III functionally inte			in connoct	tion with	and functional	ly intograte	d with		
C	L	its supported organization						ly integrate	a with,		
d		Type III non-functionally		-				ted organiz	zation(s)		
u	L	that is not functionally int						-			
		requirement (see instructi	с с	e ,			•	anattentiv			
е		Check this box if the orga		•				II. Type III			
U	L	functionally integrated, or					Type I, Type	n, rype m			
f	Ente	r the number of supported of		hany integrated capportin	ig organiz						
		ide the following information	•	d organization(s).							
) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed ing document?	(v) Amount of	fmonetary	(vi) Amount of other		
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)		
Total											

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017 14

Schedule A (Form 990 or 990-EZ) 2017 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	8651936.	5939055.	6505448.	6140211.	6070481.	33307131.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	8651936.	5939055.	6505448.	6140211.	6070481.	33307131.			
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)						2983105.			
6	Public support. Subtract line 5 from line 4.						30324026.			
Sec	ction B. Total Support						505210200			
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total			
	Amounts from line 4	8651936.	5939055.	6505448.	6140211.	6070481.	33307131.			
8	Gross income from interest,									
Ŭ	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	1318615.	1503562.	1808273.	1638301.	1740686.	8009437.			
9	Net income from unrelated business	10100101	10000021	10002/01	10000011	1,100000	00001070			
9	activities, whether or not the									
10	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital	83 972	438,368.	01 /03	211,315.	70 400	895,548.			
44	assets (Explain in Part VI.)	05,572.	430,300.	J1,4JJ.	211, 515.	70,400.	42212116.			
	Total support. Add lines 7 through 10		(ma)			12				
12	Gross receipts from related activities, First five years. If the Form 990 is for	•	,	d founth or fifth to						
13										
Sec	organization, check this box and stor ction C. Computation of Publi	c Support Per	centage							
	Public support percentage for 2017 (I			olump (f))		14	71.84 %			
	Public support percentage from 2016		•	.,,		15	71.84 %			
	33 1/3% support test - 2017. If the c									
102		-								
	stop here. The organization qualifies		0		line 15 is 22 1/20/		······································			
C	33 1/3% support test - 2016. If the c	-								
47	and stop here. The organization qual				10 10 10					
1/8	10% -facts-and-circumstances test									
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization									
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or									
b		-								
	more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part VI how the									
40	organization meets the "facts-and-circ		-	-	• • • •					
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16a	a, 160, 17a, or 17b						
					Sche	dule A (Form 990	UI 990-EZ) 201/			

Schedule A (Form 990 or 990-EZ) 2017 OVERLOOK FOUNDATION

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

51-0194054 Page 3

(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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	L					
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						
J	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	L					
8 Sec	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	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						
С	Add lines 10a and 10b	L					
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3) organ	nization,
	check this box and stop here	<u></u>)
	tion C. Computation of Publi					- <u> </u>	
	Public support percentage for 2017 (I			column (f))		15	%
	Public support percentage from 2016					16	%
	tion D. Computation of Inves			(0)			
	Investment income percentage for 20					17	%
	Investment income percentage from			an line 14 and lin		18	%
198	33 1/3% support tests - 2017. If the more than 33 1/3% check this box ar						
h	more than 33 1/3%, check this box ar 33 1/3% support tests - 2016. If the						······ ► 💶
U	line 18 is not more than 33 1/3%, che	•			-		·
20	Private foundation. If the organization						
	3 10-06-17			, or roo, oncore			990 or 990-EZ) 2017
10202			16	5			

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.)

732024 10-06-17

Schedule A (Form 990 or 990-EZ) 2017

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			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		
с	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		
Sec	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			
ړ			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			
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	
•	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			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions,		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	-		
	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	25		
Ŀ	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
a	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b		
73200	of its supported organizations? <i>If</i> "Yes," <i>describe in</i> Part VI <i>the role played by the organization in this regard.</i> 5 10-06-17 Schedule A (Form 9)0-F7)	2017
. 5202	18)	

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Schedule A (Form 990 or 990-EZ) 2017 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	on 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		
	on 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	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly intograto	d Tupo III oupporting area	nization (and

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

Schedule A (Form 990 or 990-EZ) 2017

732026 10-06-17

Schedule A (Form 990 or 990 EZ) 2017 OVERLOOK FOUNDATION

	rt V Type III Non-Functionally Integrated 509(nizations (continued)	
Sect	ion D - Distributions		(Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
с	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
C	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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732027 10-06-17

Schedule A (Form 990 or 990 EZ) 2017 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:

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SCHEDULE [)
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Department of the Treasury

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Internal Revenue Service

Name	of the organization OVERLOOK FOUNDATION	N	E	mployer identification number $51 - 0194054$
Par			or Acco	
	organization answered "Yes" on Form 990, Part IV, lin			
	,, _,	(a) Donor advised funds	(b) F	unds and other accounts
1	Total number at end of year			
	Aggregate value of contributions to (during year)			
	Aggregate value of grants from (during year)			
	Aggregate value at end of year			
	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	ed funds	
	are the organization's property, subject to the organization's	-		Yes No
	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor o		-	
	impermissible private benefit?		•	
Par	II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990.	Part IV. line	7.
1	Purpose(s) of conservation easements held by the organization		,	
-	Preservation of land for public use (e.g., recreation or e		torically imr	portant land area
	Protection of natural habitat	Preservation of a cer		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conser	vation easement on the last
2	day of the tax year.			Held at the End of the Tax Yea
а			2	
	Number of conservation easements on a certified historic stru		·····	
	Number of conservation easements included in (c) acquired a			
			20	4
	listed in the National Register		····· <u> </u>	
	vear	eased, extinguished, or terminated by the	organizatio	
	Number of states where property subject to conservation eas	sement is located		
	Does the organization have a written policy regarding the per			
	violations, and enforcement of the conservation easements it			Yes No
	Staff and volunteer hours devoted to monitoring, inspecting,			
U	Stan and volunteer nours devoted to morntoning, inspecting,	handling of violations, and emotering con-	Scivation ce	sements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion open	ents during the year
•			lion casem	child during the year
8	Does each conservation easement reported on line 2(d) above	a satisfy the requirements of section 170	(b)(4)(D)(i)	
				Yes No
٥	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation	on accoments in its revenue and expanse	etatomont	
	include, if applicable, the text of the footnote to the organization			
			the organiz	ation's accounting for
Par	conservation easements. III Organizations Maintaining Collections of	Art. Historical Treasures. or O	ther Simi	lar Assets.
	Complete if the organization answered "Yes" on Form			
10	If the organization elected, as permitted under SFAS 116 (AS		nent and ha	lance sheet works of art
	historical treasures, or other similar assets held for public exh			
	the text of the footnote to its financial statements that describ			io solvide, provide, ili Fait Alli,
	If the organization elected, as permitted under SFAS 116 (AS		and balance	a sheet works of art historical
	treasures, or other similar assets held for public exhibition, ec			
		ducation, or research in furtherance of pu	DIL SEI VICE	, provide the following amounts
	relating to these items:		•	¢
	(i) Revenue included on Form 990, Part VIII, line 1		[► \$
				► \$
	If the organization received or held works of art, historical treater of the following and the following of the second state o		u gain, prov	iae
	the following amounts required to be reported under SFAS 1			. ф
	Revenue included on Form 990, Part VIII, line 1			• \$
Ø	Assets included in Form 990, Part X		Р	▶ \$

b Assets included in Form 990, Part X

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990
732051	10-09-17

Schedule D (Form 990) 2017

Sche		K FOUNDATIC				51-01	94054	: Pa	_{age} 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	er Simila	r Assets	contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the t	ollowing that are a s	significant u	ise of its c	ollection i	items	;
	(check all that apply):								
а	Public exhibition	d	Loan or exc	hange programs					
b	Scholarly research	е							
с	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's exe	empt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o								
-	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arran) Part IV I			
	reported an amount on Form 990, Par		to in the organizatio			, i altiv, i			
19	Is the organization an agent, trustee, custodi		any for contribution	s or other assets no	tincluded				
14	on Form 990, Part X?						Yes		No
h	If "Yes," explain the arrangement in Part XIII					∟	_ 165	L	
D		and complete the lon	owing table.				Amount		
	De sienie a belen ee				4		Amount		
	Beginning balance								
	Additions during the year								
e	Distributions during the year								
t	Ending balance				1 f		7		
	Did the organization include an amount on Fo					L	Yes		No
	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete i								<u> </u>
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y		(e) Four		
1a	Beginning of year balance	54,882,052.	48,039,505.	47,288,064.	_	30,769.			160.
b	Contributions	261,449.	1,202,588.			98,029.			468.
С	Net investment earnings, gains, and losses	4,609,426.	6,709,655.	,		02,618.			549.
d	Grants or scholarships	798,997.	638,591.	606,662.	8	76,772.		499,	612.
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses	293,522.	431,105.	397,558.	3	66,580.		298,	796.
g	End of year balance	58,660,408.	54,882,052.	48,039,505.	47,2	88,064.	45,	730,	769.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	.41	%						
b	Permanent endowment > 52.56	%	_						
с	Temporarily restricted endowment	7.03 %							
	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse	ssion of the organizat	tion that are held ar	nd administered for	the organiza	ation			
	by:	0			0		Γ	Yes	No
	(i) unrelated organizations						3a(i)		X
							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza						3b		
4	Describe in Part XIII the intended uses of the								<u> </u>
Par	t VI Land, Buildings, and Equipm		which it idines.						
	Complete if the organization answere		Part IV line 11a S	ee Form 990 Part)	(line 10				
	Description of property	(a) Cost or of			Accumulate	ad I	(d) Book	valu	
	Description of property	basis (investm	• • •		epreciation			valu	C
4-	Land	· · · · ·			-p. colution				
	Land								
b	Buildings								
	Leasehold improvements		A	6 100	16 11				
	Equipment			6,100.	46,10				0.
-	Other			2,141.	22,14	<u>+</u> +•			0.
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part >	K, column (B), line 1	0c.)					0.
						Schedule	D (Form	990)	2017

Schedule D (Form 990) 2017 OVERLOOK FOUNDATIO	Dart VII	Invoctmor	te - Other Securities	
	Schedule D	(Form 990) 20 ⁻	17 OVERLOOK	FOUNDATION

Complete if the organization answered "Yes" ((a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value			d-of-year market value
	(b) BOOK value		uation. Cost of en	D-OI-year Market Value
) Financial derivatives				
) Closely-held equity interests) Other				
(A) ALTERNATIVE INVESTMENTS	15,628,590	. END-OF-YE	AR MARKET	VALUE
(B)	19,020,000			11101
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	15,628,590	•		
art VIII Investments - Program Related.		ł		
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	e 11c. See Form 990. Pa	art X. line 13.	
(a) Description of investment	(b) Book value			d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨				
art IX Other Assets.				
Complete if the organization answered "Yes"		e 11d. See Form 990, Pa	art X, line 15.	
(a)	Description			(b) Book value
(1)				
(2)				
(3)				
(4) (5)				
(4) (5) (6)				
(4) (5) (6) (7)				
(4) (5) (6) (7) (8)				
(4) (5) (6) (7) (8) (9)				
(4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line	9 15.)			
(4) (5) (6) (7) (8) (9) (al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.				
(4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990. Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of		e 11e or 11f. See Form 9	190, Part X, line 25	
(4) (5) (6) (7) (8) (9) tal. (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			▶ 190, Part X, line 25	
(4) (5) (6) (7) (8) (9) tal. (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 (1) Federal income taxes		e 11e or 11f. See Form 9 (b) Book value	▶ 190, Part X, line 25	
(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	on Form 990, Part IV, line	(b) Book value) 190, Part X, line 25	
(4) (5) (6) (7) (8) (9) (a) 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 (1) Federal income taxes (2) ANNUITY OBLIGATIONS (3) DUE TO OVERLOOK MEDICAL CH	on Form 990, Part IV, line	e 11e or 11f. See Form 9 (b) Book value	▶ 190, Part X, line 25	
(4) (5) (6) (7) (8) (9) tal. (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 (1) Federal income taxes (2) ANNUITY OBLIGATIONS (3) DUE TO OVERLOOK MEDICAL CE (4)	on Form 990, Part IV, line	(b) Book value	▶ 190, Part X, line 25	
(4) (5) (6) (7) (8) (9) tal. (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 (1) Federal income taxes (2) ANNUITY OBLIGATIONS (3) DUE TO OVERLOOK MEDICAL CE (4) (5)	on Form 990, Part IV, line	(b) Book value	▶ 190, Part X, line 25	
(4) (5) (6) (7) (8) (9) tal. (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)	on Form 990, Part IV, line	(b) Book value		
Complete if the organization answered "Yes" ((a) Description of liability (1) Federal income taxes (2) ANNUITY OBLIGATIONS (3) DUE TO OVERLOOK MEDICAL CE (4) (5) (6) (7)	on Form 990, Part IV, line	(b) Book value	▶ 190, Part X, line 25	
(4) (5) (6) (7) (8) (9) tal. (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) (8)	on Form 990, Part IV, line	(b) Book value	▶ 190, Part X, line 25	
(4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X. col. (B) lines 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)	on Form 990, Part IV, line	(b) Book value	▶ 190, Part X, line 25	

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) 2017

732053 10-09-17

	edule D (Form 990) 2017 OVERLOOK FOUNDATION				0194054 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents Wit	h Revenue per Re	eturn.	
	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	12,962,306.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	1,859,335.		
b	Donated services and use of facilities	. 2b			
с	Recoveries of prior year grants	. 2c			
d	Other (Describe in Part XIII.)		-195,932.		
е	Add lines 2a through 2d			2e	1,663,403.
3	Subtract line 2e from line 1			3	11,298,903.
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	-80,590.		
	Add lines 4a and 4b			4c	-80,590.
с					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	11,218,313.
5				5 Retur	<u> 11,218,313.</u> 'n.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ents Wi		5 Retur	'n.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem	ents Wi	th Expenses per l	5 Retur	<u>11,218,313.</u> m. <u>6,116,655.</u>
5 Pa	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 Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents Wi	th Expenses per l		'n.
5 Ра 1	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	ents Wi	th Expenses per l		'n.
5 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 Statem 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 Wi	th Expenses per l		'n.
5 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 Statem 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 Wi	th Expenses per l	1	'n.
5 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 Statem 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	ents Wi	th Expenses per l	1	n. 6,116,655.
5 Pa 1 2 a b c	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.) Total Reconciliation of Expenses per Audited Financial Statem 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	ents Wi 2a 2b 2c 2d	th Expenses per l	1	m. 6,116,655. 80,590.
5 Pa 1 2 a b c	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 Statem 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	ents Wi 2a 2b 2c 2d	th Expenses per l	1	n. 6,116,655.
5 Pa 1 2 a b c d e	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 Statem 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.)	ents Wi 2a 2b 2c 2d	th Expenses per l	1 	m. 6,116,655. 80,590.
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem 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	ents Wi	th Expenses per l	1 2e 3	m. 6,116,655. 80,590.
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem 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:	ents Wi 2a 2b 2c 2d	th Expenses per l	1 2e 3	n. 6,116,655. 80,590. 6,036,065.
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem 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	ents Wi 2a 2b 2c 2d 2d	th Expenses per 1 80,590.	1 2e 3	m. 6,116,655. 80,590. 6,036,065. 1,355.
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem 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.)	ents Wi 2a 2b 2c 2d 4a 4b	th Expenses per 1 80,590.	1 2e 3	n. 6,116,655. 80,590. 6,036,065.

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

PART V, LINE 4:

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

PART X, LINE 2:

THE FOUNDATION HAS NO UNRECOGNIZED TAX BENEFITS AT JUNE 30, 2018, AND

2017. THE FOUNDATION'S FEDERAL AND STATE INCOME TAX RETURNS PRIOR TO

FISCAL YEARS 2015 AND 2014, 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

732054 10-09-17

09580227 147227 0154112-0154112.0990

2017.05040 OVERLOOK FOUNDATION

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 OVERLOOK FOUNDATION

Schedule D (Form 990) 2017 OVERLOOK FOUNDATION	51-0194054 Page
Part XIII Supplemental Information (continued)	
PENALTIES PAID FOR THE YEARS ENDED JUNE 30, 2018, AND 2017.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
	104 577
PRESENT VALUE ADJUSTMENT	-194,577.
RECLASSIFICATION OF BAD DEBT EXPENSE	-1,355.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-195,932.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES	-80,590.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES	80,590.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
RECLASSIFICATION OF BAD DEBT EXPENSE	1,355.
	Schedule D (Form 990) 20

732055 10-09-17

SCHEDULE G	Supplama	ntal Information Regarding	Fund	Iraiai	ng or Gaming A	otiv	ition	OMB No. 1545-0047		
(Form 990 or 990-EZ)		e organization answered "Yes" on						2017		
Department of the Treasury	-	organization entered more than \$1 Attach to Form 990	5,000 d	on For	rm 990-EZ, line 6a.			Open to Public		
Internal Revenue Service		► Attach to Form 990 Form 990						Inspection		
Name of the organization	OVERLOO	K FOUNDATION					Employer id 51-019	lentification number 4054		
Part I Fundraisi	ng Activities.	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not		
· · · ·	· · ·	ed funds through any of the followin	g activ	vities. (Check all that apply.					
a 📃 Mail solicitatio				-	overnment grants					
b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events										
d In-person soli		g Opecial	lunure	alsing	events					
		or oral agreement with any individual				tees,	or			
		art VII) or entity in connection with p						es 🔄 No		
b If "Yes," list the 10 l compensated at lea	•	viduals or entities (fundraisers) pursu organization.	ant to	agreer	ments under which th	ne fur	idraiser is to	be		
			(iii) fundr	Did		(v)	Amount paid	(ui) Amount poid		
(i) Name and address or entity (fundr		(ii) Activity	fundr have c or con	ustody	(iv) Gross receipts from activity		or retained by fundraiser	(or retained by)		
			contrib			lis	ted in col. (i)	organization		
			Yes	No	-					
Total										
		n is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from	registration		
or licensing.										
LHA For Paperwork Red	duction Act Noti	ce, see the Instructions for Form S	90 or	990-E	Z	Sche	dule G (Form	990 or 990-EZ) 2017		
732081 09-13-17		32081 09-13-17								

51-0194054 Page 2

 Schedule G (Form 990 or 990-EZ) 2017 OVERLOOK FOUNDATION
 51-0194054
 Page

 Part II
 Fundraising Events.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

 of fundraising event contributions and gross income on Form 990-F7 lines 1 and 6b. List events with gross receipts greater than \$5,000

		or fundraising event contributions and gro		- <u>-</u> _, III	CS I ANU OD. LISU	-ven	is with gross receipt	s greater than \$5,000.
			(a) Event #1		(b) Event #2		(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)		(event type)		(total number)	col. (c))
Revenue	1 Gross receipts		214,850.				<u> </u>	214,850.
ш		Less: Contributions	144,450.					144,450
	3	Gross income (line 1 minus line 2)	70,400.					70,400
	4	Cash prizes						
SS	5	Noncash prizes						
xpense	6	Rent/facility costs	79,330.					79,330
Direct Expenses	7	Food and beverages						
_	8	Entertainment						
	9	Other direct expenses	4					1,260.
	10	Direct expense summary. Add lines 4 through	9 in column (d)					80,590
	11	Net income summary. Subtract line 10 from li						-10,190
Ра	rt I		answered "Yes" on Form	ı 990,	Part IV, line 19, or	repo	rted more than	
		\$15,000 on Form 990-EZ, line 6a.						
Revenue			(a) Bingo		Pull tabs/instant /progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Rev	1	Gross revenue						
ses	2	Cash prizes						
Direct Expenses	3	Noncash prizes						
Direct	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	Yes %		Yes % No		☐ Yes %] No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)				►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)				►	
			. (-)					
9	En	ter the state(s) in which the organization condu	cts gaming activities:					
а	ls t	he organization licensed to conduct gaming ac	tivities in each of these s	states	>			Yes No
b	lf "	No," explain:						
		ere any of the organization's gaming licenses re Yes," explain:				/ear	?	Yes No
73208	32 09)-13-17					Schedule G (For	m 990 or 990-EZ) 201

<u>Sch</u> e	edule G (Form 990 or 990-EZ) 2017 OVERLOOK FOUNDATION 5	<u>1-01</u>	<u>94</u>	<u>054</u>	Page
	Does the organization conduct gaming activities with nonmembers?			Yes	N
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
	to administer charitable gaming?			Yes	N
	Indicate the percentage of gaming activity conducted in:	1		ı	
	The organization's facility		13a		
	An outside facility	L	13b		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
	Name				
	Address				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			Yes	🗌 No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount				
	of gaming revenue retained by the third party \blacktriangleright \$				
С	If "Yes," enter name and address of the third party:				
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation \$				
	Description of services provided				
а	Director/officer Employee Independent contractor Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			Yes	□ No
Da	organization's own exempt activities during the tax year s t IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part		- 0 (0h 10	h 15h
га	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	III, line	.s 9, 9	9D, 1U	0, 150,
73208	IS 09-13-17 Schedule G	Form !	990 c	or 990	-EZ) 201
001	35 227 147227 0154112 0154112 0000 2017 05040 OVERIOOV FOIDART				0154
ענ	227 147227 0154112-0154112.0990 2017.05040 OVERLOOK FOUNDATI	ON			01543

	Schedule G (Form 990 or 990-EZ)
	Schedule & (Form 990 of 990-EZ)
04-01-17	26
	36
227 147227 0154112-0154112.099	0 2017.05040 OVERLOOK FOUNDATION 015412

SCHEDULE I			arants and Oth					OMB No. 1545-0047
(Form 990)			vernments, an ete if the organizatio					2017
Department of the Treasury		Comp		Attach to For				Open to Public
Internal Revenue Service			Go to www.ir	s.gov/Form990 fo	r the latest inform	nation.		Inspection
Name of the organization	OVERLOOK	FOUNDATIO	N					Employer identification number $51 - 0194054$
Part I General Info	rmation on Grants a							
criteria used to awa	ard the grants or assis	stance?	amount of the grants					
			oring the use of grant					
		-	zations and Domestic			anization answered "Y	es" on Form 990, Par	t IV, line 21, for any
1 (a) Name and addr or gover	ess of organization	(b) EIN	be duplicated if additi (c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CAMP SUNSHINE 1700 ROUTE 33 SUITE WAYNE, NJ 07470	: 210	22-3368505	501(C)(3)	7,500.	0.			FOR 3 CHILDREN AND FAMILIES FOR ONE WEEK EACH
ELSEVIER 313 WASHINGTON STRE NEWTON, MA 02458	ET STE 400	43-1976990	501(C)(3)	28,288.	0.			LIBRARY FUNDS
GOOD GRIEF INC 38 ELM ST MORRISTOWN, NJ 0796	0	20-0514996	501(C)(3)	7,000.	0.			NIGHT OF SUPPORT EXPANSION
HEALTH SCIENCES LIE ASSOCIATION - PO BC PRINCETON, NJ 08543	DX 7908 -	22-2405226	501(C)(6)	8,842.	0.			LIBRARY FUNDS
HOMETOWNE TELEVISIO 70 MAPLE STREET SUMMIT, NJ 07901	N	22-2336028	501(C)(3)	10,000.	0.			UNRESTRICTED SUPPORT OF ORGANIZATIONS EXEMPT PURPOSE
KENILWORTH VOLUNTEE 491 WASHINGTON AVE KENILWORTH, NJ 0703	3	45-2153445		5,400.	0.			AUTOMATED EXTERNAL DEFIBRILLATORS
			ganizations listed in the	e line 1 table				
3 Enter total number LHA For Paperwork R	of other organizations							▶ <u>1</u> . Schedule I (Form 990) (2017)
	caucion Act notice,							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART IV FOR COLUMN (H) DESCRIPTIONS

732241 04-01-17

Schedule I (Form 990)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAKING A MEMORY							TO GRANT WISHES TO
3902 220TH ST							OVERLOOK MEDICAL CENTER
WALCOTT, IA 52773	47-4868931	501(C)(3)	5,281.	0.			CANCER PATIENTS
OUR HOUSE FOUNDATION							
76 FLORAL AVENUE							MEDICAL EQUIPMENT FOR
MURRAY HILL, NJ 07974	22-2856145	501(C)(3)	5,400.	0.			RESIDENTS
OVERLOOK MEDICAL CENTER							
475 SOUTH ST							AUTISM RESEARCH PROJECT
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	7,000.	0.			FUND
OVERLOOK MEDICAL CENTER							EKG AND ELIPTICAL
475 SOUTH ST							EQUIPMENT FOR OMC
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	16,881.	٥.			PSYCHIATRIC UNIT
,			,				
OVERLOOK MEDICAL CENTER							
475 SOUTH ST							OMC MOBILITY PILOT
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	16,583.	0.			PROGRAM
OVERLOOK MEDICAL CENTER							
475 SOUTH ST							PATIENT LIAISON CANCER
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	15,498.	٥.			PROGRAMS
OVERLOOK MEDICAL CENTER							
475 SOUTH ST							
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	15,412.	0.			ROSE HOSPICE FUND
OVERLOOK MEDICAL CENTER							HYDE AND WATSON DENTAL
475 SOUTH ST							CENTER DENTAL ENDONTIC
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	15,000.	0.			MICROSCOPE
OVERLOOK MEDICAL CENTER							STROKE REHAB CENTER
475 SOUTH ST	F1 100F0FF	F01(0)(2)	14.100				CONSTRUCTION AND
MORRISTOWN, NJ 07960	51-1985255	DUT(C)(3)	14,190.	0.			EQUIPMENT

38

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

OVERLOOK FOUNDATION

Part II Continuation of Grants and Oth	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		
							PURCHASE BILISOFT LED		
OVERLOOK MEDICAL CENTER							PHOTOTHERAPY SYSTEM AND		
175 SOUTH ST							ACCESSORIES TO IMPROVE		
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	13,907.	0.			QUALITY OF CARE FOR		
OVERLOOK MEDICAL CENTER							SUPPORT FOR BREAST CENTER		
75 SOUTH ST							CAPITAL EQUIPMENT,		
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	13,475.	٥.			PROGRAM AND POSITIONS		
OVERLOOK MEDICAL CENTER									
475 SOUTH ST									
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	12,670.	0.			HEALTHY AVE. VAN		
OVERLOOK MEDICAL CENTER									
475 SOUTH ST							DIABETIC HOME CARE TO		
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	11,915.	0.			SERVE THE UNINSURED		
OVERLOOK MEDICAL CENTER									
475 SOUTH ST							BOURAS FDN GRANTS PCT		
	E1 100E2EE	F(1/(3)/(2))	17 000	0			TRAINING		
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	17,880.	0.			TRAINING		
OVERLOOK MEDICAL CENTER							FOTIADES ED PURCHASE 2		
175 SOUTH ST							NEW HILL-ROM PATIENT		
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	10,079.	0.			STRETCHERS		
OVERLOOK MEDICAL CENTER									
475 SOUTH ST									
	51-1985255	F(1/(3)/(2))	5 407	0.			OVARIAN CANCER FUND		
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	5,407.	0.			OVARIAN CANCER FUND		
OVERLOOK MEDICAL CENTER									
475 SOUTH ST							JOHN J. GREGORY		
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	8,855.	0.			PALLIATIVE CARE PROGRAM		
OVERLOOK MEDICAL CENTER									
475 SOUTH ST									
AORRISTOWN, NJ 07960	51-1985255	501(C)(3)	6,247.	0.			COMMUNITY HEALTH WORKER		
			*,==/.	· ·		1			

Schedule I (Form 990)

OVERLOOK FOUNDATION

	K FOUNDATIO						51-0194054 Page
Part II Continuation of Grants and Ot	her Assistance to Gov	vernments and Orga	nizations in the Un	ited States (Sche	edule I (Form 990), Pa	art 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
OVERLOOK MEDICAL CENTER							
475 SOUTH ST							EMERGENCY DEPARTMENT
	51 1095255	F(1/2)/2	9 150	0			SUPPORT
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	8,150.	0.			SUPPORT
OVERLOOK MEDICAL CENTER							CONSTRUCTION AND
175 SOUTH ST							FURNISHINGS FOR VAUXHALL
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	7,062.	0.			COMMUNITY HEALTH CENTER
	51 1905255	501(0)(5)	,,				
OVERLOOK MEDICAL CENTER							UNION DEV. DIS CENTER
475 SOUTH ST							GRANTS AUDIOLOGY
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	10,764.	0.			SCREENING EQUIPMENT
OVERLOOK MEDICAL CENTER							
475 SOUTH ST							NUTRITION AND MOBILITY
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	18,082.	0.			AIDES
,							
OVERLOOK MEDICAL CENTER							
475 SOUTH ST							
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	20,075.	0.			BILL WELSH HOSPICE GRANT
·							EATING DISORDERS -
OVERLOOK MEDICAL CENTER							SUPPORT CAPITAL, PROGRAM
175 SOUTH ST							POSITIONS, PATIENTS AND
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	414,718.	0.			FAMILY
i							
OVERLOOK MEDICAL CENTER							
475 SOUTH ST							
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	359,168.	0.			PALLIATIVE CARE PROGRAM
OVERLOOK MEDICAL CENTER							
475 SOUTH ST							
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	187,118.	0.			HOSPICE PROGRAM
							EATING DISORDERS -
VERLOOK MEDICAL CENTER							SUPPORT CAPITAL, PROGRAM
175 SOUTH ST							POSITIONS, PATIENTS AND
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	182,008.	0.			FAMILY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OVERLOOK MEDICAL CENTER							GALA GRANT FOR THE THOMAS
475 SOUTH ST							GLASSER CARE GIVER'S
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	128,626.	0.			CENTER
OVERLOOK MEDICAL CENTER							HCFNJ - DELIRIUM POSITION
475 SOUTH ST							SUPPORT FOR MOBILITY
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	109,746.	0.			AIDES
OVERLOOK MEDICAL CENTER							
475 SOUTH ST							KATZ WOUND CENTER CARE
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	107,041.	0.			NURSE & CENTER
OVERLOOK MEDICAL CENTER							
475 SOUTH ST							SUPPORT FOR NEUROSCIENCE
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	100,000.	0.			MEDICAL DIRECTOR POSITION
OVERLOOK MEDICAL CENTER							
475 SOUTH ST							UNION EMERGENCY
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	91,406.	٥.			DEPARTMENT FUND
	51 1900200	502(0)(0)	51,100.				
OVERLOOK MEDICAL CENTER							
475 SOUTH ST							PURCHASE EKG FOR VAUXHALL
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	70,625.	0.			COMMUNITY HEALTH CENTER
OVERLOOK MEDICAL CENTER							
475 SOUTH ST							PROFESSIONAL NURSING
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	69,861.	0.			DEVELOPMENT
OVERLOOK MEDICAL CENTER							
475 SOUTH ST							
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	20,000.	٥.			CARPET IN MAC II BUILDING
OVERLOOK MEDICAL CENTER							GERALD J. GLASSER BRAIN
475 SOUTH ST							TUMOR CENTER POSITION
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	434,194.	0.			SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OVERLOOK MEDICAL CENTER							PURHCASE MAKITA ARM USED
475 SOUTH ST							TO ASSIST NEUROSURGEONS
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	60,887.	0.			DURING APOLLO PROCEDURE
OVERLOOK MEDICAL CENTER							
475 SOUTH ST	54 4005055						
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	49,470.	0.			CANCER PREVENTION PROGRAM
OVERLOOK MEDICAL CENTER							
475 SOUTH ST							OUTPATIENT ONCOLOGY
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	47,690.	0.			CENTER
OVERLOOK MEDICAL CENTER							
475 SOUTH ST	F1 100F0FF	F01(a)(2)	47.404	0			NEUROSCIENCE INSTITUTE
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	47,494.	0.			СМЕ
OVERLOOK MEDICAL CENTER							SUSAN G KOMEN FUNDING
475 SOUTH ST							FOR BREAST IMAGING TO THE
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	41,500.	0.			UNINSURED
OVERLOOK MEDICAL CENTER							
475 SOUTH ST							
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	40,594.	0.			BEHAVIORAL HEALTH PROGRAM
OVERLOOK MEDICAL CENTER							
475 SOUTH ST							PALLIATIVE CARE
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	36,000.	0.			CHAPLAINCY
OVERLOOK MEDICAL CENTER							
475 SOUTH ST							BETTY BROSHART PALLIATIVE
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	32,506.	0.			CARE
OVERLOOK MEDICAL CENTER							
475 SOUTH ST							OVARIAN CANCER EARLY
MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	32,052.	0.			DETECTION
			52,552.	۰.	1		P

Schedule I (Form 990)

Part II Continuation of Grants and Oth	er Assistance to Gov	vernments and Orga	nizations in the Un	ited States (School	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OVERLOOK MEDICAL CENTER 475 SOUTH ST MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	25,038.	0.			SPINE CENTER EMG MACHIN FOR NERVE CONDUCTION STUDIES BY NEUROLOGISTS
DVERLOOK MEDICAL CENTER 475 SOUTH ST MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	25,000.	0.			KELLOGG FUND COPD CARE COORDINATOR SUPPORT
OVERLOOK MEDICAL CENTER 475 SOUTH ST MORRISTOWN, NJ 07960	51-1985255	501(C)(3)	66,397.	0.			INSULIN, GLUCOMETERS AND SUPPLIES FOR VAUXHALL CLINIC
PARK LINE FOUNDATION 84 PROSPECT HILL AVE SUMMIT, NJ 07901	47-3753496	501(C)(3)	10,000.	0.			PARK GATEWAY
RETREAT & REFRESH STROKE CAMP 2000 W. PIONEER PKWY STE. 16 PEORIA, IL 61615	64-0954851	501(C)(3)	30,100.	0.			RETREAT FOR STROKE SURVIVORS
STOMP THE MONSTER PO BOX 521 MARLBORO, NJ 07746	27-3802796	501(C)(3)	10,000.	0.			SUPPORT TO ASSIST AT LEAST 20 CANCER PATIENTS
WESTFIELD AREA YMCA 220 CLARK ST WESTFIELD, NJ 07090	22-1487393	501(C)(3)	5,700.	0.			HEALTH KIOSK

Schedule I (Form 990)

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
SSISTANCE TO FAMILES OF CANCER PATIENTS	141	39,533.	0.		
NTERNATIONAL MEDICAL MISSIONS	55	62,188.	0.		
MERGENCY SUPPORT AND SCHOLARSHIP TO OVERLOOK	2	2,525.	0.		
CHOLARSHIPS FOR NURSING CONTINUING EDUCATION	76	84,168.	0.		
CUTE LYMPHOBLASTIC LEUKEMIA RESEARCH		10,000.	0.		

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: OVERLOOK MEDICAL CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: PURCHASE BILISOFT LED PHOTOTHERAPY

SYSTEM AND ACCESSORIES TO IMPROVE OUALITY OF CARE FOR INFANTS IN NICU

SC	HEDULE J		OMB No.	1545-004	47						
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	17	,					
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20							
Depa	tment of the Treasury	Attach to Form 990.		Open to							
Intern	al Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.	-	Inspe							
Nam	e of the organization		identificatio		mber						
De	OVERLOOK FOUNDATION 51-019 art I Questions Regarding Compensation										
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 Forn	n 990,								
		line 1a. Complete Part III to provide any relevant information regarding these items.									
	First-class or c										
	Travel for com										
		spending account Personal services (such as, maid, chauff	eur, chei)								
h	If any of the bayes	on line to are checked, did the organization follow a written policy recording powment or									
D	-	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,									
2		rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2							
	trustees, and onice										
3	Indicate which if a	ny, of the following the filing organization used to establish the compensation of the organiz	ation's								
Ũ		ector. Check all that apply. Do not check any boxes for methods used by a related organization									
		ation of the CEO/Executive Director, but explain in Part III.									
	Compensation										
	·	compensation consultant Compensation survey or study									
	X Form 990 of o		committee								
			0011111111000								
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	Participate in, or re	ceive payment from, a supplemental nonqualified retirement plan?			Х						
с		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	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on								
	contingent on the r	evenues of:									
а	The organization?			5a		X					
b	Any related organiz	ation?		5b		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 compensati	on								
	contingent on the r	et earnings of:									
а	The organization?			<u>6a</u>		X X					
	b Any related organization?										
		or 6b, describe in Part III.									
7	-	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment									
		nes 5 and 6? If "Yes," describe in Part III		7	Х						
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to	he								
				8		X					
9		id the organization also follow the rebuttable presumption procedure described in									
		1 53.4958-6(c)?									
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sche	dule J (Forn	n 990)) 2017					

732111 10-17-17

45 09580227 147227 0154112-0154112.0990 2017.05040 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	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) ANN OLIVA	(i)	211,472.	54,000.	6,421.	0.	0.	271,893.	0.
OUTGOING EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KENNETH COLE	(i)	222,645.	6,800.	500.	20,695.	34,598.	285,238.	0.
DIR OF PLANNED GIVING & FI	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LORIE MCDONALD	(i)	120,988.	4,100.	500.	7,535.	27,523.	160,646.	0.
DIRECTOR	(ii)	0.	0.	0.	0.	0.		0.
(4) MARIANNE DEVLIN	(i)	120,856.	4,500.	500.	8,810.	26,234.	160,900.	0.
DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2017

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' 2017 W-2'S.

SCHEDULE	Μ
(Form 990)	

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury	
Internal Revenue Service	

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

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

2017 Open To Public Inspection

Employer identification number

51 - 0194054

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

OVERLOOK FOUNDATION

Pal	TI I ypes of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of der noncash contribu			5
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	1	310,928.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
26	Other ► ()							
27	Other ► ()							
28	Other 🕨 ()							
29	Number of Forms 8283 received by the organization	ation during	g the tax year for co	ontributions				
	for which the organization completed Form 828	3, Part IV, I	Donee Acknowledg	jement 29				
							Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be us	sed for			
	exempt purposes for the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	quires the review o	of any nonstandard contribut	ions?	31	$ \longrightarrow $	X
32a	Does the organization hire or use third parties of	r related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a		<u>X</u>
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) foi	r a type of property	r for which column (a) is cheo	ked,			
	describe in Part II.							

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

Schedule M (Form 990) 2017

732141 09-07-17

Part II	Supplementa	Information.	Provide the information
Schedule	M (Form 990) 2017	OVERLOOK	FOUNDATION

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.

-			
732142 09-07-17			Schedule M (Form 990
		49	
80227 14722	7 0154112-0154112.0990	2017.05040 OVERLOO	K FOUNDATION 01

01541121

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

Employer identification number 51-0194054

/

OMB No. 1545-0047

Open to Public

Inspection

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

OVERLOOK FOUNDATION

THE MISSION OF THE OVERLOOK FOUNDATION IS TO DEVELOP, MANAGE, AND

DISTRIBUTE RESOURCES TO ADVANCE THE DELIVERY OF HIGH-QUALITY HEALTH

CARE BY OVERLOOK MEDICAL CENTER.

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

OUESTIONNAIRE PROVIDED FULLY DISCLOSING ANY CONFLICT OF INTEREST.

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

THE PERSONNEL COMMITTEE ESTABLISHES THE COMPENSATION OF THE EXECUTIVE

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

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	ASS	ETS:			
	LHA Fo	r Paperwo	ork Redu	iction A	ct Notice,	see th	e Instructions	for Fo	rm 990	or 990-	EZ.	Schedule O (Form 9	990 or 990-EZ) (2017)	
	732211 09-	07-17												
									50					
09	580227	1472	27 0	1541:	12-015	411	2.0990	201	7.05	040	OVERLOOK	FOUNDATION	015411	21

	MMITTEE THAT ASSUMES THE RESPONSIBILITY
OF THE OVERSIGHT OF THE AUDIT. TH	LE AUDIT COMMITTEE REVIEWS THE
FINANCIAL STATEMENT ANNUALLY WITH	I THE OUTSIDE AUDITORS.
732212 09-07-17	Schedule O (Form 990 or 990-EZ) (2017) 51

PRESENT VALUE ADJUSTMENT

OVERLOOK FOUNDATION

51-0194054

-194,577.

Employer identification number

000 T	EXTENDED TO MA	AY 1	5, 2019	D - +	1				
Form 990-T	Exempt Organization Bus			ax Return	OMB No. 1545-0687				
	(and proxy tax under section 6033(e)) For calendar year 2017 or other tax year beginning JUL 1, 2017 , and ending JUN 30, 2018.								
		2017							
Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form990T for ir ► Do not enter SSN numbers on this form as it may				Open to Public Inspection for 501(c)(3) Organizations Only				
A Check box if address changed	Name of organization (Check box if name of	hanged	and see instructions.)	(Er	ployer identification number nployees' trust, see tructions.)				
B Exempt under section	Print OVERLOOK FOUNDATION				51-0194054				
X 501(c)(3)	_ or Number, street, and room or suite no. If a P.O. bo	x, see ir	structions.	E Un	related business activity codes e instructions.)				
408(e)220(e)	Type 36 UPPER OVERLOOK ROAD			(56					
408A $530(a)$ 529(a)									
		►							
94,547,2	F Group exemption number (See instructions.)75.G Check organization type ► X 501(c) cor	poratior	501(c) trust	401(a) trust	t Other trust				
H Describe the organization	n's primary unrelated business activity. 🍗 PARTNER	SHI	P INVESTMENT	C					
	the corporation a subsidiary in an affiliated group or a parel	nt-subsi	diary controlled group?	•	Yes X No				
	and identifying number of the parent corporation. 🕨								
	CLELIA BIAMONTI		1	one number > 908					
	d Trade or Business Income	-	(A) Income	(B) Expenses	(C) Net				
1 a Gross receipts or sale									
b Less returns and allow		10							
	Schedule A, line 7)	2							
3 Gross profit. Subtract		3							
	ne (attach Schedule D)	4a							
	4797, Part II, line 17) (attach Form 4797)	4b							
	n for trusts	4c							
	artnerships and S corporations (attach statement)	5							
6 Rent income (Schedu	,	7							
	ed income (Schedule E)	8							
	f a section 501(c)(7), (9), or (17) organizations (Schedule G)								
	vity income (Schedule I)	10							
	Schedule J)	11							
	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			income.)					
14 Compensation of off	icers, directors, and trustees (Schedule K)			14					
	ance								
	dule)								
20 Charitable contributi	ons (See instructions for limitation rules)			20					
21 Depreciation (attach	Form 4562)								
22 Less depreciation cla	aimed on Schedule A and elsewhere on return		22a	221)				
	erred compensation plans								
	ograms								
	nses (Schedule I)								
	osts (Schedule J)								
	ttach schedule)								
29 Total deductions. A	dd lines 14 through 28				<u>^</u>				
	axable income before net operating loss deduction. Subtrac								
31 Net operating loss de	eduction (limited to the amount on line 30)		SEE STAT	EMENT 1 31					
	taxable income before specific deduction. Subtract line 31 fr				4				
	Generally \$1,000, but see line 33 instructions for exceptions				,000.				
1: 00	taxable income. Subtract line 33 from line 32. If line 33 is	-			0.				
	or Paperwork Reduction Act Notice, see instructions.			34	Form 990-T (2017)				
123101 01-22-18 LHA FC		3							

53

09580227 147227 0154112-0154112.0990 2017.05040 OVERLOOK FOUNDATION 01541121

Form 990-1		N		51-01	94054	Page 2
Part I	II Tax Computation					
35	Organizations Taxable as Corporations. See inst	ructions for tax computation.				
	Controlled group members (sections 1561 and 15		and:			
a	Enter your share of the \$50,000, \$25,000, and \$9,	,				
-	ſ	(3) \$				
Ь	Enter organization's share of: (1) Additional 5% ta					
U	(2) Additional 3% tax (not more than \$100,000)					
					250	0.
	Income tax on the amount on line 34				35c	0.
36	Trusts Taxable at Trust Rates. See instructions for	•				
	Tax rate schedule or Schedule D (Fo					
37	Proxy tax. See instructions			▶	37	
38					38	
39	Tax on Non-Compliant Facility Income. See instr	uctions			39	
40	Total. Add lines 37, 38 and 39 to line 35c or 36, w	hichever applies			40	0.
	V Tax and Payments					
41a	Foreign tax credit (corporations attach Form 1118;	trusts attach Form 1116)	41a			
b	Other credits (see instructions)		41b			
C	General business credit. Attach Form 3800		41c			
d	Credit for prior year minimum tax (attach Form 88					
е	Total credits. Add lines 41a through 41d				41e	
42	Subtract line 41e from line 40				42	0.
43	Other taxes. Check if from: Form 4255	Form 8611 Eorm 8697 Eorm	1 8866	Other (attach schedule)		
44				,	44	0.
	Payments: A 2016 overpayment credited to 2017					
					-	
	2017 estimated tax payments				-	
	Tax deposited with Form 8868				-	
	Foreign organizations: Tax paid or withheld at sour				_	
	Backup withholding (see instructions)				_	
	Credit for small employer health insurance premiu		45f		_	
g	Other credits and payments:	orm 2439				
	Form 4136 C	Other Total	► 45g			
46	Total payments. Add lines 45a through 45g	·····			46	
47	Estimated tax penalty (see instructions). Check if F	orm 2220 is attached 🕨 📃			47	
48	Tax due. If line 46 is less than the total of lines 44	and 47, enter amount owed		►	48	0.
49	Overpayment. If line 46 is larger than the total of I	ines 44 and 47, enter amount overpaid		►	49	0.
50	Enter the amount of line 49 you want: Credited to	2018 estimated tax 🕨		Refunded 🕨	50	
Part \	/ Statements Regarding Certain	Activities and Other Informa	tion (see	instructions)		
51	At any time during the 2017 calendar year, did the	organization have an interest in or a signat	ure or other a	authority		Yes No
	over a financial account (bank, securities, or other)	• •		•		
	FinCEN Form 114, Report of Foreign Bank and Fina		•			
	here ►					X
52	During the tax year, did the organization receive a	distribution from or was it the grantor of c	or transferor	to a foreign trust?		
02	If YES, see instructions for other forms the organiz					
53	Enter the amount of tax-exempt interest received o	•				
	Under penalties of perjury, I declare that I have examined		d statements a	nd to the best of my know	edge and belief it i	is true
Sign	correct, and complete. Declaration of preparer (other that				.g 20101, 11	,
Here			N 7 N T		May the IRS discus	
	Signature of officer	Date CHAIRI	MAN		the preparer shown instructions)?	
		1				Yes No
	Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN	
Paid				self- employed		
Prepa	arer THOMAS LANNING		02/27/			51654
Use C	Dnly Firm's name COHNREZNICK	LLP		Firm's EIN 🕨	▶ 22-1	478099
	4 BECKER F					
	Firm's address FOSELAND ,	NJ 07068		Phone no.	973-228	
					Forr	m 990-T (2017)

723711 01-22-18

Form 990-T (2017) OVERLOOK FOUNDATION

Schedule A - Cost of Goods	Sold. Enter	method of invent	ory valuation 🕨 N/Z	A				
1 Inventory at beginning of year 1			6 Inventory at end of ye		6			
2 Purchases			7 Cost of goods sold. S					
3 Cost of labor		from line 5. Enter here an			Part I,			
4 a Additional section 263A costs			line 2			7		
(attach schedule)	4a		8 Do the rules of sectio	with respect to		Yes	No	
b Other costs (attach schedule)	4b		property produced or	l for resale) apply to				
5 Total. Add lines 1 through 4b	5		the organization?					
Schedule C - Rent Income (I (see instructions)	From Real	Property and	Personal Property	Lease	d With Real Prop	erty)		
1. Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent receiv	ed or accrued				eenseted with the i		
(a) From personal property (if the percent rent for personal property is more t 10% but not more than 50%)	entage of han	of rent for pe	d personal property (if the percent ersonal property exceeds 50% or if is based on profit or income)	age	3(a) Deductions directly columns 2(a) an	d 2(b) (attach sched	ule)	
(1)								
(2)								
(3)								
(4)								
Total	0.	Total		0.				
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column		ter ►		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	►		0.
Schedule E - Unrelated Deb	t-Financed	Income (see i	nstructions)					
			2. Gross income from		 Deductions directly conr to debt-financ 		ble	
1. Description of debt-fina	anced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		
(1)								
(2)								
(3)								
(4)								
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	adjusted basis allocable to nced property n schedule)	 Column 4 divided by column 5 		7. Gross income reportable (column 2 x column 6)	8. Allocabl (column 6 x tr 3(a) a	otal of colur	
(1)			%					
(2)			%					
(3)			%					
(4)			%					
					Enter here and on page 1, Part I, line 7, column (A).	Enter here an Part I, line 7,		
Totals			►	•	0	.		Ο.
Total dividends-received deductions inc			-			•		0.
						Form	990-T (2	2017)

55 09580227 147227 0154112-0154112.0990 2017.05040 OVERLOOK FOUNDATION 01541121

orm 990-T (2017) OVERLO						<u> </u>		51-01	94054	L Pag
chedule F - Interest, A	Annuities, Roya	-					tions	(see ins	structions	5)
1. Name of a set of the damage of the			•	Controlled O	r <u> </u>		F Der	t of column 4	that is	6 Daduationa directly
1. Name of controlled organizat	identi	nployer fication mber	(loss) (see	elated income instructions)		al of specified nents made	includ	ed in the contr ation's gross i	olling	6. Deductions directly connected with income in column 5
1)										
2)										
3)										
(4)										
onexempt Controlled Organi	zations						1			
7. Taxable Income	8. Net unrelated inco	me (loss)		of specified payr	nente	10. Part of colu	mn Q that	is included	11 Dec	luctions directly connected
1	(see instruction		J. Totare	made	ionto	in the controlli	ing organ s income	ization's	with	income in column 10
1)										
2)										
(3)										
(4)										
(4)						A -1-1 1		1.40	A -1	d a churran O an d 44
						Add colun Enter here and		1, Part I,	Enter he	d columns 6 and 11. ere and on page 1, Part I, line 8, column (B).
otals						inte o, e		0.		(), column (b).
chedule G - Investme (see insti		Section 50	01(c)(7)), (9), or ([·]	17) Org	anization				
	cription of income			2. Amount of	income	3. Deductio directly conne	cted	4. Set-	asides chedule)	5. Total deduction and set-asides
						(attach sched	lule)	(unaon e	iono a ano,	(col. 3 plus col. 4
(1)										
(2)										
(3)										
(4)				_						
				Enter here and o Part I, line 9, co						Enter here and on page Part I, line 9, column (E
otals			►		0.					C
chedule I - Exploited (see instru		/ Income, (Other	Than Adv	ertisin	g Income				
(000 11010		_		4. Net incom	(1000)					
4	2. Gross	3. Expense directly conn		from unrelated	I trade or	5. Gross inco		6 . Exc	enses	 Excess exempt expenses (column
 Description of exploited activity 	unrelated business income from	with produc	ction	business (co minus colum		from activity t is not unrelat		attribut	able to	6 minus column 5,
	trade or business	of unrelat business inc		gain, compute through		business inco	me	colur	nn 5	but not more than column 4).
				anough	<i>'</i> .					
(1)										
(2) (3)										
(3)										
(4)										
	Enter here and on page 1, Part I,	Enter here an page 1, Pa								Enter here and on page 1,
	line 10, col. (A).	line 10, col								Part II, line 26.
otals	0.		0.							C
Schedule J - Advertisii		instructions)								
	Periodicals Rep		a Cons	olidated	Basis					
	2. Gross			4. Advert	ising gain					7. Excess readership
1. Name of periodical	2. Gross advertising income		Direct sing costs	or (loss) (co col. 3). If a ga cols. 5 th	ol. 2 minus ain, compute	e 5. Circulat income		6. Read cost		costs (column 6 minus column 5, but not more than column 4).
(1)										
(2)										
(1) (2) (3)										
(4)										
<u>(ד)</u>										
Totals (carry to Part II, line (5))		0.	0	.						C

Form	990-T	(2017)

723731 01-22-18

Form 990-T (2017) 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	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Read	 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				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	Directors, and	Trustees (see in	structions)		
1. Name			2. Title	3. Perce time devot busine	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 (2017)

Page 5

OVERLOOK FOUNDATION

51-0194054

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 1
TAX YEAR LOSS SUSTAINED		LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/16	177,256.	0.	177,256.	177,256.
NOL CARRYOV	VER AVAILABLE THIS	YEAR	177,256.	177,256.

(Rev. January 2017)

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

Entor filor's identifying number

Department of the Treasury Internal Revenue Service File a separate application for each return.

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

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic

filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

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

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

Type or print Name of exempt organization or other filer, see instructions. Employer identification number (EIN) of 51-0194054 OVERLOOK FOUNDATION Social security number (SSN) The hard the instructions Social security number (SSN) Social security number (SSN) Social security number (SSN) The number of the return that this application is for file a separate application for each return) 0 1 Application Return Application Code Social security number (SSN) Social security number (SSN) 0 1 Application Return Application for each return) 0 1 Application Return Application for each return) 0 1 Social security number (SSN) 00 5 Form 990-E 01 5 Form 990-EZ 01 1 Form 990-Form 990-EZ 01 1 Social security number (SSN) 05 5 Form 990-Form 990-Form 990-F 04 5 Form 990-File 04 5 Form 5827 10 Form 990-Tisec. 401(a) or 408(a) trust) 05 5 Form 8870 12 CLELIA BIAMONTI CLELIA BIAMONTI CLELIA BIAMONTI It is for a for the goroup, check this box It is bor a for up Return, enter the organization four oigld G						si si acitatiya	ng number
OVERLOOK FOUNDATION 51-0194054 Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) Winy or post office, state, and ZIP code. For a foreign address, see instructions. Social security number (SSN) City, town or post office, state, and ZIP code. For a foreign address, see instructions. SUMMIT, NJ 07902-0220 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1 Application Return Application Return Is For Code 10 Form 900-EZ 01 Form 4720 (individual) 03 Form 1041-A 08 Form 990-Use. 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 12 CLELIA BIAMONTI Fax No. If the organization does not have an office or place of business in the United States, check this box If the organization does not have an office or place of business in the United States, check this box If the organization does not have an office or place of business in the United State, check this box If the organization n	Type or	or Name of exempt organization or other filer, see instructions.				Employer identification number (EIN)	
File by the data for more suite no. If a P.O. box, see instructions. Social security number (SSN) 36 UPPER OVERLOOK ROAD SUMIT, NJ 07902-0220 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1 Application Return Is For Code Form 990-EZ 01 Form 990-F Code Form 4720 (individual) 03 Form 4720 (individual) 04 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 890-T (sec. 401(a) or 408(a) trust) 06 Form 890-T (sec. 401(a) or 408(a) trust) 06 Form 890-T (sec. 401(a) or 408(a) trust) 06	print						04054
36 UPPER OVERLOCK ROAD City, town or post office, state, and ZIP code. For a foreign address, see instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. SUMMIT , NU 07902-0220 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1 Application Return Application Return Return Is For Code SFor Code Form 990-EZ 01 Form 990-T (corporation) 07 Form 4720 (individual) 03 Form 4720 (individual) 09 Form 990-FF 04 Form 5227 10 The books are in the care of ▶ 36 UPPER OVERLOOK ROAD – SUMMIT, NJ 07902-0220 12 CILELIA BIAMONTI CILELIA BIAMONTI It is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	File by the						
instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. SUMMIT, NJ 07902-0220 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1 Application Return Application Return Is For Code For Code Form 990 of Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041.A 08 Form 990-F 04 Form 827 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 827 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 827 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 827 10 CLELIA BIAMONTTI The books are in the care of ▶ 36 UPPER OVERLOOK ROAD – SUMMIT, NJ 07902-0220 12 Telephone No. ▶ 908-522-2840 Fax No. ▶	filing your		ee instruct	tions.	Social se	ecurity numbe	er (SSN)
Application Return Application Return Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 4720 (individual) 02 Form 1041-A 08 Form 990-PE 04 Form 590-T (sec. 401(a) or 408(a) trust) 05 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 CLELIA BIAMONTT CLELIA BIAMONTT 08 The books are in the care of ▶ 36 UPPER OVERLOOK ROAD - SUMMIT, NJ 07902-0220 Telephone No. ▶ 908-522-2840 Fax No. ▶ If the organization does not have an office or place of business in the United States, check this box It is is for the whole group, check this box It is is for the whole group, check this box If the organization does not have an office or place of business in the United States, check this box It is tor part of the group, check this box It is to rat of the group, check this box I request an automatic 6-month extension is for the organization's return for: It is to rat of the group, check this box In and ending JUN 30, 2018 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return			oreign addi	ress, see instructions.			
Is For Code Is For Code Form 990 or Form 990 er Form 4720 (other than individual) 07 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990 er Form 990 er Form 990 er Form 6069 11 08 Form 990 er Form 990 er Form 6069 11 11 Form 990 er Form 990 er Form 6069 12 12 CLELIA BIAMONTI 06 Form 6069 12 The books are in the care of ▶ 36 UPPER OVERLOOK ROAD - SUMMIT, NJ 07902-0220 12 relephone No. ▶ 908-522-2840 Fax No. ▶	Enter the	Return Code for the return that this application is for (file	e a separa	te application for each return)			0 1
Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041.A 08 Form 990-BL 03 Form 4720 (individual) 09 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 5227 10 Form 990-T (trust other than above) 06 Form 8870 12 CLELIA BIAMONTI Form 6069 11 • The books are in the care of ▶ 36 UPPER OVERLOCK ROAD - SUMMIT, NJ 07902-0220 Telephone No. ▶ 908-522-2840 Fax No. ▶	Applicati	on	Return	Application			Return
Form 990-BL 02 Form 1041.A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 CLELIA BIAMONTI Fax No. ▶	Is For		Code	Is For			Code
Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 CLELIA BIAMONTI 05 Form 8870 12 Telephone No. ▶ 908-522-2840 Fax No. ▶	Form 990) or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990-FF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 CLELIA BIAMONTI 0.5 Form 8870 12 The books are in the care of ▶ 36 UPPER OVERLOOK ROAD - SUMMIT, NJ 07902-0220 Telephone No. ▶ 908-522-2840 Fax No. ▶	Form 990)-BL	02	Form 1041-A			08
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 CLELIA BIAMONTI • The books are in the care of ▶ 36 UPPER OVERLOOK ROAD - SUMMIT, NJ 07902-0220 Telephone No. ▶ 908-522-2840 Fax No. ▶ • If the organization does not have an office or place of business in the United States, check this box ▶ • If the organization does not have an office or place of business in the United States, check this box ▶ • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	Form 472	20 (individual)	03	Form 4720 (other than individual)			09
Form 990-T (trust other than above) 06 Form 8870 12 CLELIA BIAMONTI • The books are in the care of ▶ 36 UPPER OVERLOOK ROAD - SUMMIT, NJ 07902-0220 Telephone No. ▶ 908-522-2840 Fax No. ▶ • Fax No. ▶ • If the organization does not have an office or place of business in the United States, check this box • If this is for part of the group, check this box ▶ • If it is for part of the group, check this box ▶ • If it is for part of the group, check this box ▶ • If the argunzation amed above. The extension of time until MAY 15, 2019 • If the tax year beginning JUL 1, 2017 • An ending JUN 30, 2018 • Calendar year or ▶ Calendar year or ▶ Calendar year or ▶ Calendar year or ▶ Calendar year or ▶ Calendar year or ▶ Calendar year or ▶ Calendar year or ▶ Calendar year or ▶ The tax year enter	Form 990)-PF	04	Form 5227			10
CLELIA BIAMONTI • The books are in the care of ▶ 36 UPPER OVERLOOK ROAD - SUMMIT, NJ 07902-0220 Telephone No. ▶ 908-522-2840 Fax No. ▶ • If the organization does not have an office or place of business in the United States, check this box ▶ □ • If the organization does not have an office or place of business in the United States, check this box ▶ □ • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box • If it is or part of the group, check this box ▶ □ and attach a list with the names and EINs of all members the extension is for. 1 • I request an automatic 6-month extension of time until MAY 15, 2019, to file the exempt organization return for: • □ calendar year or	Form 990)-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
 The books are in the care of ▶ 36 UPPER OVERLOOK ROAD - SUMMIT, NJ 07902-0220 Telephone No. ▶ 908-522-2840 Fax No. ▶	Form 990)-T (trust other than above)	06	Form 8870			12
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a \$ 0 b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$ 0 c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ 0 Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.	Teleph If the of If this box 1 I re for box	none No. ► <u>908-522-2840</u> organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ► quest an automatic 6-month extension of time until the organization named above. The extension is for the office calendar year or X tax year beginning JUL 1, 2017 ne tax year entered in line 1 is for less than 12 months, c	s in the Uni Group Exe and atta MAX organizatio	Fax No. ►	f this is fo all memb e the exen	r the whole g ers the exten npt organizat	roup, check this sion is for.
nonrefundable credits. See instructions. 3a \$ 0 b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$ 0 c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ 0 Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions. 3c \$ 0			or 6060 /	anter the tentetive tex less only			
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LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2017	Caution: instructio	If you are going to make an electronic funds withdrawal ns.	(direct deb	bit) with this Form 8868, see Form 84		d Form 8879	-EO for payment

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(Rev. January 2017)

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

Entor filor's identifying number

Department of the Treasury Internal Revenue Service File a separate application for each return.

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

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic

filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

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

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

					a sidentinyii	ig number
Туре о	or Name of exempt organization or other filer, see instructions.				Employer identification number (EIN)	
print						
File by the		0	51-01			
due date filing your return. Se	36 UPPER OVERLOOK ROAD	see instruct	tions.	Social se	curity numbe	er (SSN)
instructio		oreign addi	ress, see instructions.			
Enter t	ne Return Code for the return that this application is for (fil	e a separa	te application for each return)			
Applica	ation	Return	Application			Return
ls For		Code	Is For			Code
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 9	90-BL	02	Form 1041-A			08
Form 4	720 (individual)	03	Form 4720 (other than individual)			09
Form 9	90-PF	04	Form 5227			10
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 9	90-T (trust other than above) CLELIA BIAMONT	06	Form 8870			12
● If th ● If th <u>box</u> ▶ 1 I f ⁽	phone No. ► <u>908-522-2840</u> e organization does not have an office or place of business is is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ► request an automatic 6-month extension of time until or the organization named above. The extension is for the calendar year or . X tax year beginning JUL 1, 2017 . The tax year entered in line 1 is for less than 12 months, c Change in accounting period	Group Exe <u>and atta</u> <u>MAX</u> organizatic, an	mption Number (GEN), I uch a list with the names and EINs of <u>X 15, 2019</u> , to file on's return for: Id ending JUN 30, 2018	f this is fo all memb	r the whole g ers the exten npt organizati	roup, check this sion is for.
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estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b						
c E	Balance due. Subtract line 3b from line 3a. Include your pa	ayment wit	h this form, if required,			
b	y using EFTPS (Electronic Federal Tax Payment System).	See instruc	ctions.	3c	\$	0.
Cautio instruc	n: If you are going to make an electronic funds withdrawal ions. For Privacy Act and Paperwork Reduction Act Notice,			153-EO an		-EO for payment 868 (Rev. 1-2017)

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