PUBLIC INSPECTION COPY

			EXTENDED TO MAY 15, 20		_	1
	Ω	00	Return of Organization Exempt Fr			OMB No. 1545-0047
Forn	n y	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue C	ode (exce	ept private foundation	¹⁵⁾ 2018
Depar	tment o	of the Treasury	Do not enter social security numbers on this form as	s it may be	e made public.	Open to Public
Intern	al Reve	enue Service	Go to www.irs.gov/Form990 for instructions and the second seco			Inspection
AF	or th	e 2018 calend	ar year, or tax year beginning $ { m JUL}1,2018$ and er	nding J	UN 30, 2019	
B C	heck if oplicab	C Name of	organization		D Employer identified	cation number
	Addre					
X	chang Name		LOOK FOUNDATION		F1 0	104054
	chang Initial	ge Doing bi	usiness as			194054
	return Final	Number		oom/suite	E Telephone number	
	lreturn termir		8 BEAUVOIR AVENUE			<u>522-2840</u> 37,227,674.
	ated קAmen	ded CTTMM	own, state or province, country, and ZIP or foreign postal code IT, NJ 07901		G Gross receipts \$	
	_return]Applio		nd address of principal officer: BEV LUEHS		H(a) Is this a group re	
	_tion pendi		AS C ABOVE		for subordinates H(b) Are all subordinates in	
. т		empt status:		527		list. (see instructions)
			LOOKFOUNDATION.ORG		H(c) Group exemption	· · · · · · · · · · · · · · · · · · ·
			X Corporation Trust Association Other	I Vear (A State of legal domicile: NJ
	rt I	Summary				
	1	Briefly describ	e the organization's mission or most significant activities:			
Governance	-		EDULE O FOR MISSION STATEMENT			
nar	2		x if the organization discontinued its operations or disposed	d of more	than 25% of its net ass	sets.
ver	3	Number of vot	33			
ğ	4	Number of ind	ependent voting members of the governing body (Part VI, line 1b)		4	33
8 8	5	Total number	of individuals employed in calendar year 2018 (Part V, line 2a)		5	0
Activities &	6	Total number	of volunteers (estimate if necessary)		6	30
cti	7 a		d business revenue from Part VIII, column (C), line 12			-1,425.
_	b	Net unrelated	business taxable income from Form 990-T, line 38	·····	7b	-1,425.
					Prior Year	Current Year
e	8		and grants (Part VIII, line 1h)		6,070,481.	13,141,292.
Revenue	9	0	ce revenue (Part VIII, line 2g)		0.	
Bev			come (Part VIII, column (A), lines 3, 4, and 7d)		5,158,022.	3,715,587.
			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-10,190. 11,218,313.	<u> 153,530.</u> 17,010,409.
-	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,580,949.	6,589,693.
			nilar amounts paid (Part IX, column (A), lines 1-3)		<u> </u>	0,389,893.
			to or for members (Part IX, column (A), line 4) r compensation, employee benefits (Part IX, column (A), lines 5-10)		1,652,341.	2,016,064.
Expenses			undraising fees (Part IX, column (A), line 11e)		0.	0.
Sen			ng expenses (Part IX, column (D), line 25) 1,021,535	7.		
Ä			es (Part IX, column (A), lines 11a-11d, 11f-24e)		804,130.	1,045,120.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,037,420.	9,650,877.
	19		expenses. Subtract line 18 from line 12		5,180,893.	7,359,532.
or es					ginning of Current Year	End of Year
lanc	20	Total assets (F	Part X, line 16)		94,547,275.	102,239,900.
Net Assets or Fund Balances	21		(Part X, line 26)		6,478,632.	7,238,720.
Fund	22		fund balances. Subtract line 21 from line 20		88,068,643.	95,001,180.
	rt II	Signature				
Unde	er pena	alties of perjury,	I declare that I have examined this return, including accompanying schedules a	ind stateme	nts, and to the best of my	v knowledge and belief, it is
true,	corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which	h preparer l	has any knowledge.	
Sigr	1	Signature	e of officer		Date	

Here	BEV LUEHS, CHAIRMAN								
	Type or print name and title								
	Print/Type preparer's name Preparer's signature Date	Check PTIN							
Paid	LORI ROTHE YOKOBOSKY, CPALORI ROTHE YOKOBOSKY03/11	/20 self-employed P01273422							
Preparer	Firm's name 🕒 COHNREZNICK LLP	Firm's EIN 22-1478099							
Use Only	Firm's address 💊 4 BECKER FARM ROAD								
	ROSELAND, NJ 07068	Phone no. 973-228-3500							
May the IRS discuss this return with the preparer shown above? (see instructions)									
832001 12-3	B32001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018)								

 12-31-18
 LHA For Paperwork Reduction Act Notice, see the separate instructions.
 Form 990 (2018)

 SEE
 SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION
 Form 990 (2018)

	990 (2018) OVERLOOK FOUNDATION		
Par	rt III Statement of Program Service Accomplishments		
1	Check if Schedule O contains a response or note to any line in this Part III		
'	THE MISSION OF THE OVERLOOK FOUNDATION IS TO DEVELOP, N	MANAGE, AND	
	DISTRIBUTE RESOURCES TO ADVANCE THE DELIVERY OF HIGH-QU		
	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?	Ye	es 🚺 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 service	es?Ye	s X No
	If "Yes," describe these changes on Schedule O.		_
4	Describe the organization's program service accomplishments for each of its three largest program services, Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o		
	revenue, if any, for each program service reported.	uners, une total expenses,	anu
4a	(Code:) (Expenses \$ 6,712,636. including grants of \$ 6,291,815.) (R	evenue \$	
	OVERLOOK FOUNDATION FUNDS INNOVATIVE PROGRAMS AND SERV.		ООК
	MEDICAL CENTER BY PROVIDING CRITICAL PEOPLE, PROCESSES	AND / OR	
	TECHNOLOGY TO BENEFIT PATIENTS, THEIR FAMILIES AND CARD	E PROVIDERS.	
4b	(Code:) (Expenses \$ 297,878. including grants of \$ 297,878.) (R	evenue \$	
4b	(Code:) (Expenses \$ 297,878. including grants of \$ 297,878.) (R TO PROVIDE SUPPORT TO OVERLOOK MEDICAL CENTER-ALIGNED (AND
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4b 4c	TO PROVIDE SUPPORT TO OVERLOOK MEDICAL CENTER-ALIGNED (INITIATIVES	ORGANIZATIONS	AND
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4c 4d	TO PROVIDE SUPPORT TO OVERLOOK MEDICAL CENTER-ALIGNED (INITIATIVES	ORGANIZATIONS	AND

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 Form 990 (2018)
 OVERLOOK
 FOUNDATION

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
0		8		x
0	Schedule D, Part III	•		- 23
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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		37	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?	140		
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		146		x
45	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15		45		v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	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	
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Form **990** (2018)

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 Form 990 (2018)
 OVERLOOK
 FOUNDATION

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes." complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disgualified persons? If "Yes "			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		x
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
•	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	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			
00	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			
01		34		x
35a	Part V, line 1	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
2	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			
0.	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?			
00	Note. All Form 990 filers are required to complete Schedule O	38	х	
Par		00		1
	Check if Schedule O contains a response or note to any line in this Part V			\square
			Yes	No
19	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 48		103	110
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ū	(gambling) winnings to prize winners?	1c	Х	
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Part W Statements Regarding Other IRS Flings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Fram W3, Transmittal of Wage and Tax Statements, a a 0 b If at least one is reported on Im 2a, did the organization file all required federal amployment tax roturns? 2b i 3a Dd the organization have urrelated business gross income of \$1,000 or more during the year? 3a X 3b Dd the organization frame of the forsign Dark Nate and the organization the analytop or a signature or other authority owe, a 3b X b H*set in the anime of the forsign Dark nate (count, securities account, or other financial account)? 4a X b Did wis the organization file form 8886 fr See instructions 5a X b Did wis the organization in the form generation file from 8886 fr 7a X 5a X b Did wis the organization include with very solicitation an express statement that such contributions or glfs 6a X b H*set to include with wery solicitation an express statement that such contributions or glfs 7a X c H*set to include with wery solicitation an express statement that such contributi		990 (2018) OVERLOOK FOUNDATION 51-0194	054	Р	age 5
2a Enter the number of employees reported on Form W3. Transmittal of Wage and Tas Statements. 2a 0 b If at least one is reported on line 2a, did the organization file all required fideral employment tax returns? 2b A Adv the required to baines 200 socies 051.000 or more during the year? 3a X b If "hes," that iffied a form 900 To this year? If "No' to line 3b, provide an explanation or Schedule 0 3b X b If "hes," that iffied a form 900 To this year? If "No' to line 3b, provide an explanation or the studied use or the studied by and its of the studies account? 3b X b If "hes," instat iffied a form 900 To this year? If "No' to line 3b, provide an explanation or the studied baccounts (FBAR). 5a X B Wase end practication is part to a prohibit da schedite transaction and any time during the tax year? 5a X D Da any taxable party notify the organization that in vao to is a part to a prohibit da schedite transaction and any time during the tax year? 5a X Ge Das the organization in eRB (RT) 5a X D Tow, "indit the organization in eRB (RT) 5a X Ge Das the organization needee appointestion there RBB (RT) 5b X	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
interform intef				Yes	No
b If at least one is reported on line 2a, did the organization if all required fearly explored to a-site (see instructions) 26 3a Dot the organization have unrelated business gross income of 51,000 or more during the quartery area, did the organization have analyzers, did the organization have unrelated business gross income of 51,000 or more during the quartery area, did the organization have analyzers, did the organization have annual rose of the organization have annual rose acceled the organization and the organization have annual rose success of 55 mate party to a prohibited tax shelter transaction? 5a X 6a V set, indication have annual roses receipts that are normally great than \$100,000, and did the organization solid any contributions that were not tax deductible as charitable contributions? 5a X 7b V set, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 5a X 7b V set, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7a X 7b V set, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7a X 7c V set, did the organization include with every solicitation an express statement that such contrubutor of	2a				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-fig (see instructions) Image: Second 1. Image: Second 1. 3a Diff the cryanization have unmatted business grows income of \$1,000 or more during the year? 3b X 4a At any time during the calendar year. diff the organization have an interest in, or a signature or other authority over, a financial account is 8 foreign a bank account, socurities account, or other financial accounts (FBAR). 5a X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that wen nor tax factures that a scheter transaction? 5a X 5b Did any taxation thave annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that wen y solicitation are express statement that such contributions are gifts were not tax deductible ac chartable contributions and party for poods and services provided to the party of the acductible? 7a X 7 Organization setter any memit in access 057 finand party as a torthibution and party for poods and services provided to the party of the acquitation neither were and that deductible? 7a X 7 Organization setter any and the acquitation the acquitatin a stopareacquitation tha sete any taxable distribution or any					
a Did the organization have uncleated business gross income of \$1,000 or more during the yar? 3a X b If Yes, inst find a Form 8000 Tor this yar? (I Yeb 16 tain 63,000 or growide an explanation in Schedule O 3b X 4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account() 3b X 5 If Yes, in rether han amo of the freqien country, south as a bank account, southles account, or other financial accounts (FRAR). 5a X 6 Was the organization approximation have an interest in, or a signature or other authority over, a financial account (FRAR). 5a X 6 Uses the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions are admarable contributions? 6a X 7 Organization shave annual gross receipts that are normally greater than \$100,000, and did the organization fields with every solicitation an express statement that such contributions or gifts were not tax deductible as chartable contributions? 6b X 9 Uf Yes, 'indicate the number of Forms 8282 field during the year Id Id X X 9 Uf Yes, 'indicate the number of Forms 8282 field during the year Id Zd X X 11 Yes, 'indicate the number of Forms 8282 field durin	b		2b		
b If "Yes," has It flied a Form 900-T for this yea? If Wo is the signal account in a toreign country (such as a bank account, sourches account, or dier financial account in a toreign country (such as a bank account, sourches account, or other financial accounts fFBAR). If a 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 toreign country (such as a bank account, sourches account, or other financial accounts of filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 58 Bit Yes," enter the name of the foreign country is particular to a signature or other authority over, a financial account is party to a prohibited tax shelter transaction? If A 50 Did any taxable party notify the organization half the way or is a party to a prohibited tax shelter transaction? If A 61 Did any canadization neural gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that are very solidation an express statement that such contributions or gifts were not tax deductible? If Yes," (did the organization neity the donor of the value of the goods or services provided? If A 7 Types," did the organization neity for donor of the value of the goods or services provide? If A If A 7 If Yes," did the organization neity for goods and services provided? If A If A 7 If Yes," did the organization neity for donor other walue of the goods or services provide? If A				37	
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14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14a X 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X	с				
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15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X 16 X					
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If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?					
	16	Is the exercise time of a chiractional institution cubicates the the continue 1000 cubicates are incoment income 2	16		Х
		If "Yes," complete Form 4720, Schedule O.			

Form **990** (2018)

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OVERLOOK FOUNDATION

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		33			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent	1b		33			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		nv other				
-	officer, director, trustee, or key employee?		-		2		х
3	Did the organization delegate control over management duties customarily performed by or under the				~		
0	of officers, directors, or trustees, or key employees to a management company or other person?			I	3		x
				F	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9			Г			X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			F	5		A X
6	Did the organization have members or stockholders?			·····	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap more members of the governing body?				7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			····· F			
					7b		x
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the yea				110		
a	The governing body?	-	-		8a	х	
	Each committee with authority to act on behalf of the governing body?				8b	X	
b				·····	uo		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				•		x
200	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			<u></u>	9		Λ
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue (Code.)				
				Г		Yes	No
	Did the organization have local chapters, branches, or affiliates?			····· -	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters,	affiliates,				
				Г	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ before	e filing the fo	vrm?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	′es," de	scribe				
	in Schedule O how this was done	, 			12c	Х	
13	Did the organization have a written whistleblower policy?				13	Х	
14	Did the organization have a written document retention and destruction policy?			I	14	Х	
15	Did the process for determining compensation of the following persons include a review and approva						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	i by into	opondone				
2					15a	Х	
					15b	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				155		
40-							
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen				10-		v
	taxable entity during the year?			·····	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ						
	exempt status with respect to such arrangements?			<u></u>	16b		
sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright ext{NJ}$						
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, an	d 990-T	(Section 50)1(c)(3)s (only) a	availab	ole
18							
18	for public inspection. Indicate how you made these available. Check all that apply.						
18	X Own website Another's website X Upon request Other (explain		,				
			,	cy, and f	inanc	ial	
18 19	X Own website Another's website X Upon request Other (explain		,	cy, and f	inanc	ial	
	X Own website Another's website X Upon request Other (explain Describe in Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's boots	iflict of	interest poli		inanc	ial	
19	X Own website Another's website X Upon request Other (explain Describe in Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's boot CLELIA BIAMONTI 908-522-2840	iflict of	interest poli		inanc	ial	
19	X Own website Another's website X Upon request Other (explain Describe in Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's boots	iflict of	interest poli			ial	

Form 990	2018) OVERLOOK FOUNDATION	51-0194054	Page 7			
Part VI	Compensation of Officers, Directors, Trustees, Key Employees, Highest	Compensated				
Employees, and Independent Contractors						
	Check if Schedule O contains a response or note to any line in this Part VII					
Section A	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees					

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

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

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

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

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

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

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

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

		l				1001	our	I	Í	(=)
(A)	(B)			(C Pos	C)	,		(D)	(E)	(F)
Name and Title	Average		not c	heck	more	than o		Reportable	Reportable	Estimated
	hours per		box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week						,	from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	tee			sated		(W-2/1099-MISC)	(00-2/1099-00130)	organization
	organizations	ruste	l trus		ee.	npen		(00-2/1033-10130)		and related
	below	dual t	itiona		nploy	st cor	<u> </u>			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationio
(1) A. JUDE AVELINO	1.00		_		-					
VICE CHAIR		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) ANNA MOHL	1.00									
TRUSTEE		Х						0.	0.	0.
(5) ANNE MARTINSON	1.00									
TRUSTEE		Х						0.	0.	0.
(6) BETTY LARSON	1.00									
TRUSTEE		Х						0.	0.	0.
(7) BEV LUEHS	1.00									
CHAIRMAN		Х		Х				0.	0.	0.
(8) BRUCE F. WESSON	1.00									
TRUSTEE		Х						0.	0.	0.
(9) CHRISTOPHER COATES	1.00									
TRUSTEE		Х						0.	0.	0.
(10) CHRISTOPHER SULLIVAN	1.00									
TRUSTEE		Х						0.	0.	0.
(11) CLIFFORD M. SALES, M.D.	1.00									
TRUSTEE		Х						0.	0.	0.
(12) DAVID DIETZE	1.00									
OUTGOING TRUSTEE	1	Х						0.	0.	0.
(13) DAVID G. HARTMAN	1.00									
TRUSTEE	1	Х						0.	0.	0.
(14) DAVID WEXLER	1.00									
TRUSTEE		Х						0.	0.	0.
(15) EDWARD ZAMPELLA	1.00									
TRUSTEE		Х						0.	0.	0.
(16) ELIZABETH PECK	1.00									
TRUSTEE		Х						0.	0.	0.
(17) ERIC J. SHICK	1.00								_	
TREASURER		Х		Х				0.	0.	0.
832007 12-31-18				_	-					Form 990 (2018)

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OVERLOOK FOUNDATION

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A)	(B)			(0	C)			(D)	(E)	(F)			
Name and title	Average	(10		Pos		<mark>ו</mark> than o		Reportable	Reportable		Estima		
	hours per	box	, unles	s per	rson i	is both	n an	compensation	compensation		amoui	nt of	
	week		cer an	d a d	irecto I	or/trus	tee)	from	from related		oth	er	
	(list any	ector						the	organizations		ompen		
	hours for related	or dir	e			ated		organization	(W-2/1099-MISC)		from		
	organizations	ustee	truste		æ	bens		(W-2/1099-MISC)			organiz		
	below	ual tr	tional		ploye	t com	_				and rel organiza		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				nyaniza	alions	
(18) FEDORA BALOIU	1.00	-		0	×	<u> </u>	<u> </u>			+			
TRUSTEE	1.00	х						0.	0			0.	
(19) FRANCIS I. PERIER, JR.	1.00					-		0.	0	•		<u> </u>	
TRUSTEE	1.00	х						0.	0			0.	
(20) GALE METZGER	1.00					-		0.	0	•		<u> </u>	
TRUSTEE	1.00	х						0.	0			0.	
(21) GEORGE L. FOTIADES	1.00					-		0.	0	•		<u> </u>	
TRUSTEE	1.00	x						0.	0			0.	
(22) JACK S. MANN	1.00								0	•		0.	
TRUSTEE	1.00	х						0.	0			0.	
(23) JAMES N. GARDNER, MD	1.00					+		0.	0	•		0.	
TRUSTEE	1.00	х						0.	0			0.	
(24) JESSALYN CHANG	1.00	Λ						0.	0	•		0.	
TRUSTEE	1.00	х						0.	0			0.	
(25) JOHN VIGORITA, MD	1.00	Λ						0.	0	•		0.	
OUTGOING TRUSTEE	1.00	х						0.	0			0.	
(26) JOSHUA A. WEINREICH	1.00	Λ						0.	0	•		0.	
TRUSTEE	1.00	x						0.	0			0.	
								0.	0			0.	
1b Sub-total	Cootion A					•••••		876,399.			00	915.	
c Total from continuation sheets to Part VII								876,399.				915.	
d Total (add lines 1b and 1c)										• -		910.	
2 Total number of individuals (including but no	ot limited to th	ose	liste	a ac	ove	e) wri	io re	eceived more than \$100,	000 of reportable			5	
compensation from the organization											Ye	-	
2 Did the exception list on former officer	divector or tru	otor			-		.	high act companyated an					
3 Did the organization list any former officer,												X	
line 1a? If "Yes," complete Schedule J for su											3		
4 For any individual listed on line 1a, is the su and related organizations greater than \$150											4 X		
										· -	+ 11	+	
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com	•							ed organization or individ	iual for services		5	X	
Section B. Independent Contractors	<u>piete Scheaule</u>	<u> </u>	or su	<u>cn </u>	bers	son				<u> </u>		1 23	
1 Complete this table for your five highest cor	mpensated inc	ana	ndor		ntr	acto	re th	nat received more than \$	100 000 of compen	eatior	from		
the organization. Report compensation for t	-									Saliur	IIIOIII		
(A)	ne calendar ye		nun	y w				(B)			(C)		
Name and business	address							Description of s	ervices	Com	npensat	ion	
CRANE, TONELLI, ROSENBERG	0.0 %	т.т.	P					•					
25 DEFOREST AVE STE 101,				07	90	1		ACCOUNTING SI	ERVICES	2	227	563.	
THE ANGELETTI GROUP, LLC	<u> </u>		<u> </u>			-	ſ				12/1		
17 VILLAGE ROAD, NEW VERN	ON NJ	07	97	6				CONSULTING SI	ERVICES	2	223	832.	
	0117 110	• •		<u> </u>							1257	0021	
2 Total number of independent contractors (ir	ncluding but p	ot lin	nited	l to t	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	-					2							
SEE PART VII, SECTION		IN	UA'	ΤI			HE	ETS		Fo	rm 990) (2018)	
832008 12-31-18				-		2				. 0		(_0,0)	

Form 990 OVERLO Part VII Section A. Officers, Directors	OK FOUNDAT			c		liab	act		51-019	4034
(A)	(B)		iyee	<u>s, ar</u> (C		iigne	351	(D)	(E)	(F)
Name and title	Average			Posi				Reportable	Reportable	Estimated
Name and the	hours	(cl		all t			lv)	compensation	compensation	amount of
	per	(.,,	from	from related	other
	week					yee		the	organizations	compensation
	(list any	rector				em plc		organization	(W-2/1099-MISC)	from the
	hours for	or di	ee			ated		(W-2/1099-MISC)		organization
	related organizations	ustee	trust		ee	upens				and related organizations
	below	dual tr	Institutional trustee		n ploy	stcon	-			organizations
	line)	Individual trustee or director	Institu	Officer	Key employee	Highest com pen sated em ployee	Former			
(27) KARINA CALZADILLA	1.00									
TRUSTEE		Х						0.	0.	0.
(28) KEITH HERTELL	1.00									
TRUSTEE		Х						0.	0.	0.
(29) MAGGIE HARIRI	1.00									
TRUSTEE		Х						0.	0.	0.
(30) MANISH BHANDARI	1.00								0	
TRUSTEE	1 0 0	X						0.	0.	0.
(31) MELISSA TASSE, PHD	1.00	v						0	0	0
OUTGOING TRUSTEE (32) MERI BARER	1.00	Х						0.	0.	0.
TRUSTEE	1.00	x						0.	0.	0.
(33) MICHAEL TANENBAUM, ESQ.	1.00							0.	0.	0.
CHAIRMAN	1.00	x		x				0.	0.	0.
(34) PAUL M.STARKER,MD	1.00									
TRUSTEE ,		x						0.	0.	0.
(35) SHANNON CROSS	1.00									
OUTGOING TRUSTEE		х						0.	0.	0.
(36) STACY WILSON MCCANN	1.00									
SECRETARY		Х		Х				0.	0.	0.
(37) TRACY MCKEE	1.00									
TRUSTEE		Х						0.	0.	0.
(38) VINCENT URSINO, SR.	1.00									
TRUSTEE		Х						0.	0.	0.
(39) CLELIA BIAMONTI, PHD	40.00									
EXECUTIVE DIRECTOR				Х				264,289.	0.	35,112.
(40) KENNETH COLE	40.00							000 570	0	
DIR OF PLANNED GIVING & FI	40.00				Х			233,570.	0.	58,445.
(41) KERRY MOWRY	40.00							114 222	0	20 051
DIRECTOR	10.00	-	<u> </u>			X		114,232.	0.	28,051.
(42) LORIE MCDONALD DIRECTOR	40.00					x		135,876.	0.	41,341.
(43) MARIANNE DEVLIN	40.00						-	,0/0.	0.	¥1,341.
DIRECTOR						x		128,432.	0.	36,966.
								120,152.		50,500.
Total to Part VII, Section A, line 1c								876,399.		199,915.

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				LOOK FOUN	DATION			51-0194	054 Page 9
Par	t \	/	Statement of Rever	nue					
			Check if Schedule O cont	<u>tains a respons</u> e o	or note to any lin	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ស ស	1	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues						
, D O			Fundraising events		224,400.				
ar A			Related organizations						
s, G			Government grants (contribut						
ŝ			All other contributions, gifts, grar						
but			similar amounts not included abo		12,916,892.				
Ö		g	Noncash contributions included in lines	1a-1f: \$	1,116,766.				
anc		h	Total. Add lines 1a-1f		>	13,141,292.			
					Business Code				
e	2	а							
Program Service Revenue		b							
Sei		с							
eve		d							
ъğ		е							
Pr		f	All other program service reve	enue					
			Total. Add lines 2a-2f						
	3		Investment income (including						
			other similar amounts)			1,601,768.		-1,425.	1,603,193.
	4		Income from investment of ta						
	5		Royalties	· · · ·					
				(i) Real	(ii) Personal				
	6	а	Gross rents						
		b	Less: rental expenses						
			Rental income or (loss)						
	7		Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory	22,174,523.	70,071.				
		b	Less: cost or other basis						
			and sales expenses	20,016,724.	114,051.				
		с	Gain or (loss)		-43,980.				
			Net gain or (loss)			2,113,819.			2,113,819.
e	8		Gross income from fundraisin	ig events (not		, ,			
/en			including \$ 224						
Be			contributions reported on line	-	240,020.				
Other Revenue		k	Part IV, line 18						
ŧ			Less: direct expenses		<u>80,490.</u> ►	153,530.			153,530.
	~		Net income or (loss) from fund		····· P	T03,000.			133,550.
	9	а	Gross income from gaming ad						
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gan		····· •				
	10	а	Gross sales of inventory, less						
			and allowances						
			Less: cost of goods sold						
ŀ		С	Net income or (loss) from sale						
ŀ			Miscellaneous Revenu	le	Business Code				
	11	а							
		b							
		С							
			All other revenue						
		е	Total. Add lines 11a-11d						-
	12		Total revenue. See instructions		►	17,010,409.	0.	-1,425.	
832009	9 12	-31-	18						Form 990 (2018)

2018.05051 OVERLOOK FOUNDATION

OVERLOOK FOUNDATION Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Secu	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			npiele column (A).	
		(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	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	6,365,016.	6,365,016.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	224,677.	224,677.		
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,				
Ū	trustees, and key employees	660,291.	131,617.	297,258.	231,416.
6	Compensation not included above, to disqualified	,			
Ŭ	persons (as defined under section 4958(f)(1)) and				
	1000000000000000000000000000000000000				
7	Other salaries and wages	1,078,833.	215,046.	485,682.	378,105.
7	- · · · · · · · · · · · · · · · · · · ·	1,070,055.	215,040.	405,002.	570,105.
8	Pension plan accruals and contributions (include				
~	section 401(k) and 403(b) employer contributions)	276,940.	55,203.	124,676.	97,061.
9	Other employee benefits	4/0,940.	55,205.	124,0/0.	91,001.
10	Payroll taxes				
11	Fees for services (non-employees):				
	Management	F 0 0		F 0 0	
	Legal	580.		580.	
	Accounting	267,138.		267,138.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	154,539.		154,539.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	48,005.		48,005.	
12	Advertising and promotion	89,769.	16,590.	42,237.	30,942.
13	Office expenses	42,498.	870.	37,372.	4,256.
14	Information technology	11,752.		11,752.	
15	Royalties				
16	Occupancy				
17	Travel	1,964.	351.	951.	662.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,406.	1,144.	3,101.	2,161.
20	Interest		,	.,	,
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
22	. [44,791.		44,791.	
23 24	Insurance Other expenses. Itemize expenses not covered			11,7,510	
27	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 0.) CAMPAIGN EXPENSE	238,993.			238,993.
a L	DONOR RELATIONS & PROSP	47,659.		34,697.	12,962.
a	BAD DEBTS EXPENSES	38,371.		38,371.	14,304.
c				12,911.	24,979.
d	DUES & SUBSCRIPTIONS	37,890. 14,765.			44,9/9.
	All other expenses		7 010 514	14,765.	1 001 507
25	Total functional expenses. Add lines 1 through 24e	9,650,877.	7,010,514.	1,618,826.	1,021,537.
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)				_ 000
83201	0 12-31-18	11			Form 990 (2018)

2018.05051 OVERLOOK FOUNDATION

OVERLOOK FOUNDATION

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	295,623.	1	645.
	2	Savings and temporary cash investments	2,233,682.	2	5,776,466.
	3	Pledges and grants receivable, net	2,811,586.	3	7,942,294.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
S		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	99,622.	9	36,389.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 68,241.			
	b	Less: accumulated depreciation 10b 68,241.	0.	10c	0.
	11	Investments - publicly traded securities	69,762,380.	11	70,204,178.
	12	Investments - other securities. See Part IV, line 11	15,628,590.	12	14,292,375.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	3,715,792.	15	3,987,553.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	94,547,275.	16	102,239,900.
	17	Accounts payable and accrued expenses	409,072.	17	552,320.
	18	Grants payable	253,152.	18	1,138,531.
	19	Deferred revenue	10,000.	19	63,030.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.			
Liabilities				00	
Lial	23	Secured mortgages and notes payable to unrelated third parties		22 23	
	23 24			23	
	25	Other liabilities (including federal income tax, payables to related third		27	
	20	parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	5,806,408.	25	5,484,839.
	26	Total liabilities. Add lines 17 through 25	6,478,632.	26	5,484,839. 7,238,720.
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗴 and			
s		complete lines 27 through 29, and lines 33 and 34.			
JCe	27	Unrestricted net assets	9,430,405.	27	9,152,286.
alaı	28	Temporarily restricted net assets	47,808,467.	28	54,757,520.
d B	29	Permanently restricted net assets	30,829,771.	29	31,091,374.
-un		Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 📃			
or		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
z	33	Total net assets or fund balances	88,068,643.	33	95,001,180.
	34	Total liabilities and net assets/fund balances	94,547,275.	34	102,239,900.
					Form 990 (2018)

Form 990 (2018)

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Part X Balance Sheet

Form	990 (2018) OVERLOOK FOUNDATION	51	-01940	54	Pag	_{ge} 12		
Pa	t 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	17,					
2	Total expenses (must equal Part IX, column (A), line 25)	2		650 359				
3								
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	88,		· ·			
5	Net unrealized gains (losses) on investments	5	-	470	,20)8.		
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		43	,21	L3.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	95,	001	,18	<u> 30.</u>		
Pa	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII					X		
				`	/es	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	_	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	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							
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.							
3a	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit							
	Act and OMB Circular A-133?			3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi							
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b				

Form **990** (2018)

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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
2018
Open to Public

Name of th	e organization
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Name of		LOOK FOIND						1 01040E4
Part I		LOOK FOUND		molata th	ic port) Sc	o instructions		1-0194054
).	
	nization is not a private found					4)/ A \/:\		
	A church, convention of ch	-				I)(A)(I).		
2	A school described in sect							
3	A hospital or a cooperative						(:::) Enter	the beenitel's name
4	A medical research organiz	ation operated in col	njunction with a hospital	described	Sectio	A)(1)(a)011 nd	(III). Enter	the hospital's hame,
c [city, and state: An organization operated for	ar the benefit of a co	llaga ar university owned	or oporat	ad by a ga	vorpmontol u	ait doooribo	d in
5	section 170(b)(1)(A)(iv). (0		liege of university owned	or operation	eu by a gu		III describe	
6	1		aantal wait daaaribad in	nation 1	70/6//4//4/	()		
6 7 X	A federal, state, or local go An organization that norma	•				. ,		while described in
/ 21	-	•	inital part of its support if	on a gove	ennentai		ie general p	
8	section 170(b)(1)(A)(vi). (C A community trust describe		(1)(A)(vi) (Complete Par	· II)				
9	An agricultural research org				ad in coniu	unction with a	land-grant	college
5	or university or a non-land-g							
	university:	grant conege of agric			namo, ony	, and state of	the bollege	
10	An organization that norma	Ilv receives: (1) more	than 33 1/3% of its supr	port from a	contributio	ns. memberst	nip fees, an	d gross receipts from
	activities related to its exen							
	income and unrelated busir							-
	See section 509(a)(2). (Co		(
11	An organization organized a		vely to test for public sat	ety. See	section 50	09(a)(4).		
12	An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
	more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section &	509(a)(3). C	Check the box in
	lines 12a through 12d that	describes the type o	f supporting organizatior	and com	plete lines	12e, 12f, and	12g.	
a	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), ty	pically by	giving
	the supported organization	on(s) the power to re	gularly appoint or elect a	majority c	of the direc	tors or trustee	es of the su	pporting
_	organization. You must o	complete Part IV, Se	ections A and B.					
b	Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization	n(s), by hav	ing
	control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manao	ge the supp	ported
_	organization(s). You mus	t complete Part IV,	Sections A and C.					
c	Type III functionally inte		• •				ly integrate	d with,
_	its supported organization		-					
d _	Type III non-functionally						-	
	that is not functionally int	с С	e ,				an attentiv	reness
	requirement (see instruct	,	. ,	,				
e _	Check this box if the orga					Type I, Type	I, Type III	
f En	functionally integrated, or							
	ter the number of supported on ovide the following information	•	d arganization(a)					
g Pro	(i) Name of supported	(ii) EIN	(iii) Type of organization		anization listed	(v) Amount of	monetary	(vi) Amount of other
	organization		(described on lines 1-10 above (see instructions))	Yes	ing document? No	support (see ir	structions)	support (see instructions)
			above (see instructions)					
Total			untione for Form 000	000 57				
	Paperwork Reduction Act N	iouce, see the instr	uctions for Form 990 Of	330-EZ.	832021 10-	-11-18 Sche	uule A (FOr	m 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5939055.	6505448.	6140211.	6070481.	1314292.	25969487.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3	5939055.	6505448.	6140211.	6070481.	1314292.	25969487.
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)						4251609.
	Public support. Subtract line 5 from line 4.						21717878.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	5939055.	6505448.	6140211.	6070481.	1314292.	25969487.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1503562.	1808273.	1638301.	1740686.	1603193.	8294015.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	438,368.	91,493.	211,315.	70,400.	240,020.	1051596.
11	Total support. Add lines 7 through 10						35315098.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	x year as a sectior	n 501(c)(3)	
	organization, check this box and stop	ohere					
Se	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2018 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	61.50 %
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	71.84 %
16 a	33 1/3% support test - 2018. If the o	organization did no	t check the box o	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2017. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2018. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop h	iere. Explain in Pa	rt VI how the orga	nization
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a p	oublicly supported	organization		
b	10% -facts-and-circumstances test	- 2017. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circur	mstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the	е
	organization meets the "facts-and-circ	cumstances" test. ⁻	The organization q	ualifies as a public	ly supported organ	nization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	, check this box a	nd see instruction	s ►
					Sche	dule A (Form 990) or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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						
c Add lines 10a and 10b						
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 fo	r the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3) org	janization,
check this box and stop here						
Section C. Computation of Publ	ic Support Pe	rcentage				
15 Public support percentage for 2018 (line 8, column (f), d	divided by line 13,	column (f))		15	%
16 Public support percentage from 2017					16	%
Section D. Computation of Inves						
17 Investment income percentage for 20			ine 13, column (f))			%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2018. If the						
more than 33 1/3%, check this box a						►
b 33 1/3% support tests - 2017. If the	•			-		·
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	n dia not check a	box on line 14, 19	va, or 190, check t			
832023 10-11-18		16	5	SCI	neuule A (Forr	n 990 or 990-EZ) 2018

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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 (as 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.)

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Schedule A (Form 990 or 990-EZ) 2018

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
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			
2	organization(s) that operated, supervised, or controlled the supported organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
000			Vee	Nia
			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			
800	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	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. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	uctions)		
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 position that its supported organization(s) would have engaged in these	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	~		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
U	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	Зb		
83202	5 10-11-18 Supported organization in this regard. Schedule A (Form 9		0-F7	2018
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Part V	Type III Non-Functionally Integra	rated 509(a)(3) Supporting	Organizations
Schedule A	(Form 990 or 990-EZ) 2018 OVERLOOI	K FOUNDATION	

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.

Sectior	n A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 N	let short-term capital gain	1		
2 R	ecoveries of prior-year distributions	2		
3 O	ther gross income (see instructions)	3		
4 A	dd lines 1 through 3	4		
5 D	epreciation and depletion	5		
6 P	ortion of operating expenses paid or incurred for production or			
C	ollection of gross income or for management, conservation, or			
	naintenance of property held for production of income (see instructions)	6		
	ther expenses (see instructions)	7		
	djusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	n B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 A	ggregate fair market value of all non-exempt-use assets (see			
in	structions for short tax year or assets held for part of year):			
аA	verage monthly value of securities	1a		
bА	verage monthly cash balances	1b		
сF	air market value of other non-exempt-use assets	1c		
d T	otal (add lines 1a, 1b, and 1c)	1d		
e D	iscount claimed for blockage or other			
fa	actors (explain in detail in Part VI):			
2 A	cquisition indebtedness applicable to non-exempt-use assets	2		
3 S	ubtract line 2 from line 1d	3		
4 C	ash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
S	ee instructions)	4		
5 N	let value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 N	fultiply line 5 by .035	6		
	ecoveries of prior-year distributions	7		
	finimum Asset Amount (add line 7 to line 6)	8		
Sectior	n C - Distributable Amount			Current Year
1 A	djusted net income for prior year (from Section A, line 8, Column A)	1		
2 E	nter 85% of line 1	2		
3 N	linimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 E	nter greater of line 2 or line 3	4		
5 Ir	ncome tax imposed in prior year	5		
6 D	istributable Amount. Subtract line 5 from line 4, unless subject to			
	mergency temporary reduction (see instructions)	6		

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) 2018

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Schedule A (Form 990 or 990 EZ) 2018 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			
	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 th			
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
C	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
с	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990 EZ) 2018 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:

2014 AMOUNT: \$	438,368.		
2015 AMOUNT: \$	91,493.		
2016 AMOUNT: \$	211,315.		
2017 AMOUNT: \$	70,400.		
2018 AMOUNT: \$	240,020.		

Department of the Treasury

Internal Revenue Service

832051 10-29-18

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.

Allach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.



Nam	e of the organization OVERLOOK FOUNDATION	Employer identification number 51-0194054
Pa		
1 41	organization answered "Yes" on Form 990, Part IV, line 6.	Complete il the
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fu	inde
Ŭ	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
Ŭ	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	
	impermissible private benefit?	
Pa		
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	ally important land area
	Protection of natural habitat	
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a	conservation easement on the last
-	day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	
b	Total acreage restricted by conservation easements	
c	Number of conservation easements on a certified historic structure included in (a)	•
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the orga	
	year 🕨	C C
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conserva	
	▶	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation	easements during the year
	▶\$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)	(B)(i)
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's financial statements that describes the o	organization's accounting for
	conservation easements.	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement	and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public s	service, provide the following amounts
	relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain	n, provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	▶ \$
	Assets included in Form 990, Part X	🕨 \$
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2018

Partial Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assetscontinued. a Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection terms a Patice arbitrion d b Scholarly research e c Dreservation for future generations e d Drote and association sciencificons and explain how they further the organization's ownpt purpose in Part XIII. 5 Uring the year, did the organization sociations and explain how they further the organization's ownpt purpose in Part XIII. Science and association or other intermodiary terseores, or other similar assets 10 to add to an about on form 980, Part X ine 21. Test from 980, Part X ine 21. Test from 980, Part X ine 21. 1a Is the organization anagent, trustee, custodiar or other intermodiary for contributors or other assets not included on form 980, Part X ine 21. Test from 980, Part X ine 21. 1a Is the organization anagent, trustee, custodiar or other intermodiary for sectory or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII and complete the tolowing table: Test from 980, Part X ine 21. Test from 980, Part X ine 21. Test from 980, Part X ine 21. 2a Dott the organization include an amount on Form 980, Part X, line 21. Test from 980, Part X ine 21. Te	Sche		K FOUNDATIC				51-01	94054	<u>P</u>	age 2
cenck all that apply: d Loan or exchange programs a Police exhibition d Loan or exchange programs b Scholarly research e Other	Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Oth	er Simila	r Assets	s (contin	ued)	
a Public exhibition d □ can or exchange programs b Scholary research e □ Otter	3	Using the organization's acquisition, accession	on, and other records	, check any of the t	following that are a	significant u	use of its c	ollection	items	
b Scholarly research e Other c Preservation for future generations 4 Provide a description of the organization solicit or receive domains of art, historical treasures, or other similar assets to be solicit or isse funds rather than to be maintained as part of the organization solection? Yes No Part W Escrow and CutSofial Arrangements. Complete if the organization solection? Yes No Part W Escrow and CutSofial Arrangements. Complete if the organization answered "Yes" on Form 900, Part X, line 21. Ta is the organization and part, futures, cutsofian or other intermediary for contributions or other assets not included on form 900, Part X, line 21. Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1 1 1 Interval Amount 1		(check all that apply):								
b Scholarly research e Other c Previde a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 Dring the year. dd the organization solicit or recove domations of art, historical treasures, or other similar assets to be solid to reade tunks in their than to be maintained as part of the organization answered 'Yes' on Form 990, Part XI. Fart W Escrow and Custodial Arrangements. Complete it the organization answered 'Yes' on Form 990, Part XI. Ine 21. 1a Is the organization angent, frustee, custodian or other intermediaty for contributions or other assets not included on Form 900, Part XI. Ine 21. Yes. No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Yes No c Beginning balance 1a Amount 1a 4mount 1a d Additions during the year 1a 1a 1b 4mount 1b 1	а	Public exhibition	d	Loan or exc	hange programs					
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basis (investment) basis (other) depreciation 1a Land		Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part	X, line 10.				
1a Land		Description of property		• •				(d) Bool	(valu	е
b Buildings			basis (investm	ient) basis	(other)	depreciation				
c Leasehold improvements 46,100. 0. d Equipment 46,100. 0. e Other 22,141. 0. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0.	1a	Land								
c Leasehold improvements 46,100. 0. d Equipment 46,100. 0. e Other 22,141. 0. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0.										
d Equipment 46,100. 0. e Other 22,141. 0. Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X, column (B), line 10c.) 0.	с									
e Other 22,141. 0. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0.				4	6,100.	46,1	00.			0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2	2,141.	22,1	41.			0.
					· · · · · ·					0.
		<u> </u>	, <u> </u>	· · · · · · · · · · · · · · · · · · ·	,·		Schedule	D (Form	990)	2018

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Schedule D	(Form 990) 2018	OVERLOOK	FOUNDATION

Part VII Investments - Other Securities.		
Complete if the organization answered "Ye (a) Description of security or category (including name of security)		11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-of-year market value
		(c) Method of Valuation. Cost of end-or-year market value
 (1) Financial derivatives (2) Closely-held equity interests 		
(2) Closely-neid equity interests		
(A) ALTERNATIVE INVESTMENTS	14,292,375.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
<u>(G)</u>		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.	14,292,375.	
Complete if the organization answered "Ye	s" on Form 000 Part IV line :	11c See Form 000 Part X line 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9) Table (0.1 (1)) med and 15 mm 000 Dath V and (D) line 40 (D)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.		
Complete if the organization answered "Ye	s" on Form 990. Part IV. line '	11d. See Form 990. Part X. line 15.
	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9) Total. (Column (b) must equal Form 990, Part X, col. (B)	line 15)	
Part X Other Liabilities.	<u>(ne 15.)</u>	
Complete if the organization answered "Ye	s" on Form 990, Part IV, line [.]	11e or 11f. See Form 990, Part X, line 25.
1. (a) Description of liability		(b) Book value
(1) Federal income taxes		
(2) ANNUITY OBLIGATIONS		993,673.
(3) DUE TO OVERLOOK MEDICAL	CENTER	4,491,166.
(4)		
(5)		
(6)		
(7)		
(8)		
(9) Total. (Column (b) must equal Form 990, Part X, col. (B)		5,484,839.
		the organization's financial statements that reports the

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) 2018

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Sche	dule D (Form 990) 2018 OVERLOOK FOUNDATION			51-	0194054 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ι.			
1	Total revenue, gains, and other support per audited financial statements			1	16,515,365.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-470,208.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	. 2c			
d	Other (Describe in Part XIII.)	2d	43,213.		
е	Add lines 2a through 2d			2e	-426,995.
3	Subtract line 2e from line 1			3	16,942,360.
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	4 a	154,539.		
b	Other (Describe in Part XIII.)	. 4b	-86,490.		
с	Add lines 4a and 4b			4c	68,049.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	17,010,409.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	n Expenses per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ι.			
1	Total expenses and losses per audited financial statements			1	9,582,828.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a			
b	Prior year adjustments	. 2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	. 2d	86,490.		
е	Add lines 2a through 2d			2e	86,490.
3	Subtract line 2e from line 1			3	9,496,338.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4 a	154,539.		
b	Other (Describe in Part XIII.)	. 4b			
с	Add lines 4a and 4b			4c	154,539.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	9,650,877.
Pa	rt XIII Supplemental Information.				

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

PART V, LINE 4:

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

PART X, LINE 2:

THE FOUNDATION HAS NO UNRECOGNIZED TAX BENEFITS AT JUNE 30, 2019 AND 2018.

THE FOUNDATION'S FEDERAL AND STATE INFORMATION RETURNS PRIOR TO FISCAL

YEARS 2016 AND 2015, 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

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Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 OVERLOOK FOUNDATION Part XIII Supplemental Information (continued)	51-0194054 _F
IN THE STATEMENTS OF FINANCIAL POSITION. THERE WERE NO INTER	REST OR
PENALTIES PAID FOR THE YEARS ENDED JUNE 30, 2019 AND 2018.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
PRESENT VALUE ADJUSTMENT	43,21
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES	-86,49
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES	86,49
	Schedule D (Form 990
832055 10-29-18	

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047	
(Form 990 or 990-EZ)	Complete if the	or if the	2018						
Department of the Treasury	c		Open to Public						
Internal Revenue Service	Menue Service Go to www.irs.gov/Form990 for instructions and the latest information.								
Name of the organization		K FOUNDATION					Employer id	entification number 1054	
	ing 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	
 a Mail solicitat b Internet and c Phone solici d In-person so 	ions email solicitations tations licitations	f ── Solicita g ── Special	tion of tion of fundra	non-g gover iising (overnment grants nment grants events				
key employees list	ed in Form 990, Pa highest paid indiv	or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu organization.	rofessi	onal fi	undraising services?		Ye		
(i) Name and addres or entity (func		(ii) Activity	(iii) fundr have ci or con contribu	ustody itrol of	(iv) Gross receipts from activity	to (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
			Yes	No					
Total									
		n is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from r	egistration	
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form 9	990 or	990-E	Z. 5	Sche	dule G (Form	990 or 990-EZ) 2018	

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Schedule G (Form 990 or 990 EZ) 2018 OVERLOOK FOUNDATION

51-0194054 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (b) Event #2 (c) Other events (a) Event #1 (d) Total events NONE (add col. (a) through RYLAND INN col. (c)) (total number) (event type) (event type) e

Reven	1	Gross receipts	464,420.		464,420.
ш	2	Less: Contributions	224,400.		224,400.
	3	Gross income (line 1 minus line 2)	240,020.		240,020.
	4	Cash prizes			
	5	Noncash prizes			
enses	6	Rent/facility costs	62,519.		62,519.
Direct Expenses	7	Food and beverages			
Dire	8	Entertainment	4,620.		4,620.
	9	Other direct expenses	19,351.		4,620. 19,351.
	10	Direct expense summary. Add lines 4 through	9 in column (d)	•	86,490.
	11	Net income summary. Subtract line 10 from lin	ne 3, column (d)		153,530.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than

\$15,000 on Form 990-EZ, line 6a.

anue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
S	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
Direct E	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	└── Yes % └── No	└── Yes % └── No	Yes %	
	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	Enter the state(s) in which the organization conduc	cts gaming activities:			
	a Is the organization licensed to conduct gaming ac b If "No," explain:				Yes No
	a Were any of the organization's gaming licenses rev o If "Yes," explain:				Yes No
8320	82 10-03-18			Schedule G (For	m 990 or 990-EZ) 2018

Schedule G (Form 990 or 990-EZ) 2018

Schedule G (Form 990 or 990-EZ) 2018 OVERLOOK FOUNDATION	51-0194054 Page 3
11 Does the organization conduct gaming activities with nonmembers?	
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco	
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 ar	nount
of gaming revenue retained by the third party $ ightarrow$ \$	
c If "Yes," enter name and address of the third party:	
Name	
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation 🕨 💲	
Description of services provided 🕨	
Director/officer Employee Independent contractor	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spen	t in the
organization's own exempt activities during the tax year s	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v): and Part III lines 9 9b 10b
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	v), and r art in, intes 3, 30, 100,
Tob, Toc, To, and Trb, as applicable. Also provide any additional information. See instructions.	
	lle G (Form 990 or 990-EZ) 201
35	
50316 147227 0154112-0154112.0990 2018.05051 OVERLOOK FOUND	ATION 01543

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		Schedule G (Form 99	90 or 990-EZ)

SCHEDULE I (Form 990)	Gov	rants and Oth vernments, ar ete if the organizatio	d Individual	s in the Unit	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		Go to www.ir	Attach to Form s.gov/Form990 fo		ation.		Open to Public Inspection
Name of the organization OVERLOOK	FOUNDATION						Employer identification numbe 51-0194054
Part I General Information on Grants an							
 Does the organization maintain records to criteria used to award the grants or assist Describe in Part IV the organization's processing 	tance?						
2 Describe in Part IV the organization's proceed of Part II Grants and Other Assistance to D		v			nization answered "Y	es" on Form 990 Part	IV line 21 for any
recipient that received more than \$	•						in 21, for any
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 noncash assistance	(h) Purpose of grant or assistance
							PILOT STUDY TO EVALUATE
ATLANTIC HEALTH SYSTEM RESEARCH							SAFETY AND EFFICIENCY OF
GRANT - 475 SOUTH ST - MORRISTOWN							THE MIDDLE MENINGEAL
, NJ 07960	51-1985255	501(C)(3)	50,000.	0.			ARTERY (MMA) EMBOLIZATIO
BRIDGES OUTREACH, INC							WELCOME NEIGHBORS"
P.O. BOX 1444 / 120 MORRIS AVENUE							PROGRAM - BENEFITS SUMMI
SUMMIT, NJ 07901	22-3190141	501(C)(3)	8,025.	0.			RESIDENT HOMELESSNESS
OUR HOUSE FOUNDATION							
76 FLORAL AVENUE	22 205 (145	E01/(3)/(3)	6 375				MEDICAL EQUIPMENT FOR
MURRAY HILL, NJ 07974	22-2856145	501(C)(3)	6,375.	0.			RESIDENTS
OVERLOOK MEDICAL CENTER 99 BEAUVOIR AVENUE							
SUMMIT, NJ 07961	51-1985255	501(C)(3)	602,000.	0.			VALERIE GRANTS
OVERIOOR MERICAL CENTER							
OVERLOOK MEDICAL CENTER 99 BEAUVOIR AVENUE							LIBRARY FUND GRANTS FOR OMC FACULTY AND PATIENT
SUMMIT, NJ 07961	51-1985255	501(C)(3)	71,108.	0.			COMMUNITY
, no o,,, a	22 2900200		,1,100.				
OVERLOOK MEDICAL CENTER							
99 BEAUVOIR AVENUE							
SUMMIT, NJ 07961	51-1985255	501(C)(3)	13,260.	Ο.			FAMILY SERVICES

 3
 Enter total number of other organizations listed in the line 1 table

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

 SEE
 PART
 IV
 FOR
 COLUMN (H)
 DESCRIPTIONS

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Schedule I (Form 990) (2018)

Part II Continuation of Grants and Other	Assistance to Go	vernments and Organ	izations in the Un	ited States (Sch	edule I (Form 990), Pa	irt 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 99 BEAUVOIR AVENUE	51 1005055						
SUMMIT, NJ 07961	51-1985255	501(C)(3)	14,340.	0.			AGED, POOR, NEEDY
OVERLOOK MEDICAL CENTER 99 BEAUVOIR AVENUE SUMMIT, NJ 07961	51-1985255	501(C)(3)	5,301.	0.			ENDOSCOPY GRANTS
OVERLOOK MEDICAL CENTER 99 BEAUVOIR AVENUE SUMMIT, NJ 07961	51-1985255	501(C)(3)	8,597.	0.			HEALTH START
, OVERLOOK MEDICAL CENTER 99 BEAUVOIR AVENUE SUMMIT, NJ 07961	51-1985255		76,128.	0.			PEDIATRIC ORTHO CENTER - EQUIPMENT AND SOFTWARE UPDATES
OVERLOOK MEDICAL CENTER 99 BEAUVOIR AVENUE SUMMIT, NJ 07961	51-1985255	501(C)(3)	161,104.	0.			BILL WELSH HOSPICE
OVERLOOK MEDICAL CENTER 99 BEAUVOIR AVENUE SUMMIT, NJ 07961	51-1985255	501(C)(3)	21,497.	0.			MATERNITY SERVICES
OVERLOOK MEDICAL CENTER 99 BEAUVOIR AVENUE SUMMIT, NJ 07961	51-1985255	501(C)(3)	14,280.	0.			DR. BEN JOSEPHSON MEMORIAL MEDICAL MISSION TRIPS
OVERLOOK MEDICAL CENTER 99 BEAUVOIR AVENUE SUMMIT, NJ 07961	51-1985255	501(C)(3)	77,536.	0.			NEUROSCIENCE INSTITUTE CME
OVERLOOK MEDICAL CENTER 99 BEAUVOIR AVENUE SUMMIT, NJ 07961	51-1985255	501(C)(3)	34,072.	0.			OUTPATIENT ONCOLOGY CENTER POSITION SUPPORT

Schedule I (Form 990)

OVERLOOK FOUNDATION

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Schedule I (Form 990)

Part II Continuation of Grants and Oth	ner Assistance to Gov	vernments and Organ	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							
99 BEAUVOIR AVENUE							SUPPORT FOR NEUROSCIENCE
SUMMIT, NJ 07961	51-1985255	501(C)(3)	50,000.	0.			MEDICAL DIRECTOR POSITION
			, -				
OVERLOOK MEDICAL CENTER							BEHAVIORAL HEALTH PROGRAM
99 BEAUVOIR AVENUE							- POSITION AND CAPITAL
SUMMIT, NJ 07961	51-1985255	501(C)(3)	26,515.	0.			SUPPORT
							SUPPORT FOR BREAST CENTER
OVERLOOK MEDICAL CENTER							CAPITAL EQUIPMENT,
99 BEAUVOIR AVENUE							PROGRAM AND POSITIONS ALL
SUMMIT, NJ 07961	51-1985255	501(C)(3)	29,666.	0.			POSITION SUPPORT
OVERLOOK MEDICAL CENTER							
99 BEAUVOIR AVENUE							EMERGENCY ROOM CAPITAL
SUMMIT, NJ 07961	51-1985255	501(C)(3)	2,926,473.	0.			CAMPAIGN
OVERLOOK MERICAL CENTER							
OVERLOOK MEDICAL CENTER							
99 BEAUVOIR AVENUE							STACY GOLDSTEIN ICU
SUMMIT, NJ 07961	51-1985255	501(C)(3)	52,908.	0.			WAITING ROOM
							AUXILIARY RESTRICTED
OVERLOOK MEDICAL CENTER							GIFTS FOR OVERLOOK
99 BEAUVOIR AVENUE	F1 1005055						MEDICAL CENTER - VARIOUS
SUMMIT, NJ 07961	51-1985255	501(C)(3)	15,084.	0.			DEPARTMENT PROGRAM
OVERLOOK MEDICAL CENTER							
99 BEAUVOIR AVENUE							
SUMMIT, NJ 07961	51-1985255	501(0)(3)	136,453.	0.			DENTAL CLINIC GRANT
SOMMIT, NO 07501	51 1905255	501(0)(3)	150,455.				
OVERLOOK MEDICAL CENTER							TO PROVIDE SPIRITUAL CARE
99 BEAUVOIR AVENUE							TO OMC PATIENTS AND
SUMMIT, NJ 07961	51-1985255	501(C)(3)	42,627.	0.			FAMILIES
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
OVERLOOK MEDICAL CENTER							
99 BEAUVOIR AVENUE							PALLIATIVE CARE PROGRAM
SUMMIT, NJ 07961	51-1985255	501(C)(3)	54,964.	0.			POSITION SUPPORT

Schedule I (Form 990) OVERLOOK FOUNDATION

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Schedule I (Form 990)

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 99 BEAUVOIR AVENUE SUMMIT, NJ 07961	51-1985255	501(C)(3)	421,200.	0.			GERALD J GLASSER BRAIN TUMOR CENTER - PROGRAM SUPPORT	
OVERLOOK MEDICAL CENTER 99 BEAUVOIR AVENUE SUMMIT, NJ 07961	51-1985255	501(C)(3)	14,227.	0.			DR. SALES VASCULAR CME	
OVERLOOK MEDICAL CENTER 99 BEAUVOIR AVENUE SUMMIT, NJ 07961	51-1985255	501(C)(3)	14,890.	0.			PHARMACY EDUCATION	
OVERLOOK MEDICAL CENTER 99 BEAUVOIR AVENUE SUMMIT, NJ 07961	51-1985255	501(C)(3)	180,476.	0.			SUPPORT CAPITAL, PROGRAM, POSITIONS, PATIENTS AND FAMILY EATING DISORDERS - CONSTRUCTION AND SALARY	
OVERLOOK MEDICAL CENTER 99 BEAUVOIR AVENUE SUMMIT, NJ 07961	51-1985255	501(C)(3)	6,719.	0.			WOUND CARE SYMPOSIUM	
OVERLOOK MEDICAL CENTER 99 BEAUVOIR AVENUE SUMMIT, NJ 07961	51-1985255	501(C)(3)	10,002.	0.			PATIENT LIAISON CANCER PROGRAMS POSITION SUPPORT	
OVERLOOK MEDICAL CENTER 99 BEAUVOIR AVENUE SUMMIT, NJ 07961	51-1985255	501(C)(3)	5,885.	0.			MEMORY AND COGNITIVE PROGRAM SUPPORT	
OVERLOOK MEDICAL CENTER 99 BEAUVOIR AVENUE SUMMIT, NJ 07961	51-1985255	501(C)(3)	7,539.	0.			CAREGIVERS' CENTER PROGRAM SUPPORT	
OVERLOOK MEDICAL CENTER 99 BEAUVOIR AVENUE SUMMIT, NJ 07961	51-1985255	501(C)(3)	49,000.	0.			LINAC, RADIATION, ONCOLOGY UPGRADE	

Schedule I (Form 990) OVERLOOK FOUNDATION

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Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	izations in the Un	ited States (Scho	edule I (Form 990), Pa	ırt 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 99 BEAUVOIR AVENUE SUMMIT, NJ 07961	51-1985255	501(C)(3)	71,680.	0.			PROFESSIONAL NURSING DEVELOPMENT NURSING EDUCATION PROGRAMS
OVERLOOK MEDICAL CENTER 99 BEAUVOIR AVENUE SUMMIT, NJ 07961	51-1985255	501(C)(3)	22,222.	0.			OVARIAN CANCER EARLY DETECTION RESEARCH
OVERLOOK MEDICAL CENTER 99 BEAUVOIR AVENUE SUMMIT, NJ 07961	51-1985255	501(C)(3)	38,400.	0.			F.M. KIRBY TELESTROKE/STROKE FUND
OVERLOOK MEDICAL CENTER 99 BEAUVOIR AVENUE SUMMIT, NJ 07961	51-1985255	501(C)(3)	7,073.	0.			DAY OF HOPE SYMPOSIUM
OVERLOOK MEDICAL CENTER 99 BEAUVOIR AVENUE SUMMIT, NJ 07961	51-1985255	501(C)(3)	8,083.	0.			EPILEPSY PROGRAM
OVERLOOK MEDICAL CENTER 99 BEAUVOIR AVENUE SUMMIT, NJ 07961	51-1985255	501(C)(3)	8,772.	0.			M. MCAULIFFE HOMECARE/HOSPICE'S CAMP CLOVER
OVERLOOK MEDICAL CENTER 99 BEAUVOIR AVENUE SUMMIT, NJ 07961	51-1985255	501(C)(3)	119,531.	0.			KATZ WOUND CENTER CARE NURSE & CENTER
OVERLOOK MEDICAL CENTER 99 BEAUVOIR AVENUE SUMMIT, NJ 07961	51-1985255	501(C)(3)	315,350.	0.			EISENBERG-CONNELL NEURO FUND - MEDIC TRAINING AND CT SCAN
OVERLOOK MEDICAL CENTER 99 BEAUVOIR AVENUE SUMMIT, NJ 07961	51-1985255	501(C)(3)	101,742.	0.			OPERATING ROOM NURSE INTERNSHIPS

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Schedule I (Form 990) OVERLOOK FOUNDATION

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Schedule I (Form 990)

51-0194054 Page 1

Part II Continuation of Grants and Oth	er Assistance to Gov	vernments and Organ	nizations in the Un	ited States (Sche	edule I (Form 990), Pa	irt II.)	I
(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							
99 BEAUVOIR AVENUE							SUPPORT FOR NON-PHYSICIAN
SUMMIT, NJ 07961	51-1985255	501(C)(3)	9,365.	0.			STAFF AND EQUIPMENT
OVERLOOK MEDICAL CENTER							
99 BEAUVOIR AVENUE							ST. GEORGE'S UNIVERSITY
SUMMIT, NJ 07961	51-1985255	501(C)(3)	12,000.	0.			LECTURES
OVERLOOK MEDICAL CENTER							THE CLARE FOUNDATION -
99 BEAUVOIR AVENUE							CONTINUING EDUCATION FOR
SUMMIT, NJ 07961	51-1985255	501(C)(3)	35,410.	0.			NURSES
OVERLOOK MEDICAL CENTER							
99 BEAUVOIR AVENUE							GALE METZGER EDUCATION
SUMMIT, NJ 07961	51-1985255	501(C)(3)	6,934.	0.			FUND
OVERLOOK MEDICAL CENTER							OMC MOBILITY PILOT
99 BEAUVOIR AVENUE							PROGRAM OR REHABILITATION
SUMMIT, NJ 07961	51-1985255	501(C)(3)	91,924.	0.			SUPPORT FOR PATIENTS
OVERLOOK MEDICAL CENTER							
99 BEAUVOIR AVENUE							
SUMMIT, NJ 07961	51-1985255	501(C)(3)	15,199.	0.			HEALTH LITERACY CL
OVERLOOK MEDICAL CENTER							
99 BEAUVOIR AVENUE							HCFNJ PARTNERSHIP FOR
SUMMIT, NJ 07961	51-1985255	501(C)(3)	100,219.	0.			DIABETES GRANT
OVERLOOK MEDICAL CENTER							KOMEN 2018-19- GRANT TO
99 BEAUVOIR AVENUE							SUPPORT BREAST CANCER
SUMMIT, NJ 07961	51-1985255	501(C)(3)	45,000.	0.			PATIENTS
SAGE ELDERCARE							
290 BRAOD STREET							MEALS ON WHEELS WITH
SUMMIT , NJ 07901	22-1657929	501(C)(3)	10,000.	0.			SUPPORTIVE SERVICE

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Schedule I (Form 990) OVERLOOK FOUNDATION

51-0194054 Page 1

	FOUNDATIO						DI-0194034 Page
Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	nizations in the Un	ited States (Sch	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOMP THE MONSTER							
PO BOX 521							SUPPORT TO ASSIST AT
MARLBORO, NJ 07746	27-3802796	501(C)(3)	10,000.	0.			LEAST 20 CANCER PATIENTS
SUMMIT VOLUNTEER FIRST AID SQUAD PO BOX 234							GRANT FOR PHASE I OF A
SUMMIT, NJ 07902	22-6063974	501(C)(3)	10,000.	0.			DIGITAL RADIO ACQUISITIC
CANCER SUPPORT COMMUNITY CENTER 3 CROSSROADS DRIVE							HISPANIC-LATINO CANCER OUTREACH INITIATIVE PARTNERING WITH OMC
BEDMINSTER , NJ 07921	22-3804609	501(C)(3)	8,025.	0.			COMMUNITY HEALTH DEPT.
IMAGINE, A CENTER FOR COPING 244 SHEFFIELD STREET MOUNTAINSIDE, NJ 07092	45-3606502	501(0)(3)	7,525.	0.			FURNITURE AND OFFICE UPDATES - THE PROGRAM PROVIDES SUPPORT FOR CHILDHOOD BEREAVEMENT
NONIAINDIDE, NO 07092	45 5000502	501(0)(3)	7,525.				CHIEDHOOD BEREAVEMENT

Schedule I (Form 990) OVERLOOK FOUNDATION

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Schedule I (Form 990) (2018) OVERLOOK FOUNDA	TION				51-0194054 Page 2
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ASSISTANCE TO FAMILES OF CANCER PATIENTS	136	57,850.	0.		
INTERNATIONAL MEDICAL MISSIONS	57	39,307.	0.		
EMERGENCY SUPPORT	8	8,810.	0.		
NURSING SCHOLARSHIPS, NURSING ED AND CERTIFICATIONS	151	118,710.	0.		
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
PART II, LINE 1, COLUMN (H):					
NAME OF ORGANIZATION OR GOVERNMENT	:				
ATLANTIC HEALTH SYSTEM RESEARCH GRA	ANT				
(H) PURPOSE OF GRANT OR ASSISTANCE	: PILOT S	TUDY TO EV	ALUATE SAF	ETY AND	
EFFICIENCY OF THE MIDDLE MENINGEAL	ARTERY (MMA) EMBOI	IZATION CO	MPARED TO	

TRADITIONAL SURGICAL STRATEGIES TO TREAT CHRONIC HEMATOMA

NAME OF ORGANIZATION OR GOVERNMENT: OVERLOOK MEDICAL CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: AUXILIARY RESTRICTED GIFTS FOR

832102 11-02-18

Schedule I (Form 990) (2018)

OVERLOOK FOUNDATION

Part IV Supplemental Information

OVERLOOK MEDICAL CENTER - VARIOUS DEPARTMENT PROGRAM SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: OVERLOOK MEDICAL CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT CAPITAL, PROGRAM, POSITIONS,

PATIENTS AND FAMILY EATING DISORDERS - CONSTRUCTION AND SALARY SUPPORT

Schedule I (Form 990)

832291 04-01-18

SC	HEDULE J	Compensation Information			OMB No. 1	1545-00	47			
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and	d Highest	ľ	20	10)			
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Par	- 		20	10				
Depa	tment of the Treasury	Attach to Form 990.	t IV, IIIe 23.		Open to Public Inspection					
	Final Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.									
Nan	e of the organization					tification number				
		OVERLOOK FOUNDATION		51-0	019405	4				
Ра	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 li		990,						
		line 1a. Complete Part III to provide any relevant information regarding these it								
	First-class or c									
	Travel for com		•							
		ation and gross-up payments Health or social club dues o								
		spending account Personal services (such as r	naid, chauffeu	ir, chetj						
la la		en line de eus skaalved, dielde eusenischien fellen, en witten selien verseuling ve								
D	•	on line 1a are checked, did the organization follow a written policy regarding pa	•		16					
0		provision of all of the expenses described above? If "No," complete Part III to ex			<u>1b</u>		<u> </u>			
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by a			2					
	trustees, and onice	rs, including the CEO/Executive Director, regarding the items checked on line 1	Id!							
3	Indicate which if a	ny, of the following the filing organization used to establish the compensation o	of the organiza	tion's						
Ŭ		ector. Check all that apply. Do not check any boxes for methods used by a relation	-							
		ation of the CEO/Executive Director, but explain in Part III.	tou organizatio	51110						
	Compensation		ct							
	·	compensation consultant Compensation survey or stu								
	X Form 990 of o			ommittee						
			inpendation o	ommittee						
4	During the year, did	I any person listed on Form 990, Part VII, Section A, line 1a, with respect to the	e filina							
-	organization or a re	•••								
а	•	e payment or change-of-control payment?			4a		X			
b		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 P								
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.								
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	/ compensatio	n						
	contingent on the r									
а	The organization?				5a		X			
b	Any related organiz	ation?			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	/ compensatio	n						
	contingent on the r	et earnings of:								
а	The organization?				6a		X			
		ation?					X			
		or 6b, describe in Part III.								
7	-	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfi								
	not described on lir	nes 5 and 6? If "Yes," describe in Part III			7	Х	L			
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that wa	s subject to th	ie						
		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Pa			8		X			
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described	l in							
	Regulations section				9					
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.		Schee	dule J (Forn	n 990)) 2018			

832111 10-26-18

46 14260316 147227 0154112-0154112.0990 2018.05051 OVERLOOK FOUNDATION

OVERLOOK FOUNDATION

Page 2

 Schedule J (Form 990) 2018
 OVERLOOK
 FOUNDATION
 51-0194054

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

For each individual whose compensation must be reported 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	benems	(B)(i)-(D)	reported as deferred on prior Form 990
(1) CLELIA BIAMONTI, PHD	(i)	263,323.	0.	966.	312.	34,800.	299,401.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KENNETH COLE	(i)	222,425.	6,518.	4,627.	21,218.	37,227.	292,015.	0.
DIR OF PLANNED GIVING & FI	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LORIE MCDONALD	(i)	131,151.	3,820.	905.	8,758.	32,583.	177,217.	0.
DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MARIANNE DEVLIN	(i)	122,606.	4,257.	1,569.	9,133.	27,833.	165,398.	0.
DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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Schedule J (Form 990) 2018

Part III Supplemental Information

51-0194054 Page 3

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

<u>\$19,985.</u>

PART I, LINE 7:

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

INCLUDED IN THE INDIVIDUALS' 2018 W-2'S.

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48

Schedule J (Form 990) 2018

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury	
Internal Revenue Service	

N

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

Attach to Form 990.

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

2018
Open to Public
Inspection

ame of the	organization
------------	--------------

OVERLOOK FOUNDATION

Employer	identification number
5	1-0194054

Part I Types of Property (a) (b) (c) (d) Number of Noncash contribution Check if Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Х 12 10,500. DONOR PROVIDED VALUE Art - Works of art 1 Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded 15 1,105,366.FMV Х 9 10 Securities - Closely held stock Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 15 Real estate - Residential Real estate - Commercial 16 Real estate - Other 17 18 Collectibles Food inventory 19 Х 2 900.FMV Drugs and medical supplies 20 Taxidermy _____ 21 22 Historical artifacts Scientific specimens 23 Archeological artifacts 24 25 Other () 26 Other () 27 Other () 28 Other 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement _____ 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? Х 30a **b** If "Yes," describe the arrangement in Part II. х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

b If "Yes," describe in Part II.
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

contributions?

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

Schedule M (Form 990) 2018

32a

832141 10-18-18

Х

OVERLOOK FOUNDATION Schedule M (Form 990) 2018 Part II

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

SCHEDULE M, PART I, COLUMN (B):

COLUMN B REPRESENTS NUMBER OF CONTRIBUTORS.

Schedule M (Form 990) 2018

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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.



OVERLOOK FOUNDATION

51-0194054

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION 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.

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

THE AUDIT COMMITTEE REVIEWS THE FINANCIAL STATEMENTS ANNUALLY WITH THE

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

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

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

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

QUESTIONNAIRE PROVIDED FULLY DISCLOSING ANY CONFLICT OF INTEREST.

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

THE PERSONNEL COMMITTEE ESTABLISHES THE COMPENSATION OF THE EXECUTIVE

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

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

RESOURCES DEPARTMENT, UTILIZING COMPARABILITY DATA FROM AN OUTSIDE

ORGANIZATION.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, POLICIES AND FINANCIAL

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

	FORM	990,	PART	XI,	LINE	9,	CHANGES	IN	NET	ASS	ETS:		
	LHA Fo	r Paperw	ork Redu	ction Ac	ct Notice,	see th	e Instructions f	or Fo	rm 990 (or 990-	EZ.	Schedule O (Form	990 or 990-EZ) (2018)
	832211 10-	10-18											
									51				
142	260316	1472	227 01	15413	12-015	411	2.0990	201	8.05	051	OVERLOOK	FOUNDATION	01541121

THE ORGANIZATION HAS AN AUDI	I COMMITTEE THAT ASSUMES THE RESPONSIBILITY
OF THE OVERSIGHT OF THE AUDI	I. THE AUDIT COMMITTEE REVIEWS THE
FINANCIAL STATEMENT ANNUALLY	WITH THE OUTSIDE AUDITORS.
832212 10-10-18	Schedule O (Form 990 or 990-EZ) (2018
60316 147227 0154112-0154112	52

Schedule O (Form 990 or 990-EZ) (2018)

PRESENT VALUE ADJUSTMENT

Name of the organization OVERLOOK FOUNDATION Employer identification number 51-0194054

43,213.

Page 2

000 T			TENDED TO MA					0145	N- 4545 0007		
Form 990-T			nization Bus			ax Return	•	OWB	No. 1545-0687		
	Fex ee	-				TNT 30 201	٩	2	2018		
	For ca	For calendar year 2018 or other tax year beginning <u>JUL 1, 2018</u> , and ending <u>JUN 30, 2019</u> . Contemporal Context , and ending <u>JUN 30, 2019</u> .									
Department of the Treasury Internal Revenue Service	Open to Figure 1 and the second s										
A X Check box if address changed		Name of organization (Check box if name changed and see instructions.)									
	Delet	Print OVERLOOK FOUNDATION 51-0194054									
B Exempt under section \mathbf{X} 501(c)(3)	Print or	Number, street, and room		, see in	etructions		F Unrel	lated busi	ness activity code		
408(e) 220(e)	Туре	46-48 BEAUV		, 500 m	3000000		(See i	instructior	ıs.)		
408A 530(a)		City or town, state or pro		foreigr	n postal code		1				
529(a)		SUMMIT, NJ	07901	-	-		523	920			
C Book value of all assets at end of year 102,239,9	00	G Check organization typ	$\mathbf{E} = \begin{bmatrix} \mathbf{X} \\ 501(c) \\ corn$		501(c) trust	/01/2) trust		Other trust		
H Enter the number of the				<u>1</u>		e the only (or first) u	,				
	-	RTNERSHIP IN				e, complete Parts I-V.			ne.		
		ice at the end of the previo		rts I and					,		
business, then complete	Parts III	-V.									
		ooration a subsidiary in an		it-subsi	diary controlled group?	▶	Y	es 🖸	X No		
		tifying number of the paren						<u> </u>			
J The books are in care of		CLELIA BIAMO de or Business Inc			1	hone number S		<u>522-</u>			
					(A) Income	(B) Expense	5		(C) Net		
 1a Gross receipts or sale b Less returns and allor 			c Balance ►	1c							
		A, line 7)		2							
		rom line 1c		3							
		ch Schedule D)		4a	107	•			107.		
		Part II, line 17) (attach Form		4b							
c Capital loss deduction	n for tru	sts		4c							
5 Income (loss) from a	partners	ship or an S corporation (a	ttach statement)	5	-1,532	STMT	1		-1,532.		
6 Rent income (Schedu	,			6							
		me (Schedule E)		7							
		and rents from a controlled (17)	-	8							
		on 501(c)(7), (9), or (17) o ome (Schedule I)		9 10							
		e J)		11							
		ns; attach schedule)		12							
					-1,425	•			-1,425.		
13 Total. Combine lines Part II Deduction	ons No	ot Taken Elsewher	e (See instructions fo	r limita	ations on deductions	.)					
		utions, deductions must	-								
		rectors, and trustees (Sche					14				
							15				
							16				
		ee instructions)					18				
							19				
20 Charitable contributi	ons (Se	e instructions for limitation	rules)				20				
		562)									
		n Schedule A and elsewher					22b				
							23	<u> </u>			
		mpensation plans					24	<u> </u>			
							25				
		chedule I)					26				
		hedule J)					27	<u> </u>			
		nedule) 14 through 28					28	<u> </u>	0.		
		ncome before net operating					30	<u> </u>	-1,425.		
		loss arising in tax years be					31		,		
	-	ncome. Subtract line 31 fro			. ,	<u></u> .	32		-1,425.		
823701 01-09-19 LHA F	or Paper	work Reduction Act Notice	e, see instructions.					Forn	m 990-T (2018)		

	T (2018)	•••••••••••••••••••••••••••••••••••••••				51-0)194054	F
Part I		Total Unrelated Business Tax						
33		of unrelated business taxable income com						-1,42
34	Amo	unts paid for disallowed fringes					34	
35	Dedu	ction for net operating loss arising in tax y	ears beginning before Janu	ıary 1, 2018 (see in	structions)	STMT 2	35	
36	Total	of unrelated business taxable income befo	re specific deduction. Subt	ract line 35 from th	ne sum of			
	lines	33 and 34					36	-1,42
37	Spec	ific deduction (Generally \$1,000, but see li	ne 37 instructions for excep	otions)			37	1,00
38		lated business taxable income. Subtract						
		the second line of second second second		0	,		38	-1,42
Part I	IV T	Tax Computation						<u>`</u>
39		nizations Taxable as Corporations. Multi	oly line 38 by 21% (0.21)				▶ 39	
40		s Taxable at Trust Rates. See instruction						
10		Tax rate schedule or Schedule D					▶ 40	
41		y tax. See instructions					41	
	Altor	native minimum tax (truste only)					-	
42	Tav	native minimum tax (trusts only)	tructions				42	
43		on Noncompliant Facility Income. See ins Add lines 41, 42, and 43 to line 39 or 40,						
44 Dart \		Tax and Payments	whichever applies				44	
			10-1	<u></u>				
		gn tax credit (corporations attach Form 11						
		r credits (see instructions)						
		ral business credit. Attach Form 3800						
		t for prior year minimum tax (attach Form						
е		credits. Add lines 45a through 45d						
46	Subt	ract line 45e from line 44					46	
47	Other	r taxes. Check if from: 🔄 Form 4255 📋	Form 8611 Form	n 8697 🛄 Form	n 8866 📃	Other (attach sched	iule) 47	
48	Total	tax. Add lines 46 and 47 (see instructions	.)				48	
49		net 965 tax liability paid from Form 965-A						
50 a		nents: A 2017 overpayment credited to 20						
		estimated tax payments						
		leposited with Form 8868						
		gn organizations: Tax paid or withheld at s						
		up withholding (see instructions)						
ۍ د	Crodi	it for small employer health insurance pren	niums (attach Form 90/1)		50e			
		r credits, adjustments, and payments:	7		501			
g	·				50-			
F 4		Form 4136	Other			<u> </u>		
		payments. Add lines 50a through 50g					50	
52		nated tax penalty (see instructions). Check						
53		lue. If line 51 is less than the total of lines					► <u>53</u>	
54		payment. If line 51 is larger than the total				·····	► <u>54</u>	
55		the amount of line 54 you want: Credited				Refunded	► 55	
Part \		Statements Regarding Certa	IN Activities and O	ther Informa	tion (se	e instructions)		
56	At an	y time during the 2018 calendar year, did 1	he organization have an int	erest in or a signat	ure or other	authority		Yes
	over	a financial account (bank, securities, or oth	ner) in a foreign country? If	"Yes," the organiza	ition may ha	ave to file		
	FinCE	EN Form 114, Report of Foreign Bank and I	inancial Accounts. If "Yes,"	enter the name of	the foreign	country		
	here		,					
57		ng the tax year, did the organization receive	a distribution from. or was	s it the grantor of a	or transfero	r to, a foreign trust?)	
		s," see instructions for other forms the org				,		
58		the amount of tax-exempt interest receive	-	vear > \$				
	U	nder penalties of perjury, I declare that I have exam	ined this return, including accom	panying schedules and			nowledge and belief, i	t is true,
Sign	cc	prrect, and complete. Declaration of preparer (other	than taxpayer) is based on all inf	formation of which prep	parer has any	knowledge.		
lere				CHAIRI	MAN		May the IRS discu	
		Signature of officer	Date	Title			the preparer show instructions)?	
		-			Data	Oheel		7 109
		Print/Type preparer's name	Preparer's signature		Date	Check	if PTIN	
Paid		LORI ROTHE	LORI ROTHE		02/11	self- emplo		172400
	arer	YOKOBOSKY, CPA	YOKOBOSKY,	CPA	03/11			273422
	. .	Firm's name COHNREZNIC				Firm's Ell	N ► 22-1	L478099
Prepa	Only							
Prepa Use C	Only	4 BECKER						
Prepa	Only	4 BECKER Firm's address ► ROSELAND				Phone no	o. 973-228	<u>3 – 3 5 0 0</u> rm 990-T (;

Form 990-T (2018) OVERLOOK FOUNDATION

Schedule A - Cost of Goods	Sold. Enter met	thod of inventory	valuation 🕨 N/A					
1 Inventory at beginning of year			6 Inventory at end of yea			6		
	Purchases 2			7 Cost of goods sold. Subtract line 6				
3 Cost of labor			from line 5. Enter here		1			
4a Additional section 263A costs			line 2			7		
(attach schedule)	4a		8 Do the rules of section				Yes No	
b Other costs (attach schedule)			property produced or a	acquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5		the organization?		,,			
Schedule C - Rent Income (From Real Pro	perty and Pe	ersonal Property L	.ease	d With Real Prop	erty)		
(see instructions)								
1. Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent received or							
(a) From personal property (if the perc rent for personal property is more 10% but not more than 50%)	centage of than	` of rent for perso	ersonal property (if the percenta nal property exceeds 50% or if pased on profit or income)	ge	3(a) Deductions directly columns 2(a) an	connected with the i ad 2(b) (attach schedu	ile)	
(1)								
(2)								
(3)								
(4)								
Total	0 . Tot	al		0.				
(c) Total income. Add totals of columns there and on page 1, Part I, line 6, column	2(a) and 2(b). Enter I (A)			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)		0.	
Schedule E - Unrelated Deb	t-Financed Inc	come (see inst	ructions)			•		
			2. Gross income from		3. Deductions directly conr to debt-financ		ole	
1. Description of debt-fin			or allocable to debt- financed property	(a)	Straight line depreciation	(b) Other c	leductions chedule)	
	nanced property				(attach schedule)	(attach s		
(1)	nanced property				(attach schedule)	(attach si		
(1)	anced property				(attach schedule)			
(2)	anced property				(attach schedule)			
(2) (3)	anced property				(attach schedule)			
(2)	5. Average adju of or alloca debt-financed (attach sch	ble to property	 6. Column 4 divided by column 5 		7. Gross income reportable (column 2 x column 6)	8. Allocabl (column 6 x tr	e deductions otal of columns nd 3(b))	
(2) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjust of or alloca debt-financed	ble to property	 Column 4 divided 		7. Gross income reportable (column	8. Allocabl (column 6 x tr	otal of columns	
(2) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1)	5. Average adjust of or alloca debt-financed	ble to property	6. Column 4 divided by column 5		7. Gross income reportable (column	8. Allocabl (column 6 x tr	otal of columns	
(2) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1) (2)	5. Average adjust of or alloca debt-financed	ble to property	6. Column 4 divided by column 5		7. Gross income reportable (column	8. Allocabl (column 6 x tr	otal of columns	
(2) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1) (2) (3)	5. Average adjust of or alloca debt-financed	ble to property	6. Column 4 divided by column 5		7. Gross income reportable (column	8. Allocabl (column 6 x tr	otal of columns	
(2) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1) (2)	5. Average adjust of or alloca debt-financed	ble to property	6. Column 4 divided by column 5		7. Gross income reportable (column	8. Allocabl (column 6 x tr	otal of columns nd 3(b)) d on page 1,	
(2) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1) (2) (3)	5. Average adju of or alloca debt-financed (attach sch	ble to property	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocabl (column 6 x tr 3(a) a Enter here an Part I, line 7,	otal of columns nd 3(b)) d on page 1,	
(2) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1) (2) (3) (4)	5. Average adjus of or alloca debt-financed (attach sch	ible to property edule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6) nter here and on page 1, Part I, line 7, column (A).	8. Allocabl (column 6 x tr 3(a) a Enter here an Part I, line 7,	d on page 1, column (B).	

Page 3

56 14260316 147227 0154112-0154112.0990 2018.05051 OVERLOOK FOUNDATION

orm 990-T (2018) OVERLO Schedule F - Interest, A	OK FOUNDAT	ION	e Erom Co	ntrollo	d Organiza	5 stions	1-01		
chequie F - Interest, A			t Controlled C			ations	(see ins	struction	S)
1. Name of controlled organizati	on 2 Em		Inrelated income	T T	al of specified	5 Part o	of column 4	that is	6. Deductions directly
1. Name of controlled organizati	identif	cation (loss) (s	ee instructions)	payr	nents made	included	in the contr on's gross i	olling	connected with income in column 5
1)									
1) 2)									
3)									
4)									
onexempt Controlled Organiz	zations								
7. Taxable Income	8. Net unrelated incor (see instruction		al of specified pay made	ments	10. Part of colu in the controll gros	mn 9 that is ing organiza s income	included ation's	11. Dec with	ductions directly connect income in column 10
1)									
<u>2</u>)									
3)									
4)									
						nns 5 and 1			d columns 6 and 11.
					Enter here and	i on page 1, column (A).	Part I,		ere and on page 1, Part I line 8, column (B).
					iiiie 8,	551umm (A).			
otals				►			0.		
chedule G - Investme		Section 501(c)	(7), (9), or (17) Org	ganization				
(see instr					3. Deductio	ins			5. Total deductio
1. Descr	ription of income		2. Amount of	income	directly conne (attach sched	ected	 Set-a (attach s 	asides schedule)	and set-asides (col. 3 plus col.
1)					(attach sched	uie)			(coi. 3 piùs coi
)			_						
2)									
3)									
4)									
			Enter here and Part I, line 9, co						Enter here and on page Part I, line 9, column (
			Farti, line 9, co	Juliin (A).					Farti, ine 9, columni
otals				0.					(
chedule I - Exploited I	Exempt Activity	Income Othe	r Than Adv	-	a Income				
(see instru		moonie, ouie			ig moonie				
(See Institu									
	2. Gross	3. Expenses	 Net incor from unrelated 		5. Gross inco	ome	•		7. Excess exempt
1. Description of	unrelated business	directly connected with production	business (co	olumn 2	from activity	that	 Exp attribut 		expenses (column 6 minus column 5,
exploited activity	income from trade or business	of unrelated	minus colum gain, comput		is not unrela business inco		colur		but not more than
		business income	through						column 4).
1)									
2)									
1) 2) 3)									
3)			_						_
4)									
	Enter here and on page 1, Part I,	Enter here and on page 1, Part I,							Enter here and on page 1,
	line 10, col. (A).	line 10, col. (B).							Part II, line 26.
otals 🕨	0.	0							
Schedule J - Advertisir		nstructions)							
Part I Income From F		,	nsolidated	Basis					
	2. Gross	0		tising gain	E au l		0 -		7. Excess readership
1. Name of periodical	advertising	3. Direct advertising cost		ol. 2 minus ain, comput	e 5. Circula income		 Reade cost 		costs (column 6 minus column 5, but not mor
	income			hrough 7.					than column 4).
1)									
1) 2) 3)									
<u>←)</u>									
3)									
(4)									
otals (carry to Part II, line (5))	🕨	0.	0.						(

0 • Form **990-T** (2018)

823731 01-09-19

Form 990-T (2018) 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.)

	, I		1			
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 cos	 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 - Compensatio	n of Officers, I	Directors, and	Trustees (see ir	structions)		•
1. Name			2. Title	3. Percertime devot	ted to	ensation attributable related business
(1)					%	
(2)					%	
(3)					%	
(4)					%	
Total. Enter here and on page 1, Part II,	line 14			·	►	0

Form 990-T (2018)

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 1
DESCRIPTION	NET INCOME OR (LOSS)
PARTNER GROUP REAL ESTATE SECONDARY 2017 - ORDINARY BUSINESS INCOME (LOSS)	102.
PARTNER GROUP REAL ESTATE SECONDARY 2017 - NET RENTAL R ESTATE INCOME	EAL -658.
PARTNER GROUP REAL ESTATE SECONDARY 2017 - INTEREST INC PARTNER GROUP REAL ESTATE SECONDARY 2017 - OTHER PORTFO	
INCOME (LOSS) PARTNER GROUP REAL ESTATE SECONDARY 2017 - OTHER INCOME	9.
(LOSS)	-1,142.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-1,532.

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/16	177,256.	0.	177,256.	177,256.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	177,256.	177,256.

Capital Gains and Losses Attach to Form 1120, 1120-FC, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-RIC, 1120-RIC, 1120-SF, or certain Forms 990-T. Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

8

/ Employer identification number

51 - 0194054

				<u> </u>	01)1031
Part I Short-Term Capital Gai	ns and Losses (See	instructions.)			
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) _{Cost}	(g) Adjustments to gair or loss from Form(s) 894	1 9,	(h) Gain or (loss). Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column (g)	ĺ.	combine thé result with column (g)
 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 					
1b Totals for all transactions reported on					
Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked					
4 Short-term capital gain from installment sales				4	
5 Short-term capital gain or (loss) from like-kind				5	
6 Unused capital loss carryover (attach compute	ition)			6	()
7 Net short-term capital gain or (loss). Combin				7	
Part II Long-Term Capital Gai	ns and Losses (See i	nstructions.)			
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) _{Cost}	(g) Adjustments to gair or loss from Form(s) 894	1	(h) Gain or (loss). Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part II, line 2, column (g)	combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b Totals for all transactions reported on					
Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on					
Form(s) 8949 with Box E checked					
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked					83.
11 Enter gain from Form 4797, line 7 or 9				11	24.
12 Long-term capital gain from installment sales	from Form 6252, line 26 or 37	7		12	
13 Long-term capital gain or (loss) from like-kind				13	
14 Capital gain distributions	-			14	
15 Net long-term capital gain or (loss). Combine	lines 8a through 14 in colum	nh		15	107.
Part III Summary of Parts I and					·
16 Enter excess of net short-term capital gain (lir	ne 7) over net long-term capita	ıl loss (line 15)		16	
17 Net capital gain. Enter excess of net long-term				17	107.
18 Add lines 16 and 17. Enter here and on Form				18	107.
Note: If losses exceed gains, see Capital loss					
3 <i>i i i</i>					

Schedule D (Form 1120) 2018

821051 01-03-19

Form 8949 (2018)				Attachn	nent Sequenc	ce No. 12A	Page 2
Name(s) shown on return. Name and	d SSN or taxpaye	er identification n	o. not required if s			Social secur	ity number or ntification no.
OVERLOOK FOUND							194054
Before you check Box D, E, or F belo statement will have the same informa broker and may even tell you which b	ow, see whether y ation as Form 109	you received any 99-B. Either will s	r Form(s) 1099-B c show whether you	or substitute statem r basis (usually you	ent(s) from yo r cost) was re	our broker. A sul eported to the IR	bstitute S by your
Part II Long-Term. Transaction		al assets you held r	nore than 1 year are	generally long-term (s	ee instructions	s). For short-term ti	ansactions,
see page 1. Note: You may aggregate al							
codes are required. Enter the You must check Box D, E, or F below. (Check only one bo	x. If more than one b	ox applies for your long-	term transactions, compl	ete a separate Fo	rm 8949, page 2, for e	
If you have more long-term transactions than will (D) Long-term transactions rep					-		
(E) Long-term transactions rep						-)	
X (F) Long-term transactions not							
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds (sales price)	(e) Cost or other basis. See the	loss. If you in column (g	if any, to gain or enter an amount), enter a code in	(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(ealee price)	Note below and	<u>(</u> /	See instructions.	from column (d) &
		(100., day, yr.)		see <i>Column (e)</i> in the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
PARTNER GROUP REAL							
ESTATE SECONDARY 2017							83.
2017							05.
2 Totals. Add the amounts in colur							
negative amounts). Enter each to		-					
Schedule D, line 8b (if Box D above is checked) or line 10 (if E							83.
above is checked), or line 10 (if E Note: If you checked Box D above b adjustment in column (g) to correct t	out the basis repo	orted to the IRS					, and enter an
823012 11-28-18				s. s isi new to ngu			orm 8949 (2018)
60316 147227 01541:	12-015/11	2.0990	61 2018.0505	1 OVERLOOI			01541
000010 IF/22/ 01041.	EN OTATI		2010.0000	T 0.01/1000	. TOOMD		97941.

Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2)) Attach to your tax return. Go to www.irs.gov/Form4797 for instructions and the latest information.

	OMB No. 1545-0184
	2018
	Attachment Sequence No. 27
Ide	entifying number

51-0194054

OVERLOOK FOUNDATION

1	Enter the gross proceeds from	sales or exchanges	reported to you	u for 2018 on Form(s)	1099-B or 1099-S

(or substitute statement) that you are including on line 2, 10, or 20 1 Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(C) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or basis, plu improvement expense of	is s and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
PA	RTNER GROUP REAL							
ES'	FATE SECONDARY 2017							24.
3	Gain, if any, from Form 4684, line 39							
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37							
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824							
6	Gain, if any, from line 32, from other than casualty or theft							
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows							24.
	 Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. 							
8	8 Nonrecaptured net section 1231 losses from prior years. See instructions						8	
9	Subtract line 8 from line 7. If zero or less, enter -0 If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term							
	capital gain on the Schedule D filed	with your return.	See instruction	S			9	24.

Part II Ordinary Gains and Losses (see instructions)

10	0 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):								
10	Ordinary gains and losses not included o	n lines 11 th	rough 16 (includ	le property held 1	year or less):				
11	Loss, if any, from line 7							()	
12	Gain, if any, from line 7 or amount from line 8, if applicable								
13	Gain, if any, from line 31								
14	Net gain or (loss) from Form 4684, lines 31 and 38a								
15	Ordinary gain from installment sales from Form 6252, line 25 or 36								
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824								
17	Combine lines 10 through 16								
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines								
	a and b below. For individual returns, complete lines a and b below.								
а	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter								
	the loss from income producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property								
	used as an employee.) Identify as from "Form 4797, line 18a." See instructions						18a		
b	Redetermine the gain or (loss) on line 17	excluding th	e loss, if any, or						
	Schedule 1 (Form 1040), line 14						18b		
	// //								

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2018)

818011 12-10-18

Page **2**

19	(a) Description of section 1245, 1250, 1252, 1254, o	or 1255	property:			(b) Date acquir		(c) Date sold
				(mo., day, yr.)	(mo., day, yr.)		
<u>A</u>								
B C								
D								
0	These columns relate to the properties on							
	lines 19A through 19D.		Property A	Property	в	Property	c	Property D
20	Gross sales price (Note: See line 1 before completing.)	20						
21	Cost or other basis plus expense of sale	21						
22	Depreciation (or depletion) allowed or allowable	22						
23	Adjusted basis. Subtract line 22 from line 21	23						
24	Total gain. Subtract line 23 from line 20	24						
	If section 1245 property:							
	Depreciation allowed or allowable from line 22	25a						
	Enter the smaller of line 24 or 25a	25b						
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.							
а	Additional depreciation after 1975. See instructions	26a						
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b						
С	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c						
d	Additional depreciation after 1969 and before 1976	26d						
	Enter the smaller of line 26c or 26d	26e						
f	Section 291 amount (corporations only)	26f						
	Add lines 26b, 26e, and 26f	26g						
27	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.							
	Soil, water, and land clearing expenses	27a						
	Line 27a multiplied by applicable percentage	27b 27c						
28	Enter the smaller of line 24 or 27b If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a						
b	Enter the smaller of line 24 or 28a	28b						
9	If section 1255 property: Applicable percentage of payments excluded from income under section 126. See instructions	29a						
	Enter the smaller of line 24 or 29a. See instructions	29b						
	mmary of Part III Gains. Complete property c	· · · ·	A through D through	lino 20h hofora	acina	lino 20		
Jui	Complete property of	olumns	A through D through	line 290 belore	going	to line 30.		
30	Total gains for all properties. Add property columns	A throu	gh D, line 24				30	
81 82	Add property columns A through D, lines 25b, 26g, Subtract line 31 from line 30. Enter the portion from					ortion	31	
_	from other than casualty or theft on Form 4797, line	6	-				32	
Pa	art IV Recapture Amounts Under Section (see instructions)	ons 179	9 and 280F(b)(2)	When Busin	ess L	lse Drops to	50%	or Less
	× /					(a) Section 179		(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allo	wahle ir	n prior vears		33			
34	Section 179 expense deduction or depreciation allowable in prior years Recomputed depreciation. See instructions				34			
35	Recapture amount. Subtract line 34 from line 33. Se				35			
	12 12-10-18						I	Form 4797 (201