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EXTENDED TO NOVEMBER 15, 2017

Form **990-PF**

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

		t of the Treasury venue Service			about Form 99		ts separate instru			•	.gov/form990pf.	Open to Public Inspection
		dar year 2016 o					2016		, and e		DEC 31, 2016	
Nam	ne of	foundation									A Employer identification	n number
		NT OF V						_		r	81-4254633	3
		nd street (or PO be N。 MA]				address)				Room/suite	B Telephone number 302-651-83	300
		own, state or pro MINGTON		untry, and Z 1980		ostal code	•				C If exemption application is	pending, check here
		all that apply	<u> X</u>	Initial retur			Initial return of	a form	er public o	charity	D 1. Foreign organization	s, check here
				Final return		====	Amended retur	n			Foreign organizations m check here and attach c	eeting the 85% test,
H CI	heck	type of organiza		Address ch			Name change rate foundation				E If private foundation st	
		ction 4947(a)(1)	nonexem	pt charitable	e trust 🔲	Other taxa	able private fou	ndatio	<u>n</u>		under section 507(b)(1	
		arket value of all		end of year		-		h	Accr	rual	F If the foundation is in a	~ 1 1
(tro		Part II, col. (c),		0.000.		her (spec <i>mn (d</i>) <i>m</i>	nust be on ca	sh bas	sis.)		under section 507(b)(1)(B), check here
Pa	· -		evenue an	d Expenses	nd (d) may not	(a) I	Revenue and nses per books		(b) Net in	vestment ome	(c) Adjusted net	(d) Disbursements for chantable purposes (cash basis only)
\Box	1	Contributions, o		•	••	4,	000,000).			N/A	(casii basis citiy)
	2	Check	f the foundatio	n is not required					••••••			
	3	Interest on saving cash investments	s and tempo	orary						•		
Ì	4	Dividends and i	nterest fro	om securitie	s			-				
		Gross rents				ļ			·····			
	_	Net rental income			1 10							i i
Revenue	oa b	Net gain or (loss) f Gross sales price assets on line 6a		assets not on	line 10	ļ						
e e	7	Capital gain net in	come (from	Part IV, line 2))					0.		
ď	8	Net short-term	capital gai	ın								
	9	Income modific		1								
ļ	10a	Gross sales less r and allowances	etums									
		Less Cost of good							***************************************			
		Gross profit or	(loss)									
	11 12	Other income Total. Add line	c 1 throug	ıb 11		4	000,000	5.		0.		
	13	Compensation of			s etc.	1/		5.		0.		0.
	14	Other employee			5, 510							
	15	Pension plans,		•				İ				
ses	16a	Legal fees										
beu		Accounting fee				ļ					a la la contraction de la cont	
Ä		Other profession	nal fees							1		
and Administrative Expenses	17	Interest						-		L Por	7.777	
stra	18	Taxes	ud danlakii	\n				-+-			A 2017 W	
ini	19 20	Depreciation ar Occupancy	ia aebie(i(114				+				
Adr	21	Travel, confere	nces, and	meetinas				\dashv			OGDEN	-
pu	22	Printing and pu		-						1		<u> </u>
	23	Other expenses								- "-		
Operating	24			ninistrative								
De		expenses. Add						<u>).</u>		0.		0.
J	25	Contributions,).				0.
	26			oursements.	•		,	o .		^		
دِ	27	Add lines 24 ar		. 12				- -		0.		0.
بر بر	27	Subtract line 20			ureamonto	4.	000,000	اء د				
るい、大いら	l	Net investmen	-			1	,	1		0.	,	
ij,	1	Adjusted net in									N/A	

623501 11-23-16 LHA For Paperwork Reduction Act Notice, see instructions.

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of y	ear
column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1 Cash - non-interest-bearing			
2 Savings and temporary cash investments		4,000,000.	4,000,000.
3 Accounts receivable ►			
Less allowance for doubtful accounts			
4 Pledges receivable -			
Less allowance for doubtful accounts			
5 Grants receivable			
6 Receivables due from officers, directors, trustees, and other			
disqualified persons			
7 Other notes and loans receivable			
Less allowance for doubtful accounts			
8 Inventories for sale or use			
9 Prepaid expenses and deferred charges			
10a Investments - U.S. and state government obligations			
b Investments - corporate stock			= :
c Investments - corporate bonds			
11 Investments - land, buildings, and equipment basis			
Less accumulated depreciation			
12 Investments - mortgage loans			
13 Investments - other			
14 Land, buildings, and equipment basis			
Less accumulated depreciation		1	
16 Total assets (to be completed by all filers - see the	0.	4,000,000.	4,000,000.
instructions Also, see page 1, item I)	<u> </u>	4/000/0001	1/000/000.
17 Accounts payable and accrued expenses			
18 Grants payable	-		
Deferred revenue Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable			
20 Loans from officers, directors, trustees, and other disqualified persons			
21 Mortgages and other notes payable	-		
22 Other liabilities (describe >)			
09 Total liabilities (add lines 17 through 99)	0.	0.	
23 Total liabilities (add lines 17 through 22) Foundations that follow SESS 117 chack here	<u> </u>	•	
Touristions that follow of AS 117, thetek field			
and complete lines 24 through 26 and lines 30 and 31.			
Unrestricted			
25 Temporarily restricted			
26 Permanently restricted			
Foundations that do not follow SFAS 117, check here			
and complete lines 27 through 31	0.	_	
Temporarily restricted Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31 Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, bldg, and equipment fund Retained earnings, accumulated income, endowment, or other funds Total net assets or fund balances	0.	0.	
28 Paid-in or capital surplus, or land, bldg, and equipment fund			
Retained earnings, accumulated income, endowment, or other funds	0.	4,000,000.	
30 Total net assets or fund balances	0.	4,000,000.	
See W. L. H. 1999.	0.	4,000,000.	
31 Total liabilities and net assets/fund balances	1	4,000,000.	
Part III Analysis of Changes in Net Assets or Fund E	Balances		
1 Total net assets or fund balances at beginning of year - Part II, column (a), line	30		
(must agree with end-of-year figure reported on prior year's return)		1	0.
2 Enter amount from Part I, line 27a		2	4,000,000.
3 Other increases not included in line 2 (itemize)		3	0.
4 Add lines 1, 2, and 3			4,000,000
5 Decreases not included in line 2 (itemize)		5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	column (b), line 30	6	4,000,000.
- Total not about of fame balances at one of your time of fame and of	1971 4110 00		Form 990-PF (2016

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)					ow acquired Purchase Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
la				└			
b NC	ONE			↓ _			
<u>C</u>				-			_
<u>d</u>				-			
<u>e</u>	(f) Depression allowed	(5) (6)		<u> </u>		(5) 0	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(3)	st or other basis expense of sale			(h) Gain or (los (e) plus (f) minus	
)							
; ;							· · · · · · · · · · · · · · · · · · ·
				<u>_</u>	·-		
	ing gain in column (h) and owned b	y the foundation	on 12/31/69			(I) Gains (Col (h) gai	n minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col (I)		C	col (k), but not less th Losses (from col	an -0-) or
	as 01 12/3 1/09	Over	col (j), if any				
	_			-			
		<u> </u>		-	- ·		
<u> </u>						·-··	
<u> </u>			···				
				$\overline{}$			
Capital gain net income or (net o	capital loss) { If gain, also ent If (loss), enter	ter in Part I, line -0- in Part I, line	7 7	<u>}</u>	2		
Net short-term capital gain or (lo	oss) as defined in sections 1222(5)						
If gain, also enter in Part I, line 8] [
If (loss), enter -0- in Part I, line 8 Part V Qualification I	3 Under Section 4940(e) fo			بليـ	3		
Yes," the foundation does not qu	ction 4942 tax on the distributable a	complete this pa	ırt .				Yes
	each column for each year, see the	instructions be	fore making any e	entries			
(a) Base period years Calendar year (or tax year beginr	(b) ning in) Adjusted qualifying d	listributions	Net value of no	(c) onchari	table-use asse	ets (col (b) d	(d) abution ratio avided by col (c))
2015		•				, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,
2014				•			
2013							
2012							
2011							
Total of line 1, column (d)						2	
	5-year base period - divide the tota	al on line 2 by 5,	or by the number	r of yea	ars		
the foundation has been in exist	ence if less than 5 years					3	
Enter the net value of noncharita	able-use assets for 2016 from Part)	K, line 5				4	
Multiply line 4 by line 3						5	
Enter 1% of net investment inco	ome (1% of Part I, line 27b)					6	
Add lines 5 and 6						7	
Enter qualifying distributions fro	om Part XII, line 4					8	
If line 8 is equal to or greater the See the Part VI instructions	an line 7, check the box in Part VI, lii	ne 1b, and comp	plete that part usir	ng a 19	% tax rate		

orm	990-PF (2016) POINT OF VIEW FOUNDATION				12546			age 4
Par	t VI Excise Tax Based on Investment Income (Section 4940)(a), 4940(b), 4940(e)	, or 494	18 -	see in	struc	tion	s)
1a	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and en	nter "N/A" on line 1						
	Date of ruling or determination letter (attach copy of letter if nece	es <u>sary</u> -see instructions)						^
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	and enter 1%	}	1				0.
	of Part I, line 27b			1				
	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% $$		'	1				^
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Otl	hers enter -0-)	-	2				$\frac{0.}{0.}$
	Add lines 1 and 2		<u> </u>	3	•			0.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Of	thers enter -0-)	⊢	4				0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		-	5			-	<u> </u>
	Credits/Payments	1 . 1						
	2016 estimated tax payments and 2015 overpayment credited to 2016	6a						
	Exempt foreign organizations - tax withheld at source	6b						
	Tax paid with application for extension of time to file (Form 8868)	6c						
	Backup withholding erroneously withheld	6d		,				0.
	Total credits and payments Add lines 6a through 6d	-1	-	7 8				••
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attack.	cned		9				0.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			10				
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	Refun	lad	11			-	
11	Enter the amount of line 10 to be Credited to 2017 estimated tax ► rt VII-A Statements Regarding Activities	Reluit	160 -	<u>''</u>				
	During the tax year, did the foundation attempt to influence any national, state, or local legis	station or did it participate or i	ntervene ir	1		Τ,	Yes	No
ıa	any political campaign?	suction of dia it participate or				1a		X
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purpos	ses (see instructions for the o	lefinition)?	•		1b		X
	If the answer is "Yes" to $1a$ or $1b$, attach a detailed description of the activities a	and copies of any materials	oublishe	d or				
	distributed by the foundation in connection with the activities.		•					
c	Did the foundation file Form 1120-POL for this year?					10		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the	e year						
	(1) On the foundation > \$ (2) On foundation managers	s > \$	0.					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expende	liture tax imposed on foundat	ION					
	managers ▶\$O.					1	1	
2	Has the foundation engaged in any activities that have not previously been reported to the I	RS?				2		X
	If "Yes," attach a detailed description of the activities							
3	Has the foundation made any changes, not previously reported to the IRS, in its governing		oration, or					v
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change					3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year	ar?		N	I/A	4a		
	If "Yes," has it filed a tax return on Form 990-T for this year?	0		11	1 / A	4b 5	-	X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year's	,				<u>.</u>		
	If "Yes," attach the statement required by General Instruction T	uthor						
ь	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied e	alli Gi						
	 By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandato 	ny directions that conflict with	the state	law				
	remain in the governing instrument?	Ty and did to the to the total				6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," con	mplete Part II, col. (c), and	Part XV			7	Х	
•	bid the foundation have at least to jobs in about at any and a single and year.	, , , , , , , , , , , , , , , , , , , ,						
82	Enter the states to which the foundation reports or with which it is registered (see instruction	ons) >						
-	PA							
t	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the	Attorney General (or designat	e)					
	of each state as required by General Instruction G? If "No," attach explanation					8b	X	ļ
9	Is the foundation claiming status as a private operating foundation within the meaning of si		5) for calei	ndar				
	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes,"				n 1	9_		<u>X</u>
10	Did any persons become substantial contributors during the tax year? if 'Yes,' attach a sched	dule listing their names and addres	ses S	TM?		10	X	(2016)
					E^	rm uul		47H361

Pê	ert VII-A Statements Regarding Activities (continued)			
		T	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of) }	
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		<u>X</u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	if "Yes," attach statement (see instructions)	12		<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ▶ WILMINGTON TRUST SP SERVICES, INC. Telephone no ▶ 302-6			
	Located at ► 1105 N. MARKET STREET, SUITE 1300, WILMINGTON, DE ZIP+4 ►1	9801		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		, ▶	
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16	L	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country	<u> </u>		
	srt VII-B Statements Regarding Activities for Which Form 4720 May Be Required	T	V	Ma
4-	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	-	res	No
18	During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days)			
ı	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A	16		
	Organizations relying on a current notice regarding disaster assistance check here			
1	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2016?	10		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5))			
i	a At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2016? Yes X No			
	If "Yes," list the years ►			
	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)		1	
	······································	2b	┼	
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
2	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
3	during the year? Yes X No			
	b If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after	}		
	May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2016.) N/A	36		1
А	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	1	X
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	7.4	1	1
	had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b		X
_		orm QC	O DE	

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Part VIII Information About Officers, Directors, Trustees, Foun Paid Employees, and Contractors (continued)	dation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, er	nter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		_
Total number of others receiving over \$50,000 for professional services		<u>▶</u> 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant st	atistical information such as the	Expenses
number of organizations and other beneficiaries served, conferences convened, research papers p	produced, etc	
1N/A		
		
2		
		_
3		
4		
*		-
		_
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year	r on lines 1 and 2	Amount
1 N/A		
		7
2		
All other program-related investments See instructions		
3		_
		_
		_
		_
Total. Add lines 1 through 3		• 0.

P	Art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, s	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a	2,000,000.
þ	Average of monthly cash balances	15	
C	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	10	2,000,000.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2,000,000.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	30,000.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,970,000.
6	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	18,081.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	18,081.
-	Tax on investment income for 2016 from Part VI, line 5		<u> </u>
b	Income tax for 2016 (This does not include the tax from Part VI)	1 1	
_	Add lines 2a and 2b	26	0.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	18,081.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	18,081.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	18,081.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		•
a	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	0.
þ	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b		3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	0.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		•
	income Enter 1% of Part I, line 27b	5	<u> </u>
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
_	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years	qualifies fo	r the section

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Part XIII Undistributed Income (see Instructions)

POINT OF VIEW FOUNDATION

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI,				10.001
line 7				18,081.
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only			0.	
b Total for prior years		0		
3 Excess distributions carryover, if any, to 2016		0.		
a From 2011				
b From 2012				
6 From 2013				
d From 2014				
e From 2015	0.			
f Total of lines 3a through e	U •			
4 Qualifying distributions for 2016 from Part XII, line 4 ► \$ 0.				
			0.	
a Applied to 2015, but not more than line 2a				
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)		<u> </u>		
c Treated as distributions out of corpus	0			
(Election required - see instructions)	0.			0.
d Applied to 2016 distributable amount				<u> </u>
e Remaining amount distributed out of corpus	0.		 	0.
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income Subtract	·		·	
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable	••••••••••••			
amount - see instructions		0.		
e Undistributed income for 2015 Subtract line	·····			
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2016 Subtract	***************************************			
lines 4d and 5 from line 1. This amount must				
be distributed in 2017				18,081.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.		<u> </u>	
8 Excess distributions carryover from 2011	_ 			
not applied on line 5 or line 7	0.		[
9 Excess distributions carryover to 2017.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9				
a Excess from 2012				
b Excess from 2013				
c Excess from 2014				
d Excess from 2015				
e Excess from 2016				

623581 11-23-16

990-PF (2016) POINT OF			A supplies O	N/A	.54633 Pa
rt XIV Private Operating Fou			-A, question 9)	N/A	
If the foundation has received a ruling or de					
foundation, and the ruling is effective for 20			▶ └	4040(3)(0)	2.40(1)(5)
Check box to indicate whether the foundation		g foundation described		4942(j)(3) or 49	942(j)(5)
Enter the lesser of the adjusted net	Tax year (a) 2016	(b) 2015	Prior 3 years (c) 2014	(d) 2013	(e) Total
income from Part I or the minimum	(a) 2010	(0) 2015	(6) 2014	(u) 2013	(e) iutai
investment return from Part X for					
each year listed			_		
85% of line 2a					
Qualifying distributions from Part XII,					ļ
line 4 for each year listed		·····			
Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
Qualifying distributions made directly					
for active conduct of exempt activities					
Subtract line 2d from line 2c Complete 3a, b, or c for the					
alternative test relied upon					
"Assets" alternative test - enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)		×			
"Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year					
listed					
"Support" alternative test - enter					
(1) Total support other than gross		•			
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(III)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
rt XV Supplementary Inform	nation (Comple	te this part only	if the foundation	n had \$5,000 or m	ore in assets
at any time during the	year-see insti	ructions.)			
Information Regarding Foundation	Managers:				
List any managers of the foundation who h	-	than 2% of the total con	tributions received by th	e foundation before the cl	ose of any tax
year (but only if they have contributed mor			·		
RY SUE CLINE					
List any managers of the foundation who d	wn 10% or more of th	e stock of a corporation	(or an equally large port	ion of the ownership of a	partnership or
other entity) of which the foundation has a	10% or greater interes	st	, , , , , , , ,	•	•
NE					
Information Regarding Contribution	, Grant, Gift, Loan	, Scholarship, etc., F	rograms:		
				not accept unsolicited rec	quests for funds If
the foundation makes gifts, grants, etc. (se					

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

n 990-PF (2016) POINT OF VII ert XV Supplementary Information	EW FOUNDATION		81-4254	633 Pa
Grants and Contributions Paid During the		avment		
Grants and Contributions Paid During the Recipient	If recipient is an individual,)	Durana of and I	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
NONE	(L		
NONE				
				<u> </u>
		•		
				
•				
Total			▶ 3a	
b Approved for future payment				
_ , , , , , , , , , , , , , , , , , , ,				
NONE				
			;	
				
Total	- L		▶ 3b	

Part XVI-A Analysis of Income-Producing Activities

nter gross amounts unless otherwise indicated		business income		led by section 512, 513, or 514	(e)
_	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
Program service revenue	code		code	Amount	
ā					
b			-		
<u> </u>			 		
d	l I				
e	1 1		-		
g Fees and contracts from government agencies					
Membership dues and assessments	ļ				
Interest on savings and temporary cash					
investments					
Dividends and interest from securities				· · · · · · · · · · · · · · · · · · ·	
Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property	\		-		
Net rental income or (loss) from personal					
property	 		1		
Other investment income					
Gain or (loss) from sales of assets other					
than inventory					
Net income or (loss) from special events			├┤		
Gross profit or (loss) from sales of inventory			┼──┤		
Other revenue					
a b			 		<u> </u>
·	1 1				
d	1 1				
8					
Subtotal Add columns (b), (d), and (e)		0.		0.	
Total. Add line 12, columns (b), (d), and (e)				13	
ne No. Explain below how each activity for which in the foundation's exempt purposes (other to	income is reported in	column (e) of Part XVI-A			nplishment of
3621 11-23-16					Form 990-PF (

Part >	(VII	Information Re Exempt Organi		and Transactions a	nd Relationships With Nonchar	itable	•	
1 Did	the ora		ectly engage in any of the followin	g with any other organization	n described in section 501(c) of	1 1	Yes	No
			(3) organizations) or in section 52					
			ition to a noncharitable exempt or	· · · · · · · · · · · · · · · · · · ·				
	Cash		mon to a nonding habito ondings or	gumanon on		1a(1)		Х
	Other a	reeste		• • •		1a(2)		X
		actions:	• .	* * *	- • • •	12(2/		
		of assets to a noncharital	ale exempt organization			16(1)	1	X
			nchantable exempt organization			15(2)		X
		of facilities, equipment, of		****		1b(3)		X
		ursement arrangements		- •		1b(4)		X
		or toan guarantees	* * * *	v		1b(5)		X
			mbership or fundraising solicitatio	ane		16(6)		X
			iling lists, other assets, or paid em	•	• • • •	10(0)		X
			•		vays show the fair market value of the goods, o		ate	
or s	ervices	given by the reporting fo		• •	e in any transaction or sharing arrangement, sl		υω,	
(a) Line no		b) Amount involved	(c) Name of noncharitable	evernnt organization	(d) Description of transfers, transactions, and s	harina an	2020000	
(a)Eine is	4-	u) Amount involved	N/A	cyclift or damyanou	(b) Describing of transfers, transactions, and s	വെന്നറ്റ് ഷ	angenn	3115
			N/A	····				
 	+			<u></u>				
	+			·				
	┿							
	-							
				<u> </u>				
	-							
				· · · · · · · · · · · · · · · · · · ·				
				·				
				·				
				"				
រា ១	section	•	tly affiliated with, or related to, one r than section 501(c)(3)) or in sec edule	· =	zations described] Yes	[2	No No
-0 11	163, 60	(a) Name of org		(b) Type of organization	(c) Description of relations	מור		
		N/A		(0,7,7,7,000)		· · · · · · · · · · · · · · · · · · ·		
		24722		 				
			· · · · · · · · · · · · · · · · · · ·	†				
			*	 		···		
					statements, and to the best of my knowledge	1 BA 100	diagnica	15.6
Sign	and be	set, it is true, correct, and cor	implete. Declaration of preparer (other tha	en taxpayer) is based on all inform	tett	the IRS	na prepa	rer I
Here		Mary Sue (I)	ene	19/27/17	PRESIDENT San	wn belov	_	∭″No
	Sign	ature of officer or trustee		Date	Title	EAL TES	• L.	140
	19,	Print/Type preparer's na		· · · · · · · · · · · · · · · · · · ·	TDate Check if PTIN			
				$\bigcirc \land \land$	self- employed			
Paid		DONALD R M	CLAMB, JHDONAL	A MCT SALE	1/ \	0657	021	7
Prep	arer			SP SERVICES,	INC Firm's FIN ▶ 51-0			
Use		THE STREET	TITIOIOI INOUI L		THIN SERV P J L - U			
	y	Firm's address - D	O. BOX 8985					
			LMINGTON, DE 19	9801	Phone no. 302-6	51 - 9	130	1
		W A						(2016)

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www urs.gov/form990

OMB No 1545-0047

Name of the organization

Employer identification number

) (enter number) organization)(1) nonexempt charitable trust not treated as a private foundati	
Form 990 or 990-EZ 501(c)(
4947(a)		
)(1) nonexempt charitable trust not treated as a private foundati	
. 527 no		ion
527 po	litical organization	
Form 990-PF X 501(c)(3) exempt private foundation	
4947(a)(1) nonexempt charitable trust treated as a private foundation	
501(c)(3) taxable private foundation	
Check if your organization is covered by the Note: Only a section 501(c)(7), (8), or (10)	ne General Rule or a Special Rule. organization can check boxes for both the General Rule and a S	Special Rule. See instructions.
General Rule	-	
	00, 990-EZ, or 990-PF that received, during the year, contribution or. Complete Parts I and II. See instructions for determining a co	-
Special Rules		
sections 509(a)(1) and 170(b)(1)(section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line ear, total contributions of the greater of (1) \$5,000 or (2) 2% of the ete Parts I and II	e 13, 16a, or 16b, and that received from
year, total contributions of more	section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receithan \$1,000 exclusively for religious, charitable, scientific, literaries or animals. Complete Parts I, II, and III.	
year, contributions exclusively for is checked, enter here the total of purpose. Don't complete any of t	section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rece r religious, charitable, etc., purposes, but no such contributions contributions that were received during the year for an exclusive the parts unless the General Rule applies to this organization b outions totaling \$5,000 or more during the year	totaled more than \$1,000 If this box ly religious, charitable, etc.,
but it must answer "No" on Part IV, line 2 certify that it doesn't meet the filing require	ed by the General Rule and/or the Special Rules doesn't file Sch , of its Form 990; or check the box on line H of its Form 990-EZ or rements of Schedule B (Form 990, 990-EZ, or 990-PF).	

Name of organization

Employer identification number

POINT OF VIEW FOUNDATION

81-4254633

Part I	Contributors (See instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MARY SUE CLINE 1105 N. MARKET STREET, SUITE 1300 WILMINGTON, DE 19801	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Omnicash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) - Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization ,

Employer identification number

POINT OF VIEW FOUNDATION

81-4254633

art II	Noncash Property (See instructions) Use duplicate copies of P	art II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		•	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	990, 990-EZ, or 990-PF)

Name of orga	anization.		Employer identification number		
POINT Part III	OF VIEW FOUNDATION Exclusively religious, charitable, etc., contributer. Complete of completing Part III, enter the total of exclusively religious. Use duplicate copies of Part III if additional	olumns (a) through (e) and the follov , chantable, etc , contributions of \$1,000 or	81-4254633 In section 501(c)(7), (8), or (10) that total more than \$1,000 for ving line entry. For organizations less for the year (Enter this info once).		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		d ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-	Transferee's name, address, ar	(e) Transfer of git	Relationship of transferor to transferee		

	TANTIAL CONTRIBUTORS II-A, LINE 10	STATE	MENT 1
NAME OF CONTRIBUTOR	ADDRESS		
MARY SUE CLINE	1105 N. MARKET STREET, SWILMINGTON, DE 19801	UITE 1300	
	OF OFFICERS, DIRECTORS FOUNDATION MANAGERS	STATE	MENT 2
NAME AND ADDRESS	TITLE AND COMPEN- AVRG HRS/WK SATION	EMPLOYEE BEN PLAN CONTRIB	
MARY SUE CLINE 1105 N. MARKET STREET, SUITE 1300 WILMINGTON, DE 19801	PRESIDENT, DIRECTOR 1.00 0.	0.	0.
GEOFFREY GEORGE 1105 N. MARKET STREET, SUITE 1300 WILMINGTON, DE 19801	VICE PRESIDENT, DIRECTOR 1.00 0.	0.	0.
SARAH MAYER 1105 N. MARKET STREET, SUITE 1300 WILMINGTON, DE 19801	TREASURER, DIRECTOR 1.00 0.	0.	0.
COLLEEN GEORGE 1105 N. MARKET STREET, SUITE 1300 WILMINGTON, DE 19801	SECRETARY, DIRECTOR 1.00 0.	0.	0.
JESSICA GEORGE 1105 N. MARKET STREET, SUITE 1300 WILMINGTON, DE 19801	DIRECTOR 1.00 0.	0.	0.

0.

0.

0.

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

POINT OF VIEW FOUNDATION, INC. 1105 N. MARKET STREET, SUITE 1300 WILMINGTON, DE 19801

NAME OF GRANT PROGRAM

GRANTS

FORM AND CONTENT OF APPLICATIONS

EACH APPLICANT SHALL PROVIDE SUFFICIENT DETAILS AND DOCUMENTATION REGARDING THE GRANT REQUESTED FOR THE BOARD TO MAKE ITS DECISION, INCLUDING BUT NOT LIMITED TO THE PURPOSE FOR WHICH THE FUNDS WILL BE USED AND THE DURATION THAT THE APPLICANT PROPOSES TO ACHIEVE THE PURPOSE OF THE GRANT. EACH REQUEST SHALL BE MADE, IN WRITING, TO THE BOARD.

ANY SUBMISSION DEADLINES

N/A

RESTRICTIONS AND LIMITATIONS ON AWARDS

N/A

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Account	Product	Preparer S	Return ID	🎎 - Name 🎉 🚕 🍇	Federal Status	Federal Date
139450	8868	DONALD R MCLAMB, JR	16X.209322:V1	POINT OF VIEW FOUNDATION	Accepted	5/15/2017

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