

|                                                                                                                                                                                                                                                                                                                                                                   |                                                       |                                                                                                               |                                                                                                                                                                                                                                                                                                                                               |            |                                                                                                                                                                                 |                                                         |                                                                                  |                       |     |                     |        |                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------|-----|---------------------|--------|---------------------------------------------------------|
| efile GRAPHIC print - DO NOT PROCESS                                                                                                                                                                                                                                                                                                                              |                                                       |                                                                                                               | As Filed Data -                                                                                                                                                                                                                                                                                                                               |            |                                                                                                                                                                                 | DLN: 93491135014328                                     |                                                                                  |                       |     |                     |        |                                                         |
| <div>Form <b>990-PF</b></div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div>                                                                                                                                                                                                                                                           |                                                       |                                                                                                               | <div>Return of Private Foundation</div> <div>or Section 4947(a)(1) Trust Treated as Private Foundation</div> <div>▶ Do not enter social security numbers on this form as it may be made public.</div> <div>▶ Information about Form 990-PF and its instructions is at <a href="http://www.irs.gov/form990pf">www.irs.gov/form990pf</a>.</div> |            |                                                                                                                                                                                 |                                                         | <div>OMB No 1545-0052</div> <div>2017</div> <div>Open to Public Inspection</div> |                       |     |                     |        |                                                         |
| For calendar year 2017, or tax year beginning 01-01-2017, and ending 12-31-2017                                                                                                                                                                                                                                                                                   |                                                       |                                                                                                               |                                                                                                                                                                                                                                                                                                                                               |            |                                                                                                                                                                                 |                                                         |                                                                                  |                       |     |                     |        |                                                         |
| Name of foundation<br>EMMA MARY DELAND FOUNDATION                                                                                                                                                                                                                                                                                                                 |                                                       |                                                                                                               |                                                                                                                                                                                                                                                                                                                                               |            | A Employer identification number<br>87-0618304                                                                                                                                  |                                                         |                                                                                  |                       |     |                     |        |                                                         |
| Number and street (or P.O. box number if mail is not delivered to street address)<br>1635 E YALECREST AVENUE                                                                                                                                                                                                                                                      |                                                       |                                                                                                               |                                                                                                                                                                                                                                                                                                                                               | Room/suite |                                                                                                                                                                                 | B Telephone number (see instructions)<br>(801) 583-1297 |                                                                                  |                       |     |                     |        |                                                         |
| City or town, state or province, country, and ZIP or foreign postal code<br>SALT LAKE CITY, UT 84105                                                                                                                                                                                                                                                              |                                                       |                                                                                                               |                                                                                                                                                                                                                                                                                                                                               |            | C If exemption application is pending, check here ▶ <input type="checkbox"/>                                                                                                    |                                                         |                                                                                  |                       |     |                     |        |                                                         |
| G Check all that apply<br><div><input type="checkbox"/> Initial return</div> <div><input type="checkbox"/> Initial return of a former public charity</div> <div><input type="checkbox"/> Final return</div> <div><input type="checkbox"/> Amended return</div> <div><input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Name change</div> |                                                       |                                                                                                               |                                                                                                                                                                                                                                                                                                                                               |            | D 1. Foreign organizations, check here ▶ <input type="checkbox"/><br>2 Foreign organizations meeting the 85% test, check here and attach computation ▶ <input type="checkbox"/> |                                                         |                                                                                  |                       |     |                     |        |                                                         |
| H Check type of organization<br><input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation<br><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation                                                                                                               |                                                       |                                                                                                               |                                                                                                                                                                                                                                                                                                                                               |            | E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ <input type="checkbox"/>                                                                 |                                                         |                                                                                  |                       |     |                     |        |                                                         |
| I Fair market value of all assets at end of year (from Part II, col (c), line 16)▶\$ 1,088,460                                                                                                                                                                                                                                                                    |                                                       |                                                                                                               | J Accounting method<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual<br><input type="checkbox"/> Other (specify) _____<br>(Part I, column (d) must be on cash basis )                                                                                                                                             |            | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ <input type="checkbox"/>                                                              |                                                         |                                                                                  |                       |     |                     |        |                                                         |
| Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )                                                                                                                                                                                               |                                                       |                                                                                                               |                                                                                                                                                                                                                                                                                                                                               |            | (a)                                                                                                                                                                             | Revenue and expenses per books                          | (b)                                                                              | Net investment income | (c) | Adjusted net income | (d)    | Disbursements for charitable purposes (cash basis only) |
| Revenue                                                                                                                                                                                                                                                                                                                                                           | 1                                                     | Contributions, gifts, grants, etc , received (attach schedule)                                                |                                                                                                                                                                                                                                                                                                                                               |            |                                                                                                                                                                                 |                                                         |                                                                                  |                       |     |                     |        |                                                         |
|                                                                                                                                                                                                                                                                                                                                                                   | 2                                                     | Check <input checked="" type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B . . . . . |                                                                                                                                                                                                                                                                                                                                               |            |                                                                                                                                                                                 |                                                         |                                                                                  |                       |     |                     |        |                                                         |
|                                                                                                                                                                                                                                                                                                                                                                   | 3                                                     | Interest on savings and temporary cash investments . . . . .                                                  |                                                                                                                                                                                                                                                                                                                                               |            |                                                                                                                                                                                 | 554                                                     |                                                                                  | 554                   |     |                     |        |                                                         |
|                                                                                                                                                                                                                                                                                                                                                                   | 4                                                     | Dividends and interest from securities . . . . .                                                              |                                                                                                                                                                                                                                                                                                                                               |            |                                                                                                                                                                                 | 15,836                                                  |                                                                                  | 15,753                |     |                     |        |                                                         |
|                                                                                                                                                                                                                                                                                                                                                                   | 5a                                                    | Gross rents . . . . .                                                                                         |                                                                                                                                                                                                                                                                                                                                               |            |                                                                                                                                                                                 |                                                         |                                                                                  |                       |     |                     |        |                                                         |
|                                                                                                                                                                                                                                                                                                                                                                   | b                                                     | Net rental income or (loss) _____                                                                             |                                                                                                                                                                                                                                                                                                                                               |            |                                                                                                                                                                                 |                                                         |                                                                                  |                       |     |                     |        |                                                         |
|                                                                                                                                                                                                                                                                                                                                                                   | 6a                                                    | Net gain or (loss) from sale of assets not on line 10                                                         |                                                                                                                                                                                                                                                                                                                                               |            |                                                                                                                                                                                 | 58,661                                                  |                                                                                  |                       |     |                     |        |                                                         |
|                                                                                                                                                                                                                                                                                                                                                                   | b                                                     | Gross sales price for all assets on line 6a _____ 242,163                                                     |                                                                                                                                                                                                                                                                                                                                               |            |                                                                                                                                                                                 |                                                         |                                                                                  |                       |     |                     |        |                                                         |
|                                                                                                                                                                                                                                                                                                                                                                   | 7                                                     | Capital gain net income (from Part IV, line 2) . . . . .                                                      |                                                                                                                                                                                                                                                                                                                                               |            |                                                                                                                                                                                 |                                                         |                                                                                  | 58,661                |     |                     |        |                                                         |
|                                                                                                                                                                                                                                                                                                                                                                   | 8                                                     | Net short-term capital gain . . . . .                                                                         |                                                                                                                                                                                                                                                                                                                                               |            |                                                                                                                                                                                 |                                                         |                                                                                  |                       |     |                     |        |                                                         |
|                                                                                                                                                                                                                                                                                                                                                                   | 9                                                     | Income modifications . . . . .                                                                                |                                                                                                                                                                                                                                                                                                                                               |            |                                                                                                                                                                                 |                                                         |                                                                                  |                       |     |                     |        |                                                         |
|                                                                                                                                                                                                                                                                                                                                                                   | 10a                                                   | Gross sales less returns and allowances _____                                                                 |                                                                                                                                                                                                                                                                                                                                               |            |                                                                                                                                                                                 |                                                         |                                                                                  |                       |     |                     |        |                                                         |
| b                                                                                                                                                                                                                                                                                                                                                                 | Less Cost of goods sold . . . . .                     |                                                                                                               |                                                                                                                                                                                                                                                                                                                                               |            |                                                                                                                                                                                 |                                                         |                                                                                  |                       |     |                     |        |                                                         |
| c                                                                                                                                                                                                                                                                                                                                                                 | Gross profit or (loss) (attach schedule) . . . . .    |                                                                                                               |                                                                                                                                                                                                                                                                                                                                               |            |                                                                                                                                                                                 |                                                         |                                                                                  |                       |     |                     |        |                                                         |
| 11                                                                                                                                                                                                                                                                                                                                                                | Other income (attach schedule) . . . . .              |                                                                                                               |                                                                                                                                                                                                                                                                                                                                               |            | 156                                                                                                                                                                             |                                                         | 156                                                                              |                       |     |                     |        |                                                         |
| 12                                                                                                                                                                                                                                                                                                                                                                | Total. Add lines 1 through 11 . . . . .               |                                                                                                               |                                                                                                                                                                                                                                                                                                                                               |            | 75,207                                                                                                                                                                          |                                                         | 75,124                                                                           |                       |     |                     |        |                                                         |
| Operating and Administrative Expenses                                                                                                                                                                                                                                                                                                                             | 13                                                    | Compensation of officers, directors, trustees, etc                                                            |                                                                                                                                                                                                                                                                                                                                               |            |                                                                                                                                                                                 | 30,000                                                  |                                                                                  | 15,000                |     |                     | 15,000 |                                                         |
|                                                                                                                                                                                                                                                                                                                                                                   | 14                                                    | Other employee salaries and wages . . . . .                                                                   |                                                                                                                                                                                                                                                                                                                                               |            |                                                                                                                                                                                 |                                                         |                                                                                  |                       |     |                     |        |                                                         |
|                                                                                                                                                                                                                                                                                                                                                                   | 15                                                    | Pension plans, employee benefits . . . . .                                                                    |                                                                                                                                                                                                                                                                                                                                               |            |                                                                                                                                                                                 |                                                         |                                                                                  |                       |     |                     |        |                                                         |
|                                                                                                                                                                                                                                                                                                                                                                   | 16a                                                   | Legal fees (attach schedule) . . . . .                                                                        |                                                                                                                                                                                                                                                                                                                                               |            |                                                                                                                                                                                 |                                                         |                                                                                  |                       |     |                     |        |                                                         |
|                                                                                                                                                                                                                                                                                                                                                                   | b                                                     | Accounting fees (attach schedule) . . . . .                                                                   |                                                                                                                                                                                                                                                                                                                                               |            |                                                                                                                                                                                 | 2,300                                                   |                                                                                  | 2,300                 |     |                     | 0      |                                                         |
|                                                                                                                                                                                                                                                                                                                                                                   | c                                                     | Other professional fees (attach schedule) . . . . .                                                           |                                                                                                                                                                                                                                                                                                                                               |            |                                                                                                                                                                                 |                                                         |                                                                                  |                       |     |                     |        |                                                         |
|                                                                                                                                                                                                                                                                                                                                                                   | 17                                                    | Interest . . . . .                                                                                            |                                                                                                                                                                                                                                                                                                                                               |            |                                                                                                                                                                                 |                                                         |                                                                                  |                       |     |                     |        |                                                         |
|                                                                                                                                                                                                                                                                                                                                                                   | 18                                                    | Taxes (attach schedule) (see instructions) . . . . .                                                          |                                                                                                                                                                                                                                                                                                                                               |            |                                                                                                                                                                                 | 217                                                     |                                                                                  | 217                   |     |                     | 0      |                                                         |
|                                                                                                                                                                                                                                                                                                                                                                   | 19                                                    | Depreciation (attach schedule) and depletion . . . . .                                                        |                                                                                                                                                                                                                                                                                                                                               |            |                                                                                                                                                                                 |                                                         |                                                                                  |                       |     |                     |        |                                                         |
|                                                                                                                                                                                                                                                                                                                                                                   | 20                                                    | Occupancy . . . . .                                                                                           |                                                                                                                                                                                                                                                                                                                                               |            |                                                                                                                                                                                 |                                                         |                                                                                  |                       |     |                     |        |                                                         |
|                                                                                                                                                                                                                                                                                                                                                                   | 21                                                    | Travel, conferences, and meetings . . . . .                                                                   |                                                                                                                                                                                                                                                                                                                                               |            |                                                                                                                                                                                 |                                                         |                                                                                  |                       |     |                     |        |                                                         |
|                                                                                                                                                                                                                                                                                                                                                                   | 22                                                    | Printing and publications . . . . .                                                                           |                                                                                                                                                                                                                                                                                                                                               |            |                                                                                                                                                                                 |                                                         |                                                                                  |                       |     |                     |        |                                                         |
|                                                                                                                                                                                                                                                                                                                                                                   | 23                                                    | Other expenses (attach schedule) . . . . .                                                                    |                                                                                                                                                                                                                                                                                                                                               |            |                                                                                                                                                                                 | 20,167                                                  |                                                                                  | 20,167                |     |                     | 0      |                                                         |
|                                                                                                                                                                                                                                                                                                                                                                   | 24                                                    | Total operating and administrative expenses. Add lines 13 through 23 . . . . .                                |                                                                                                                                                                                                                                                                                                                                               |            |                                                                                                                                                                                 | 52,684                                                  |                                                                                  | 37,684                |     |                     | 15,000 |                                                         |
|                                                                                                                                                                                                                                                                                                                                                                   | 25                                                    | Contributions, gifts, grants paid . . . . .                                                                   |                                                                                                                                                                                                                                                                                                                                               |            |                                                                                                                                                                                 | 55,670                                                  |                                                                                  |                       |     |                     | 55,670 |                                                         |
| 26                                                                                                                                                                                                                                                                                                                                                                | Total expenses and disbursements. Add lines 24 and 25 |                                                                                                               |                                                                                                                                                                                                                                                                                                                                               |            | 108,354                                                                                                                                                                         |                                                         | 37,684                                                                           |                       |     | 70,670              |        |                                                         |
| 27                                                                                                                                                                                                                                                                                                                                                                | Subtract line 26 from line 12                         |                                                                                                               |                                                                                                                                                                                                                                                                                                                                               |            |                                                                                                                                                                                 |                                                         |                                                                                  |                       |     |                     |        |                                                         |
| a                                                                                                                                                                                                                                                                                                                                                                 | Excess of revenue over expenses and disbursements     |                                                                                                               |                                                                                                                                                                                                                                                                                                                                               |            | -33,147                                                                                                                                                                         |                                                         |                                                                                  |                       |     |                     |        |                                                         |
| b                                                                                                                                                                                                                                                                                                                                                                 | Net investment income (if negative, enter -0-)        |                                                                                                               |                                                                                                                                                                                                                                                                                                                                               |            |                                                                                                                                                                                 |                                                         | 37,440                                                                           |                       |     |                     |        |                                                         |
| c                                                                                                                                                                                                                                                                                                                                                                 | Adjusted net income(if negative, enter -0-)           |                                                                                                               |                                                                                                                                                                                                                                                                                                                                               |            |                                                                                                                                                                                 |                                                         |                                                                                  |                       |     |                     |        |                                                         |
| For Paperwork Reduction Act Notice, see instructions.                                                                                                                                                                                                                                                                                                             |                                                       |                                                                                                               |                                                                                                                                                                                                                                                                                                                                               |            | Cat No 11289X                                                                                                                                                                   |                                                         | Form 990-PF (2017)                                                               |                       |     |                     |        |                                                         |

**Part II** **Balance Sheets** Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)

|                                                           | Beginning of year | End of year    |                       |
|-----------------------------------------------------------|-------------------|----------------|-----------------------|
|                                                           | (a) Book Value    | (b) Book Value | (c) Fair Market Value |
| <b>1</b> Cash—non-interest-bearing . . . . .              | 32,031            | 22,397         | 22,397                |
| <b>2</b> Savings and temporary cash investments . . . . . |                   |                |                       |
| <b>3</b> Accounts receivable ▶ _____                      |                   |                |                       |
| Less: allowance for doubtful accounts ▶ _____             |                   |                |                       |
| Pledges receivable ▶ _____                                |                   |                |                       |

**Part IV Capital Gains and Losses for Tax on Investment Income**

| (a)<br>List and describe the kind(s) of property sold (e g , real estate,<br>2-story brick warehouse, or common stock, 200 shs MLC Co ) | (b)<br>How acquired<br>P—Purchase<br>D—Donation | (c)<br>Date acquired<br>(mo , day, yr ) | (d)<br>Date sold<br>(mo , day, yr ) |
|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------|-------------------------------------|
| <b>1a</b> See Additional Data Table                                                                                                     |                                                 |                                         |                                     |
| <b>b</b>                                                                                                                                |                                                 |                                         |                                     |
| <b>c</b>                                                                                                                                |                                                 |                                         |                                     |
| <b>d</b>                                                                                                                                |                                                 |                                         |                                     |
| <b>e</b>                                                                                                                                |                                                 |                                         |                                     |

| (e)<br>Gross sales price           | (f)<br>Depreciation allowed<br>(or allowable) | (g)<br>Cost or other basis<br>plus expense of sale | (h)<br>Gain or (loss)<br>(e) plus (f) minus (g) |
|------------------------------------|-----------------------------------------------|----------------------------------------------------|-------------------------------------------------|
| <b>a</b> See Additional Data Table |                                               |                                                    |                                                 |
| <b>b</b>                           |                                               |                                                    |                                                 |
| <b>c</b>                           |                                               |                                                    |                                                 |
| <b>d</b>                           |                                               |                                                    |                                                 |
| <b>e</b>                           |                                               |                                                    |                                                 |

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 |                                         |                                                  | (l)<br>Gains (Col (h) gain minus<br>col (k), but not less than -0-) or<br>Losses (from col (h)) |
|---------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------------------|
| (i)<br>F M V as of 12/31/69                                                                 | (j)<br>Adjusted basis<br>as of 12/31/69 | (k)<br>Excess of col (i)<br>over col (j), if any |                                                                                                 |
| <b>a</b> See Additional Data Table                                                          |                                         |                                                  |                                                                                                 |
| <b>b</b>                                                                                    |                                         |                                                  |                                                                                                 |
| <b>c</b>                                                                                    |                                         |                                                  |                                                                                                 |
| <b>d</b>                                                                                    |                                         |                                                  |                                                                                                 |
| <b>e</b>                                                                                    |                                         |                                                  |                                                                                                 |

If gain, also enter in Part I, line 7

|                                     |  |  |  |
|-------------------------------------|--|--|--|
| <b>1a</b> See Additional Data Table |  |  |  |
| <b>b</b>                            |  |  |  |
| <b>c</b>                            |  |  |  |
| <b>d</b>                            |  |  |  |
| <b>e</b>                            |  |  |  |

| (e)<br>Gross sales price           | (f)<br>Depreciation allowed<br>(or allowable) | (g)<br>Cost or other basis<br>plus expense of sale | (h)<br>Gain or (loss)<br>(e) plus (f) minus (g) |
|------------------------------------|-----------------------------------------------|----------------------------------------------------|-------------------------------------------------|
| <b>a</b> See Additional Data Table |                                               |                                                    |                                                 |
| <b>b</b>                           |                                               |                                                    |                                                 |
| <b>c</b>                           |                                               |                                                    |                                                 |
| <b>d</b>                           |                                               |                                                    |                                                 |
| <b>e</b>                           |                                               |                                                    |                                                 |

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 |                                         |                                                  | (l)<br>Gains (Col (h) gain minus<br>col (k), but not less than -0-) or<br>Losses (from col (h)) |
|---------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------------------|
| (i)<br>F M V as of 12/31/69                                                                 | (j)<br>Adjusted basis<br>as of 12/31/69 | (k)<br>Excess of col (i)<br>over col (j), if any |                                                                                                 |
| <b>a</b> See Additional Data Table                                                          |                                         |                                                  |                                                                                                 |

**Part VI** Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                            |          |     |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----|--|--|
| <p><b>1a</b> Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1<br/> Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)</p> <p><b>b</b> Domestic foundations that meet the section 4940(e) requirements in Part V, check<br/> here <input type="checkbox"/> and enter 1% of Part I, line 27b . . . . .</p> <p><b>c</b> All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)</p> | <table border="1"> <tr> <td data-bbox="1120 64 1178 175"><b>1</b></td> <td data-bbox="1178 64 1413 175">749</td> </tr> <tr> <td data-bbox="1120 175 1178 286"></td> <td data-bbox="1178 175 1413 286"></td> </tr> </table> | <b>1</b> | 749 |  |  |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 749                                                                                                                                                                                                                        |          |     |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                            |          |     |  |  |

**Part VII-A Statements Regarding Activities** (continued)

**11** At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

**Part VII-B** **Statements Regarding Activities for Which Form 4720 May Be Required** (Continued)

|           |                                                                                                                                                                                                                                                                                                                       |                                                                     |           |           |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------|-----------|
| <b>5a</b> | During the year did the foundation pay or incur any amount to                                                                                                                                                                                                                                                         |                                                                     |           |           |
|           | <b>(1)</b> Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?                                                                                                                                                                                                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |           |           |
|           | <b>(2)</b> Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?                                                                                                                                                            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |           |           |
|           | <b>(3)</b> Provide a grant to an individual for travel, study, or other similar purposes?                                                                                                                                                                                                                             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |           |           |
|           | <b>(4)</b> Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions).                                                                                                                                                                     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |           |           |
|           | <b>(5)</b> Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?                                                                                                                                          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |           |           |
| <b>b</b>  | If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?<br>Organizations relying on a current notice regarding disaster assistance check here. | <input type="checkbox"/>                                            | <b>5b</b> |           |
| <b>c</b>  | If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?<br><i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No            |           |           |
| <b>6a</b> | Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                                                                                       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |           |           |
| <b>b</b>  | Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?<br><i>If "Yes" to 6b, file Form 8870</i>                                                                                                                                                                   |                                                                     | <b>6b</b> | <b>No</b> |
| <b>7a</b> | At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?                                                                                                                                                                                                                  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |           |           |

## Part VIII

**1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

| (a) Name and address                                | Title, and average hours per week<br>(b) devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | Expense account, (e) other allowances |
|-----------------------------------------------------|--------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| MARIA PIA                                           | PRESIDENT                                                    | 30,000                                    | 0                                                                     | 0                                     |
| 1635 E YALECREST AVENUE<br>SALT LAKE CITY, UT 84105 | 15 00                                                        |                                           |                                                                       |                                       |
| RON PIA                                             | VICE PRESIDENT                                               | 0                                         | 0                                                                     | 0                                     |
| 1635 E YALECREST AVENUE<br>SALT LAKE CITY, UT 84105 | 0 50                                                         |                                           |                                                                       |                                       |
| LINDA PIA                                           | SECRETARY/TREASURER                                          | 0                                         | 0                                                                     | 0                                     |
| 1635 E YALECREST AVENUE<br>SALT LAKE CITY, UT 84105 | 0 50                                                         |                                           |                                                                       |                                       |
| FRANK PIA                                           | TRUSTEE                                                      | 0                                         | 0                                                                     | 0                                     |
| 1635 E YALECREST AVENUE<br>SALT LAKE CITY, UT 84105 | 0 50                                                         |                                           |                                                                       |                                       |

**2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."**

[illegible]

|                                                                    |   |
|--------------------------------------------------------------------|---|
| <b>Total</b> number of other employees paid over \$50,000. . . . . | 0 |
|--------------------------------------------------------------------|---|

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

[illegible]

|                                                                                          |   |   |
|------------------------------------------------------------------------------------------|---|---|
| <b>Total</b> number of others receiving over \$50,000 for professional services. . . . . | ▶ | 0 |
|------------------------------------------------------------------------------------------|---|---|

**Part IV-A Summary of Direct Charitable Activities**

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

|          |                                                                                                            |           |           |
|----------|------------------------------------------------------------------------------------------------------------|-----------|-----------|
| <b>1</b> | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes |           |           |
| <b>a</b> | Average monthly fair market value of securities.                                                           | <b>1a</b> | 1,034,330 |
| <b>b</b> | Average of monthly cash balances.                                                                          | <b>1b</b> | 30,482    |
| <b>c</b> | Fair market value of all other assets (see instructions).                                                  | <b>1c</b> | 0         |
| <b>d</b> | <b>Total</b> (add lines 1a, b, and c).                                                                     | <b>1d</b> | 1,064,812 |
| <b>e</b> | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). | <b>1e</b> | 0         |

**Part XIII Undistributed Income** (see instructions)

|                                                                                                       | (a)<br>Corpus | (b)<br>Years prior to 2016 | (c)<br>2016 | (d)<br>2017 |
|-------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|-------------|
| <b>1</b> Distributable amount for 2017 from Part XI, line 7                                           |               |                            |             | 51,693      |
| <b>2</b> Undistributed income, if any, as of the end of 2017                                          |               |                            |             |             |
| <b>a</b> Enter amount for 2016 only. . . . .                                                          |               |                            | 0           |             |
| <b>b</b> Total for prior years 20____, 20____, 20____                                                 |               | 0                          |             |             |
| <b>3</b> Excess distributions carryover, if any, to 2017                                              |               |                            |             |             |
| <b>a</b> From 2012. . . . .                                                                           |               |                            |             |             |
| <b>b</b> From 2013. . . . .                                                                           |               |                            |             |             |
| <b>c</b> From 2014. . . . .                                                                           |               |                            |             |             |
| <b>d</b> From 2015. . . . . 40,042                                                                    |               |                            |             |             |
| <b>e</b> From 2016. . . . . 53,749                                                                    |               |                            |             |             |
| <b>f Total</b> of lines 3a through e. . . . .                                                         | 93,791        |                            |             |             |
| <b>4</b> Qualifying distributions for 2017 from Part XII, line 4 ► \$ 70,670                          |               |                            |             |             |
| <b>a</b> Applied to 2016, but not more than line 2a                                                   |               |                            | 0           |             |
| <b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . . |               | 0                          |             |             |
| <b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .         | 0             |                            |             |             |

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

|                                                                                                                                                                                                    |          |               |          |          |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------|----------|----------|-----------|
| <b>1a</b> If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling. . . . . ▶ |          |               |          |          |           |
| <b>b</b> Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)          |          |               |          |          |           |
| <b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .                                                      | Tax year | Prior 3 years |          |          | (e) Total |
|                                                                                                                                                                                                    | (a) 2017 | (b) 2016      | (c) 2015 | (d) 2014 |           |
| <b>b</b> 85% of line 2a . . . . .                                                                                                                                                                  |          |               |          |          |           |
| <b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .                                                                                                             |          |               |          |          |           |
| <b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .                                                                                           |          |               |          |          |           |
| <b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .                                                                   |          |               |          |          |           |
| <b>3</b> Complete 3a, b, or c for the alternative test relied upon                                                                                                                                 |          |               |          |          |           |
| <b>a</b> "Assets" alternative test—enter                                                                                                                                                           |          |               |          |          |           |
| <b>(1)</b> Value of all assets . . . . .                                                                                                                                                           |          |               |          |          |           |
| <b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)                                                                                                                               |          |               |          |          |           |
| <b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .                                                                    |          |               |          |          |           |
| <b>c</b> "Support" alternative test—enter                                                                                                                                                          |          |               |          |          |           |
| <b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . .                                   |          |               |          |          |           |
| <b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .                                                                         |          |               |          |          |           |
| <b>(3)</b> Largest amount of support from an exempt organization                                                                                                                                   |          |               |          |          |           |
| <b>(4)</b> Gross investment income                                                                                                                                                                 |          |               |          |          |           |

**Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)**

|                                                                                                                                                                                                                                                                                                                                   |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>1 Information Regarding Foundation Managers:</b>                                                                                                                                                                                                                                                                               |  |
| <b>a</b> List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )                                                                              |  |
| <b>b</b> List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest                                                                                              |  |
| <b>2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:</b>                                                                                                                                                                                                                                      |  |
| Check here <input type="checkbox"/> if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d. |  |
| <b>a</b> The name, address, and telephone number or e-mail address of the person to whom applications should be addressed<br>MARIA PIA<br>1635 E YALECREST AVE<br>SALT LAKE CITY, UT 84105<br>(801) 583-1297                                                                                                                      |  |
| <b>b</b> The form in which applications should be submitted and information and materials they should include<br>NO APPLICATION FORM                                                                                                                                                                                              |  |
| <b>c</b> Any submission deadlines<br>NONE                                                                                                                                                                                                                                                                                         |  |
| <b>d</b> Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors<br>NONE                                                                                                                                                                             |  |

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient                                                         | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount |
|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|--------|
| Name and address (home or business)                               |                                                                                                                    |                                      |                                     |        |
| <b>a</b> <i>Paid during the year</i><br>See Additional Data Table |                                                                                                                    |                                      |                                     |        |
| <b>Total</b> . . . . .                                            |                                                                                                                    |                                      | <b>3a</b>                           | 55,670 |
| <b>b</b> <i>Approved for future payment</i>                       |                                                                                                                    |                                      |                                     |        |
| <b>Total</b> . . . . .                                            |                                                                                                                    |                                      | <b>3b</b>                           | 0      |

Enter gross amounts unless otherwise indicated

## Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Form **990-PF** (2017)

**Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                     |              |            |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------|-----------|
| <b>1</b> Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?                                                                                                                                                        |              | <b>Yes</b> | <b>No</b> |
| <b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of                                                                                                                                                                                                                                                                                                                          |              |            |           |
| <b>(1)</b> Cash. . . . .                                                                                                                                                                                                                                                                                                                                                                                            | <b>1a(1)</b> |            | <b>No</b> |
| <b>(2)</b> Other assets. . . . .                                                                                                                                                                                                                                                                                                                                                                                    | <b>1a(2)</b> |            | <b>No</b> |
| <b>b</b> Other transactions                                                                                                                                                                                                                                                                                                                                                                                         |              |            |           |
| <b>(1)</b> Sales of assets to a noncharitable exempt organization. . . . .                                                                                                                                                                                                                                                                                                                                          | <b>1b(1)</b> |            | <b>No</b> |
| <b>(2)</b> Purchases of assets from a noncharitable exempt organization. . . . .                                                                                                                                                                                                                                                                                                                                    | <b>1b(2)</b> |            | <b>No</b> |
| <b>(3)</b> Rental of facilities, equipment, or other assets. . . . .                                                                                                                                                                                                                                                                                                                                                | <b>1b(3)</b> |            | <b>No</b> |
| <b>(4)</b> Reimbursement arrangements. . . . .                                                                                                                                                                                                                                                                                                                                                                      | <b>1b(4)</b> |            | <b>No</b> |
| <b>(5)</b> Loans or loan guarantees. . . . .                                                                                                                                                                                                                                                                                                                                                                        | <b>1b(5)</b> |            | <b>No</b> |
| <b>(6)</b> Performance of services or membership or fundraising solicitations. . . . .                                                                                                                                                                                                                                                                                                                              | <b>1b(6)</b> |            | <b>No</b> |
| <b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . .                                                                                                                                                                                                                                                                                                                  | <b>1c</b>    |            | <b>No</b> |
| <b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column <b>(b)</b> should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column <b>(d)</b> the value of the goods, other assets, or services received. |              |            |           |

| (a) Line No | (b) Amount involved | (c) Name of noncharitable exempt organization | (d) Description of transfers, transactions, and sharing arrangements |
|-------------|---------------------|-----------------------------------------------|----------------------------------------------------------------------|
|             |                     |                                               |                                                                      |
|             |                     |                                               |                                                                      |
|             |                     |                                               |                                                                      |
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|             |                     |                                               |                                                                      |
|             |                     |                                               |                                                                      |
|             |                     |                                               |                                                                      |

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? . . . . . ☐ Yes ☒ No

**b** If "Yes," complete the following schedule

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|--------------------------|--------------------------|---------------------------------|
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |

|                  |                                                                                                                                                                                                                                                                                                                        |                              |                                                                                                                                                    |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Sign Here</b> | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. | *****<br>2018-05-08<br>***** | May the IRS discuss this return with the preparer shown below<br>(see instr.)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|                  | Signature of officer or trustee                                                                                                                                                                                                                                                                                        | Date                         | Title                                                                                                                                              |

|                               |                                                                                |                      |      |                                                 |                         |
|-------------------------------|--------------------------------------------------------------------------------|----------------------|------|-------------------------------------------------|-------------------------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name                                                     | Preparer's Signature | Date | Check if self-employed <input type="checkbox"/> | PTIN                    |
|                               | MARY KAY GRIFFIN                                                               |                      |      |                                                 | P00185675               |
|                               | Firm's name <b>►</b> CBIZ MHM LLC                                              |                      |      |                                                 |                         |
|                               | Firm's address <b>►</b> 19 EAST 200 SOUTH STE 1000<br>SALT LAKE CITY, UT 84111 |                      |      |                                                 | Phone no (801) 364-9300 |

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d**

| List and describe the kind(s) of property sold (e g , real estate,<br>(a) 2-story brick warehouse, or common stock, 200 shs MLC Co ) | (b)<br>How acquired<br>P—Purchase<br>D—Donation | (c)<br>Date acquired<br>(mo , day, yr ) | (d)<br>Date sold<br>(mo , day, yr ) |
|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------|-------------------------------------|
| CAPITAL GAIN DISTRIBUTION                                                                                                            |                                                 |                                         |                                     |
| PUBLIC SECURITIES-MORGAN STANLEY 0019                                                                                                |                                                 |                                         |                                     |
| 60 000 SHS BP PLC ADS                                                                                                                |                                                 | 2010-07-08                              | 2017-03-20                          |
| 20 000 SHS CHEVRON CORP                                                                                                              |                                                 | 1998-12-15                              | 2017-03-20                          |
| 25 000 SHS EXXON MOBIL CORP                                                                                                          |                                                 | 1998-12-15                              | 2017-03-20                          |
| PUBLIC SECURITIES-MORGAN STANLEY 5692                                                                                                |                                                 |                                         |                                     |
| PUBLIC SECURITIES-MORGAN STANLEY 5692                                                                                                |                                                 |                                         |                                     |
| 13 000 SHS HELMERICH & PAYNE                                                                                                         |                                                 | 2010-07-08                              | 2017-05-02                          |

Form 990PF, Part IV Capital Gains and Losses for Tax on Investment Income - Columns a - d

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient                                                                             | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|--------|
| Name and address (home or business)                                                   |                                                                                                                    |                                      |                                     |        |
| <b>a</b> <i>Paid during the year</i>                                                  |                                                                                                                    |                                      |                                     |        |
| GIRL SCOUTS OF UTAH<br>445 EAST 4500 SOUTH<br>SALT LAKE CITY, UT 84107                | NONE                                                                                                               | 501(C)(3)                            | SUPPORT COMMUNITY                   | 100    |
| HEAD START1307 S 900 W<br>SALT LAKE CITY, UT 84104                                    | NONE                                                                                                               | 501(C)(3)                            | SUPPORT EDUCATION                   | 25,000 |
| INTERNATIONAL PEACE GARDENS<br>PO BOX 522262<br>SALT LAKE CITY, UT 84106              | NONE                                                                                                               | 501(C)(3)                            | PROMOTE PEACE                       | 25     |
| ST VINCENT DE PAUL CATHOLIC<br>SCHOOL<br>1385 SPRING LANE<br>SALT LAKE CITY, UT 84117 | NONE                                                                                                               | 501(C)(3)                            | SUPPORT FOR SCHOOL                  | 5,000  |
| UTAH FOOD BANK                                                                        | NONE                                                                                                               | 509(A)(1)                            | ASSIST THE HUNGRY                   | 25,000 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                        |        |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------|--------|
| Recipient                                                                                                | 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 |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                        |        |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                        |        |
| VETERANS ADMINISTRATION<br>HEALTHCARE SYSTEM<br>500 FOOTHILL DRIVE<br>SALT LAKE CITY, UT 84148           | NONE                                                                                                      | 501(C)(3)                      | HELP PROVIDE MEDICAL CARE FOR VETERANS | 25     |
| DISABLED AMERICAN VETERANS<br>550 FOOTHILL DRIVE SUITE 202<br>SALT LAKE CITY, UT 84158                   | NONE                                                                                                      | 501(C)(3)                      | HELP PROVIDE FOR DISABLED VETERANS     | 20     |
| BROOKS RICHINS - SUB FOR SANTA UNKNOWN<br>SALT LAKE CITY, UT 84105                                       | NONE                                                                                                      | NC                             | HELP CHILDREN - SUB FOR SANTA          | 500    |
| <b>Total . . . . .</b> ►<br><b>3a</b>                                                                    |                                                                                                           |                                |                                        | 55,670 |

**TY 2017 Accounting Fees Schedule****Name:** EMMA MARY DELAND FOUNDATION**EIN:** 87-0618304**Accounting Fees Schedule**

| <b>Category</b> | <b>Amount</b> | <b>Net Investment<br/>Income</b> | <b>Adjusted Net<br/>Income</b> | <b>Disbursements<br/>for Charitable<br/>Purposes</b> |
|-----------------|---------------|----------------------------------|--------------------------------|------------------------------------------------------|
| ACCOUNTING FEES | 2,300         | 2,300                            |                                | 0                                                    |

## TY 2017 Investments Corporate Stock Schedule

**Name:** EMMA MARY DELAND FOUNDATION

**EIN:** 87-0618304

| Name of Stock              | End of Year Book Value | End of Year Fair Market Value |
|----------------------------|------------------------|-------------------------------|
| PUBLICLY TRADED SECURITIES | 861,344                | 1,060,305                     |

**TY 2017 Other Decreases Schedule**

**Name:** EMMA MARY DELAND FOUNDATION  
**EIN:** 87-0618304

| Description                                 | Amount |
|---------------------------------------------|--------|
| ADJUSTMENT TO COST BASIS OF SECURITIES HELD | 474    |

**TY 2017 Other Expenses Schedule****Name:** EMMA MARY DELAND FOUNDATION**EIN:** 87-0618304**Other Expenses Schedule**

| Description             | Revenue and<br>Expenses per<br>Books | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |
|-------------------------|--------------------------------------|--------------------------|------------------------|---------------------------------------------|
| BROKERAGE FEES          | 20,136                               | 20,136                   |                        | 0                                           |
| LICENSES & REGISTRATION | 10                                   | 10                       |                        | 0                                           |
| OTHER EXPENSES          | 21                                   | 21                       |                        | 0                                           |

# **TY 2017 Other Income Schedule**

**Name:** EMMA MARY DELAND FOUNDATION

**EIN:** 87-0618304

## **Other Income Schedule**

| Description             | Revenue And<br>Expenses Per Books | Net Investment<br>Income | Adjusted Net Income |
|-------------------------|-----------------------------------|--------------------------|---------------------|
| OTHER INVESTMENT INCOME | 156                               | 156                      | 156                 |

**TY 2017 Taxes Schedule****Name:** EMMA MARY DELAND FOUNDATION**EIN:** 87-0618304

| Category      | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |
|---------------|--------|--------------------------|------------------------|---------------------------------------------|
| FOREIGN TAXES | 217    | 217                      |                        | 0                                           |