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## 990-PF

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

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

OMB No 1545-0052 **2016** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

| Fór                    | calen        | dar year 2016 or tax year beginning  | , 201                 | 6, and endin   | g                                      |  | , 20   |
|------------------------|--------------|--|-----------------------|----------------|--|--|--|
| 9                      | <b>⊗</b>     | foundation   |                       |                | T                                      | identification number                                  |  |
| _R                     | ŲBY .        | AND ERNEST MCSWAIN WORTHY LANDS  |                       |                | 46-7170                                |  |  |
| Ñ                      | ymber a      | and street (or P O box number if mail is not delivered to street address)  |                       | Room/suite     |  | number (see instructions                               | 3)   |
|                        | _O B         | OX 2280  |                       |                |  | 21-6725  |  |
| Č                      | y or to      | wn, state or province, country, and ZIP or foreign postal code   |                       |                |  | ion application is pending                             | check here                                       |
|                        | <del>,</del> | RD, NC 27331   |                       |                | 6.0.1101                               | application is pending                                 | , 5.,55, 71515                                   |
| G                      | Check        | all that apply X Initial return Initial return   | of a former public ch | arity          | D 1. Foreig                            | n organizations, check he                              | re . ▶   |
| 4                      |              | Final return Amended ret   |                       |                |  | •  |  |
|                        |              | Address change Name chang  |                       |                |  | n organizations meeting to<br>here and attach computat |  |
|                        |              | type of organization X Section 501(c)(3) exempt privi  | ate foundation        |                |  | foundation status was ter                              |  |
|                        |              | on 4947(a)(1) nonexempt charitable trust Other to  | axable private found  | lation         |  | 07(b)(1)(A), check here                                | , ▶  |
|                        |              | arket value of all assets at J Accounting method   | X Cash                | Accrual        | F If the four                          | ndation is in a 60-month te                            | ermination —                                     |
|                        |              | year (from Part II, col. (c), Other (specify)  |                       |                |  | ction 507(b)(1)(B), check                              |  |
|                        | ine 16)      |  | on cash basis)        |                | <u> </u>                               | <u> </u>   |  |
| 1-1                    | ert I        | ,  | (a) Revenue and       |                |  |  | (d) Disbursements                                |
|                        |              | amounts in columns (b), (c), and (d) may not necessarily equal   | expenses per          |                | investment<br>come                     | (c) Adjusted net income                                | for charitable purposes                          |
| _                      |              | the amounts in column (a) (see instructions) )   | books                 |                | · · · •                                | HICOINE  | (cash basis only)                                |
|                        | 1            | Contributions, gifts, grants, etc , received (attach schedule)   | 326,7                 | 32             |  |  |  |
|                        | 2            | Check ▶ if the foundation is <b>not</b> required to attach Sch. B  |                       |                |  |  | <del></del>                                      |
|                        | 3            | Interest on savings and temporary cash investments   |                       | 34             |  |  |  |
|                        | 4            | Dividends and interest from securities   |                       |                |  |  | <u> </u>   |
|                        | 5a           | Gross rents  | 25,4                  | 39             |  |  |  |
|                        | b            | Net rental income or (loss)  | <u> </u>              |                |  |  | <del></del>                                      |
| пe                     | 6a           | Net gain or (loss) from sale of assets not on line 10  |                       |                |  |  |  |
| Revenue                | b            | Gross sales price for all assets on line 6a  |                       |                |  |  | <u> </u>   |
| ě                      | 7            | Capital gain net income (from Part IV, line 2)   |                       |                |  |  |  |
| u,                     | 8            | Net short-term capital gain  |                       | <del></del>    | <del></del>                            |  | ļ  |
|                        | 9            | Income modifications   |                       |                |  |  |  |
|                        | 10a          | Gross sales less returns and allowances  | ·                     | <del></del>    |  |  | <del>                                     </del> |
|                        | b            | Less Cost of goods sold  |                       |                | ······································ |  | ļ  |
|                        | C            | Gross profit or (loss) (attach schedule)   |                       | 00             |  |  |  |
|                        | 11           | Other income (attach schedule) . STM106  | 2,9                   |                |  | <b></b>  |  |
|                        | 12           | Total. Add lines 1 through 11  | 355,1                 | <del>1</del> 1 |  |  | <del> </del>                                     |
| <b>(</b> 0             | 13<br>14     | Compensation of officers, directors, trustees, etc Other employee salaries and wages   | 26,2                  | 05             |  | <del> </del>   | <u> </u>   |
| enses                  | 15           | Pension plans, employee benefits   |                       |                |  |  |  |
| en                     | 162          | Legal fees (attach schedule) ED  | 2,2                   | <del>'  </del> |  |  |  |
| 꿃                      | b            | Accounting fees (attach schedule)  | <del></del>           |                |  |  |  |
| ē                      | "            | Other personal Press (attach schedule) STM109  | 154,9                 | 36             |  | <del> </del>   |  |
| ati                    | 17           | Interes (augustion of the state |                       |                |  |  |  |
| and Administrative Exp | 18           | Taxes (attach-schedule) (see instructions)   |                       | <del></del>    |  |  |  |
| Ë                      | 19           | Depreciation (attach schedule) and depletion STM126  | 9,2                   | 44             | · ·                                    |  | <del> </del>                                     |
| 퉏                      | 20           | Occupancy  |                       | -              |  | <del></del>  |  |
| ۲                      | 21           | Travel, conferences, and meetings  |                       |                |  |  |  |
| ац                     | 22           | Printing and publications  | <del></del>           |                |  |  |  |
| ğ                      |              | Other expenses (attach schedule)   |                       |                |  |  |  |
| Operating              | 24           | Total operating and administrative expenses.   |                       |                |  |  |  |
| oer.                   |              | Add lines 13 through 23  | 192,7                 | 52             | C                                      |  | o  |
| ō                      | 25           | Contributions, grfts, grants paid  |                       | d              |  |  | 0  |
|                        | 26           | Total expenses and disbursements. Add lines 24 and 25  | 192,7                 | 52             | C                                      |  | 0  |
|                        | 27           | Subtract line 26 from line 12  |                       | 1              |  |  |  |
|                        | а            | Excess of revenue over expenses and disbursements  | 162,3                 | 59             |  |  |  |
|                        | b            | Net investment income (if negative, enter -0-)   |                       |                | C                                      |  |  |
|                        | c            | Adjusted net income (if negative, enter -0-)   |                       |                |  |  |  |
|                        |              |  |                       |                |  |  |  |

| P:                 | ırt li | Balance Sheets Attached schedules and amounts in the description column  | Beginning of year   | End o          | of year               |
|--------------------|--------|--|---------------------|----------------|-----------------------|
|                    |        | should be for end-of-year amounts only (See instructions )   | (a) Book Value      | (b) Book Value | (c) Fair Market Value |
|                    | 1      | Cash - non-interest-bearing  |                     | 162,359        | 162,359               |
|                    | 2      | Savings and temporary cash investments   |                     |                |                       |
|                    | 3      | Accounts receivable  |                     |                |                       |
|                    |        | Less allowance for doubtful accounts   |                     |                |                       |
|                    | 4      | Pledges receivable   |                     |                |                       |
|                    |        | Less: allowance for doubtful accounts  |                     |                |                       |
|                    | 5      | Grants receivable  |                     |                |                       |
|                    | 6      | Receivables due from officers, directors, trustees, and other  |                     |                |                       |
|                    | 1      | disqualified persons (attach schedule) (see instructions)  |                     |                |                       |
|                    | 7      | Other notes and loans receivable (attach schedule)   |                     |                |                       |
|                    | ļ      | Less allowance for doubtful accounts   |                     |                |                       |
| sts                | 8      | Inventories for sale or use  |                     |                |                       |
| ssets              | 9      | Prepaid expenses and deferred charges  |                     |                |                       |
| ä                  | 10a    | Investments - U.S. and state government obligations (attach schedule)  |                     |                |                       |
|                    | l      | Investments - corporate stock (attach schedule)  |                     |                |                       |
|                    |        | Investments - corporate bonds (attach schedule) .  | · · · · · ·         |                |                       |
|                    | 11     | Investments - land, buildings, and equipment basis▶  |                     |                |                       |
|                    | • •    | Less accumulated depreciation (attach schedule)  |                     |                |                       |
|                    | 12     | Investments - mortgage loans .   |                     |                |                       |
|                    | 13     | Incomplete and a settle of Cotton by the deal of   |                     |                |                       |
|                    | 14     | Land, buildings, and equipment basis   | <del></del>         |                |                       |
|                    | '-     | Less accumulated depreciation (attach schedule)  |                     |                |                       |
|                    | 15     | Other assets (describe   |                     |                |                       |
|                    | 1      | ,  |                     |                |                       |
|                    | 16     | Total assets (to be completed by all filers - see the  | 0                   | 162,359        | 162,359               |
|                    | 17     | Instructions Also, see page 1, item I)   | 0                   | 102,333        | 102/333               |
|                    |        | Accounts payable and accrued expenses .  |                     |                | 1                     |
| Ś                  | 18     | Grants payable   |                     |                | 1                     |
| ij                 | 19     | Deferred revenue   |                     |                | 1                     |
| Liabilities        | 20     | Loans from officers, directors, trustees, and other disqualified persons   |                     |                | 1                     |
| <u>:</u>           | 21     | Mortgages and other notes payable (attach schedule)  |                     |                | -                     |
|                    | 22     | Other liabilities (describe   Table 1 to 100 | 0                   |                | ╡                     |
|                    | 23     | Total liabilities (add lines 17 through 22)  | 0                   |                | ╡                     |
| 40                 |        | Foundations that follow SFAS 117, check here X and complete lines 24 through 26 and lines 30 and 31.   |                     |                |                       |
| ances              | 24     |  |                     | 162,359        |                       |
| ä                  | 25     |  |                     |                | †                     |
| Bal                | 26     | Temporarily restricted   |                     |                | 7                     |
| ᅙ                  | 20     | Permanently restricted   |                     |                | †                     |
| <u> </u>           |        | Foundations that do not follow SFAS 117, check here  |                     |                |                       |
| Net Assets or Fund | 07     | and complete lines 27 through 31.  |                     |                |                       |
| Si                 | 27     | Capital stock, trust principal, or current funds   |                     |                | 1                     |
| set                | 28     | Paid-in or capital surplus, or land, bldg, and equipment fund.   |                     | <del></del>    | †                     |
| As                 | 29     | Retained earnings, accumulated income, endowment, or other funds   | 0                   | 162,359        | +                     |
| et                 | 30     | Total net assets or fund balances (see instructions)   |                     | 102,333        | +                     |
| ~                  | 31     | Total liabilities and net assets/fund balances (see  | 0                   | 162,359        |                       |
|                    |        | Instructions)  | ļ                   | 102,333        |                       |
|                    | art II |  |                     |                |                       |
| 1                  |        | net assets or fund balances at beginning of year - Part II, column (a), line   | SO (must agree with |                |                       |
|                    |        | of-year figure reported on prior year's return)  | •                   | . 1            | 162,359               |
|                    |        | amount from Part I, line 27a   |                     | . 2            | 102,339               |
|                    |        | r increases not included in line 2 (itemize)   |                     |                | 162,359               |
|                    |        | ines 1, 2, and 3   |                     | 4              | 102,339               |
|                    |        | eases not included in line 2 (itemize)   | ab (b) 1: 00        |                | 162,359               |
| 6                  | Total  | net assets or fund balances at end of year (line 4 minus line 5) - Part II, c  | olumn (b), line 30  | . 10           | Term 000 DE (2016)    |

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| (a) List and descr                  | ribe the k | cind(s) of property sold (e.g., real    | estate,                   | (b) How acquired P-Purchase | (c) Date acquired        | (d) Date sold                           |
|-------------------------------------|------------|---|---------------------------|-----------------------------|--------------------------|---|
|                                     | rehouse,   | or common stock, 200 shs MLC            | Co)                       | D-Donation                  | (mo , day, yr )          | (mo , day, yr )                         |
| <u> 1a</u>                          |            |   |                           | ļ                           | <del></del>              | <del> </del>                            |
| <u>b</u>                            |            |   |                           |                             |                          |   |
| <u>C</u>                            |            |   | <del></del>               |                             |                          | <del></del>                             |
| <u>d</u>                            |            | <del></del>                             |                           |                             |                          | <u> </u>                                |
| <u>e</u>                            |            | <del></del>                             |                           |                             |                          | <del></del>                             |
| (e) Gross sales price               |            | (f) Depreciation allowed (or allowable) | (g) Cost or of plus expen |                             | (h) G<br>(e) plus        | ain or (loss)<br>s (f) minus (g)        |
| a                                   |            |   |                           |                             |                          |   |
|                                     |            |   |                           |                             |                          |   |
| C                                   | ļ          |   |                           |                             |                          |   |
| <u>d</u>                            | <u> </u>   |   |                           |                             |                          |   |
| Complete and for a set of           | <u> </u>   |   |                           |                             |                          |   |
| Complete only for assets sho        | wing ga    | ain in column (h) and owned by          | the foundation on 1       | 12/31/69                    | (I) Gains (              | Col (h) gain minus                      |
| (i) F M V as of 12/31/69            |            | (j) Adjusted basis<br>as of 12/31/69    | (k) Excess<br>over col (  |                             | col (k), but n<br>Losses | oot less than -0-) or<br>(from col (h)) |
|                                     |            |   |                           |                             |                          |   |
|                                     |            |   |                           |                             |                          |   |
| <u>c</u>                            |            |   |                           |                             |                          |   |
| d                                   |            |   |                           |                             |                          |   |
| <u>e</u>                            | L          |   |                           |                             |                          |   |
| 2 Capital gain net income or (n     | et capita  | Al Ingg) <b>4</b>                       | so enter in Part I, line  | 7                           |                          |   |
| 2. Not short term counted corn      | . (1000)   | ·/1                                     | enter -0- in Part I, line | e/ -                        | 2                        |   |
| 3 Net short-term capital gain or    |            | • •                                     |                           | _                           |                          |   |
| Part I, line 8                      | ie 8, coii | umn (c) (see instructions) If (l        | oss), enter -0- in        | }                           | 3                        |   |
|                                     | Indor      | Section 4940(e) for Re                  | duced Tay on              | Net Investme                |                          | <del></del>                             |
| (For optional use by domestic pri   |            | •                                       | n 4940(a) tax on net      | investment incom            | ie)                      |   |
| If section 4940(d)(2) applies, leav | e this p   | art blank.                              |                           |                             |                          |   |
| Was the foundation liable for the   | section    | 4942 tax on the distributable a         | mount of any year in      | n the base period?          | <b>,</b>                 | Yes No                                  |
| If "Yes," the foundation does not   |            |   |                           |                             |                          |   |
| 1 Enter the appropriate amoun       | t in each  | h column for each year, see th          | e instructions before     | e making any entri          | es                       |   |
| (a)<br>Base period years            |            | (b)                                     |                           | (c)                         | D                        | (d)<br>Istribution ratio                |
| Calendar year (or tax year beginn   | ing in)    | Adjusted qualifying distributio         | ns Net value of           | noncharitable-use a         |                          | b) divided by col (c))                  |
| 2015                                |            |   |                           |                             |                          |   |
| 2014                                |            |   |                           |                             |                          |   |
| 2013                                |            |   |                           |                             |                          |   |
| 2012                                |            |   |                           |                             |                          |   |
| 2011                                |            |   |                           |                             |                          |   |
|                                     |            |   |                           |                             |                          |   |
| 2 Total of line 1, column (d)       |            | •                                       |                           |                             | . 2                      |   |
| 3 Average distribution ratio for    | _          | •                                       |                           | by the                      |                          |   |
| number of years the foundati        | on has I   | been in existence if less than t        | 5 years                   |                             | 3                        | <del></del>                             |
|                                     |            |   |                           |                             |                          |   |
| 4 Enter the net value of noncha     | arıtable-  | use assets for 2016 from Part           | X, line 5 .               |                             | . 4                      |   |
|                                     |            |   |                           |                             |                          |   |
| 5 Multiply line 4 by line 3 .       |            |   |                           |                             | _5                       | 0                                       |
|                                     |            |   |                           |                             |                          |   |
| 6 Enter 1% of net investment in     | ncome (    | (1% of Part I, line 27b) .              |                           |                             | 6                        | ·                                       |
|                                     |            |   |                           |                             | _                        | ^                                       |
| 7 Add lines 5 and 6                 |            |   |                           |                             | 7                        | 0                                       |
| 0 Falsa analikana da salaha         | f          | and VIII. Iran A                        |                           |                             | 8                        |   |
| 8 Enter qualifying distributions    |            |   | ing the and complete      | ,<br>a that nert using a    |                          |   |
|                                     | inan IIn   | e 7, check the box in Part VI, I        | ше тр, ала соттріет       | e man pan using a           | i i /o lax iale Gee li   |   |
| Part VI instructions                |            |   |                           |                             |                          | <del></del>                             |

|    | #1 VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see income (Section 4940(a), 4940(b), 4940(c), or 4948 - see income (Section 4940(a), 4940(b), 4940(c), or 4948 - see income (Section 4940(a), 4940(b), 4940(c), or 4948 - see income (Section 4940(a), 4940(b), 4940(c), or 4948 - see income (Section 4940(a), 4940(b), 4940(c), or 4948 - see income (Section 4940(a), 4940(b), 4940(c), or 4948 - see income (Section 4940(a), 4940(b), 4940(c), or 4948 - see income (Section 4940(a), 4940(b), 4940(c), or 4948 - see income (Section 4940(a), 4940(b), 4940(c), or 4948 - see income (Section 4940(a), 4940(b), 4940(c), or 4948 - see income (Section 4940(a), 4940(b), 4940(c), or 4948 - see income (Section 4940(a), 4940(b), 4940(c), or 4948 - see income (Section 4940(a), 4940(b), 4940(c), or 4948 - see income (Section 4940(a), 4940(b), 4940(c), or 4948 - see income (Section 4940(a), 4940(b), 4940(c), or 4948 - see income (Section 4940(a), 4940(b), 4940(c), or 4948 - see income (Section 4940(a), 4940(b), 4940(b), 4940(c), or 4948 - see income (Section 4940(a), 4940(b), 4940  |             |         | Page 4       |
|----|---|-------------|---------|--------------|
|    | Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1  | structio    | ns)     |              |
|    |   |             |         |              |
| b  | Domestic foundations that most the section (0.00)   |             |         | _            |
| -  | here Inad and enter 1% of Part I, line 27b  |             |         |              |
| С  |   |             |         |              |
| -  | Part I, line 12, col (b)  |             |         |              |
| 2  | Toy under pasting 544 (days as a second seco  |             |         |              |
| 3  | Add lines 1 and 0   |             |         |              |
| 4  | Cubada A Carana Na Ca   |             |         |              |
| 5  | Toucheased and to the second and the  |             |         |              |
| 6  | Credits/Payments  | <del></del> |         |              |
| а  | 2016 anti-metal data and an anti-metal data and anti-metal |             |         |              |
| h  | Everytherein and in the state of the state o  |             |         |              |
| c  |   |             |         |              |
| 4  | Tax paid with application for extension of time to file (Form 8868)  . 6c   |             |         |              |
| 7  | Backup withholding erroneously withheld   |             |         |              |
| 7  | Total credits and payments Add lines 6a through 6d  |             |         |              |
| 8  | Enter any penalty for underpayment of estimated tax. Check here from 2220 is attached.  |             |         |              |
| 9  | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed   |             |         |              |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid   |             |         |              |
| 11 | Enter the amount of line 10 to be Credited to 2017 estimated tax ▶ Refunded ▶ 11  |             |         |              |
| _  | rt VII-A Statements Regarding Activities  |             |         |              |
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it  |             | Yes     | No           |
|    | participate or intervene in any political campaign?   | 1a          | ļ       | X            |
| Ь  | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see  |             |         | }            |
|    | Instructions for the definition)?   | 1b          |         | X            |
|    | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials   |             | ļ       |              |
|    | published or distributed by the foundation in connection with the activities  |             | f       |              |
| С  | Did the foundation file Form 1120-POL for this year?  | 1c          |         | X            |
| d  | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:  |             |         |              |
|    | (1) On the foundation   \$ (2) On foundation managers   \$  |             | ĺ       |              |
| е  | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed   |             | į       |              |
|    | on foundation managers   \$   |             | Į       |              |
| 2  | Has the foundation engaged in any activities that have not previously been reported to the IRS?   | 2           |         | X            |
|    | If "Yes," attach a detailed description of the activities   |             |         |              |
| 3  | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of   |             | l       |              |
|    | incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes  | 3           | ]       | Х            |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year?   | 4a          |         | X            |
| b  | If "Yes," has it filed a tax return on Form 990-T for this year?  | 4b          |         |              |
| 5  | Was there a liquidation, termination, dissolution, or substantial contraction during the year?  | 5           |         | X            |
|    | If "Yes," attach the statement required by General Instruction T  |             |         |              |
| 6  | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either  |             | }       |              |
|    | By language in the governing instrument, or   |             | }       |              |
|    | By state legislation that effectively amends the governing instrument so that no mandatory directions that  |             |         |              |
|    | conflict with the state law remain in the governing instrument?   | 6           |         | ]            |
| 7  | Did the foundation have at least \$5,000 in assets at any time during the year?  If "Yes," complete Part II, col. (c), and Part XV.   | 7           | X       |              |
| 8a | Enter the states to which the foundation reports or with which it is registered (see instructions)  | -           |         | <del> </del> |
|    | and distribution and redundation reports of with whiten it is registered (see instructions)   |             |         |              |
| b  | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General  | -           |         |              |
| U  |   |             | ŀ       | v            |
| c  | (or designate) of each state as required by General Instruction G? If "No," attach explanation  | 8b          |         | X            |
| 9  | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or   |             | •       | 1            |
|    | 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes,"  |             |         |              |
| 10 | complete Part XIV   | 9           | <u></u> | X            |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their  |             |         |              |
|    | names and addresses   | 10          |         | X            |

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|     | 990-PF (2016) RUBY AND ERNEST MCSWAIN WORTHY LANDS 46-71  RIVII-A Statements Regarding Activities (continued)   | 70073   | F            | age 5    |
|-----|---|---------|--------------|----------|
|     | g-iouvilles (continued)   |         |              |          |
| ••  | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the   | ļ       | Yes          | No       |
| 10  | meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)   | 11      | <u> </u>     | X        |
| 12  | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified  |         | }            | }        |
| 10  | person had advisory privileges? If "Yes," attach statement (see instructions)   | . 12    | ļ            | X        |
| 13  | Did the foundation comply with the public inspection requirements for its annual returns and exemption application?   | 13      | X            | L        |
| 4.4 | Website address ► N/A   |         |              |          |
| 14  | I posted at the Prince of the | 9-721-6 | 725          |          |
| 4-  | Located at ► P O BOX 2280, SANFORD, NC ZIP+4 ► 27   | 331     |              |          |
| 15  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041-Check here   |         |              | ▶ ∐      |
| 16  | and enter the amount of tax-exempt interest received or accrued during the year   |         |              |          |
| 16  | At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority   |         | Yes          | No       |
|     | over a bank, securities, or other financial account in a foreign country?   | 16      |              | X        |
|     | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of  |         |              |          |
| Din | the foreign country >   |         |              |          |
| _ F | t VII-B   Statements Regarding Activities for Which Form 4720 May Be Required   |         |              |          |
| 4-  | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.   |         | Yes          | No       |
| 1a  | During the year did the foundation (either directly or indirectly)  |         |              |          |
|     | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes No.  | >       | [            |          |
|     | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a   |         |              |          |
|     | disqualified person?  | 1       | ]            |          |
|     | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  Yes No.   | i       |              |          |
|     | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  Yes No.   | •       |              |          |
|     | (5) Transfer any income or assets to a disqualified person (or make any of either available for   |         |              |          |
|     | the benefit or use of a disqualified person)?   | )       |              |          |
|     | (6) Agree to pay money or property to a government official? (Exception. Check "No" if the  |         | -            |          |
|     | foundation agreed to make a grant to or to employ the official for a period after   |         |              |          |
|     | termination of government service, if terminating within 90 days )  | ,       |              |          |
| þ   | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations  |         | j            |          |
|     | section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?   | 1b      |              |          |
|     | Organizations relying on a current notice regarding disaster assistance check here  |         |              |          |
| С   | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that  |         |              | }        |
| _   | were not corrected before the first day of the tax year beginning in 2016?  | . 1c    | ļ            |          |
| 2   | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private   |         |              |          |
|     | operating foundation defined in section 4942(j)(3) or 4942(j)(5))   |         | 1            |          |
| а   | At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and   |         | ŀ            |          |
|     | 6e, Part XIII) for tax year(s) beginning before 2016?   | '       | <u> </u>     |          |
|     | If "Yes," list the years , , , , , , , , , , , , , , , , , , ,  |         | ŀ            |          |
| D   | Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)   |         |              |          |
|     | (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to  | Ob      | 1            |          |
| _   | all years listed, answer "No" and attach statement - see instructions-)   | 2b      |              | <u> </u> |
| С   | If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here  |         |              |          |
| 0-  | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise   |         | ļ            |          |
| 3a  |   |         |              |          |
|     |   | ,       |              |          |
| b   | If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or   | Ì       |              |          |
|     | disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the   |         |              |          |
|     | Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of  |         |              |          |
|     | the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the  | 200     | 1            | }        |
|     | foundation had excess business holdings in 2016.)   | 36      | <del> </del> |          |
| 4a  | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?   | 4a      | <del> </del> | <b></b>  |
| þ   | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its  |         |              | 1        |
|     | charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?  | (4D)    | 1            | I        |

Form 990-PF (2016)

4.13

EEA

| Part VII-B   Statements Regarding Activities for Which Form 4720 May Be Required (continued)  5   |      | 990-PF (2016) RUBY AND ERNEST MCSW                         |                |   |               |                |          |           | 6-7170      | 073      | Page 6       |
|---|------|--|----------------|---|---------------|----------------|----------|-----------|-------------|----------|--------------|
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?  (2) Influence the outcome of air specific public election (see section 4955), or to carry on, directly, or indirectly, any voter registration drive?  (3) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide a grant to an organization other than a chantable, etc., organization described in section 4945(e)(4)(A)? (see instructions)  (5) Provide for any purpose other than religious, chantable, scientific, literary, or educational purposes, or for the prevention of cruelly to children or animals?  (5) Provide for any purpose other than religious, chantable, scientific, literary, or educational purposes, or for the prevention of cruelly to children or animals?  (6) If any animal response is the scientific purposes of the exceptions described in Regulations section 53.4945 or in a current notice regarding diseaster assistance (see instructions)?  (7) Criganizations relying on a current notice regarding diseaster assistance (see instructions)?  (8) If Yes in State in the statement required by Regulations section 53.4945 (d).  (9) If Yes in State in the statement required by Regulations section 53.4945 (d).  (a) If Yes in State in Statement required by Regulations section 53.4945 (d).  (a) If Yes in State in Statement required by Regulations section 53.4945 (d).  (b) If Yes in State in Statement Regulations section 53.4945 (d).  (a) If Yes in State in Statement Regulations section 53.4945 (d).  (b) If Yes in State in Statement Regulations section 53.4945 (d).  (c) If Yes in State in Statement Regulations section 53.4945 (d).  (d) If Yes in State in Statement Regulations section 53.4945 (d).  (e) Expense assistance in Statement Regulation Regul          | Pa   | t VII-B   Statements Regarding Activitie                   | s for V        | Vhich Form                              | 4720          | May Be F       | Requir   | ed (con   | tinued)     |          |              |
| (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly, or indirectly, any voter registration drive?  (3) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide a grant to an individual for travel, study, or other similar purposes?  (5) Provide a grant to an individual for travel, study, or other similar purposes?  (6) Provide for any purpose other than religious, charitable, escentific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  (7) Provide for any purpose other than religious, charitable, scentific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  (8) Provide for any purpose other than religious, charitable, escentific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  (9) If any answer is "Yes" to Sq.11-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945.61, does the foundation described in animal purpose of the provided or animal purpose of the animal purpose of the animal purpose of the animal purpose of the purpose           | 5a   | During the year did the foundation pay or incur any arr    | ount to.       |   |               |                |          |           | _           | 1 1      |              |
| directly or indirectly, any voter registration drive?  (3) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)(2) (see instructions)  (5) Provide for any purposes or for the prevention of cruetly to children or animals?  b) If any answer is "Yes" to Sal-(1)(4), did any of the transactions fat to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organization relying on a current notice regarding disaster assistance (see instructions)  If "Yes in the statement required by Plegializations section 53.4945-5(d).  D) different relying the state of the sta          |      | (1) Carry on propaganda, or otherwise attempt to influ     | ience le       | gislation (sectio                       | n 4945(e      | e))? .         | . [      | Yes       | No          | 1        |              |
| (3) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (See instructions)  (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  (6) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  (7) If yes 1 to 3 to 4   |      | (2) Influence the outcome of any specific public electric  | on (see        | section 4955),                          | or to can     | ry on,         |          |           |             | 1        |              |
| (e) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)   |      | directly or indirectly, any voter registration drive?      |                |   |               |                | . [      | Yes       | No          |          |              |
| section 4945(h)(4)(A)(A) (see instructions)  (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  b if any answer is "Yes" to 5a(1)-{0}, did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4965 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  If "Yes," attach the statement required by Regulations section 53.4945-5(d).  B Did the condation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  D Did the foundation during the year, receive any proceeds on a personal benefit contract?  If "Yes," attach the statement required by Regulations section 53.4945-5(d).  B Did the foundation during the year, receive any proceeds on a personal benefit contract?  If "Yes," to 8b, file Form 8870.  The year of the foundation aparty to a prohibited tax shelter transaction?  Yes No  If "Yes," No  If "Yes," and the statement required by Regulations are appropriated at the foundation of the foundation of the foundation aparty to a prohibited tax shelter transaction?  Yes No  If "Yes No  If "Y          |      | (3) Provide a grant to an individual for travel, study, or | other s        | imılar purposes                         | ?             |                | . [      | Yes       | No          | 1 1      |              |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  b if any answer is "Ye's 156(1)-(5), did any of the transactions fall to qualify under the exceptions described in Regulations section 53.945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organization required in the star of the foundation is a current notice regarding disaster assistance (see instructions)?  Organization required in the star of the foundation receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  D of the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes" to lib., the Form 8870.  A fairly the during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes No  If "Yes" do the foundation receive any proceeds or have any net income attributable to the transaction?  The different star of the foundation of the transaction of t          |      | (4) Provide a grant to an organization other than a cha    | arıtable,      | etc., organızatı                        | on descr      | ribed in       |          |           |             | 1 1      |              |
| b If any answer is "Yes" to Sa(1)-(5), did any of the transactions fall to qualify under the exceptions described in Regulations section 53:4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  of If the answer is "Yes" to guestion 54(4) does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53:4945-5(a).  But the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes" to 6b, the Form 8870.  At any time during the tex year, was the foundation a party to a prohibited tax sheller transaction?  Yes No  If "Yes," at the foundation receive any proceeds or have any net income attributable to the transaction?  The state of the foundation and the foundation are all the foundation and contractors.  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (b) Trie, and weeks (c) Compensation (d) Contributions to employee benefit plans (d) Compensation (d) Contributions to employee benefit plans and deferred compensation of the allowances.  (a) Name and address (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation (d) Compensation (d) Contributions to employee benefit plans and deferred compensation (d) Compensation (d) Contributions to employee benefit plans and deferred compensation (d) Compensation (d) Compensation (d) Contributions to employee benefit plans and deferred compensa          |      | section 4945(d)(4)(A)? (see instructions)                  |                |   |               |                | . [      | Yes       | No          | 1 1      |              |
| b If any answer is "ves" to Sa(1)-(5), did any of the transactions fall to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  c If the answer is "ves" to question 53.494 does the foundation claim exemption from the tax because than the statement required by Regulations section 53.4945-5(d).  6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" to 6b. file Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If "Yes" to 6b. file Form 8870.  7b If "Yes" did the foundation receive any proceeds or have any net income attributable to the transaction?  I List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (b) Title, and average (c) Compensation (d) Contributions to devoted to position (e) Name and address (d) Contributions to devoted to position (e) Name and address (d) Compensation (e) Co          |      | (5) Provide for any purpose other than religious, chart    | table, so      | entific, literary                       | , or educ     | ational        | _        | _         | _           | 1 1      |              |
| b If any answer is "ves" to Sa(1)-(5), did any of the transactions fall to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  c If the answer is "ves" to question 53.494 does the foundation claim exemption from the tax because than the statement required by Regulations section 53.4945-5(d).  6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" to 6b. file Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If "Yes" to 6b. file Form 8870.  7b If "Yes" did the foundation receive any proceeds or have any net income attributable to the transaction?  I List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (b) Title, and average (c) Compensation (d) Contributions to devoted to position (e) Name and address (d) Contributions to devoted to position (e) Name and address (d) Compensation (e) Co          |      | purposes, or for the prevention of cruelty to children     | n or an        | mals?                                   | •             |                | . [      | Yes       | No          |          |              |
| Crganizations relying on a current notice regarding disaster assistance check here  c 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?  If "Yes," attach the statement required by Regulations section 53 4945-5(d).  6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7b Dif the foundation diving the year, and premiums, directly or indirectly, on a personal benefit contract?  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  7b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (b) Title, and average (c) Compensation (d) Contributions to employee benefit plans, and deferred compensation  (c) Compensation (d) Contributions to employee benefit plans, and deferred compensation  (d) Contributions to employee benefit plans, and deferred compensation  (e) Expense account, other allowances  NONE:  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average (c) Compensation  (c) Compensation  (d) Compensation  (d) Compensation  (e) Compensation  (f) Compensation  (f) Compensation  (g) Compensation  (g) Compensation  (g) Expense account, other allowances  (g) Compensation           | b    |  |                |   | nder the      | exceptions of  | describe | <br>d in  | _           | 1 1      |              |
| Crganizations relying on a current notice regarding disaster assistance check here  c 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?  If "Yes," attach the statement required by Regulations section 53 4945-5(d).  6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7b Dif the foundation diving the year, and premiums, directly or indirectly, on a personal benefit contract?  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  7b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (b) Title, and average (c) Compensation (d) Contributions to employee benefit plans, and deferred compensation  (c) Compensation (d) Contributions to employee benefit plans, and deferred compensation  (d) Contributions to employee benefit plans, and deferred compensation  (e) Expense account, other allowances  NONE:  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average (c) Compensation  (c) Compensation  (d) Compensation  (d) Compensation  (e) Compensation  (f) Compensation  (f) Compensation  (g) Compensation  (g) Compensation  (g) Expense account, other allowances  (g) Compensation           |      | Regulations section 53.4945 or in a current notice rega    | ardıng dı      | saster assistar                         | ce (see       | instructions)  | ?        |           |             | 5b       |              |
| c 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?  |      | _  | _              |   |               | ,              |          |           | ▶ □         |          |              |
| because it maintained expenditure responsibility for the grant?   | c    | If the answer is "Yes" to question 5a(4), does the found   | dation cl      | aım exemption                           | from the      | e tax          |          |           |             | 1 1      |              |
| By "Yes," attach the statement required by Regulations section 53 4945-5(d).  6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" to 6b, file Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (b) Title, and average hours per week devoted to position  HUBERT L BLACKMON  PO BOX 2280, SANFORD, NC 27331  1 At any time during the tax year, was the foundation managers and their compensation (see instructions).  (a) Name and address  (b) Title, and average hours per week devoted to position of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NOME."  (c) Departs and Contractors  2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NOME."  (b) Title, and average hours per week devoted to position devoted to position of employee benefit plans of the paid of the pa          |      |  |                |   |               |                | . [      | Yes       | No          | 1        |              |
| Sa Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  # Yes no 6b, file Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address (b) Title, and average flour personal benefit compensation (c) Compensation (d) Contributions to enter 40.00 Do   |      |  | _              |   |               |                |          |           |             | 1 1      |              |
| on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" to 6b, file Form B870.  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes No  b If "Yes," did the foundation receive any proceeds or have any net income attributiable to the transaction?  The part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address (b) Trile, and average hours per week devoted to position  FRUSTEE  2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Trile, and average hours per week devoted to position (e) Compensation (e) Expense account, other allowances of the position of the highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Trile, and average hours per week devoted to position (e) Compensation (e) Expense account, other allowances compensation of the first and deferred compensation of the allowances of the allowances of the position of the pos        | 6a   |  |                |   | pav pre       | miums          |          |           |             | 1        |              |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" to 6b, the Form 8870.  A At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Pald Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (b) Title, and average hours per week devoted to position  1 Discussion of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation (d) Contributions to employee benefit glans and deferred compensation  (d) Contributions to employee benefit glans and deferred compensation  (e) Expense account, other allowances  (for Title, and average hours per week devoted to position  (g) Title, and average hours per week devoted to position  (g) Compensation (e) Compensation  (g) Compensation (e) Compensation  (g) Compensation (e) Expense account, other allowances   |      |  |                |   |               |                | . 「      | Yes       | No          |          |              |
| # "Yes" to 6b, file Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?   | b    | •  | ectly or i     | ndirectly, on a                         | personal      | l benefit cont | ract?    |           |             | 6b       | ĺ            |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No b If Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1. List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address (b) Title, and average (c) Compensation (rhospad), enter-d.) (e) Expense account, other allowances  HUBERT L BLACKMON TRUSTEE  P O BOX 2280, SANFORD, NC 27331 40.00 0 0 0 0  2. Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50.000 (b) Title, and average hours per week devoted to position (c) Compensation (c) Compensation (d) Contributions to employee benefit plans and deferred compensation). The properties of employee benefit plans and deferred compensation of the allowances.  NONE   |      |  |                | ,,                                      |               |                |          |           |             |          |              |
| b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?    Part VIII   Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors   1   List all officers, directors, trustees, foundation managers and their compensation (see instructions).   (a) Name and address   (b) Title, and average hours per week devoted to position   (fit not paid, enter -0)   (d) Contributions to employee benefit plans and deferred compensation of the ratiowances   (e) Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."   (a) Name and address of each employee paid more than \$50,000   (b) Title, and average hours per week devoted to position   (c) Compensation   (d) Contributions to employee benefit plans and deferred compensation   (e) Expense account, other allowances   (e) Compensation   (e)          | 7a   | •  | arty to a      | a prohibited tax                        | shelter t     | ransaction?    | Γ        | Yes       | No          |          |              |
| Part VIII   Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1   |      | - · · · · · · · · · · · · · · · · · · ·                    | -              | •                                       |               |                | ction?   | <u> </u>  |             | 7b       | ]            |
| 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address (b) Title, and average hours per week devoted to position (find paid, enter -0-) and deferred compensation of their allowances are instructions.  2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week exercise the position devoted to position (e) Compensation of the instructions). If none, enter employee benefit plans and deferred compensation of the instructions to employee benefit plans and deferred compensation of the instructions to employee benefit plans and deferred compensation of the instructions to employee benefit plans and deferred compensation of the instructions to employee benefit plans and deferred compensation of the instructions to employee benefit plans and deferred compensation of the instructions to employee benefit plans and deferred compensation of the instructions to employee benefit plans and deferred compensation of the instructions to employee benefit plans and deferred compensation of the instructions to employee benefit plans and deferred compensation of the instructions to employee benefit plans and deferred compensation of the instructions to employee benefit plans and deferred compensation of the instructions to employee benefit plans and deferred compensation of the instructions to employee benefit plans and deferred compensation of the instructions to employee benefit plans and deferred compensation of the instructions to employee benefit plans and deferred compensation of the instructions to employee benefit plans and deferred compensation of the instructions to employee benefit plans and deferred compen         |      |  |                |   |               |                |          | . Highl   | v Paid B    | olam     | /ees.        |
| 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address (b) Title, and average heart of the highest-paid employees (other than those included on line 1 - see instructions).  (a) Name and address (b) Title, and average heart of the highest-paid employees paid more than \$50,000 (b) Title, and average heart of the highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position devoted to positio        |      |  | ,              | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |               |                | <b>.</b> | , 3       |             |          | ,,           |
| (a) Name and address (b) Title, and average hours per week devoted to position  (c) Compensation (f) rot paid, enter -0-)  (d) Contributions to end deferred compensation  (d) Contributions to end of the removal of th          | 1 L  | <del></del>  | gers an        | d their compe                           | nsation       | (see instru    | ctions). |           |             |          |              |
| (a) Name and address (evolted to position enter -0.)  P O BOX 2280, SANFORD, NC 27331  2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  (e) Expense account, other allowances  (find plant, enter -0.)  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances   |      |  | (b) Titl       | e, and average                          | (c) Co        | mpensation     | (d)      |           |             | (e) Expe | nse account, |
| HUBERT L BLACKMON P O BOX 2280, SANFORD, NC 27331 40.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0   |      | (a) Name and address                                       |                |   |               |                |          |           |             | other a  | llowances    |
| P 0 BOX 2280, SANFORD, NC 27331 40.00 0 0 0 0  2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation other allowances  NONE  (b) Title, and average hours per week devoted to position (c) Compensation other allowances of each employee paid more than \$50,000 (c) Compensation other allowances of each employee paid more than \$50,000 (c) Compensation other allowances of each employee paid more than \$50,000 (c) Compensation other allowances of each employee paid more than \$50,000 (c) Compensation other allowances other allowances of each employee paid more than \$50,000 (c) Compensation other allowances other allowances other employee paid more than \$50,000 (c) Compensation other allowances other employee paid more than \$50,000 (c) Compensation other employee benefit plans and deferred compensation other allowances other employees of each employee paid more than \$50,000 (c) Compensation other employees other employees of each employee paid more than \$50,000 (c) Compensation other employees other | HUB  | ERT L BLACKMON   |                |   |               |                |          |           |             |          |              |
| 2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  (other allowances)  | РΟ   |  |                |   |               | 0              |          |           | o           |          | 0            |
| "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances   |      |  |                |   |               |                |          |           |             |          |              |
| "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances   |      |  |                |   |               |                |          |           |             |          |              |
| "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances   |      |  |                |   |               |                |          |           |             |          |              |
| "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances   |      |  | ł              |   |               |                | i        |           |             |          |              |
| "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances   |      |  |                | <del></del>                             |               |                |          |           |             |          |              |
| "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances   |      |  | (<br>          |   |               |                | [        |           |             |          |              |
| "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances   | 2 (  | compensation of five highest-paid employees (other         | than th        | ose included                            | on line       | 1 - see instr  | uctions  | . If none | , enter     |          |              |
| (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  |      |  |                |   |               |                |          |           |             |          |              |
| (a) Name and address of each employee paid more than \$50,000  hours per week devoted to position  hours per week devoted to position  hours per week devoted to position  compensation  other allowances   |      |  |                |   |               |                |          | (d) Contr | ibutions to |          |              |
| NONE Compensation  Compensation   |      | (a) Name and address of each employee paid more than \$50  | ,000           |   |               | (c) Comper     | nsation  | employe   | e benefit   |          |              |
|   | _    | <u> </u>   | _              |   |               |                |          |           |             |          |              |
|   | NON  |  |                |   | <del></del>   |                |          |           |             |          |              |
| Total number of other employees paid over \$50,000  |      |  |                |   |               |                |          |           |             |          |              |
| Total number of other employees paid over \$50,000  | -    |  |                | f                                       |               |                |          |           |             |          |              |
| Total number of other employees paid over \$50,000  |      |  |                |   |               |                |          |           |             |          |              |
| Total number of other employees paid over \$50,000  |      |  |                |   |               |                |          |           |             |          |              |
| Total number of other employees paid over \$50,000  |      |  |                |   |               |                |          |           |             |          |              |
| Total number of other employees paid over \$50,000  | -    |  |                | <u> </u>                                |               |                |          |           |             |          |              |
| Total number of other employees paid over \$50,000  |      |  |                |   |               |                |          |           |             |          |              |
| Total number of other employees paid over \$50,000  |      | <del></del>  |                |   |               |                |          |           |             | _        |              |
| Total number of other employees paid over \$50,000  |      |  |                | 1                                       |               |                |          |           |             |          |              |
|   | Tota | number of other employees paid over \$50,000               | <del>-</del> . |   | <del></del> - | · ·            |          | •         | <b>•</b>    |          | 0            |

| Form 990-PF (2016) RUBY AND ERNEST MCSWAIN WORTHY LANDS   | 46-71                                | 170073 Page 7             |
|---|--------------------------------------|---------------------------|
| Information About Officers, Directors, Trustees, Foundat and Contractors (continued)                            | ion Managers, Highly Pa              | id Employees,             |
| 3 Five highest-paid independent contractors for professional services (see instructi                            | ons). If none, enter "NONE."         |                           |
| (a) Name and address of each person paid more than \$50,000   | (b) Type of service                  | (c) Compensation          |
| NONE  |                                      |                           |
|   |                                      | <del></del>               |
|   |                                      |                           |
|   |                                      |                           |
|   |                                      |                           |
|   |                                      |                           |
|   |                                      |                           |
|   |                                      |                           |
| Total number of others receiving over \$50,000 for professional services .                                      | · · · · · · · · · · · ·              |                           |
| Part IX-A Summary of Direct Charitable Activities   |                                      |                           |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic | al information such as the number of | Expenses                  |
| organizations and other beneficiaries served, conferences convened, research papers produced, etc               |                                      |                           |
| 1 PRESERVING THE WORTHY HOME AS AN HISTORICAL SITE  |                                      |                           |
|   |                                      | 147,52                    |
| 2   |                                      |                           |
|   |                                      |                           |
|   |                                      |                           |
| 3   |                                      |                           |
|   |                                      |                           |
| 4   |                                      |                           |
|   |                                      |                           |
|   |                                      |                           |
| Part IX-B Summary of Program-Related Investments (see instruction   |                                      | Amount                    |
| Describe the two largest program-related investments made by the foundation during the tax year on line.        | les i anu z                          | Amount                    |
|   |                                      |                           |
|   |                                      | <u> </u>                  |
| 2   |                                      |                           |
|   |                                      |                           |
| All other program-related investments. See instructions   |                                      |                           |
| 3   |                                      |                           |
|   |                                      |                           |
| Tetal Add Inno 1 through 2  |                                      |                           |
| Total. Add lines 1 through 3  | <u> </u>                             | Form <b>990-PF</b> (2016) |
| EA  |                                      | rom <b>990-PF</b> (201    |

| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.                 | f 1 |   |
|---|--|-----|---|
| а | Expenses, contributions, gifts, etc total from Part I, column (d), line 26                                 | 1a  | 0 |
| b | Program-related investments - total from Part IX-B   | 1b  |   |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc ,           |     |   |
|   | purposes   | 2   |   |
| 3 | Amounts set aside for specific charitable projects that satisfy the  |     |   |
| а | Suitability test (prior IRS approval required)   | 3a  |   |
| b | Cash distribution test (attach the required schedule)  | 3b  |   |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4   |   |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income        |     |   |
|   | Enter-1%-of Part-I,-line-27b-(see-instructions)  | 5   |   |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4   | 6   |   |
|   |  |     |   |

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

qualifies for the section 4940(e) reduction of tax in those years

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|          | 990-PF (2016) RUBY AND ERNEST MCS                    |               | ANDS                                     | 46-7170073  | Page 9                                 |
|----------|--|---------------|--|-------------|--|
| Pai      | t XIII Undistributed Income (see instru              | ictions)      |  |             | <del> </del>                           |
| 1        | Distributable amount for 2016 from Part XI, line 7   | (a)<br>Corpus | (b)<br>Years prior to 2015               | (c)<br>2015 | (d)<br>2016<br>91,628                  |
| 2        | Undistributed income, if any, as of the end of 2016. |               |  |             | 31,020                                 |
| a        | Enter amount for 2015 only                           |               |  |             |  |
| b        | Total for prior years                                |               |  |             | ······································ |
| 3        | Excess distributions carryover, if any, to 2016      | ·             |  |             |  |
| J<br>a   | From 2011  |               |  | 1           |  |
| h        | From 2012  | -             |  | 1           |  |
| c        | From 2013  | •             | ]  | 1           |  |
| 4        | From 2014 .  | -             |  | 1           |  |
|          | From 2015  |               | 1  | -           |  |
| f        | Total of lines 3a through e                          | †             |  | 1           |  |
| 4        | Qualifying distributions for 2016 from Part XII,     |               |  |             |  |
| •        | line 4 > \$  |               |  |             |  |
| а        | Applied to 2015, but not more than line 2a           |               | 1  | <b>†</b>    |  |
| b        | Applied to undistributed income of prior years       |               | ·   · · · · · · · · · · · · · · · · · ·  |             |  |
| _        | (Election required - see instructions) .             |               |  | ļ           |  |
| c        | Treated as distributions out of corpus (Election     |               | 1  |             |  |
| ·        | required - see instructions)                         |               |  | į           |  |
| di       | Applied to 2016 distributable amount                 |               |  |             |  |
| <u>ب</u> | Remaining amount distributed out of corpus           |               |  |             |  |
| 5        | Excess distributions carryover applied to 2016       | -             | 11-11-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 | -1.         |  |
| Ŭ        | (If an amount appears in column (d), the same        |               |  |             |  |
|          | amount must be shown in column (a) )                 | -             | 1  | ļ           |  |
| 6        | Enter the net total of each column as                | -             |  |             |  |
| Ŭ        | indicated below:                                     |               |  |             |  |
| а        | Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 .  |               |  |             |  |
| b        | Prior years' undistributed income. Subtract          |               |  |             | ,                                      |
| _        | line 4b from line 2b                                 |               |  |             | ,                                      |
| С        | Enter the amount of prior years' undistributed       | <del></del>   |  | 117 111     |  |
| ·        | income for which a notice of deficiency has          |               |  |             |  |
|          | been issued, or on which the section 4942(a)         |               |  |             |  |
|          | tax has been previously assessed .                   | -             |  |             |  |
| d        | Subtract line 6c from line 6b Taxable                |               |  |             |  |
| _        | amount - see instructions                            |               |  | ,           |  |
| е        | Undistributed income for 2015 Subtract line          |               |  |             |  |
| _        | 4a from line 2a Taxable amount - see                 |               |  |             |  |
|          | instructions   | -             | -  |             |  |
| f        | Undistributed income for 2016. Subtract lines        |               |  | 1           |  |
| -        | 4d and 5 from line 1 This amount must be             |               |  |             |  |
|          | distributed in 2017                                  |               |  |             | 91,62                                  |
| 7        | Amounts treated as distributions out of corpus       | ., .,         |  |             |  |
| -        | to satisfy requirements imposed by section           |               |  |             |  |
|          | 170(b)(1)(F) or 4942(g)(3) (Election may be          |               |  | ţ           |  |
|          | required - see instructions)                         |               |  |             | ····                                   |
| 8        | Excess distributions carryover from 2011 not         |               |  | Į           |  |
|          | applied on line 5 or line 7 (see instructions)       |               |  |             |  |
| 9        | Excess distributions carryover to 2017.              |               |  | 1           |  |
|          | Subtract lines 7 and 8 from line 6a                  |               |  |             |  |
| 10       | Analysis of line 9                                   |               |  | Į.          |  |
| а        | Excess from 2012                                     |               |  | <u> </u>    |  |
| b        | Excess from 2013                                     | į             |  |             |  |
| c        | Excess from 2014 .                                   |               |  | Į.          |  |
| d        | Excess from 2015                                     | ]             |  |             |  |
| е        | Excess from 2016                                     |               |  |             | <del></del>                            |
|          |  |               |  | Forr        | n <b>990-PF</b> (2016                  |

|          | 90-PF (2016) RUBY AND E  XIV Private Operating Found  |                                       | N WORTHY LANDS          | + \/II A ================================== | 46-717007           | <u>P</u>     |
|----------|---|---------------------------------------|-------------------------|---|---------------------|--------------|
|          | If the foundation has received a ruling or d  |                                       |                         |   | <del></del>         | <del>-</del> |
|          | foundation, and the ruling is effective for 2   |                                       |                         |   |                     |              |
|          |   |                                       |                         |   | 1040()(0) == 1      | 1040(1)(5)   |
|          | Check box to indicate whether the foundat<br>Enter the lesser of the adjusted net   |                                       | rating foundation desc  |   | 4942(j)(3) or 4     | 1942(j)(5)   |
|          | income from Part I or the minimum   | Tax year                              | +                       | Prior 3 years                               |                     | (e) Total    |
|          | investment return from Part X for   | (a) 2 <sub>016</sub>                  | <b>(b)</b> 2015         | (c) 2014                                    | (d) 2013            |              |
|          | each year listed  |                                       |                         |   |                     |              |
| b        | 85% of line 2a  |                                       |                         |   |                     |              |
|          | Qualifying distributions from Part XII, line 4 for each year listed   |                                       |                         |   |                     |              |
|          | Amounts included in line 2c not used directly for active conduct of exempt activities   |                                       |                         |   |                     | _            |
| e        | Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c   |                                       |                         |   |                     |              |
|          | Complete 3a, b, or c for the alternative test relied upon   |                                       |                         |   |                     |              |
| а        | "Assets" alternative test - enter.  (1) Value of all assets   |                                       |                         |   |                     |              |
| <b>.</b> | (2) Value of assets qualifying under section 4942(j)(3)(B)(i)   |                                       |                         |   |                     |              |
| D        | "Endowment" alternative test - enter 2/3<br>of minimum investment return shown in<br>Part X, line 6 for each year listed  |                                       |                         |   |                     |              |
| С        | "Support" alternative test - enter.   |                                       |                         |   |                     |              |
|          | (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)   |                                       |                         |   |                     |              |
|          | (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)  |                                       |                         |   |                     |              |
|          | (3) Largest amount of support from an exempt organization   |                                       |                         |   |                     |              |
|          | (4) Gross investment income .   |                                       |                         |   |                     |              |
| art      | XV Supplementary Informati  | on (Complete                          | this part only if       | the foundation ha                           | d \$5,000 or more i | n assets at  |
| a<br>b   | Information Regarding Foundation Ma List any managers of the foundation who before the close of any tax year (but only  List any managers of the foundation who   | have contributed m                    | outed more than \$5,000 | )) (See section 507(d)(2                    | 2))                 |              |
|          | ownership of a partnership or other entity  |                                       |                         |   |                     |              |
| 2        | Information Regarding Contribution, Contribution, Contribution Check here ► Information If the foundation only unsolicited requests for funds If the foundation only unsolicited requests for funds If the foundation is the foundation of the founda | makes contribution                    | s to preselected charit | able organizations and o                    |                     |              |
|          | other conditions, complete items 2a, b, c   |                                       |                         |   |                     |              |
| а        | The name, address, and telephone numb   | er or e-mail addres                   | s of the person to who  | m applications should b                     | e addressed         |              |
| b        | The form in which applications should be  | submitted and info                    | rmation and materials   | they should include:                        | ,                   |              |
|          |   | · · · · · · · · · · · · · · · · · · · |                         |   |                     |              |

| orn | 1990-PF (2016) RUBY AND ERNEST  | MCSWAIN WO   | RTHY LANDS                           | 6 46-7170                        | 073      | Page <b>11</b> |
|-----|---|--|--------------------------------------|----------------------------------|----------|----------------|
| Pa  | rt XV   Supplementary Information (contin   | ued)   |                                      |                                  |          |                |
| 3 ( | rt XV Supplementary Information (contine Grants and Contributions Paid During the | Year or Approved   | for Future Pay                       | vment                            |          |                |
|     | Recipient   | If recipient is an individual, show any relationship to any foundation manager | Foundation<br>status of<br>recipient | Purpose of grant or contribution |          | Amount         |
|     | Name and address (home or business)   | or substantial contributor   | Too.pro.n.                           |                                  | <u> </u> |                |
| a   | Paid during the year  | or substantial contributor   |                                      |                                  |          |                |
|     |   |  |                                      |                                  |          |                |
|     | Total   |  |                                      | . ▶ 3a                           |          |                |
| h   | Approved for future payment   |  |                                      |                                  |          |                |
|     |   |  |                                      |                                  |          |                |
|     | Total   | <u>.</u> .   |                                      | <u>▶</u> 3b                      |          |                |

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| Part XV     | PF (2016) RUBY AND ERNEST MCSWA<br>LA Analysis of Income-Producing A  | Activities                                       | LANDS           |  | 46-71700                       | 73 Page 1:   |
|-------------|---|--|-----------------|--|--------------------------------|--|
| Enter gross | amounts unless otherwise indicated  |  | business income | Excluded by sec                                  | ction 512, 513, or 514         | (e)  |
| 1 Prograr   | n service revenue   | (a)<br>Business<br>code                          | (b)<br>Amount   | (c)<br>Exclusion code                            | (d)<br>Amount                  | Related or exempt<br>function income<br>(See instructions) |
| a RE        | NTAL INCOME   | 531110   | 8,250           | 03   |                                |  |
| b RE        | NTAL INCOME   | 531120   | 11,209          |  |                                |  |
| C RE        | NTAL INCOME   | 531190   | 6,080           |  |                                |  |
| d           |   |  |                 |  |                                |  |
| е           |   |  |                 |  |                                |  |
| f           |   |  |                 |  |                                |  |
| g Fees      | s and contracts from government agencies  |  |                 |  |                                |  |
|             | rship dues and assessments  |  |                 |  |                                |  |
| 3 Interest  | on savings and temporary cash investments .   |  |                 |  |                                | <del></del>  |
|             | ds and interest from securities   |  |                 | <del>                                     </del> |                                |  |
| 5 Net rent  | tal income or (loss) from real estate:  |  |                 | -  |                                | <del></del>  |
|             | t-financed property   |  |                 |  |                                |  |
|             | debt-financed property  |  |                 | <del>                                     </del> |                                |  |
|             | tal income or (loss) from personal property   |  |                 | <del>                                     </del> |                                |  |
|             | evestment income  |  |                 |  |                                |  |
| 8 Gain or   | (loss) from sales of assets other than inventory  |  |                 | <del></del>                                      |                                |  |
|             | ome or (loss) from special events   | <del></del>                                      | -               |  |                                |  |
|             | profit or (loss) from sales of inventory  |  |                 |  |                                |  |
|             | evenue a  |  |                 | <u> </u>   |                                |  |
| b           |   | <del>                                     </del> |                 | <del>                                     </del> |                                |  |
| с —         |   |  |                 |  |                                |  |
|             |   |  |                 |  |                                |  |
| е —         |   |  |                 | <del> </del>                                     |                                |  |
|             |   |  |                 | 1 1  |                                |  |
| 12 Subtota  | Add columns (b), (d), and (e)   |  | 25,539          |  |                                | <del></del>  |
|             |   |  | 25,539          |  | . 13                           | 25,53  |
| 13 Total. / | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations)    Relationship of Activities to the  |  | shment of Exe   | mpt Purpose                                      | es                             |  |
| 13 Total. / | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations)   | ome is reported                                  | shment of Exe   | mpt Purpose<br>Part XVI-A contrib                | es<br>outed importantly to the | e  |
| (See works) | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations)  Relationship of Activities to the Explain below how each activity for which income | ome is reported                                  | shment of Exe   | mpt Purpose<br>Part XVI-A contrib                | es<br>outed importantly to the | e  |
| (See works) | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations)  Relationship of Activities to the Explain below how each activity for which income | ome is reported                                  | shment of Exe   | mpt Purpose<br>Part XVI-A contrib                | es<br>outed importantly to the | e  |
| (See works) | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations)  Relationship of Activities to the Explain below how each activity for which income | ome is reported                                  | shment of Exe   | mpt Purpose<br>Part XVI-A contrib                | es<br>outed importantly to the | e  |
| (See works) | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations)  Relationship of Activities to the Explain below how each activity for which income | ome is reported                                  | shment of Exe   | mpt Purpose<br>Part XVI-A contrib                | es<br>outed importantly to the | e  |
| (See works) | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations)  Relationship of Activities to the Explain below how each activity for which income | ome is reported                                  | shment of Exe   | mpt Purpose<br>Part XVI-A contrib                | es<br>outed importantly to the | e  |
| (See works) | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations)  Relationship of Activities to the Explain below how each activity for which income | ome is reported                                  | shment of Exe   | mpt Purpose<br>Part XVI-A contrib                | es<br>outed importantly to the | e  |
| (See works) | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations)  Relationship of Activities to the Explain below how each activity for which income | ome is reported                                  | shment of Exe   | mpt Purpose<br>Part XVI-A contrib                | es<br>outed importantly to the | e  |
| (See works) | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations)  Relationship of Activities to the Explain below how each activity for which income | ome is reported                                  | shment of Exe   | mpt Purpose<br>Part XVI-A contrib                | es<br>outed importantly to the | e  |
| (See works) | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations)  Relationship of Activities to the Explain below how each activity for which income | ome is reported                                  | shment of Exe   | mpt Purpose<br>Part XVI-A contrib                | es<br>outed importantly to the | e  |
| (See works) | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations)  Relationship of Activities to the Explain below how each activity for which income | ome is reported                                  | shment of Exe   | mpt Purpose<br>Part XVI-A contrib                | es<br>outed importantly to the | e  |
| (See works) | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations)  Relationship of Activities to the Explain below how each activity for which income | ome is reported                                  | shment of Exe   | mpt Purpose<br>Part XVI-A contrib                | es<br>outed importantly to the | e  |
| (See works) | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations)  Relationship of Activities to the Explain below how each activity for which income | ome is reported                                  | shment of Exe   | mpt Purpose<br>Part XVI-A contrib                | es<br>outed importantly to the | e  |

دستا الرواء

| Pa    | n X     |   | n Regarding Tra<br>ganizations                              | ansfers To and Trans   | sactions and                                    | Relationships With Noncl  | naritat        | ole      |       |
|-------|---------|---|---|--|---|---|----------------|----------|-------|
| 1     | Did     |   |   | ige in any of the following w  | ith any other orga                              | enization described   |                | Yes      | No    |
|       |         |   |   | ion 501(c)(3) organizations)   |   |   |                |          |       |
|       |         | anizations?   |   |  | 0 000   | , rolling to political  |                |          |       |
| а     | _       |   | ting foundation to a n                                      | oncharitable exempt organı   | zation of                                       |   |                |          |       |
|       |         | Cash .  |   |  |   |   | 1a(1)          | ·        | х     |
|       |         | Other assets  |   | •  | • • •   |   | 1a(2)          |          | X     |
| b     |         | er transactions   | ·   |  |   | •   | 1.4(2)         |          |       |
|       |         | Sales of assets to a  | noncharitable exemp   | t organization   |   |   | 1b(1)          |          | Х     |
|       |         |   |   | e exempt organization  | •   |   | 1b(2)          |          | X     |
|       |         | Rental of facilities, ed                                      |   |  | •   |   | 1b(3)          | _        | X     |
|       |         | Reimbursement arra  |   |  | •   | ·   | 1b(4)          |          | X     |
|       |         | Loans or loan guaran  |   |  | • • •   |   | 1b(5)          |          | X     |
|       |         | _   |   | or fundraising solicitations   | • •   |   | 1b(6)          |          | X     |
| С     |         |   |   | other assets, or paid employ   |   | •   | 1c             |          | X     |
| d     |         |   |   |  |   | nould always show the fair market                                     |                |          |       |
| _     |         |   |   | - ·  |   | dation received less than fair market                                 | ,              |          |       |
|       |         |   |   |  |   | ls, other assets, or services receive                                 |                |          |       |
| (a) L | ne no   | (b) Amount involved   |   | charitable exempt organization   |   | cription of transfers, transactions, and sh                           |                | naem     | ents  |
|       | 110 110 | (b) / tillodilit ill volved                                   | (c) Hame of Hon   | ichantable exempt organization   | (u) Desc  | inplion of transfers, transactions, and si                            | iai ii iy ai i | angenn   | CIICO |
|       |         |   |   |  |   | , <u>, , , ,</u>  |                |          |       |
|       |         |   |   |  |   |   | <del></del> ,  |          |       |
|       | _       | 17  |   | <del>- 1,2</del>   |   |   | <del></del> ,  |          |       |
|       |         |   |   |  |   |   |                |          |       |
|       |         |   |   |  |   |   |                |          |       |
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|       |         |   |   |  |   |   |                |          |       |
|       |         |   |   |  |   |   |                |          |       |
|       |         |   |   |  |   |   |                |          |       |
|       |         |   |   |  |   |   |                |          |       |
|       |         |   |   |  |   |   |                |          |       |
| 2a    |         | •   | •   | with, or related to, one or r  | •   | organizations   |                | Ţ,       | J     |
|       |         |   |   | r than section 501(c)(3)) or   | in section 527?                                 | •   | Ye             | s X      | No    |
| b     | If "Y   | es," complete the foll  | lowing schedule   | 1  |   |   |                |          |       |
|       |         | (a) Name of organ   | nization  | (b) Type of organ  | ızatıon   | (c) Description of relati   | onship         | FR.      |       |
|       |         |   |   |  |   |   |                |          |       |
|       |         |   |   |  |   |   |                |          |       |
|       |         |   |   |  |   |   |                |          |       |
|       |         |   |   |  |   |   |                |          |       |
|       |         |   |   |  |   |   |                |          |       |
|       | ال      | Inder penalties of perjury, I<br>correct, and complete Declar | declare that I have examin<br>aration of preparer (other th | ied this return, including accompan-<br>ian taxpayer) is based on all inform | ying schedules and st<br>ation of which prepare | atements, and to the best of my knowledge are<br>tr has any knowledge | id belief, it  | is true, |       |
| Sig   | ın      | GI 1 40   | 001   | , 11,0   | 10  |   | RS discuss     |          | turn  |
| He    | re∐     | Auber Ogr   | MKadrie   | <u> 4787</u>   | TRUSTEE   |   | reparer sh     | own bel  | ow .  |
|       |         | Signature of officer or tru                                   | ustee   | Date   | Title   | (269 1121)  |                |          | X No  |
|       |         | Print/Type prepar   | er's name   | Preparer's signature   | 1 .1  | Date Check X if   | PTIN           |          |       |
| Pai   | a       | Amy Bullo   | ck  | 1 /MILLAN  | VIIIACH   | 4-/8-// self-employed   | P0058          | 1436     |       |
| Pre   | pa      | rer Firm's name   | ► Amy D Bulle   | ock CPA  | -   | Firm's EŧN ▶  | _              |          |       |

910-875-3290

Phone no

Use Only Firm's address ▶ 121 S Main Street

Raeford NC 28376

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

فيسلم فيريدان

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No 1545-0047

2016

| Name of the organization                        |   | Employer identification number |
|---|---|--------------------------------|
| RUBY AND ERNEST MCSWA                           | IN WORTHY LANDS   | 46-7170073                     |
| Organization type (check one)                   |   |                                |
| Filers of:                                      | Section:  |                                |
| Form 990 or 990-EZ                              | 501(c)( ) (enter number) organization   |                                |
|   | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation  |                                |
|   | 527 political organization  |                                |
| Form 990-PF                                     | ∑ 501(c)(3) exempt private foundation   |                                |
|   | 4947(a)(1) nonexempt charitable trust treated as a private foundation   |                                |
|   | 501(c)(3) taxable private foundation  |                                |
| Check if your organization is cover             | red by the <b>General Rule</b> or a <b>Special Rule</b> .   |                                |
| Note: Only a section 501(c)(7), (8 instructions | ), or (10) organization can check boxes for both the General Rule and a Special F   | Rule See                       |
| General Rule                                    |   |                                |
|   | Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling perty) from any one contributor. Complete Parts I and II See instructions for determines   |                                |
| Special Rules                                   |   |                                |
|   |   |                                |
|   | sibed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support   |                                |
|   | s 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ),   |                                |
|   | received from any one contributor, during the year, total contributions of the greatin<br>mount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Par |                                |
| \$6,000 or (2) 270 or the di                    | Todate on (i) Form 550, Fait viii, line III, or (ii) Form 550-E2, line F Complete Fai   | to rand ii                     |
| For an organization descr                       | ibed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from  | ı any one                      |
|   | ar, total contributions of more than \$1,000 exclusively for religious, charitable, science   |                                |
| literary, or educational pur                    | rposes, or for the prevention of cruelty to children or animals Complete Parts I, II  | , and III.                     |
| For an organization descr                       | ubed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from  | n any one                      |
| contributor, during the yea                     | ar, contributions exclusively for religious, charitable, etc., purposes, but no such  |                                |
| contributions totaled more                      | than \$1,000 If this box is checked, enter here the total contributions that were re  | eceived                        |
| during the year for an <i>exc</i>               | <i>lusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless  | s the                          |
| General Rule applies to the                     | nis organization because it received <i>nonexclusively</i> religious, charitable, etc., con   | tributions                     |
| totaling \$5,000 or more du                     | rring the year  | .▶ \$                          |
| Caution: An organization that sen's             | t covered by the General Rule and/or the Special Rules doesn't file Schedule B (F   | Form 990                       |
|   | nswer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its For   |                                |
|   | ify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ,   |                                |

Name of organization

RUBY AND ERNEST MCSWAIN WORTHY LANDS

Employer identification number 46-7170073

| Part I     | Contributors (See instructions). Use duplicate copi | es of Part I if additional space is a | needed.  |
|------------|---|---------------------------------------|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                   | (c) Total contributions               | (d) Type of contribution   |
| _1_        | PO BOX 2280  SANFORD, NC 27331                      | \$ 326,732                            | Person  Payroll  Noncash  (Complete Part II for noncash contributions) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                   | (c) Total contributions               | (d) Type of contribution   |
|            |   |                                       | Person   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                   | (c) Total contributions               | (d)<br>Type of contribution  |
|            |   |                                       | Person   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                   | (c) Total contributions               | (d)<br>Type of contribution  |
|            |   | \$                                    | Person   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                   | (c) Total contributions               | (d)<br>Type of contribution  |
|            |   | \$                                    | Person   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                   | (c) Total contributions               | (d)<br>Type of contribution  |
|            |   |                                       | Person   |

|  |   | Federal St  | Federal Supporting Statements     | ments                  | 2016 PG01                                 | • |
|--|---|---|-----------------------------------|------------------------|---|---|
| Name(s) as shown on return RUBY AND ERNEST MCSWAIN WORTHY LANDS        |   |   |                                   |                        | Your Social Security Number<br>46–7170073 |   |
|  | FORM 990                                  | FORM 990PF - PART I - LINE 11                                       | - LINE 11 - OTHER INCOME SCHEDULE | ULE                    | STATEMENT #106~                           |   |
| DESCRIPTION  | REVENUE<br>AND EXPENSES                   | NET<br>INVESTMENT   | ADJUSTED<br>NET INCOME            |                        |   |   |
| NFORD -  | 2,906                                     | 0   | 0                                 |                        |   |   |
| TOTALS ==  | 2,906                                     | 0   | 0                                 |                        |   |   |
|  |   |   |                                   |                        |   |   |
|  | FORM 990PF - P                            | FORM 990PF - PART I - LINE 16(C) - OTHER PROFESSIONAL FEES SCHEDULE | OTHER PROFESSIONAL FE             | ES SCHEDULE            | PGO1<br>STATEMENT #109~                   |   |
| DESCRIPTION SUBCONTRACTOR LEGAL AND PROFESSONAL MAINTENANCE OF GROUDNS | REVENUE AND EXPENSES 7,411 122,025 25,500 | NET INVESTMENT 0 0  | ADJUSTED NET INCOME 0 0           | CHARITABLE PURPOSE 0 0 |   |   |
| TOTALS =   | 154,936                                   | 0   | 0                                 | 0                      |   |   |
|  |   |   |                                   |                        |   |   |
|  |   |   |                                   |                        |   |   |
|  |   |   |                                   |                        |   |   |
| ITM~LD   |   |   |                                   |                        |   |   |

|                                      |            |                   | Federal S      | upporting               | Federal Supporting Statements | ts       |                 |                |                             | •        |
|--------------------------------------|------------|-------------------|----------------|-------------------------|-------------------------------|----------|-----------------|----------------|-----------------------------|----------|
| Name(s) as shown on return           |            |                   |                |                         |                               |          | :               | Your So        | Your Social Security Number | 1.       |
| RUBY AND ERNEST MCSWAIN WORTHY LANDS | HY LANDS   |                   |                |                         |                               |          |                 |                | 46-7170073                  | <b>'</b> |
|                                      |            | FORM 990PF - PART | PART I LINE 19 | - DEPRECIATION SCHEDULE | ON SCHEDULE                   |          |                 |                | STATEMENT #126              |          |
|                                      | DATE       | COST OR           | PRIOR YEAR     | COMPUTATION             | ш<br>•<br>•                   | <u>u</u> | CURRENT YEAR    | NET INVESTMENT | . ADJUSTED NET              |          |
| DESCRIPTION                          | ACQUIRED   | OTHER BASIS       | DEPRECIALION   | ST.                     | 14.286                        | 7        | DEFRECIALION 42 | O O            | THEORIE                     |          |
| FORNITURE<br>OFFICE FURNITURE        | 12-04-2014 | 2.54              | 110            | s s                     | 14.286                        |          | 86              | 0              | 0                           |          |
| 2 FILING CABINETS                    | 12-19-2014 | 267               | 43             | SL                      | 14.286                        | 7        | 38              | 0              | 0                           |          |
| 2 DESKS                              | 12-19-2014 | 1,484             | 239            | SL                      | 14.286                        | 7        | 212             | 0              | 0                           |          |
|                                      | 12-19-2014 |                   | 101            | SL                      | 14.286                        | 7        | 06              | 0              | 0                           |          |
| 2 CHAIRS                             | 12-19-2014 | 278               | 45             | SL                      | 14.286                        | 7        | 40              | 0              | 0                           |          |
| MOWER                                | 09-16-2014 | 3,750             | 737            | SL                      | 14.286                        | 7        | 536             | 0              | 0                           |          |
| OFFICE BLADE                         | 12-31-2014 | 1,050             | 169            | SL                      | 14.286                        | 7        | 150             | 0              | 0                           |          |
| TOW DOLLY                            | 12-31-2014 | 1,585             | 254            | SL                      | 14.286                        | 7        | 226             | 0              | 0                           |          |
| ELECTRICAL                           | 12-31-2014 | 8,311             | 623            | SL                      | 6.667                         | 15       | 554             | 0              | 0                           |          |
| ROAD WORK                            | 09-26-2014 | 000,6             | 825            | SL                      | 6.667                         | 15       | 009             | 0              | 0                           |          |
| 1111 WOODLAND AVENUE                 | 01-01-2014 | 12,455            | 10,714         | ARR                     | 3.636                         | 27.5     | 453             | 0              | 0                           |          |
| 1111 REMODEL                         | 01-01-2014 | 669 /6            | 4,883          | ARR                     | 3.636                         | 27.5     | 353             | 0              | 0                           |          |
| LAND WOODLAND                        | 01-01-2014 | 14,320            |                | NDA                     | 0                             |          | 0               | 0              | 0                           |          |
| ROOF REPAIR                          | 01-01-2014 | 2,400             | 1,661          | ARR                     | 3.636                         | 27.5     | 87              | 0              | 0                           |          |
| FARM OFFICE                          | 01-01-2014 | 168,281           | 14,333         | SL                      | 2.564                         | 39       | 4,315           | 0              | 0                           |          |
| METAL BUILDING                       | 01-01-2014 | 26,069            | 1,448          | SL                      | 2.564                         | 39       | 899             | 0              | 0 -                         |          |
| PLOW DISC AND SPREADER               | 01-01-2014 | 1,950             | 1,437          | Σ                       | 15.31                         | 7        | 299             | 0              | 0                           |          |
| MOWER                                | 01-01-2014 | 1,265             | 525            | Σ                       | 15.31                         | 7        | 194             | 0              | 0                           |          |
| TRAILER                              | 09-26-2014 | 1,585             | 439            | Σ                       | 18.22                         | 7        | 289             | 0              | 0                           |          |
|                                      |            |                   |                | ı                       |                               |          | ó               |                |                             |          |
| TOTALS                               |            | 955,695           | 98,585         | 0                       |                               |          |                 |                |                             |          |
|                                      |            |                   |                |                         |                               | ;        | į               |                |                             |          |
| STM~LD                               |            | -                 |                |                         |                               |          |                 |                |                             |          |