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Form **990-PF** Department of the Treasury

Return of Private Foundation

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

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. OMB No 1545-0052

Internal Revenue Service For calendar year 2013 or tax year beginning and ending Name of foundation A Employer identification number 27-6112014 THE WORKMAN FAMILY CHARITABLE TRUST Number and street (or P O box number if mail is not delivered to street address) B Telephone number 803-782-7876 6 CALENDAR COURT City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here 29206 COLUMBIA, SC G Check all that apply: Initial return Initial return of a former public charity D 1 Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% check here and attach computation Address change Name change Section 501(c)(3) exempt private foundation Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J Accounting method: X Cash Accruat If the foundation is in a 60-month termination Other (specify) under section 507(b)(1)(B), check here (from Part II, col (c), line 16) 2,278,640. (Part I, column (d) must be on cash basis.) ▶\$ (d) Disbursements for charitable purposes (cash basis only) Part I Analysis of Revenue and Expenses (c) Adjusted net (b) Net investment (a) Revenue and (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books income income 1,972,365 N/A Contributions, gifts, grants, etc., received if the foundation is not required to attach Sch. 8 Interest on savings and temporary cash investments 47,348 33,634 STATEMENT Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 21,661 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 117,412. 21,661 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 2.041 374 55,295 Total. Add lines 1 through 11 0. Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits Expenses 16a Legal fees RECEIVED STMT 2 1,817 1,817 0. **b** Accounting fees c Other professional fees Ø Operating and Administrative 17 Interest MAY 1 9 2014 y) 18 Taxes 19 Depreciation and depletion OGDEN, U 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 15,470 0. 15,470 STMT 3 23 Other expenses 24 Total operating and administrative 17,287 17,287 expenses. Add lines 13 through 23 65,000. 65,000 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 65,000. 82,287 17,287 Add lines 24 and 25 27 Subtract line 26 from line 12: 1,959,087 2 Excess of revenue over expenses and disbursements 38,008 b Net investment income (if negative, enter -0-) N/A

c Adjusted net income (if negative, enter -0-)

LHA For Paperwork Reduction Act Notice, see instructions.

For	n 99	0-PF (2013) THE WORKMAN FAMILY CHAR			6112014 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	<u> </u>
<u> </u>			(a) Book Value	(b) Book Value	(c) Fair Market Value
		Cash - non-interest-bearing	6.562	150 201	150 201
		Savings and temporary cash investments	6,763.	170,301.	170,301.
	3	Accounts receivable			
		Less: allowance for doubtful accounts			
	4	Pledges receivable			
		Less: allowance for doubtful accounts ▶			
	_	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	_	disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
Assets	8	Inventories for sale or use			
Ass	9	Prepaid expenses and deferred charges Investments - U.S. and state government obligations			
-		Investments - corporate stock			
		·			
		Investments - corporate bonds Investments - land, buildings, and equipment basis			
	11	Less accumulated depreciation			
	12	Investments - mortgage loans	·		
	13	Investments - other		-	
	14				
	• •	Less accumulated depreciation			
	15	Other assets (describe ► STATEMENT 4)	0.	1,795,549.	2,108,339.
		Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item 1)	6,763.	1,965,850.	2,278,640.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
S	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
iabį	21	Mortgages and other notes payable			
_	22	Other liabilities (describe)			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
S		and complete lines 24 through 26 and lines 30 and 31.			
Net Assets or Fund Balances	24	Unrestricted			
alai	25	Temporarily restricted		.	j
9	26	Permanently restricted			<u> </u>
Š		Foundations that do not follow SFAS 117, check here			
٩		and complete lines 27 through 31.	0.	0.	
ets.	27	Capital stock, trust principal, or current funds	0.	0.	
SS	28	Paid-in or capital surplus, or land, bldg., and equipment fund Retained earnings, accumulated income, endowment, or other funds	6,763.	1,965,850.	
et/	29 30	Total net assets or fund balances	6,763.	1,965,850.	
Z	30	IOLA HEL 400ETO OL IANO DAIGNOCO	0,703.	1/303/0301	
	31	Total liabilities and net assets/fund balances	6,763.	1,965,850.	
				2730370301	<u>. </u>
P	art	Analysis of Changes in Net Assets of Fund B			
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30		
	•	st agree with end-of-year figure reported on prior year's return)		1	6,763.
		r amount from Part I, line 27a		2	1,959,087.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	1,965,850.
		eases not included in line 2 (itemize)	aluma (h) lina 00	5	1,965,850.
<u>6</u>	ı ota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olulnn (D), line 30	6	Eorm 990-PF (2013)

Part (V Capital Gains	and Losses for	Tax on Investmen	t Income					
		perty sold (e.g., real estate, stock, 200 shs. MLC Co.)		(b) H	low acquired - Purchase - Donation		Date acquired mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a 20,000 NM GENI	ERAL MTRS A	CCP CLD			P		9/21/08	08/15/13
b 1,050 HEINZ H		-		1	P	0:	<u>9/21/08</u>	06/10/13
c 20,000 SOUTH (CAROLINA ST	PSA RV SER	A RF	-		 _	- 101 100	00/00/10
d AMBACK CLD				 	P	0:	9/21/08_	09/09/13
e CAPITAL GAINS	1			<u> </u>			#1 O #1	<u></u>
(e) Gross sales price	(f) Depreciation (or allowab		expense of sale			((h) Gain or (loss e) plus (f) minus	(g)
a 20,000.			19,03					966.
b 76,125.			56,46	9.				19,656.
<u>c</u>			00 04					-240
d 20,000		<u> </u>	20,24	18.				<248.
e 1,287. Complete only for assets show		and owned by the foundation	n on 12/21/60	+		(I) C	una (Cal /h) gara	1,287.
(i) F.M.V. as of 12/31/69	(j) Adjusted t as of 12/31	oasis (k) E	xcess of col. (1) r col. (1), if any			col. (k)	ains (Col. (h) gain), but not less tha osses (from col. (n -0-) or
	43 01 120 1	000	(),, a.i.,	\rightarrow				966.
8	_			\rightarrow				19,656.
<u>b</u>		<u> </u>		_				17,030.
<u>C</u>							·	<248.
<u>d</u>								1,287.
<u>e</u>	C 14		7	$\overline{}$				1,2071
2 Capital gain net income or (net o	apital loss)	ain, also enter in Part I, line loss), enter -0- in Part I, line	e 7)	2			21,661.
3 Net short-term capital gain or (lo	•	ns 1222(5) and (6):		٦١				
If gain, also enter in Part I, line 8 If (loss), enter -0- in Part I, line 8				 	3		N/A	
Part V Qualification	Jnder Section 4	940(e) for Reduced	Tax on Net	Inv	estment	Incor	ne	
(For optional use by domestic prival If section 4940(d)(2) applies, leave Was the foundation liable for the se	this part blank. ction 4942 tax on the di	stributable amount of any y	ear in the base per		.,			Yes X No
If "Yes," the foundation does not quite the appropriate amount in				ntries				
(a)	each column for each y		Tore making any e		•			(d)
Base period years Calendar year (or tax year beginr	Adjusted	(b) qualifying distributions	Net value of no	(c) nchar	itable-use ass	sets	Distrib	oùtión ratio rided by col. (c))
2012	ang my	0.			6,9	04.	(0011 (0) 011	.000000
2011		0.				0.		.000000
2010								
2009				·				
2008								
2 Total of line 1, column (d)							2	.000000
3 Average distribution ratio for the	5-year base period - di	vide the total on line 2 by 5,	, or by the number	of yea	ars	ľ		<u></u>
the foundation has been in exist			•	·		-	3	.000000
4 Enter the net value of noncharita	ble-use assets for 2013	3 from Part X, line 5				-	4	1,813,570.
5 Multiply line 4 by line 3							5	0.
6 Enter 1% of net investment inco	me (1% of Part I, line 2	7b)				-	6	380.
7 Add lines 5 and 6							7	380.
8 Enter qualifying distributions from	m Part XII, line 4						8	65,000.
If line 8 is equal to or greater that See the Part VI instructions.	in line 7, check the box	in Part VI, line 1b, and com	plete that part usin	ng a 19	% tax rate.			

	990-PF	(20 <u>13)</u> T]	HE WO	RKMAN	FAMIL'	Y CHARI	TABLE '	<u> </u>	ST				<u>6112</u>			Page 4
	rt VI	Excise Tax									e), or 4	948	- see i	nstru	ctio	<u>1S)</u>
1a	Exempt	operating foundation	ons describ	ed in section	1 4940(d)(2),	check here 🕨	and ent	er "N//	A" on line	1.)					
		ruling or determina				(attach copy of	f letter if nece	ssary-	see instr	uctions)					_	
b	Domest	ic foundations that	meet the s	ection 4940(e) requiremei	nts in Part V, ch	eck here 🕨	LX.	and enter	1%	Ì	1			3	<u>80.</u>
		, line 27b														
		domestic foundati								, col. (b).	J		<u> </u>			^
		er section 511 (dor	mestic sect	ion 4947(a)(1) trusts and	taxable foundat	tions only. Oth	ers en	ter -0-)			2				0.
		s 1 and 2										3				80.
		A (income) tax (do						ners er	nter -0-)			4	<u> </u>		2	0.
		ed on investment i	income. Si	ubtract line 4	from line 3.	lf zero or less, e	nter -0-					5	<u> </u>			80.
		Payments:					I	_	1							
		timated tax paymer				0 2013	-	<u>6a</u>	 			-				
		foreign organizatio				0)	-	<u>6b</u>				1				
		with application fo			ie (Form 886	8)	-	6c				-				
	•	withholding errone	-		~_		L	6d	<u> </u>			7				0.
		edits and payments					.0000 attacl	- o d				8				<u> </u>
		y penalty for under					2220 IS allaci	ieu				9	_	_	3	80.
		 If the total of lines ment. If line 7 is m 					overneid					10				
		e amount of line 10					Overpaiu			Refun	dad	11				
		A Stateme				ax P				Incian	iucu 📂		l			
		he tax year, did the				national state	or local legisla	tion o	r did it na	rticinate or	intervene	ın			Yes	No
	-	tical campaign?	Touridation	i allempt to	illiuciice ally	mational, state,	or local logista	tion o	i did it pa	tioiputo oi		•••		1a		Х
		end more than \$10	nn during tl	ne vear (eithe	r directly or i	ndirectly) for po	olitical purpose	s (see	e instruction	ons for the	definition)?		1b		X
		nswer is "Yes" to														
		ited by the found						,-			•					
		foundation file Form												1c		Х
		e amount (if any) o				n 4955) impose	ed during the y	ear:								
		the foundation.									0.	_				
е	Enter the	e reimbursement (i	ıf any) paıd	by the found	lation during	the year for poli	ıtıcal expenditu	ıre tax	imposed	on foundat	tion					
	manage	rs. 🕨 \$		0.												
2	Has the	foundation engage	ed in any ac	tivities that h	ave not previ	ously been repo	orted to the IRS	37						2		X
	If "Yes,	" attach a detaile	ed descnp	tion of the a	activities.											
3	Has the	foundation made a	any change:	s, not previol	ısly reported	to the IRS, in its	s governing in:	strume	ent, article	es of incorp	oration, o	or				
	bylaws,	or other similar ins	struments?	If "Yes," att	tach a confo	ormed copy of	the changes	5						3		<u>X</u>
		foundation have un		-			uring the year?	?						4a		X
		has it filed a tax ret					_					N	/A	4b		
		re a liquidation, ter					ing the year?							5		X
		" attach the state	-	-			=\4 -4 - ! · ·									1
6		requirements of sec			sections 494	11 through 4945	o) satisfied eitr	ier:								
	-	iguage in the gover	•	•				d.=0.04:	one that	andlint with	the state	. lovu				
		ite legislation that e		menas tne g	overning inst	rument so that i	no manuatory	uirecu	ions mai i	connict with	i lile State	aw		6	Х	
		in the governing ins		4	4 a.u., 4,a. d.,		6 8\/aa # aa	-1-4-	Do-4 11 -	al (a) and	l Dort VI	,		7	X	
1	Dia the	foundation have at	least \$5,00	in assets a	t any time du	ring the year * n	r res, com	oiete i	Part II, C	oi. (c), and	i Pari Av	,		⊢ ′−		
0-	Enter +h	e states to which th	ha faundati	on renerte er	with which	t ie ranietarad (e	ene instruction	e) 🕨								ĺ
oa	SC	C SIGICS IO WINCH III	ne ivuliudii	on reports or	MILLI MILLOLI I	เาราชมเชเชเชน (3	oo maaacaaa	J -				-				1
ь		iswer is "Yes" to line	e 7 has the	foundation	furnished a c	ony of Form 990	D-PF to the Att	ornev	General (or designat	e)					
J		state as required by						-		EE SI		ENT	5	8b		x
9		oundation claiming						tion 49	-				_			
٠		13 or the taxable ye												9		x
10		persons become s									\$83			10		X
													Fori	ո 990	-PF	(2013)

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orm 990-PF (2013) THE WORKMAN FAMILY CHARI		····	<u>27-61120</u>	14 Page 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be I	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (sectio	n 4945(e))?	Y	es 🗶 No	
(2) Influence the outcome of any specific public election (see section 4955); (or to carry on, directly or indire	ectly,		
any voter registration drive?		Y€	es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	s?	Ye	es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization				
509(a)(1), (2), or (3), or section 4940(d)(2)?		□ Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t			
the prevention of cruelty to children or animals?	, v.		es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described			
section 53.4945 or in a current notice regarding disaster assistance (see instru		riogalationo	N/A	5ь
Organizations relying on a current notice regarding disaster assistance check h	•			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f		inad		
			es No	
expenditure responsibility for the grant?		I/A LY	8 85	
If "Yes," attach the statement required by Regulations section 53 494				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			
a personal benefit contract?		Ye	es X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?			6b X
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	es X No	
b If "Yes," did the foundation receive any proceeds or have any net income attrib				7b
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	inagers, Highly	y	
Paid Employees, and Contractors				
List all officers, directors, trustees, foundation managers and their		(a) Componentian	(d) Contributions to	() [
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address	to position	enter -0-)	compensation	allowances
COLONIAL TRUST COMPANY	TRUSTEE			
5 CALENDAR COURT]		
COLUMBIA, SC 29206	0.00	0.	0.	0.
VILLIAM F. QUATTLEBAUM	MANAGER	1		
L901 MAIN STREET, SUITE 900				
COLUMBIA, SC 29201	0.00	0.	0.	0.
RANDA JACKSON	MANAGER			
1901 MAIN STREET, SUITE 900				
COLUMBIA, SC 29201	0.00	0.	0.	0.
	[
	1			
Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."		
	(b) Title, and average		(d) Contributions to employee benefit plans	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	account, other allowances
NONE				
	1		ļ	
			- 1	
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		1		
	†	}		
				
	1	1		
		 	-	
	-			
	l	1		
Total number of other employees paid over \$50,000				0
			Form	990-PF (2013)

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	m 990-PF (2013) THE WORKMAN FAMILI CHARITABLE TRUST	<u> </u>	-0112014 Tage 0
Р	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	1,715,448.
b	Average of monthly cash balances	1b	125,740.
C	Fair market value of all other assets	1c	
đ	Total (add lines 1a, b, and c)	1d	1,841,188.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,841,188.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	27,618.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,813,570.
6	Minimum investment return. Enter 5% of line 5	6	90,679.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations ar	nd certain	
	foreign organizations check here and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	90,679.
2a	Tax on investment income for 2013 from Part VI, line 5		-
b	Income tax for 2013. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	380.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	90,299.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	90,299.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	90,299.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	65,000.
b	Program-related investments - total from Part IX-B	1b	O.
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	
	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	65,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	380.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	64,620.
	Note. The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the foundation (nualifies fo	r the section

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4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2012	2012	2013
1 Distributable amount for 2013 from Part XI,				-
line 7				90,299.
2 Undistributed income, if any, as of the end of 2013				
a Enter amount for 2012 only				
b Total for prior years:				
		0.		_
3 Excess distributions carryover, if any, to 2013:				
a From 2008				
b From 2009				
c From 2010				
d From 2011 23.				
e From 2012	23.			
f Total of lines 3a through e				
4 Qualifying distributions for 2013 from				
Part XII, line 4: ►\$ 65,000.			0.	
a Applied to 2012, but not more than line 2a		_		
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2013 distributable amount				65,000.
e Remaining amount distributed out of corpus	0.			00,000
5 Excess distributions carryover applied to 2013	23.		•	23.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable		_		
amount - see instructions		0.		
e Undistributed income for 2012. Subtract line			•	
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2013. Subtract				
lines 4d and 5 from line 1. This amount must			!	25 276
be distributed in 2014				25,276.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2008				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2014.	0.	-		
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2009				
b Excess from 2010				
c Excess from 2011		•		
d Excess from 2012				
e Excess from 2013				
		<u> </u>		Form 990-PF (2013)

Part XV Supplementary Information	(continued)			
3 Grants and Contributions Paid During the Y		Payment		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year				
NOUNDED WARRIOR PROJECT	NONE	PUBLIC	GENERAL FUND	
4899 BELFORT ROAD SUITE 300				
JACKSONVILLE FL 32256				10,000
SALVATION ARMY	NONE	PUBLIC	GENERAL FUND	
PO BOX 2786				10.000
COLUMBIA, SC 29202				10,000,
DLIVER GOSPEL MISSION	NONE	PUBLIC	GENERAL FUND	
PO BOX 7697 COLUMBIA, SC 29202				10,000,
5000001111, 50 07202				20,000
~~~~~				
SISTERCARE PO BOX 1029	NONE	PUBLIC	GENERAL FUND	
COLUMBIA, SC 29202				5,000.
PAWMETTO LIFELINE	NONE	PUBLIC	GENERAL FUND	
1275 BOWER PARKWAY				
COLUMBIA, SC 29212				5 000
Total SEE COI  b Approved for future payment	NTINUATION SHEE	IT(S)	<b>▶</b> 3a	65,000
• Approved for future payment				
NONE				
				<del></del>
	<u> </u>	<u> </u>	<u> </u>	
Total	· <u> </u>		<u>▶ 3b</u>	0 , rm <b>990-PF</b> (2013

Part XVI-A	Analysis	of Income-Producing	<b>Activities</b>
	Milalyolo	or moorno i roadomig	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

		(k	T	<del></del>	
Enter gross amounts unless otherwise indicated.	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	(e) Related or exempt function income
1 Program service revenue:	code		code	Afflount	Tunction income
a	_		+		
b	_		+		
<u> </u>		<del> </del>	+		
d			++		-
e	-		+		
<u> </u>			+ +	<del></del>	
g Fees and contracts from government agencies			+ +		<del> </del>
2 Membership dues and assessments	-		+		<del></del>
3 Interest on savings and temporary cash			1 1		
investments 4 Dividends and interest from securities			14	47,348.	<u> </u>
•		····	1 4	47,540.	
5 Net rental income or (loss) from real estate:		<del></del>	+-+		
<ul> <li>a Debt-financed property</li> <li>b Not debt-financed property</li> </ul>		<del></del>	++		
	<del></del>		1 - 1		
6 Net rental income or (loss) from personal			1 }		
property 7 Other investment income		······	<del> </del>		
			1		
8 Gain or (loss) from sales of assets other than inventory			18	21,661.	
9 Net income or (loss) from special events			1 - 0	21,001.	
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:	-	<del></del>			
_			1		
ab		- <del></del>	1		
c					
d					
e			1		
12 Subtotal. Add columns (b), (d), and (e)		0.		69,009.	0
13 Total. Add line 12, columns (b), (d), and (e)	<u> </u>				69,009
(See worksheet in line 13 instructions to verify calculations	.)				
Part XVI-B Relationship of Activitie  Line No. Explain below how each activity for which in the foundation's exempt purposes (other the	ncome is reported in	column (e) of Part XVI-A			olishment of
323621					Form <b>990-PF</b> (201

1	Did the or	rganization directly or indir	ectly engage in any	of the followin	g with any other organizatio	n described in section	on 501(c) of		Yes	No
the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?										
а		from the reporting founda								
	(1) Cash							1a(1)		X
	(2) Other	r assets						1a(2)		<u>X</u>
b	Other tran	nsactions:								
	(1) Sales	s of assets to a noncharital	ble exempt organizat	tion				1b(1)		<u>X</u>
	(2) Purc	hases of assets from a nor	ncharitable exempt o	organization				1b(2)		<u>X</u>
	(3) Renta	al of facilities, equipment, o	or other assets					1b(3)		<u>X</u>
	(4) Reim	bursement arrangements						1b(4)		<u>X</u>
	<b>(5)</b> Loan	is or loan guarantees						1b(5)	_	<u>X</u>
	(6) Perfo	ormance of services or me	mbership or fundrai	sing solicitatio	ns			1b(6)		X X X X X
	-	of facilities, equipment, mai	-					1c		<u>X</u>
d					dule. Column (b) should alv				ets,	
					ed less than fair market valu	e in any transaction	or sharing arrangement, sl	now in		
_	<del></del>	d) the value of the goods, o				(4) -	<del></del>	<del></del>		<del></del>
a)∟	ine no	(b) Amount involved	(c) Name of		exempt organization	(0) Description	of transfers, transactions, and s	haring arr	angeme	nts
				N/A			<del> </del>			
						<del></del>	···			
					·					
		·								<del></del>
	-						<del></del>			
				<del></del>	· · · · · · · · · · · · · · · · · · ·	<del> </del>				
						<del> </del>				<del></del>
				·····						
		=				-				
	<u> </u>				<del></del>					
_							· · · · · · · · · · · · · · · · · · ·			
_						<u> </u>	· · · · · · · · · · · · · · · · · · ·			
						·				
		<del>-</del>	<del> </del>							
2 a	Is the fou	ndation directly or indirect	tly affiliated with, or i	elated to, one	or more tax-exempt organiz	zations described			•	
		501(c) of the Code (other	-					Yes	X	No
h		omplete the following sche		(-//						
	, <u></u>	(a) Name of org			(b) Type of organization	(	c) Description of relationsh	iip		
_		N/A								
								_		
		r penalties of perjury, I declare to	that I have examined the	s return, includin enarer (other than	g accompanying schedules and n taxpayer) is based on all inform	statements, and to the li ation of which preparer		the IRS on with the	iscuss	his
Sig		//W/ ////	INAM		KILL		show	wn below	(see ins	tr )?
не	re		911111		<u> </u>	MANAGE	<u> </u>	Yes	<u> </u>	J No ∣
	√ Sig	nature of officer or tructee			Date	Title	Chook DTIN	•		
		Print/Type preparer's na	ame	Preparer's si	gnature	Date	Check if PTIN			
<b>.</b>	.:	WILLIAM F.		111	JIII	11/14	self- employed		017	
Paid QUATTLEBAUM, CPA Auto P003									<del></del> -	
	eparer	Firm's name ► ELL	TOTT DAVI	s, LLC	/PZLC		Firm's EIN ► 57-03	0 Q T D	02	
US	se Only		01 3/2 737 0		CITTOD 000					
		Firm's address ► 19					Phone no. 803-25	56- ^	იია	
		CO	LUMBIA, S	<u> </u>	<u> </u>			orm <b>99</b> 0		
							FC	// JUL 931	<b></b> 1	(2013)

## Schedule B

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

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

2013

THE WORKMAN FAMILY CHARTTARLE TRUST

Employer identification number

	THE WORKMAN FAMILY CHARITABLE TRUST	27-6112014
Organization type (chec	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Note. Only a section 501	on is covered by the <b>General Rule</b> or a <b>Special Rule.</b> I (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Speci	ıal Rule. See instructions
General Rule		
	ition filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000$ or more mplete Parts I and II	(in money or property) from any one
Special Rules		
509(a)(1) and 1	01(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of th 70(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.	
total contribution	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one cons of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, conformely to children or animals. Complete Parts I, II, and III.	
contributions fo If this box is che purpose. Do no	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one or use exclusively for religious, charitable, etc., purposes, but these contributions did necked, enter here the total contributions that were received during the year for an excipt complete any of the parts unless the <b>General Rule</b> applies to this organization becauble, etc., contributions of \$5,000 or more during the year	not total to more than \$1,000. <i>lusively</i> religious, charitable, etc ,
but it <b>must</b> answer "No"	n that is not covered by the General Rule and/or the Special Rules does not file Scheo on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on eet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

Employer identification number

## THE WORKMAN FAMILY CHARITABLE TRUST

27-6112014

Part I	Contributors (see instructions) Use duplicate copies of Part I if	additional space is needed.	
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ESTATE OF PATRICIA WORKMAN  POST OFFICE BOX 61158  COLUMBIA, SC 29260	\$ <u>1,972,365.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
i		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

Employer identification number

rt II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_1	SECURITIES		
		\$\$	03/15/13
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		   \$	
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Employer identification number  27-6112014  anizations that total more than \$1,000 for the ll, enter matton once)  \$\Bigs\\$						
anizations that total more than \$1,000 for the						
II, enter mation once; ►\$						
(d) Description of how gift is held						
o of transferor to transferee						
d) Description of how gift is held						
o of transferor to transferee						
(d) Description of how gift is held						
o of transferor to transferee						
d) Description of how gift is held						
(e) Transfer of gift						
o of transferor to transferee						

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor PETS INC NONE PUBLIC GENERAL FUND 300 ORCHARD DRIVE 5,000. WEST COLUMBIA SC 29171 GENERAL FUND NONE PUBLIC LUTHERAN HOMES OF SC FOUNDATION 300 MINISTRY DRIVE 5,000, IRMO, SC 29063 NONE PUBLIC GENERAL FUND SC PHILHARMONIC 721 LADY STREET SUITE B 5,000. COLUMBIA, SC 29201 CONNIE MAXWELL CHILDRENS HOME NONE PUBLIC GENERAL FUND PO BOX 1178 GREENWOOD SC 29648 5,000, COLUMBIA MUSEUM OF ART NONE PUBLIC GENERAL FUND PO BOX 2068 5,000. COLUMBIA, SC 29202 25,000. Total from continuation sheets

FORM 990-PF	DIVIDEND	S AND INTER	EST FROM SECU	RITIES S'	<b>TATEMENT</b>	1
GROSS SOURCE AMOUNT		CAPITAL GAINS DIVIDEND	REVENUE	(B) NET INVEST- MENT INCOME		
EAST BROAD TRUST COMPANY MERRILL LYNCH	1,512 47,123		0. 1,512 7. 45,836			
TO PART I, LINE 4 48,63		1,28	7. 47,348	33,634.		
FORM 990-PF		ACCOUNTI	NG FEES	STATEMENT 2		
DESCRIPTION		(A) EXPENSES PER BOOKS		(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ACCOUNTING FEES		1,817.	1,817.			0.
TO FORM 990-PF, PG 1	., LN 16B	1,817.	1,817.			0.
FORM 990-PF	4 990-PF OTHER EXPENSES		XPENSES	S	PATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAI PURPOSI	
FIDUCIARY FEES MLPA FEE ARGENT TRUST FEES GRAHAM & ASSOCIATES	FEES	88. 8,825. 3,377. 3,180.	3,377.			0. 0. 0.
TO FORM 990-PF, PG 1	_ LN 23	15,470.	15,470.		<del></del>	0.

	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
0. 0.	184,751. 263,681.	184,459. 261,237.
0.	15,000.	12,210.
0.	309,314.	341,824.
0.	1,795,549.	2,108,339.
-	0. 0. 0.	0. 15,000. 0. 1,022,803. 0. 309,314.

### EXPLANATION

SOUTH CAROLINA NO LONGER REQUIRES A COPY OF FORM 990-PF TO BE FILED WITH THE STATE ATTORNEY GENERAL'S OFFICE.