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CHANGE OF ACCOUNTING PERIOD

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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 and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

	A F	or the	e 2015 calendar year, or tax year beginning $$ JUL $$ 1 , $$ $$ 2015 $$ and ending	DEC 31, 2015
i	Bo	heck ii xpilcabi	C Name of organization	D Employer Identification number
		Addre	THE CITADEL BRIGADIER FOUNDATION	
		Name chang	Doing business as	57-6028468
]instial rolum	Number and street (or P.O. box if mail is not delivered to street address) Room/st	uite E Telephone number
		[eluri	171 MOULTRIE ST MCALLISTER FLD HSE	843-953-6796
		termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$ 5,139,295.
		Ameni	CHARLESTON, SC 29409	H(a) is this a group return
		Application	F Name and address of principal officer:ROBERT HOAK	for subordinates? Yes X No
		pendi	SAME AS C ABOVE	H(b) Are all subordinales included? Yes No
	IT	ах-ех		527 If "No," attach a list. (see instructions)
	JΥ	/ebsi	te: WWW.CITADELBRIGADIERFOUNDATION.ORG	H(c) Group exemption number
	K F	orm of	organization: X Corporation Trust Association Other Ly	ear of formation: 1957 M State of legal domicite: SC
[Pa	rt I	Summary	
			Briefly describe the organization's mission or most significant activities: THE PURP	
	Activities & Governance		CLUB IS TO FUND ATHLETIC SCHOLARSHIPS FOR ST	UDENTS ATTENDING THE
	Ě		Check this box 🕨 🔲 If the organization discontinued its operations or disposed of n	
	ğ		Number of voting members of the governing body (Part VI, line 1a)	
	8	4	Number of independent voting members of the governing body (Part VI, line 1b)	17
	8	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5
	\$		Tabel manulage of coloratores (autimate if manages)	h I Q i Dil
e Co	इ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	V I 3 2013 7a 0.
2016		b	Net unrelated business taxable income from Form 990-T, line 34	76 0.
				- Prior Year Current Year
e	9	8	Contributions and grants (Part VIII, line 1h)	2,693,252, 1,934,180.
63	<u>ا</u> ۾	9	Program service revenue (Part VIII, line 2g)	
NOV	Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	768,043. 253,191.
Z	٦	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	209,769. 100,026.
Ο.		12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,671,064. 2,287,397.
Щ	ı	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,376,574. 4,158.
\$	ļ	14	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
SCANNED	8		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10)	352,183. 164,894.
\mathcal{L}	Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
Q)	Ř		Total fundraising expenses (Part IX, column (D), line 25) 251,856.	
	۳		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	580,879. 272,181.
			Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,309,636. 441,233.
	_,	19	Revenue less expenses. Subtract line 18 from line 12	1,361,428. 1,846,164.
į	280			Beginning of Current Year End of Year
1	Fund Bala	20	Total assets (Part X, line 16)	15,264,689. 15,631,975.
1	둟		Total liabilities (Part X, line 26)	513,548. 58,167.
			Net assets or fund balances. Subtract line 21 from line 20	14,751,141. 15,573,808.
. h		rt II	Signature Block	
			lties of perjury, I declare that I have examined this return, including accompanying schedules and sta	
ī	rue,	COLLEC	t, and complete. Declaration of prepared (other than/officer) is based on all information of which prep	parer has any knowledge.
	\.		Signature of difficer	Date ///3
	3ign 4ere			
•	1ere	'	ROBERT HOAK, EXECUTIVE DIRECTOR Type or print name and title	
-	_		Print/Type preparer's name Preparer's signature	Date , Check PTIN
F	Paid	ļ	MELONIE HAMMOND-TRACE, CP MIN TO THE U	1-11/15/16 sell-employed P00497186
	repa		Firm's name ELLIOTT DAVIS DECOSIMO LLC/PLLC	Firm's EIN 57-0381582
	lse (Firm's address 100 CALHOUN ST., STE. 300	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	•		CHARLESTON, SC 29401	Phone no.843-577-7040
7	/lav	the IF	S discuss this return with the preparer shown above? (see Instructions)	X Yes No
_			The state of the s	

	1990 (2015) THE CITADEL BRIGADIER FOUNDATION 57-6028468 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE PURPOSE OF THE BRIGADIER CLUB IS TO FUND ATHLETIC SCHOLARSHIPS FOR
	STUDENTS ATTENDING THE CITADEL, A STATE OWNED AND OPERATED COLLEGE,
	LOCATED IN CHARLESTON, SC.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No.
3	gg, g g
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
40	revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 4,158. including grants of \$ 4,158.) (Revenue \$
	THE PURPOSE OF THE BRIGADIER CLUB IS TO FUND ATHLETIC SCHOLARSHIPS FOR
	STUDENTS ATTENDING THE CITADEL, A STATE OWNED AND OPERATED COLLEGE,
	LOCATED IN CHARLESTON, SC.
	
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$
	
	
4c	(Code) (Expenses \$
łd	Other program services (Describe in Schedule O)
_	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 4,158.
532002 12-16-	Form 990 (20

Form 990 (2015) THE CITADEL BRIGADIER FOUNDATION
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
•	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		
•	public office? If "Yes," complete Schedule C, Part I	3		х
4		-	-	
7	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		x
E	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			X
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	١.		v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l _		٦,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	1		
	Schedule D, Part III	8	<u> </u>	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	1	1	ļ
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	ļ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X]	Ì
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	}		
	Part VI .	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	1	l	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	L	X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			ļ
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	x	
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	ĺ	<u>x</u>
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1	1	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
. •	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		 	T
. •	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10	-	 **
• •	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	47		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17	 	_ ^
		1		v
19	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
.5	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	40		v
	Complete Ouriedale O, Falt III	19	990	(2015)
		rorm	ココリ	(2013)

Form	990 (2015) THE CITADEL BRIGADIER FOUNDATION 57-	6028468	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	$\overline{}$
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	_	<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21_		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			1,7
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's curren	t		1
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			X
04-	Schedule J	23_	 	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	ne	ļ	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	040		X
h	Schedule K. If "No", go to line 25a Pid the eventual and reverse any presents of tax events bands beyond a temperature paried eventual?	24a 24b	 	A
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240	├	
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	l	
а	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	 	_
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240	-	<u> </u>
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			<u></u>
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			ŀ
	complete Schedule L, Part II	26_	<u>l</u> .	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		1	
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	. 28a	ļ	X
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part I	V 28b	ļ	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	cer,		1
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<u> </u>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	ļ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30_	ļ	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?		ľ	
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			3,5
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33_	 	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
25-	Part V, line 1	34		X
JJa	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X

Form 990 (2015)

X

X

35b

36

<u>3</u>7

b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

If "Yes," complete Schedule R, Part V, line 2

Note. All Form 990 filers are required to complete Schedule O

Pa		atements Regarding Other IRS Filings and Tax Compliance					\Box
		eck if Schedule O contains a response or note to any line in this Part V				Vaa	
12	Enter the	number reported in Box 3 of Form 1096 Enter 0 if not applicable	12	1 2		Yes	No
1a b		number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 1b	0			
c		ganization comply with backup withholding rules for reportable payments to vendors and r			1		ĺ
Ū		winnings to prize winners?	оро		1c	x	ĺ
2a		number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		1			
		e calendar year ending with or within the year covered by this return	2a	5			ĺ
b		one is reported on line 2a, did the organization file all required federal employment tax retu			2b	x	
	Note. If th	e sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				[
За	Did the org	ganization have unrelated business gross income of \$1,000 or more during the year?			3a	L	X
b	If "Yes," h	as it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
4a	At any tım	e during the calendar year, did the organization have an interest in, or a signature or other	autho	rıty over, a	ĺ		
	financial a	ccount in a foreign country (such as a bank account, securities account, or other financial	accou	int)?	4a		X
b	If "Yes," e	nter the name of the foreign country:			}		ĺ
	See instru	ctions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accou	nts (FBAR)	1	1	1
5a	Was the o	rganization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any ta	xable party notify the organization that it was or is a party to a prohibited tax shelter trans-	action'	?	5b	<u> </u>	X
С		line 5a or 5b, did the organization file Form 8886-T?			5c	<u> </u>	<u> </u>
6a		organization have annual gross receipts that are normally greater than \$100,000, and did t	he org	anization solicit			
	•	outions that were not tax deductible as charitable contributions?		•	6a		X
þ		d the organization include with every solicitation an express statement that such contribu	tions (or gifts			
_		ax deductible?			6b	\vdash	├
7		ions that may receive deductible contributions under section 170(c).		arounded to the never?	-	i	v
a		inization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	ervices	provided to the payor?	7a		X
		d the organization notify the donor of the value of the goods or services provided?	100 ros		7b		
·	to file Forn	ganization sell, exchange, or otherwise dispose of tangible personal property for which it v a 82822	vas iec	lanea	7c] 1	x
d		dicate the number of Forms 8282 filed during the year	7d	l			 -
e		ganization receive any funds, directly or indirectly, to pay premiums on a personal benefit		ct?	7e		x
f	-	panization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		X
g		nization received a contribution of qualified intellectual property, did the organization file F		B99 as required?	7g		
h	-	nization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz		•	7h		
8	Sponsorin	g organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by th	ne			
	sponsoring	g organization have excess business holdings at any time during the year?			8		
9	Sponsorin	g organizations maintaining donor advised funds.					l
а	Did the sp	onsoring organization make any taxable distributions under section 4966?			9a		<u> </u>
b	Did the sp	onsoring organization make a distribution to a donor, donor advisor, or related person?		-	9 <u>b</u>	<u> </u>	<u> </u>
10	Section 50	O1(c)(7) organizations. Enter.		1			
а		es and capital contributions included on Part VIII, line 12	10a			ļ	1
b		pipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<u></u>	-		
11		O1(c)(12) organizations. Enter:	1	ı	}	l	
a		me from members or shareholders	11a	 	-		
b		me from other sources (Do not net amounts due or paid to other sources against]	Ì	
10-		ue or received from them)	11b	J	1		
		247(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	ĺ	12a	├─	
13		nter the amount of tax-exempt interest received or accrued during the year O1(c)(29) qualified nonprofit health insurance issuers.	12b		1		
		nization licensed to issue qualified health plans in more than one state?			13a	 	
.		the instructions for additional information the organization must report on Schedule O.			134	— —	\vdash
b	_	imount of reserves the organization is required to maintain by the states in which the					
•		on is licensed to issue qualified health plans	13b		1	1	
С	_	mount of reserves on hand	13c	1	1		
		nanization receive any payments for indoor tanning services during the tax year?			14a		X
		as it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O		14b		
					Forn	л 990	(2015)

532005 12-16-15 Form 990 (2015)

THE CITADEL BRIGADIER FOUNDATION

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

	Check if Schedule O contains a response or note to any line in this Part VI					<u>LX</u>				
<u>Sec</u>	tion A. Governing Body and Management									
			•		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	18							
	If there are material differences in voting rights among members of the governing body, or if the governing	ſ								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
b	b Enter the number of voting members included in line 1a, above, who are independent 1b 17									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?									
3	Did the organization delegate control over management duties customarily performed by or under the	ne direc	t supervision							
	of officers, directors, or trustees, or key employees to a management company or other person?			3		<u>X</u>				
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	ıs filed?	4		<u> </u>				
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	•	5		<u>X</u>				
6	Did the organization have members or stockholders?			6		_X_				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint	one or							
	more members of the governing body?			7a		<u>X</u>				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or							
	persons other than the governing body?			7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by th	e following:							
а	The governing body?			8a	X					
b	Each committee with authority to act on behalf of the governing body?			8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached	at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X				
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code)							
					Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			10a		<u>X</u>				
b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	х					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990					ď				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to con	flicts?	12b						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " $$	Yes," d	escribe							
	ın Schedule O how this was done			12c						
13	Did the organization have a written whistleblower policy?			13		_X_				
14	Did the organization have a written document retention and destruction policy?			14		<u>X</u>				
15	Did the process for determining compensation of the following persons include a review and approve	al by ir	ndependent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?								
а	The organization's CEO, Executive Director, or top management official			15a		X				
b	Other officers or key employees of the organization			15b		X				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement v	vith a	1						
	taxable entity during the year?			16a		_X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its p	participation	ļ						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anizatıc	n's							
	exempt status with respect to such arrangements?			16b						
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ►SC	_								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sect	tion 501(c)(3)s only) a	avaılab	le					
	for public inspection. Indicate how you made these available. Check all that apply									
	Own website X Another's website X Upon request Other (explain									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, c	onflict o	of interest policy, and	finan	cıal					
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks a	nd records. >							
	ROBERT HOAK - 843-953-5277									
_	171 MOULTRIE STREET, THE CITADEL, CHARLESTON, SC	294	.09							

532006 12-16-15

Form **990** (2015)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per	box	not c	Pos heck ss pe	more rson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) MR. C. DOUGLAS BARNES BOARD MEMBER	1.00	x						0.	0.	0.
(2) COL JULIAN G. FRASIER, III, SCM SARGENT AT ARMS	1.00	x						0.	0.	0.
(3) MRS. ANGELA M. ERRERA BOARD MEMBER	1.00	x			<u></u>			0.	0.	0.
(4) LTC JOHN W. FALKENBURY, USA, RE BOARD MEMBER	1.00	x						0.	0.	0.
(5) MR. LEONARD L. HUTCHISON, III BOARD MEMBER	1.00	x						0.	0.	0.
(6) MR. MICHAEL S. FLINTOM BOARD MEMBER	1.00	x						0.	0.	0.
(7) MR. JAURON S. INGRAM BOARD MEMBER	1.00	x						0.	0.	0.
(8) MR. PHILLIP FLORENCE, JR. BOARD MEMBER	1.00	x			_			0.	0.	0.
(9) MR. ALFRED R. KENNICKELL, JR. PRESIDENT	1.00	X		х				0.	0.	0.
(10) MR. W. KELLER KISSAM BOARD MEMBER	1.00	X						0.	0.	0.
(11) MR. JERRY W. MURDOCK BOARD MEMBER	1.00	x		ļ				0.	0.	0.
(12) MR. JAMES E. LADY BOARD MEMBER	1.00	x						0.	0.	0.
(13) MR. THOMAS F.O'BRIEN, JR. BOARD MEMBER	1.00	х						0.	0.	0.
(14) MR. A. FOSTER MCKISSICK, III PAST PRESIDENT	1.00	X		x	_			0.	0.	0.
(15) MR. WILLIAM M. OGBURN MEMORIAL FUND CHAIRMAN	1.00	x		x				0.	0.	0.
(16) MRS. SHANNON MEASE TREASURER	1.00	x		x			_	0.	0.	0.
(17) COL JOHN A. OLSHEFSKI, USA, RET BOARD MEMBER 532007 12-16-15	1.00	X						0.	0.	0. Form 990 (2015)

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Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections
512 - 514 (C) Unrelated (B) Related or Total revenue business exempt function revenue revenue 1 a Federated campaigns 1a 1b b Membership dues 629 128 c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 1,305,052 g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f Business Code Program Service Revenue f All other program service revenue Total, Add lines 2a-2f investment income (including dividends, interest, and 3 other similar amounts) 311,327 311,327. Income from investment of tax-exempt bond proceeds Royalties (ii) Personal (ı) Real 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory 2,793,762 b Less. cost or other basis and sales expenses 2,851,898 c Gain or (loss) -58,136 d Net gain or (loss) -58<u>,136.</u> -58 136 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances . b Less. cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a CHANGE IN ALLOWANCE/BAD DEBT 90099 100,026 100,026 C d All other revenue e Total. Add lines 11a-11d 100,026, 12 Total revenue. See instructions. 253 191. 2,287,397 100 026

532009 12-16-15

Form **990** (2015)

Form 990 (2015)

THE CITADEL BRIGADIER FOUNDATION

Part IX | Statement of Functional Expenses

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

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must co	mplete column (A).	
	Check if Schedule O contains a respon		this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	4,158.	4,158.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	132,602.		64,293.	68,309.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	32,292.		16,146.	16,146.
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
	Legal				
	Accounting				
d	, ,				
е	Professional fundraising services. See Part IV, line 17	<u> </u>		F0 064	
f	Investment management fees	59,861.		59,861.	
g	Other (If line 11g amount exceeds 10% of line 25,	E 415		5 41 F	,
	column (A) amount, list line 11g expenses on Sch O.)	7,415.		7,415.	
12	Advertising and promotion	5,001.		7 005	5,001.
13	Office expenses	7,085.		7,085.	
14	Information technology				
15	Royalties .				
16	Occupancy	C 050		2 470	2 470
17	Travel	6,958.		3,479.	3,479.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings Interest				
20	Payments to affiliates				
21 22	Depreciation, depletion, and amortization	1,224.		1,224.	
23	Insurance	7,225.		862.	6,363.
23 24	Other expenses. Itemize expenses not covered	1,443.		002.	0,303.
~~	above. (List miscellaneous expenses in line 24e. If line)				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	EVENTS	73,438.			73,438.
b	FOOTBALL	39,058.			39,058.
c	BANQUET EXPENSES	24,270.		-	24,270.
d	DONOR MEMBERSHIP EXPENS	14,502.			14,502.
	All other expenses	26,144.		24,854.	1,290.
	Total functional expenses. Add lines 1 through 24e	441,233.	4,158.	185,219.	251,856.
26	Joint costs Complete this line only if the organization				201/0000
-	reported in column (B) joint costs from a combined		İ		
	educational campaign and fundraising solicitation.				
_	Check here If following SOP 98-2 (ASC 958-720)				
<u></u>	12-18-15	.			Farm 990 (2015)

Part X	Balance Sneet	
	Check if Schedule O contains a response or note to any line in this Part	х
		(A) (B) Beginning of year End of year
1	Cash - non-interest-bearing	1,075,787. 1 55,537
2	Savings and temporary cash investments	43,984. 2
3	Pledges and grants receivable, net	1,314,640. 3 1,440,970
4	Accounts receivable, net	4
5	Loans and other receivables from current and former officers, directors,	
	trustees, key employees, and highest compensated employees. Comple	ete
ļ	Part II of Schedule L.	5
6	Loans and other receivables from other disqualified persons (as defined	under
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and conti	ributing
	employers and sponsoring organizations of section 501(c)(9) voluntary	
ខ្ម	employees' beneficiary organizations (see instr) Complete Part II of Sch	6
Assets 4	Notes and loans receivable, net	20,000. 7 20,000
ž 8	Inventories for sale or use	8
9	Prepaid expenses and deferred charges	9
10a	Land, buildings, and equipment: cost or other	
	- · · · · · · · · · · · · · · · · · · ·	174.
Ь		280. 198,118. 10c 11,894
11	Investments - publicly traded securities	12,179,283. 11 12,600,018
12	Investments other securities See Part IV, line 11	12
13	Investments - program-related See Part IV, line 11	13
14	Intangible assets	14
15	Other assets See Part IV, line 11	432,877. 15 1,503,556
16	Total assets. Add lines 1 through 15 (must equal line 34)	15,264,689. 16 15,631,975
17	Accounts payable and accrued expenses	64,916. 17 38,850
18	Grants payable	18
19	Deferred revenue	19
20	Tax-exempt bond liabilities	20
21	Escrow or custodial account liability. Complete Part IV of Schedule D	21
ဂ္ဂ 22	Loans and other payables to current and former officers, directors, trust	tees,
Clabilities 22	key employees, highest compensated employees, and disqualified person	
	Complete Part II of Schedule L	22
23	Secured mortgages and notes payable to unrelated third parties	23
24	Unsecured notes and loans payable to unrelated third parties	24
25	Other liabilities (including federal income tax, payables to related third	
	parties, and other liabilities not included on lines 17-24). Complete Part 3	X of
ł	Schedule D	448,632. 25 19,317
26	Total liabilities. Add lines 17 through 25	513,548. 26 58,167
- 1	Organizations that follow SFAS 117 (ASC 958), check here	and
တ္က	complete lines 27 through 29, and lines 33 and 34.	
27 28 29 30 31 32 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Unrestricted net assets	-254,332. 27 -3,598
28	Temporarily restricted net assets	2,634,743. 28 1,888,856
29	Permanently restricted net assets	12,370,730. 29 13,688,550
5	Organizations that do not follow SFAS 117 (ASC 958), check here	→ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
5	and complete lines 30 through 34.	
30	Capital stock or trust principal, or current funds	30
31	Paid-in or capital surplus, or land, building, or equipment fund	31
32	Retained earnings, endowment, accumulated income, or other funds	32
33	Total net assets or fund balances	14,751,141. 33 15,573,808
34	Total liabilities and net assets/fund balances	15,264,689. 34 15,631,975
		Form 990 (20

	990 (2015) THE CITADEL BRIGADIER FOUNDATION	57-60	28468	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			_	X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,28	<u>7,3</u>	<u>97.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>33.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	1,84	<u>5,1</u>	<u>64.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14 ,75		
5	Net unrealized gains (losses) on investments	5	-1,02	<u>2,9</u>	<u>58.</u>
6	Donated services and use of facilities .	6			
7	Investment expenses .	7		_	
8	Prior period adjustments .	8		_	
9	Other changes in net assets or fund balances (explain in Schedule O)	9		_ <u>-5</u>	<u> 39.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	15,57	3,8	08.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		· · · · · · · · · · · · · · · · · · ·		\mathbf{x}
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedul	e O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u> _
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	ed on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	<u>X</u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	ate basis,	1		
	consolidated basis, or both.				
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the second	he audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	<u>X</u>	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sc	hedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	Single Audit			
	Act and OMB Circular A-133?		3a		X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	uired audit			
	or guides, explain why in Schedule O and describe any stone taken to undergo such guides		26		1

532012 12-16-15

Form **990** (2015)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2015 Open to Public

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990 or Form 990-EZ.
➤ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

Name of the organization

Employer identification number

		THE	CLIADEL BK	IGADIEK FOUN	DATTO	N	5	/-60 <u>28468</u>							
Pa	rt T	Reason for Public	Charity Status (A	All organizations must co	mplete th	is part) Se	e instructions.								
The	organ	zation is not a private found													
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).													
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))													
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).													
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,													
		city, and state:													
5	\mathbf{x}	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in													
-		section 170(b)(1)(A)(iv). (Complete Part II.)													
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).													
7	一	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in													
•															
8		section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)													
9	\vdash	· ·	• • •		•	oontribuitie	ana mambarahin fasa a	nd areas receipts from							
3		An organization that norma	•	· ·	•		·	= .							
		activities related to its exer	-	•				-							
		income and unrelated businesses section 509(a)(2). (Co		(less section 511 tax) in	om busine	sses acqu	ired by the organization	alter Julie 30, 1973.							
10	\Box	, ., .	•	wale to toot for public or	fatu Saa	aaatiaa EC)()(a)(A)								
11	Ħ	An organization organized An organization organized	•	•	•		•	nurnoses of one or							
• •	ш	more publicly supported or													
		lines 11a through 11d that						Meck the box in							
а	Γ	Type I. A supporting organization	• •			•	_	, and a							
u		the supported organization	•	•	•										
				· · · ·	t majority t	or the onet	ciors or trustees or the s	apporting							
b	Γ_	organization You must of Type II. A supporting org	•		tion with it	o cunnort	ad arganization(s), by bo	vana.							
J	<u> </u>		•			• •		-							
		control or management of			ame perso	nis mai co	ontrol of manage the sup	ported							
_		organization(s) You mus	•			مطاسي مماء	and franctionally intograte	, and switch							
C	L	Type III functionally inte	•	- •				eu with,							
a		its supported organization		•	•	-	•	zotion(a)							
d	<u> </u>	Type III non-functionally that is not functionally in		·											
		that is not functionally in	-	-	•			iveriess							
_		requirement (see instruct		•	-										
е		Check this box if the organization					і турет, туреті, туретіі								
	Ento	functionally integrated, o	• •	nally integrated support	ng organiz	zation.									
' -		r the number of supported	•		•			<u> </u>							
_9		ide the following information Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of							
	•	organization	, ,	(described on lines 1-9	listed i	n your document?	support (see	other support (see							
				above (see instructions))	Yes	No	instructions)	instructions)							
			 		103	110									
							1								
			 			<u> </u>		 							
															
			}												
ota	<u></u>		[

Schedule A (Form 990 or 990-EZ) 2015 THE CITADEL BRIGADIER FOUNDATION 57-6028468 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support	-						
Cale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	ınclude any "unusual grants.")	1,938,383,	2,143,176.	2,002,251,	2,693,252.	1,934,180.	10,711,242,	
2	Tax revenues levied for the organ-				<u> </u>			
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	1,938,383.	2,143,176.	2,002,251.	2,693,252.	1,934,180.	10,711,242,	
5	The portion of total contributions					1		
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)							
6	Public support. Subtract line 5 from line 4						10,711,242,	
Se	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
7	Amounts from line 4	1,938,383.	2,143,176,	2,002,251.	2,693,252,	1,934,180,	10,711,242.	
8	Gross income from interest,							
	dividends, payments received on		1			1		
	securities loans, rents, royalties							
	and income from similar sources	321,155.	416,242.	412,639.	463,825.	311,327.	1,925,188,	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)	378,715.	350,478.	586,242.			1,315,435.	
	Total support. Add lines 7 through 10						13,951,865,	
	Gross receipts from related activities,					12		
13	First five years. If the Form 990 is for		first, second, third	d, fourth, or fifth ta	ix year as a sectio	n 501(c)(3)		
<u> </u>	organization, check this box and stor	here			<u>.</u>			
	tion C. Computation of Publ						76 77	
	Public support percentage for 2015 (I		•	olumn (f))		14	76.77 %	
	Public support percentage from 2014	•	•			15	<u>75.06 %</u>	
16a	33 1/3% support test - 2015. If the c				14 is 33 1/3% or n	nore, check this bo		
	stop here. The organization qualifies		•				_ ► X	
b	33 1/3% support test - 2014. If the c				line 15 is 33 1/3%	or more, check th	is dox	
47-	and stop here. The organization qual	•			10 10 10			
1/a	10% -facts-and-circumstances tes							
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
L-		_			•	17 de -	1004	
D	10% -facts-and-circumstances test							
	more, and if the organization meets the						▶ □	
12	organization meets the "facts-and-circ <u>Private foundation</u> . If the organizatio		•					
		n did not check a l	OON OIT JINE 13, 108	a, 100, 178, 07 170		edule A (Form 990)		

Schedule A (Form 990 or 990-EZ) 2015

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II)

(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
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	<u> </u>	<u> </u>		<u> </u>	<u> </u>
	4:00:0		1,0000	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(n T)
(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	<u> </u>	-	 	-	
			 	 	
				1	1
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	<u> </u>	<u></u>	<u> </u>		
]			
the organization'	's first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organi	zation,
					▶□
c Support Pe	ercentage		-		
		column (f))		15	
	•	`''	•	16	
				17	
		,			
		on line 14 and lin	e 15 is more than		
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. C.C HOL CHOCK A		a, or roo, orrook t			0 or 000 E7\ 00
	the organization c Support Period Support Income standard Income forganization did did stop here. The organization did control income incom	the organization's first, second, this c Support Percentage ne 8, column (f) divided by line 13, schedule A, Part III, line 15 trnent Income Percentage 15 (line 10c, column (f) divided by line 17 organization did not check the box d stop here. The organization quality organization did not check a box or sk this box and stop here. The org	the organization's first, second, third, fourth, or fifth the organization's first, second, third, fourth, or fifth the company of the compan	the organization's first, second, third, fourth, or fifth tax year as a sectic Support Percentage ne 8, column (f) divided by line 13, column (f)) Schedule A, Part III, line 15 tranent Income Percentage 15 (line 10c, column (f) divided by line 13, column (f)) Old Schedule A, Part III, line 17 organization did not check the box on line 14, and line 15 is more than d stop here. The organization qualifies as a publicly supported organication did not check a box on line 14 or line 19a, and line 16 is more than the stop of the supported organization did not check a box on line 14 or line 19a, and line 16 is more than the supported organization did not check a box on line 14 or line 19a, and line 16 is more than the supported organization did not check a box on line 14, 19a, or 19b, check this box and see in the late of the supported or check a box on line 14, 19a, or 19b, check this box and see in the late of the la	the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization organization of the second of the secon

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A. D. and E. If you checked 11d of Part I, complete Sections A and D. and complete Part V.)

	Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V.)			
Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No" describe in Part VI how the supported organizations are designated. If designated by	l		
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		_
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	ĺ	1 1	
	"Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	ĺ		
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	}		
	purposes	4c_		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(III) the authority under the organization's organizing document authorizing such action; and (IV) how the action			
	was accomplished (such as by amendment to the organizing document).	<u>5a</u>		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	ļ	<u> </u>
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6	<u> </u>	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	1		
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	<u> </u>	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		_
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described	ŀ]	
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		<u> </u>
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which		\	
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	├	-
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	<u>9c</u>	 -	<u> </u>
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section		-	
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	ĺ		-
	supporting organizations)? If "Yes," answer 10b below.	<u>10a</u>	├	
þ	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to		1	1

determine whether the organization had excess business holdings)

	edule A (Form 990 or 990-EZ) 2015 THE CITADEL BRIGADIER F			57-6028468 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying			rustions All
'	other Type III non-functionally integrated supporting organizations must co	-		uctions. 👊
Sect	ion A - Adjusted Net Income	implete Si	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d		<u></u>
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			<u></u>
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8	<u>. </u>	
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lv-integrat	ted Type III supporting or	ganization (see

Schedule A (Form 990 or 990-EZ) 2015

instructions)

	edule A (Form 990 or 990-EZ) 2015 THE CITADEL B			<u>57-6028468 P</u>	<u>age 7</u>
Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Or	ganizations (continued)	·	
<u>Sect</u>	iòn D - Distributions			Current Year	
1	Amounts paid to supported organizations to accomplish exe	mpt purposes			
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizati	ons		
4	Amounts paid to acquire exempt-use assets		<u> </u>		
<u>_5</u> _	Qualified set-aside amounts (prior IRS approval required)			<u> </u>	
6	Other distributions (describe in Part VI) See instructions				
	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which t	he organization is respons	ıve		
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2015 from Section C, line 6				
10	Line 8 amount divided by Line 9 amount				
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 201	
1	Distributable amount for 2015 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2015				
	(reasonable cause required-see instructions)				
3	Excess distributions carryover, if any, to 2015.				
a					
b					
С					
d	From 2013				
e	From 2014				
	Total of lines 3a through e				
	Applied to underdistributions of prior years				
h	Applied to 2015 distributable amount				
i	Carryover from 2010 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from 3f				
4	Distributions for 2015 from Section D.				
	line 7.				
а	Applied to underdistributions of prior years				
	Applied to 2015 distributable amount				
С	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2015, if				
	any Subtract lines 3g and 4a from line 2 (if amount				
	greater than zero, see instructions).				
6	Remaining underdistributions for 2015 Subtract lines 3h				
	and 4b from line 1 (if amount greater than zero, see				
	instructions).				
7	Excess distributions carryover to 2016. Add lines 3				
	and 4c.				
8	Breakdown of line 7:		 		
_ <u>_</u> _			T		
b					
	Excess from 2013			 	
	Excess from 2014			+	
	Excess from 2015				

Schedule A (Form 990 or 990-EZ) 2015

Schedule	A (For	m 990	or 990	·EZ) 20	15 TH	E CI	TADEL	BRIGA	ADIE	R FOU	NDA	TIO	N		57	-602	8468	Page 8
Part V	I Su Par line	ppler t IV, Se 1, Par	nenta ection a t IV, Se	al Info A, lines ection D	ormati 1, 2, 3b), lines 2	on. Prov o, 3c, 4b, 2 and 3; f	vide the ex 4c, 5a, 6, Part IV, Se	kplanations 9a, 9b, 9c, ection E, lin	s requir , 11a, 1 es 1c,	red by Part 11b, and 1 2a, 2b, 3a	t II, line 1c, Pa and 3l	10; F rt IV, S b; Par	Part II, Section t V, Iir	n B, lı ne 1; P	nes 1 and art V, Sec	2; Part l tion B, li	V, Sectio ne 1e; Pa	n C, ırt V,
			uctions		o 8, and	л Рап V,	Section E,	lines 2, 5,	and 6.	Also com			11 101					
PART	II,	SEC	CTIC	N A	AND	В, (COLUM	N (E)										
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2015	AND	IS	FII	<u>ING</u>	AS	HORT	YEAR	RETUI	RN F	OR TH	AT	PER	IOI	·				
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SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990.

Department of the Treasury Internal Revenue Service Name of the organization

THE CITADEL BRIGADIER FOUNDATION

Employer identification number

T=-	THE CITADEL BRIGAD			<u> 57-6028468</u>
Pa	rt I Organizations Maintaining Donor Adviso	ed Funds or Other Similar Funds o	or Acco	unts. Complete if the
	organization answered "Yes" on Form 990, Part IV, III	ne 6.		
		(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	l funds	
	are the organization's property, subject to the organization's		i idildə	Yes No
6	Did the organization inform all grantees, donors, and donor a		ed only	les llo
	for charitable purposes and not for the benefit of the donor			
	impermissible private benefit?	or donor advisor, or for any other purpose co	meming	□vaa □ Na
Pa	rt II Conservation Easements. Complete if the or	controtion on world "Vos" on Form 000. Do	IV Ivaa 7	Yes No
1			rt iv, ime /	•
	Purpose(s) of conservation easements held by the organization of lead for public use (a.g., research			
	Preservation of land for public use (e.g., recreation or			
	Protection of natural habitat	Preservation of a certifie	ed historic	structure
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qual	fied conservation contribution in the form of	a conserv	ation easement on the last
	day of the tax year.		-	Held at the End of the Tax Year
а	Total number of conservation easements		2a	
þ	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic st	ructure included in (a)	. 2c	
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	•	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, re-	eleased, extinguished, or terminated by the o	rganizatio	n during the tax
	year ▶			
4	Number of states where property subject to conservation ea	sement is located >		
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing conser	vation eas	sements during the year
	>			,
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservatio	n easeme	nts during the year
	> \$	amig or mountain, and only only		
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)	(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?	vo dationy the requirements of dection 17 o(1)	(-)(0)(1)	Yes No
9	In Part XIII, describe how the organization reports conservat	ion assements in its revenue and expense of	tatement	
•	include, if applicable, the text of the footnote to the organization			
	conservation easements	mon's imancial statements that describes the	e organiza	tion's accounting for
Pai	t III Organizations Maintaining Collections of	of Art Historical Treasures or Oth	ar Simi	ar Accate
<u> </u>	Complete if the organization answered "Yes" on Forn		er Sirin	di A33613.
	· · · · · · · · · · · · · · · · · · ·			
ia	If the organization elected, as permitted under SFAS 116 (As			
	historical treasures, or other similar assets held for public ex		e of public	service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri			
D	If the organization elected, as permitted under SFAS 116 (As			
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public	c service,	provide the following amounts
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(ii) Assets included in Form 990, Part X			\$ \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial g	aın, provic	le
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1		>	\$
<u>b</u>	Assets included in Form 990, Part X			\$
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.		Schedule D (Form 990) 2015

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		ADEL BRIGA	DIER FOUND	MOITA			<u>57-60</u>	2846	8 Pa	1ge 2
Pa	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tre	easures, c	or Othe	er Simil	ar Asse	ts (contin	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following tha	t are a s	ignificant	use of its	collectio	n item	s
	(check all that apply)									
а	Public exhibition	d		hange progra	ams					
b	Scholarly research	е	Other				-			
C	Preservation for future generations									
4	Provide a description of the organization's co						ose in Parl	XIII.		
5	During the year, did the organization solicit o				er simıla	r assets	_	1		1
Da	to be sold to raise funds rather than to be mart IV Escrow and Custodial Arran							Yes		No
Га	rt IV Escrow and Custodial Arran reported an amount on Form 990, Pai		te if the organizatio	n answered '	'Yes" or	Form 99	U, Part IV,	line 9, or		
12	Is the organization an agent, trustee, custodi		lians for contribution	o or other or	acta not	unaludad	·			
18	on Form 990, Part X?	an or other interned	nary for contribution	is or other as	sets not	nciuded	ˈ <u>-</u> -	Yes	Г	No
h	if "Yes," explain the arrangement in Part XIII	and complete the fo	Ilovuna tablo:			•	<u></u>	_ res	L) NO
U	in res, explain the arrangement in Fait Am	and complete the lo	nowing table.			Γ		Amount		
c	Beginning balance					10	 	Amount		
ď	Additions during the year					1d				
e	Distributions during the year	•	•	•	•	1e				
f	Ending balance		•			1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow or cu	ustodial acco	unt liabi			Yes		No
b	If "Yes," explain the arrangement in Part XIII.]
Pai										
		(a) Current year	(b) Prior year	(c) Two year			years back	(e) Four	years	back
1a	Beginning of year balance	13,144,401.	12,366,362.	10,52	7,396.	9,	153,296.	9	084,	514.
b	Contributions	1,379,381.	1,334,465.	76:	2 606.		885,462.		662,	827.
С	Net investment earnings, gains, and losses	-820,981.	13,593,	1,59	2,538.		954,703.		<u>-168,</u>	603.
ď	Grants or scholarships		<u> </u>							
е	Other expenditures for facilities									
	and programs		570,019,	51	6,178.		466,065.		425,	442.
f	Administrative expenses									
g	End of year balance	13,702,801.	13,144,401.		6,362.	10,	<u>527,396.</u>	9	<u>,153</u> ,	296.
2	Provide the estimated percentage of the curi		e (line 1g, column (a	a)) held as:						
а	Board designated or quasi-endowment	3.16	_%							
b	Permanent endowment ► 11.40	%								
С	Temporarily restricted endowment ▶ 9									
_	The percentages on lines 2a, 2b, and 2c sho			1		•				
Зa	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	na aaministe	rea tor t	ne organi	ization	ſ	V T	
	(i) unrelated organizations							2-40	Yes	No_
	(i) unrelated organizations (ii) related organizations				-			3a(i)		$\frac{x}{x}$
h	(ii) related organizations If "Yes" on line 3a(ii), are the related organiza	tions listed as rose	red on Schodulo DO					3a(ii) 3b		
4	Describe in Part XIII the intended uses of the	•						<u> 30 </u>		
	t VI Land, Buildings, and Equipm		willent lunus		<u> </u>					
	Complete if the organization answere). Part IV. line 11a S	See Form 990). Part X	. line 10.				
	Description of property	(a) Cost or o		or other		ccumulat	ed	(d) Boo	k valu	——— ə
	accompanient of property	basis (investr	1 , ,	(other)		preciation		,2,500	Tarat	-
	Land	<u> </u>		· · ·						
b	Buildings			-						
	Leasehold improvements									
	Equipment		4	6,174.		34,2	80.		1,8	94.
e_	Other									
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, column (B), line 1	10c.)			. ▶	1	1,8	94.

Schedule D (Form 990) 2015

Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	luation: Cost or end-o	f-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11c See Form 990, F	Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of va	luation. Cost or end-c	f-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(9)			***	· · · · · · · · · · · · · · · · · · ·
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	-			
Part IX Other Assets.	·			
Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11d. See Form 990, F	Part X, line 15.	
	Description			(b) Book value
(1) CASH VALUE OF LIFE INSURA	NCE POLICI	ES		432,877
(2) DUE FROM RELATED PARTIES	<u> </u>			1,070,679
(3)				
(4)	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
				
				
				-
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 15)			1,503,556
Part X Other Liabilities.	<u> </u>	<u> </u>		<u> </u>
Complete if the organization answered "Yes"	on Form 990 Part IV	line 11e or 11f See Form	990. Part X. line 25.	
1. (a) Description of liability	Cirronii oco, rak iv	(b) Book value	000,1 4.17,1 11.10 20.	
(1) Federal income taxes				
(2) DUE TO RELATED PARTIES		6,173.		
(3) CHARITABLE GIFT ANNUITY P	AVARI.E	13,144.		
(4)	UTUDIE	17,144.		
(5)				
(6)				
(7)				
(8)				
(9)	.05)	10 317		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25 <u> </u>	19,317.		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. Schedule D (Form 990) 2015

	dule D (Form 990) 2015 THE CITADEL BRIGADIER FOUNT				6028468 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts W	ith Revenue per R	etun	า.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements		••	1_	1,210,281.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-1,022,959.		
b	Donated services and use of facilities	2b	6,243.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d) .	
е	Add lines 2a through 2d		·	2e	-1,016,716.
3	Subtract line 2e from line 1			3	2,226,997.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<u>5</u> 9,861.	<u> </u>	
b	Other (Describe in Part XIII)	4b	539.	1	
c	Add lines 4a and 4b			4c	60,400.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	•	••	5	2,287,397.
Pa	t XII Reconciliation of Expenses per Audited Financial Statement	ents V	Vith Expenses per	Retu	
<u> </u>	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements	-		1	387,615.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:		• •	-	307,013.
2	Donated services and use of facilities		6,243.)	
a	·	2a	0,443.		
Þ	Prior year adjustments	2b		•	
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			6 040
e	Add lines 2a through 2d			2e_	6,243.
3	Subtract line 2e from line 1			3	381,372.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	59,861.	1	
b	Other (Describe in Part XIII)	4b]	
C	Add lines 4a and 4b			4c	59,861.
5_	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	441,233.
Pa	t XIII Supplemental Information.				
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines	1b and 2b; Part V, line	4; Par	t X, line 2; Part XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addi				
					-
PAI	RT X, LINE 2:				
		=			
MAN	NAGEMENT EVALUATED THE FOUNDATION'S TAX POS	сттт	ONS AND CONC	רדו.די	энт тант оэ
	THE TOUR DESIGNATION OF THE TOUR DESIGNATION OF THE TOU	<u> </u>	OND THIS COILC	<u> </u>	<u></u>
ा∩च	NDATION HAD TAKEN NO UNCERTAIN TAX POSITIO	ONG	תבוורת ייגעיי	ם ב	THE THE THE
	MONITOR RED TAKEN NO UNCERTAIN TAX TODITIO	7110	TIMI KEQOTKE	1 11	OODIFIDIAL TO
тит	FINANCIAL STATEMENTS TO COMPLY WITH THE	DBOX7	TSTONS OF TH	TS	CHIDANCE
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E'OE	איים מעם איים פון פון פון פון פון פון פון פון פון פון				
1 01	THE YEAR ENDED JUNE 30, 2016.			-	
					
n = T	WT I THE AD ABUSED IS THE WORLD				
PAL	T XI, LINE 4B - OTHER ADJUSTMENTS:				
~3	Was				F 2 0
<u>сн/</u>	NGE IN VALUE OF SPLIT-INTEREST AGREEMENT				539.
					 _

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at www.lrs.gov/form990.

Name of the organization

Employer identification number

	THE CITADEL	BRIGAD	IER FOUND	ATION	57-60	28468	}
Pa	rt I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of deter noncash contributio	-	ts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property					·	
9	Securities - Publicly traded	X	19	432,995.	FMV		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
40	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
14	Historic structures Qualified conservation contribution - Other						
15	Real estate - Residential		ļ				
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts		 				
23	Scientific specimens	-					
24	Archeological artifacts						·····-
25		<u> </u>					
26	Other () Other ()						
27	Other ()						
28	Other (
29	Number of Forms 8283 received by the organ	ration durin	a the tay year for a	ontributions			
	for which the organization completed Form 82						
	of which the organization completed form oz	.00, r art rv,	DOLLOG YCKLIOMICO	29		Yes	No
30a	During the year, did the organization receive b	v contributio	on any property rei	norted in Part I. lines 1 throu	ah 28 that it	163	140
	must hold for at least three years from the dat				1		
	exempt purposes for the entire holding period		ai contribution, and	which is not required to be		_	x
h	If "Yes," describe the arrangement in Part II.	ı f			3	0a	<u> </u>
31	Does the organization have a gift acceptance	nolicy that r	aguires the review	of any non-standard contrib	utions?	,	v
	Does the organization have a glit acceptance				-	31	X
JEG	contributions?	or related Of	ryanizations to soli	Cit, process, or sell noncash		2a	x
b	If "Yes," describe in Part II.		• •	•	·		 -
33	If the organization did not report an amount in	column (c) f	for a type of prope	rty for which column (a) is ch	ecked.		
	describe in Part II			,	,		
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	 O.	Schedule M (Fo	rm 990)	(2015)

Schedule M	(Form 990) (2015)	THE CITADEL	<u>BRIGADIER</u>	<u> FOUNDATION</u>	57	<u>-6028468_</u>	Page 2
Part II	Supplemental is reporting in Part	Information. Provided in the column (b), the number distributional information.	de the information re per of contributions,	equired by Part I, lines the number of items re	30b, 32b, and 33, and veceived, or a combination	whether the organization of both. Also con	ation iplete
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532142 08-21-15

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

Attach to Form 990 or 990-EZ.

Inspection |

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number E7_6028468

THE CITADEL BRIGADIER FOUNDATION 57-0028408
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CITADEL, A STATE OWNED AND OPERATED COLLEGE, LOCATED IN CHARLESTON, SC.
FORM 990, PART VI, SECTION B, LINE 11:
THE 990 IS REVIEWED BY THE TREASURER ALONG WITH RELATED AUDITED FINANCIAL
STATEMENTS.
FORM 990, PART VI, SECTION C, LINE 19:
NO DOCUMENTS ARE AVAILABLE TO THE PUBLIC.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENT -539.
FORM 990, PART XII, LINE 2C
THE PROCESS HAS NOT CHANGED.