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#### EXTENDED TO AUGUST 15 2016 Return of Private Foundation

Form 990-PF

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

Department of the Treasury Internal Revenue Service and ending\_ For calendar year 2015 or tax year beginning Name of foundation A Employer identification number-S KENT ROCKWELL FOUNDATION INC 47-1440025 Boom/suite B Telephone number Number and street (or P O box number if mail is not delivered to street address) 412-281-4620 960 PENN AVENUE, SUITE 400 City or town,-state or province, country, and ZIP or foreign postal code C if exemption application is pending, check here PITTSBURGH, PA 15222 Initial return of a former public charity D 1. Foreign organizations, check here G Check all that apply: Initial return Amended return Final return 2. Foreign organizations meeting the 85% test check here and attach computation Address change Name change H Check type of organization: X Section 501(c)(3) exempt private foundation 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: Accrual 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) 9,139,246. (Part I, column (d) must be on cash basis ▶\$ Part | Analysis of Revenue and Expenses (d) Disbursements (b) Net investment (a) Revenue and (c) Adjusted net for charitable purposes (cash basis only) (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books incomeıncome 1,600,000 N/A Contributions, gifts, grants, etc., received if the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 3 3 STATEMENT · 73,110. 73,110 STATEMENT Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 60,554 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 438,772. assets on line fla 60,554 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10a Gross sales less returns and allowances 400 b Less Cost of goods sold c Gross profit or (loss) <2.430-<2.430. STATEMENT 11 Other income 731,237 131,237 Total. Add lines 1 through 11 0. 0. Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits Expenses 60 0 . 0. 16a Legal fees STMT 3\_,-400. 0. 0. b Accounting fees c Other professional-fees JUL 05 and Administrative 17. Interest 2016 9,557 1,556 STMT 0. 18 Taxes Depreciation and depletion 19 20 Occupancy Travel, conferences, and meetings 22 Printing and publications STMT 7 66,557 65,107 0. Operating 23 Other expenses 24 Total operating and administrative 79,574 66,663 0. expenses. Add imes 13 through 23 120,500 120,500. 25 Contributions, gifts, grants paid Total expenses and disbursements. Add lines 24 and 25 200,074 66,663 120,500. 27 Subtract line 26 from line 12: 1,531,163 2 Excess of revenue over expenses and disbursements 64,574 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.

Eorm.**990-PF** (2015)

For				1440025 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 o	<del></del>
느	ui t		(a) Book Value	(b) Book Value	(c)-Fair Market Value
	1	Cash - non-interest-bearing	002	7 505 400	1 505 400
	2	Savings and temporary cash investments	893.	1,505,482.	1,505,482.
	3	Accounts receivable ►			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable -		· · · · · · · · · · · · · · · · · · ·	
		Less: allowance for doubtful accounts			
	1	-Grants receivable			
	6-	Receivables due from officers, directors, trustees, and other			
		disqualified persons	` ,		
Assets	7	Other notes and loans receivable	, x , , , , , , , , , , , , , , , , , ,	) X	T Ann maddin William to make an ar to
		Less: allowance for doubtful accounts			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			-
٩		Investments - U.S. and state government obligations			
		Investments - corporate stock			
	С	Investments - corporate bonds	, , , , , ,		
	11	Investments - land, buildings, and equipment basis		. ,	
		Less accumulated depreciation			
	12	Investments - mortgage loans	10 200 210	7 622 764	7 622 764
	13	Investments other STMT 8	10,388,219.	7,633,764.	7,633,764.
	14	Land, buildings, and equipment basis		, , ,	
		Less accumulated depreciation			
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers - see the	10 200 110	0 120 046	0 120 046
_	ļ	instructions. Also,-see page 1, item !)-	10,389,112.	9,139,246.	9,1-39,246.
		Accounts payable and accrued expenses	· · · · · · · · · · · · · · · · · · ·		*
	18	Grants-payable			·**,
es	19	Deferred revenue			
Liabilities	20-	Loans from officers, directors, trustees, and other disqualified persons			** *
iat	21	Mortgages and other notes payable			,
_	22	Other liabilities (describe >)			**
	-			_	
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that fellow SFAS 117, check here			3
ģ	l	and complete lines 24 through 26 and lines 30 and 31.			"
JC e	24	Unrestricted			, , ,
Net Assets or Fund Balances	25	Temporarily restricted			
9	26	Permanently restricted			¢ •
Ë		Foundations that do not follow SFAS 117, check here			
P		and complete lines 27-through 31.	_	_	у.,
ts	27	Capital stock, trust principal, or current funds	0.	0.	*
SSe	28	Paid-in or capital surplus, or land, bldg., and equipment fund	1-0,389,112.		ж
¥.	29	Retained earnings, accumulated income, endowment, or other funds	10,389,112.	9,139,246.	<i>\$</i>
ž	30	Total net assets or fund balances	10,309,112.	9,139,246.	*
		The same same same same same same same sam	10 200 112	9,139,246.	× .
_	31	Total liabilities and net assets/fund balances	10,389,112.	9,139,240.	
P	art	III Analysis of Changes in Net Assets or Fund E	Balances		
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	10,389,112.
2		r amount from Part I, line 27a		2	1,531,163.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	11,920,275.
		eases not included in line 2 (itemize) <b>UNREALIZED</b> GAI	NS/(LOSSES)	5	2,781,029.
		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, c		6	9,139,246.
<u>-</u>	roid	r not account of faire parametes at one of your (mile 1 miles mile of 1 art 11, o		1 9	Form <b>990-PF</b> (2015)

Form **990-PF** (2015)

See the Part VI instructions.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

		14400			Page 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 -	see in	stru	ctio	ns)
、1a	Exempt operating foundations described in section 4940(d)(2), check here $\blacktriangleright$ and enter "N/A" on line 1.				
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	** *****			
b	Domestic foundations-that meet the section 4940(e) requirements in Part V, check here X and enter 1%			6	<u>46.</u>
	of Part-I, line 27b				
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).	33 %	`	r'oʻ	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				0.
3_	Add lines 1 and 2			6	46.
4	Subtitle A (income) tax (domestic section:4947(a)(1) trusts and taxable foundations only-Others enter -0-)				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0			6	46.
6	Credits/Payments:	* * *		*	
a	2015 estimated tax payments and 2014 overpayment credited to 2015 6a 6,000.				•
b	Exempt foreign organizations - tax withheld at source 6b	' • •		,º\	* **
C	Tax paid with application for extension of time to file (Form 8868)				
d	Backup withholding erroneously withheld 6d		· *×		
7	Total credits and payments. Add lines 6a through 6d		6	<u>0-, 5</u>	00.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8	-			2.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				
10	Overpayment. If line 7-is more than the total of lines 5 and 8, enter the amount overpaid		Ĺ	5,3	52.
11	Enter the amount of line 10 to be: Credited to 2016 estimated tax > 5,352 • Refunded > 11				0.
	rt VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in			Yes	No
	any political campaign?		1a		X
þ	Did it spend more-than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	_	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or				
	distributed by the foundation in connection with the activities.		1		i `
c	Did the foundation file Form 1120-POL for this year?		1c	Ì	X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			***	
	(1) On the foundation. ► \$ 0 . (2) On foundation-managers. ► \$			44	l
е	Enter-the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			,	l
	managers. ► \$ 0.				I.
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
	If "Yes," attach a detailed description of the activities.				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or		1		l
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	/A [	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		_ X
	If "Yes," attach the statement required by General Instruction T		á		72
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	ŀ			
	By language in the governing instrument, or			"	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict-with the state law		l	•	
	remain in the governing instrument?		6	Х	
7	Did the foundation have at least \$5,090 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV		7	X	
		-		1	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	J.,	1		**************************************
	PA			. ]	
b	of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		, .	· 1	
_	of each state as required by General Instruction G? If "No," attach explanation	[ ^	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar		1		
•	year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV		9	-	X
10	D. A. C.		10		<u> X</u>
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11-24-15

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

Form 4720, to determine if the foundation had excess business holdings in 2015.)

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?

b If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

Form **990-PF** (2015)

X

3b

4a

Yes X No

during the year?

orm 990-PF (2015) S KENT ROCKWELL FOUNDATI	ON INC		47-144002	25 Page <b>6</b>
Part VII-B   Statements Regarding Activities for Which F	orm 4720 May Be F	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 (section			es X No	
(2) Influence the outcome of any-specific public election (see section 4955); o	r to carry on, directly or indire			
any voter registration drive?			es 🔀 No 📗	.,
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	es 🗶 No 📗	
(4) Provide a grant to an_organization other_than a charitable, etc., organization	n described in section			
4945(d)( <del>4)(A)?</del> (see instructions)		. L Ye	es 🛣 No	
-(5)- Provide for any purpose other-than religious, charitable, scientific, literary,	or educational purposes, or f			
the prevention of cruelty to children or animals?		Y-6	es 🔀 No	3 4 4 1
b If any answer is "Yes-to 5a(1)-(5), did any of the-transactions fail to qualify und	der the exceptions described i	n Regulations	_	1
section 53.4945 or in a current notice regarding disaster assistance (see instru	· ·		N/A- 5	b
Organizations-relying on a current notice regarding disaster assistance check h				٠, ١
c If the answer_is "Yes" to question 5a(4), does the foundation claim exemption fr				1:
expenditure responsibility for the grant?		「/A	es L No	,1
If "Yes," attach the statement required by Regulations section 53 4945				; · · · · · · · · · · · · · · · · · · ·
6a Did the foundation, during-the year, receive any funds, directly or indirectly, to	pay premiums on			
a personal benefit contract?		Ye	es 🗶 No 📑	
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		6	b 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 attribu		······································	N/A 7	b
Part VIII Information-About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	nagers, Highly	<i>!</i> 	<del></del>
1 List all officers, directors, trustees, foundation managers and their		T	T ( D )	
( ) Nome and address	(b)-Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e) Expense account, other
_(a) Name and address	to position	enter -0-)	and deferred compensation	allowances
S KENT-ROCKWELL	PRESIDENT		-	
960 PENN AVENUE, SUITE 400				
PITTSBURGH, PA 15222	0.00	0.	0.	<u> </u>
	SECRETARY/TRE	ASURER		
960 PENN AVENUE, SUITE 400			•	
PITTSBURGH, -PA 15222	0.00	0.	0.	0_•
and the second s				
O O	luded on line 4). If none	INONE II		
2 Compensation of five highest-paid employees (other than those inc	(b) Title, and average	enter "NONE."	(d) Contributions to	(a) Evnança
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	(e) Expense account, other
NONE	devoted to position		compensation	allowances
NOINE	-			
		<del></del>		
	1			
	1			
				<del></del>
	1			
Total number of other employees paid over \$50,000				0
10 con member of onto onipio/2000 para over goodsoo				

Form 990-PF (2015) S KENT ROCKWELL FOUNDATION INC 47	-1440025	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional servicesIf none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Comper	nsation
NONE		
Total number of others receiving over \$50,000 for professional services	<b>&gt;</b>	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities-during the tax year. Include relevant statistical information-such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses	
1 N/A		
	4	
2	-	
	-	
3	$\dashv$	
4	_	
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines_1 and 2.	Amount	
1 N/A		
		<u></u>
2		
All other program-related investments. See instructions.		
3	$\dashv$	
Total. Add lines 1 through 3	<del></del>	0.
	Form <b>990-PF</b>	(2015)-

523561 11-24-15

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

income. Enter 1% of Part I, line 27b

Adjusted qualifying distributions. Subtract line-5 from line 4

4940(e) reduction of tax in those years.

Form **990-PF** (2015)

5

6

646.

119,854.

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

Page 9

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	<b>(d)</b> 2015
1 Distributable amount for 2015 from Part XI, line 7	~			415,453.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			114,9-2-6.	
b Total for prior years:		0.		-
3 Excess distributions carryover, if any, to 2015:				
a From 2010				
<b>b</b> From 2011				
<b>c</b> From 2012		, , ,		* * *
d From 2013	, ·			*
e From 2014				
f Total of lines 3a through e	0.			
	,			*
4 Qualifying distributions for 2015 from Part XII, line 4: ▶ \$ 120,500.	-			
			114,926.	
a Applied to 2014, but not more than line 2a		<del></del>	114,520.	<del> </del>
b Applied to undistributed income of prior	· .	•		,
years (Election required - see instructions)		<u> </u>		******
c Treated as distributions out of corpus	<u> </u>			
(Election required - see instructions)	0.	<del></del>		
d Applied to 2015 distributable amount			* *	5,574.
e-Remaining amount distributed out of corpus	0.		*	
5 Excess distributions carryover applied to 2015_ (If an amount appears in column (d), the same amount	0.			0.
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				
		0.		
amount - see instructions	,	<u> </u>		
e Undistributed income for 2014. Subtract line			_0.	> <b>v</b>
4a from line 2a. Taxable amount - see instr.	 		-0 •	
f Undistributed income for 2015. Subtract				
lines 4d and 5 from line 1. This amount must	.>			400 070
be distributed in 2016		* · · · · · · · · · · · · · · · · · · ·		409,879.
7 Amounts treated as distributions out of			-	
corpus to satisfy requirements imposed by			ļ	
section 170(b)(1)(F) or 4942(g)(3) (Election			ļ	*
may be required - see instructions)	0.			<del></del>
8 Excess distributions carryover from 2010				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2016.		, ,		<b>&gt;</b>
Subtract lines 7 and 8 from line 6a	0.			<u> </u>
10 Analysis of line 9:				-
a Excess from 2011		,		
b Excess from 2012	]	· · · · · · · · · · · · · · · · · · ·		
c Excess from 2013	1			
d Excess from 2014	1			
e Excess from 2015	1			
6 E20000 HOLL E0 10		· ·		Form 990-PF (2015)

		OUNDATION I			140025 Page 10
Part XIV Private Operating F	oundations (see in	nstructions and Part V	II-A, question 9)	N/A	
1 a If the foundation has received a ruling o	determination letter tha	it it is a private operating			
foundation; and the ruling is effective for	2015, enter the date of	the ruling	<b>&gt;</b>		
b Check box to indicate whether the found	ation is a private operat	ing foundation described	in section .	4942(j)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income-from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not		<del>-</del>			
used directly for active conduct of					
exempt activities					
-e Qualifying distributions made directly		<del> </del>			<u> </u>
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					<del> </del>
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X; line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(2) Support-from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info	rmation (Compl	ete this part only	if the foundation	had \$5,000 or m	ore in assets
at any time during	the year-see ins	tructions.)			
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation wh	_	e than 2% of the total co	ntributions received by the	foundation before the cl	ose of any tax
year (but only if they have contributed i	nore than \$5,000). (See	section 507(d)(2).)			
S KENT ROCKWELL					
b List any managers of the foundation wh			i (or an equally large portion	on of the ownership of a	partnership or
other entity) of which the foundation ha	s a 10% or greater inter	est			
NONE					
2 Information Regarding Contribut					
Check here ► ☐ If the foundation of	•	•	=	•	
the foundation makes gifts, grants, etc.	<del></del>				10 0.
a The name, address, and telephone num	ber or e-mail address o	f the person to whom app	olications should be addres	ssed:	
SEE STATEMENT 9					
<b>b</b> The form in which applications should	oe submitted and inform	nation and materials they	should include:		
c Any submission deadlines:					
d Any restrictions or limitations on award	s, such as by geograph	ical areas, charitable field	s, kınds of ınstıtutıons, or o	other factors:	

523611 11-24-15

Total

Part XVI-A

**Analysis of Income-Producing Activities** 

Enter gross amounts unless otherwise indicated.	Unrelated b	usiness income	Excluded by	section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	_code	711104111	code	Allount	Tunction income
a		·	<del></del>		
b	-		<del> </del>		
c	-				
d					
e					
f	_		<del></del>		···
g Fees and contracts from government agencies					<u> </u>
2 Membership dues and assessments					
3 Interest on-savings and temporary cash					
investments			14	3.	
4 Dividends and interest from securities			14	73,110.	<del></del>
5 Net rental income or (loss) from real estate:		* *			
a Debt-financed property					<del></del>
b Not debt-financed property					<del></del>
6 Net rental income or (loss) from personal					
property					
7 Other-investment income			14	<2,430.>	<u> </u>
8 Gain or (loss) from sales of assets other					
than <sup>-</sup> inventory			_18	60,554.	
9 Net income or (loss) from special events		. <u></u>			
10 -Gross profit or (loss) from sales-of inventory					
11 Other revenue:					
a	_				
b	_				
c	_				····
d	_				
e	_				. <u>.</u>
12 SubtotalAdd columns (b), (d), and (e)			).	131,237.	0.
13 Total_ Add line 12, columns (b), (d), and (e)				. 13	131,237.
(See worksheet in line 13 instructions to verify calculations.)	·				
Part XVI-B Relationship of Activities	to the Accom	nplishment of	Exempt Pu	ırposes	
- Line No Explain below how each activity for which in	come is reported in o	column (e) of Part XV	I-A contributed		olishment of
the foundation's exempt purposes (other tha	an by providing funds	s for such purposes).			
			<del></del>		<del></del>
					<del></del>
	•••				
	-				····
		. =			<del></del>
	<u></u>				
		-			
		- <del></del> -			
	<del></del>				

523621 11-24-15

Part XVI		hips With Noncharitab	ie					
<u> </u>	Exempt Organizations	on 601/a) of	Yes	No				
	organization directly or indirectly engage in any-of the following with any other organization described in sect	50 1(c) 01	103	140				
	de-(other than section 501(c)(3) organizations) or in section 527, relating to-political organizations?		, ,,					
	a Transfers from the reporting foundation to a noncharitable exempt organization of:							
(1)_ Ca:		1a(1		X				
	her assets	1a(2	4	<del>  ↑</del>				
_	ransactions:-	A	-1					
• •	les of assets to a noncharitable exempt organization	1b(1		X				
. ,	rchases of assets from a noncharitable exempt organization-	1b(2		X				
. ,	ental of facilities, equipment, or other assets	1b(3		X				
٠,	embursement arrangements	. 1b(4		X				
` '	ans or loan guarantees	1b(5		X				
, ,	rformance of services or membership or fundraising solicitations	1b(6	4	X				
	g of facilities, equipment, mailing lists, other assets, or paid employees	<u>l 1c</u>		X				
	nswer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair n							
	ices given by the reporting foundation. If the foundation received less than fair market value in any transaction	or snaring arrangement, snow in						
	(d) the value of the goods, other assets, or services received.			<del></del>				
(a) Line no	(-/	of transfers, transactions, and sharing	arrangeme	ents				
	N/A							
				——				
	-							
	-							
	foundation directly or indirectly-affiliated with, or related to, one or more tax-exempt organizations described	·	L==					
	ion 501(c) of the Code (other than section 501(c)(3)) or in section 527?	Yes	3 LX	□No				
b If "Yes,	"complete the following schedule.							
		(c) Description of relationship						
	N/A	<del></del>						
i	nder penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the disclared to the penalty in the penalty	has any knowledge May the IRS return with						
Sign   👢	VIVIII A XIOM	shown belo						
Here	X COUNTY PRESIDENT	DENT LX Ye	s	J No				
	Signature of officer or trustee Date Title	Charle C 4 Print						
	Print/Type preparer's name Preparer's signature Date	Check if PTIN						
<b>5</b>		self- employed						
Paid	RANDY REYNOLDS, CPARANDY REYNOLDS, C 06/15/16	P0003!						
Prepare	, , , , , , , , , , , , , , , , , , ,	Firm's EIN ► 25-18465	<del>9</del> 63					
Use Onl		1						
	Firm's address ► 5700 CORPORATE DRIVE, SUITE 800			_				
	PITTSBURGH, PA 15237	Phone no. (412)367						
		Form <b>99</b>	Ю-PF	(2015)				

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

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

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

OMB No 1545-0047

**2015** 

Name of the organization

S KENT ROCKWELL FOUNDATION INC

Employer identification number

	KENT ROCKWELL FOUNDATION INC	47-1440025				
Organization type (check						
-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					
, ,	n is covered by the <b>General Rule</b> or a <b>Special Rule.</b> (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule See instructions.				
•	non filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalin ny one contributor. Complete Parts I and II See instructions for determining-a contributor	- · · · · · · · · · · · · · · · · · · ·				
Special Rules						
sections 509(ä)( any one-contrib	cion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support 1) and 170(b)(1)(A)(vi), that checked-Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a utor, during the year, total contributions of the greater of (1)_\$5,000 or (2) 2% of the amount EZ, line 1 Complete Parts I and II.	, or 16b, and that received from				
year, total contr	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III					
year, contribution is checked, ente purpose Do not	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
but it must answer "No"	n that is not covered by the General Rule and/or the Special Rules does not file Schedule on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Feet 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) (2015)

Name of organization

Employer identification number

# S KENT ROCKWELL FOUNDATION INC

47-1440025

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional and the copies of P	tional space is needed	
(a) <b>N</b> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)- Type of contribution
1	S KENT ROCKWELL  960 PENN AVENUE, SUITE 400  PITTSBURGH, PA-15222		Person X Payroll
(a) No.	(b)₋ Name, address, and ZIP +⁻4	(c̄) - Total contributions	(d) Type of contribution
		\$	Person Payroll Omnocash Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<del></del>		<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

### S KENT ROCKWELL FOUNDATION INC

47-1440025

Par <u>t</u> II	Noncash Property (see instructions). Use duplicate copies of F	Part II if additional-space is needed	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d)- Date received
		-\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	120
(a) No. from- Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3453 10-26		\$	990, 990-EZ, or 990-PF)

Name òf org	ganization		Employer identification n	umber
S KEN' Part III	T ROCKWELL FOUNDATION  _Exclusively _religious, charitable, etc., con the year from any one contributor. Complete completing Part III, enter the total of exclusively religio Use duplicate copies of Part III if addition	tributions to organizations described columns (a) through (e) and the follows, charitable, etc., contributions of \$1,000 c	d in section 501(c)(7), (8), or (10) that total more than \$ lowing line entry. For organizations or less for the year (Enter this info once) \$\$\sum_{\text{sol}}\$\$	1,000 for
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is he	eld
Part I				
		(e) Transfer of gi	lift	<del></del> -
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is he	eld
		(e) Transfer of gi	jift	
!	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee	
				<del></del>
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is he	eld
		(e) Transfer of gi	gift	
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is he	eld
		(e) Transfer of g	gift	
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee	
	<u> </u>			

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to Recipient Foundation Purpose of grant or Amount any foundation manager or substantial contributor status of contribution-Name and address (home or business) recipient COVER THE COST OF RUFFED GROUSE SOCIETY OPERATIONS OF THE 451 MCCORMICK ROAD RECIPIENTS 60,000. CORAOPOLIS- PA 15108 COVER THE COST OF 412 FOOD RESCUE INC OPERATIONS OF THE 6022 BROAD STREET RECIPIENTS 15,000. PITTSBURGH PA 15206 75,000. Total from continuation sheets

FORM 990-PF INTERE	ST ON SAVING	SS AND T	'EMPORA	ARY C	CASH	INVEST	MENTS	STATEMENT	1
SOURCE  ISHARES S&P GSCI COMMODITY INDEXED TRUST  TOTAL TO PART I, LINE 3			(A) REVENUE PER BOOKS  3.		(B) NET INVESTMENT INCOME  3.		MENT	(C) ADJUSTED NET INCOME	
							3.		
							3.		
FORM 990-PF	DIVIDENDS	AND INT	EREST	FROM	SEC	URITIES	3	STATEMENT	2
SOURCE	GROSS AMOUNT	GAIN	GAINS REV		(A) (B) VENUE NET INV BOOKS MENT IN				
BNY MELLON WEALTH MANAGEMENT	146,018.	72,	908.	7	3,11	0.	73,110	•	
TO PART I, LINE 4	146,018.	72,	2,908. 7		73,110. 73,1		73,110	•	
FORM 990-PF		OTHER	INCOM	Œ				STATEMENT	3
DESCRIPTION			REV	A) ENUE BOOK		(E NET IN MENT I	WEST-	(-C) ADJUSTE NET INCO	
ISHARES S&P GSCI CO	MMODITY INDE	XED		<2,	430.	· ·	2,430.	>-	
TOTAL TO FORM 990-P	F, PART I, L	INE 11		<2,	430.	> <	2,430.	>	

FORM 990-PF	LEGAL	FEES	STATEMENT 4		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
LEGAL FEES	60.	0.		0.	
TO FM 990-PF, PG 1, LN 16A =	60.	0.		0.	
FORM 990-PF	ACCOUNTI	NG FEES	STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
OTHER PROFESSIONAL FEES	3,400.	0.		0.	
TO FORM 990-PF, PG 1, LN 16B	3,400.	0.		0	
FORM 990-PF	TAX	ES	S	TATEMENT 6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED- NET INCOME	(D) CHARITABLE PURPOSES	
TAXES FOREIGN TAXES	8,001. 1,556.	0. 1,556.		0.	
TO FORM 990-PF, PG 1, LN 18	9,557.	1,556.		0.	
FORM 990-PF	OTHER E	XPENSES	STATEMENT 7		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
INVESTMENT FEES MARKETING	65,107. 1,450.	65,107.		0.	
TO FORM 990-PF, PG 1, LN 23	66,557.	65,107.	<del></del>	0.	

FORM 990-PF	OTHER	INVESTMENTS		STATEMENT 8
DESCRIPTION		VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
BNY MELLON WEALTH_MANAGEMENT		COST	7,633,764.	7,633,764.
TOTAL TO FORM 990-PF, PART II,	LINE 1	.3	7,633,764.	7,633,764.

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

S KENT ROCKWELL 960 PENN AVENUE, SUITE 400 PITTSBURGH, PA 15222

TELEPHONE NUMBER

412-281-4620

### FORM AND CONTENT OF APPLICATIONS

REOUESTS- FOR GRANTS FROM SECTION 501(C)(3) ORGANIZATIONS SHOULD BE IN WRITING TO THE ABOVE NAMED INDIVIDUAL.

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

GRANTS -ARE MADE EXCLUSIVELY TO THE ORGANIZATIONS AS DESCRIBED IN SECTION 170(C) AND 2055 OF THE INTERNAL REVENUE CODE, PRIMARILY THOSE BENEFITING WESTERN PENNSYLVANIA.