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Form **990-PF**

EXTENDED TO AUGUST 17 **Return of Private Foundation**

OMB No. 1545-0052

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. Department of the Treasury Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. internal Revenue Service JUL 31, 2014 DEC 31. 2014 For calendar year 2014 or tax year beginning and ending A Employer identification number Name of foundation 47-1440025 S KENT ROCKWELL FOUNDATION INC Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 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 15222 PITTSBURGH, PA X Initial return Initial return of a former public charity D 1. Foreign organizations, check here G Check all that apply: Final return Amended return 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: X Cash Accrual If the foundation is in a 60-month termination Other (specify) (from Part II, col (c), line 16) under section 507(b)(1)(B), check here 10,389,112. (Part I, column (d) must be on cash basis.) ▶\$ Part I | Analysis of Revenue and Expenses (d) Disbursements or charitable purposes (cash basis only) (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books income ıncome N/A 10,919,282 Contributions, gifts, grants, etc., received 2 Check If the foundation is not required to attach Sch B Interest on savings and temporary cash investments 44,988 44,988 STATEMENT Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 59,557 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 88,095. 59,557 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 023,827 104,545 12 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 0. 3,607 0 2 16a Legal fees STMT 500 0 0. STMT 3 **b** Accounting fees 7,867 867 STMT c Other professional fees Administrative 17 Interest 18 Taxes 3 3012 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative 11,974 7,867 0. expenses Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 11,974 7,867 Add lines 24 and 25 27 Subtract line 26 from line 12:

C Adjusted net income (if negative, enter -0-) LHA For Paperwork Reduction Act Notice, see instructions.

& Excess of revenue over expenses and disbursements

b Net investment income (if negative, enter -0-)

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11,011,853

96,678

N/A

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	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	+	of year
드	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		ļ	
	1	Savings and temporary cash investments		893.	893.
	3	Accounts receivable ►			
		Less: allowance for doubtful accounts ▶		 	
	4	Pledges receivable			
	_	Less: allowance for doubtful accounts ▶			
	l _	Grants receivable	<u> </u>		
	6	Receivables due from officers, directors, trustees, and other			
	l _	disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts		<u> </u>	
Assets	8	Inventories for sale or use			
Ass		Prepaid expenses and deferred charges			
•		Investments - U.S. and state government obligations			
		Investments - corporate stock		 	
	1	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment, basis			
		Less accumulated depreciation		-	
	1	Investments - mortgage loans	0.	10 200 210	10 200 210
	13	Investments - other STMT 5	<u> </u>	10,388,219.	10,388,219.
	14	Land, buildings, and equipment basis		-	
		Less accumulated depreciation			
	I	Other assets (describe			
	16	Total assets (to be completed by all filers - see the		10 200 112	10 200 112
	-	instructions. Also, see page 1, item I)	0.	10,389,112.	10,389,112.
	1	Accounts payable and accrued expenses			
	18	Grants payable			
ies	19	Deferred revenue .			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ia	21	Mortgages and other notes payable			
	22	Other liabilities (describe)			
			0.	0.	
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
S	١.,	and complete lines 24 through 26 and lines 30 and 31.			
S	24	Unrestricted			
ala	25	Temporarily restricted			
Net Assets or Fund Balances	26	Permanently restricted Foundations that do not follow SFAS 117, check here			
Ë		,			
<u>p</u>	0.7	and complete lines 27 through 31.	0.	0.	
ets	27	Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
ISS	28	Retained earnings, accumulated income, endowment, or other funds	0.	* * * * * * * * * * * * * * * * * * * *	
et/	29		0.	10,389,112.	
Ž	30	Total net assets or fund balances	<u>_</u> 0.	10,305,112.	
	0.4	Total linkillane and not access flund belonces	0.	10,389,112.	
_		Total liabilities and net assets/fund balances		10,300,1120	-
P	art	Analysis of Changes in Net Assets or Fund B	alances		
<u> </u>	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30		-
•		at agree with end-of-year figure reported on prior year's return)		. 1	0.
2	•	amount from Part I, line 27a		. 2	11,011,853.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		. 4	11,011,853.
		eases not included in line 2 (itemize) UNREALIZED GAI	NS/(LOSSES)	5	622,741.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co		6	10,389,112.
					Form 990-PF (2014)

								
(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)				(p) l	low acquired - Purchase - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)	
1a BNY MELLON WEALTH MANAGEMENT				ا	P	VARIOUS	12/31/14	
b CAPITAL GAINS					 	_	VIIICIOOD	12/31/11
C CALLIAN CHIND	<u> </u>							
d		·	_				·	
e _				•				
(e) Gross sales price	(f)	Depreciation allowed (or allowable)		st or other basis expense of sale			(h) Gain or (loss (e) plus (f) minus	
a 28,379				28,53	8.			<159.
b 59,716				<u>. </u>				59,716.
C								
đ								
е			<u> </u>					
Complete only for assets show	ing gain in	column (h) and owned by	the foundatio	n on 12/31/69			(I) Gains (Col. (h) gair	
(i) F.M.V. as of 12/31/69		(j) Adjusted basis as of 12/31/69		xcess of col. (1) r col. (1), rf any			ol. (k), but not less that Losses (from col.	(h)) ·
a								<159.5 59,716.
b								59,716.
C			<u> </u>					
d								
<u>e</u>			<u> </u>			- 1		
2 Capital gain net income or (net	capital loss	$ \begin{cases} \text{If gain, also ente} \\ \text{If (loss), enter -0} \end{cases} $			}	2	10 July 201	59,557.
3 Net short-term capital gain or (I If gain, also enter in Part I, line I			nd (6):		J			
If (loss), enter -0- in Part I, line	8				لا	3	N/A	<u> </u>
		Section 4940(e) for					come	
(For optional use by domestic priva	ate foundati	ons subject to the section	4940(a) tax o	n net investment in	come) .)		N/A
If section 4940(d)(2) applies, leave	this part bi	ank.						
Was the foundation liable for the se			nount of any v	ear in the hase ner	.uud2			Yes No
If "Yes," the foundation does not qu					iou ·		• •	
1 Enter the appropriate amount in					ntries	i.		
(a) Base period years Calendar year (or tax year begin		(b) Adjusted qualifying dis		Net value of no	(c)			(d) bution ratio vided by col. (c))
2013								
2012								
2011								
2010		 						
2009								
2 Total of line 1, column (d)							2	
3 Average distribution ratio for the			on line 2 by 5	, or by the number	of ye	ars		
the foundation has been in exist	tence it less	than 5 years					3	
4 Enter the net value of noncharit	able-use as	sets for 2014 from Part X,	line 5				4	
5 Multiply line 4 by line 3			-				5	
6 Enter 1% of net investment inco	ome (1% of	Part I, line 27b)	- •				6	 -
7 Add lines 5 and 6							7	
B Enter qualifying distributions fro				-			8	
If line 8 is equal to or greater that	an line 7, ch	neck the box in Part VI, line	tb, and com	plete that part usin	g a 19	% tax rate.		
See the Part VI instructions.					_			

Form **990-PF** (2014)

	990-PF (2014) S KENT ROCKWELL FOUNDATION INC 47-144 rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see			Page 4 ns)
• 1a	Exempt operating foundations described in section 4940(d)(2), check here 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 and enter 1%		1,9	34.
	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).			
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		1,9	34.
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-		1,9	34.
6	Credits/Payments:			
	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 6a			
	Exempt foreign organizations - tax withheld at source			
	Tax paid with application for extension of time to file (Form 8868)	4		
	Backup withholding erroneously withheld 6d 6d			
	Total credits and payments. Add lines 6a through 6d	•		0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			26.
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed SEE STATEMENT 6 9		1.9	60.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
	Enter the amount of line 10 to be: Credited to 2015 estimated tax			
	rt VII-A Statements Regarding Activities		-	
	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
h	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.			
c	Did the foundation file Form 1120-POL for this year?	1c		x
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		†	
u	(1) On the foundation. \triangleright \$ 0 . (2) On foundation managers. \triangleright \$ 0 .		'	
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
6	managers. > \$0.			
9	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	1	X
	If "Yes." attach a detailed description of the activities	~		
	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or		j	
J	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	1	x
Aa	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	1	X
	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		х
-	If "Yes," attach the statement required by General Instruction T	-		
	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or			
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law 			
	remain in the governing instrument?	6	х	
	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X	
'	Did the foundation have at least \$5,000 in assets at any time during the year in Tes, Complete Fart in, Cor (C), and Fart XV			
0.	Enter the states to which the foundation reports or with which it is registered (see instructions)	}	ĺ	
ρā	PA]	1
	If 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	Х	-
	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar	On	-A	
	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV	9	İ	y
	Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses.	10		X
IU		rm 990	DE	

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orm 990-PF (2014) S KENT ROCKWELL FOUNDATI			47-14400	25 Page 6
Part VII-B Statements Regarding Activities for Which	Form 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 (sectio	n 4945(e))?	Ye	es 🗓 No	
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indire			
any voter registration drive?		Ye	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)(4)(A)? (see instructions)	-	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?	•	Ye	es 🗶 No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described i	n Regulations		
section 53.4945 or in a current notice regarding disaster assistance (see instru	ıctıons)?		N/A	5b
Organizations relying on a current notice regarding disaster assistance check t	nere	-		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f	rom the tax because it mainta	med]
expenditure responsibility for the grant?	N	I/A 🔲 Ye	es 🔲 No	
If "Yes," attach the statement required by Regulations section 53 494.	5-5(d)			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			
a personal benefit contract?		Ye	es X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?			Sb 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	shelter transaction?	Ye	es 🗶 No 📙	
b If "Yes," did the foundation receive any proceeds or have any net income attribu	utable to the transaction?		N/A	7b
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	nagers, Highly	y	
1 List all officers, directors, trustees, foundation managers and their	compensation.			·
. None 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 deterred compensation	allowances
S KENT ROCKWELL	PRESIDENT	•		
960 PENN AVENUE, SUITE 400			}	
PITTSBURGH, PA 15222	0.00	0.	0.	0.
	SECRETARY/TRE	ASURER		
960 PENN AVENUE, SUITE 400				
PITTSBURGH, PA 15222	0.00	0.	0.	0.
		UNIONE II		
2 Compensation of five highest-paid employees (other than those inc	(b) Title, and average	enter "NONE."	(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	account, other allowances
NONE				
		ļ		
		1		
		<u> </u>	<u> </u>	
Fotal number of other employees paid over \$50 000			▶	0

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	art X		1140025 14900
<u>'</u>	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndation	s, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	3,795,266.
b	Average of monthly cash balances	1b	1,828,511.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	5,623,777.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	<u> </u>
3	Subtract line 2 from line 1d	3	5,623,777.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	84,357.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	5,539,420.
6_	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	116,860.
Р	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations check here and do not complete this part.)	d certai	n
<u> </u>	Mınımum investment return from Part X, line 6	1	116,860.
2a	Tax on investment income for 2014 from Part VI, line 5		
b	Income tax for 2014. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	1,934.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	114,926.
4	Recoveries of amounts treated as qualifying distributions	4	Õ.
5	Add lines 3 and 4	5	114,926.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	114,926.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	0.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a_	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	0.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	qualifies	for the section
			Form QQ0-DF (2014)

. Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI,				114 026
line 7		 		114,926.
2 Undistributed income, if any, as of the end of 2014			0.	
a Enter amount for 2013 only				
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2014:				
1	, i			
a From 2009 b From 2010				
c From 2011 d From 2012				
e From 2013				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2014 from				
Part XII, line 4: ► \$ 0 .				
a Applied to 2013, but not more than line 2a			0.	
	<u></u>			
b Applied to undistributed income of prior years (Election required - see instructions)		0.		=- *
· · · · - ·		3 -		
c Treated as distributions out of corpus	0.			
(Election required - see instructions)				0.
d Applied to 2014 distributable amount e Remaining amount distributed out of corpus	0.		***************************************	•
· [7	0.		HIMITER TO THE PORT OF THE POR	0.
Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a))	0.		· · · · · · · · · · · · · · · · · · ·	<u> </u>
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of				
deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2013. Subtract line	-			
4a from line 2a. Taxable amount - see ınstr.			0.	
f Undistributed income for 2014. Subtract				
lines 4d and 5 from line 1. This amount must			4	
be distributed in 2015				114,926.
7 Amounts treated as distributions out of	1			
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				,
may be required - see instructions)	0.			
8 Excess distributions carryover from 2009				
not applied on line 5 or line 7	0.		··· ·· ·· · · · · · · · · · · · · · ·	
9 Excess distributions carryover to 2015.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:	1			
a Excess from 2010				
b Excess from 2011				
c Excess from 2012				
d Excess from 2013		•		
e Excess from 2014 423581				- 000 57
11-24-14				Form 990-PF (2014)

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Part XIV Private Operating F			· · · · · ·	N/A	
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective fo b Check box to indicate whether the found		-	Lin section	4942(J)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	ing ioundation described	Prior 3 years	4942(])(3) 014	942())(3)
income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
	(4)2511	(5) 2010	(4) 20 12	(4) 20 11	(0) 1012.
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		-		 	-
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly	-				
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the		 	****		
alternative test relied upon:		•			ŀ
a "Assets" alternative test - enter: (1) Value of all assets					
***			-		
(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)		<u></u>		<u></u>	
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info			if the foundation	had \$5,000 or m	ore in assets
at any time during t		ructions.)			
1 Information Regarding Foundatio					, .
a List any managers of the foundation wh year (but only if they have contributed in	o have contributed more	than 2% of the total cor	itributions received by the	toundation before the clo	se of any tax
	юте шап фо,ооо). (осе з	307 (U)(E).)			
S KENT ROCKWELL b List any managers of the foundation wh	a sum 100/ or more of th	as atack of a corneration	(or an equally large parts	on of the ownership of a n	artnorchin or
other entity) of which the foundation has			(or an equally large portion	ni oi the ownership of a p	artifership of
NONE	Ū				
2 Information Regarding Contributi	on Grant Gift Loan	Scholarship, etc., P	rograms:	•	
<u> </u>	nly makes contributions	to preselected charitable	organizations and does n		
a The name, address, and telephone number					
, add. 000, and tolophone humb		,			
SEE STATEMENT 9			_		
b The form in which applications should b	e submitted and informa	ition and materials they s	should include:		
c Any submission deadlines:					
d Any restrictions or limitations on awards	s, such as by geographic	al areas, charitable fields	, kınds of institutions, or c	ther factors:	
100004 44 0 44					Form 990-PF (2014)
423601 11-24-14					rufiii 330-FF (2014)

Part XV Supplementary Information	(continued)					
3 Grants and Contributions Paid During the Year or Approved for Future Payment						
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount		
Name and address (home or business)	or substantial contributor	recipient	Contribution			
a Paid during the year						
i						
NONE						
NONE						
						
				<u> </u>		
Total	<u> </u>	· · · · · · · · · · · · · · · · · · ·	▶ 3a_	0.		
b Approved for future payment						
NONE			}			
						
Total			▶ 3b	0.		

Form 990-PF (2014) S KENT ROCE	WELL FOUNDA	TION INC		47-1	440025 Page 12
Part XVI-A Analysis of Income-I	Producing Activit	ies			
Enter gross amounts unless otherwise indicated.	Unrelated	business income		by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a					
b					
c			<u> </u>	-	
d			 		
e					
Topo and contracts from accomment aganging			-		
g Fees and contracts from government agencies2 Membership dues and assessments	-				
3 Interest on savings and temporary cash					
investments			1		
4 Dividends and interest from securities			14	44,988.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property			ļ		
6 Net rental income or (loss) from personal					
property			ļ		1
7 Other investment income					
8 Gain or (loss) from sales of assets other			18	59,557.	
than inventory			10	39,337.	
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:				-	
a					
b					
C					
d					
e				104 545	
12 Subtotal Add columns (b), (d), and (e)		0.	J4	104,545.	
13 Total. Add line 12, columns (b), (d), and (e)		-		13	104,545
(See worksheet in line 13 instructions to verify calcula				•	· · · · - · · · · · · · · · · · · · · ·
Part XVI-B Relationship of Activ	rities to the Accor	mplishment of Ex	cempt P	urposes	
Line No. Explain below how each activity for wh	nich income is reported in	column (e) of Part XVI-A	contribute	d importantly to the accomp	lishment of
▼ the foundation's exempt purposes (of				. , ,	
					
					
	·	 			
	, , , , , , , , , , , , , , , , , , , ,				
					· .

Form **990-PF** (2014)

423621 11-24-14

Pai	rt XVII	Information Re Exempt Organ	egarding Transfers To sizations	and Transactions	and Relations	hips With Noncha	ritable	•	
1	Did the d			ng with any other organizati	on described in sect	ion 501(c) of		Yes	No
1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?									
			ation to a noncharitable exempt o						l
	(1) Cas						1a(1)		X
		er assets	•	•			1a(2)		Х
	• •	insactions:		• • •					
	(1) Sale	es of assets to a noncharita	ble exempt organization				1b(1)		X
			ncharitable exempt organization	_			1b(2)		X
		tal of facilities, equipment,					1b(3)		X
	(4) Reii	nbursement arrangements					1b(4)		X
	(5) Loans or loan guarantees						1b(5)		X
	(6) Per	formance of services or me	embership or fundraising solicitati	ons			1b(6)		X
C	Sharing	of facilities, equipment, ma	uling lists, other assets, or paid er	nployees			1c		X
d	If the an	swer to any of the above is	"Yes," complete the following sch	edule. Column (b) should al	ways show the fair r	narket value of the goods, o	ther ass	ets,	
			oundation. If the foundation recei		ue in any transactior	or sharing arrangement, s	how in		
		<u>'-'</u>	other assets, or services received						
(a) Lir	ne no	(b) Amount involved	(c) Name of noncharitab	le exempt organization	(d) Description	of transfers, transactions, and	sharing an	angeme	nts
	<u> </u>		N/A						
									
		- <u>w</u> -11							
					 				
		* * · * - * · · · · · · · · · · · · · ·							
		•	tly affiliated with, or related to, on		izations described		_,		7
		, ,	r than section 501(c)(3)) or in sec	ction 527?		. L	Yes	X	J No
<u>b</u>	If "Yes,"	complete the following sche			ı	() D			
		(a) Name of org	janization	(b) Type of organization		(c) Description of relationsh	1tp		
		N/A							
									
		$\Lambda \Gamma$							—
	Und	er genatues of persusy, I peclare t	that I have examined the return, includi	ng accompanying schedules and	statements, and to the	best of my knowledge			
Sig	n and	belier, it is true, correct, this com	nplete Declaration of premaier (other tha	an taxpayer) is based on all inform	nation of which preparer	nas any knowledge retu	the IRS on with the	prepare	er
Her		XXIM	TEXTEST	X	PRESI		vn below Yes	(see inst	No
	Sıç	nature of officer or trustee		Date	Title				, 110
		Print/Type preparer's na		signatur _s e ,	Date	Check f PTIN			
			Kau	Regwich]	self- employed			
Pai		RANDY REYN	OLDS, CPARANDY	REYNOLDS, C	06/24/15	P00	035	130	
	parer		LY & CO., LLC		· - · -	Firm's EIN ► 25-18	3469	63	
Use	e Only								
			00 CORPORATE DE		00				_
		PI	TTSBURGH, PA 15	237		Phone no. (412)3			
						Fo	rm 990	゚゚゠゚゚゚゚゚゚゚゚゠゚゠゚゚゚゚゚゚゠゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚	2014)

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

Name of the organization

Employer identification number

S	KENT ROCKWELL FOUNDATION INC	47-1440025						
Organization type (check one)								
Filers of: Section:								
Form 990 or 990-EZ	501(c)() (enter number) organization	,						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	X 501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
Note. Only a section 501(c	is covered by the General Rule or a Special Rule . ()(7), (8), or (10) organization can check boxes for both the General Rule and a Special	Rule. See instructions.						
General Rule								
•	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totally one contributor. Complete Parts I and II. See instructions for determining a contribution							
Special Rules								
sections 509(a)(1) any one contribut	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II.							
year, total contrib	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, enter purpose Do not c	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 General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year							
Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to sertify that it does not meet 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) (2014)

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 a	additional space is needed.	
(a) No.	(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	(c) Total contributions	(d) Type of contribution
2	ROCKWELL FOREST PRODUCTS, INC 960 PENN AVENUE, SUITE 400 PITTSBURGH, PA 15222	\$ <u>6,914,282</u> .	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) N o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll 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 Oncash Complete Part II for noncash contributions.)

Employer identification number

S KENT ROCKWELL FOUNDATION INC

47-1440025

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	ıf addıtıonal space ıs needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	378,450 SHARES OF EX ONE CO. (XONE)	_	
		\$6,914,282.	12/11/14
(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
		_	
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		- - - - \$	

zation			Employer identification number		
ROCKWELL FOUNDATION T	'NC		47-1440025		
the year from any one contributor. Complete completing Part III, enter the total of exclusively religious	COLUMNS (a) through (e) and the foll us, charitable, etc., contributions of \$1,000	OWING line entry. For organization	r (10) that total more than \$1,000 for		
(b) Purpose of gift (c) Use of gift		(d) Description of how gift is held			
	(e) Transfer of g	ift			
Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee		
(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held		
Transferee's name, address, a			nsferor to transferee		
(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held		
(e) Transfer of gift					
Transieree's marie, address, an		neadonship of trai	isieror to transferee		
(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held		
(e) Transfer of gift					
ransieree's name, address, ar	IIU ZIP + 4	Relationship of trai	isieror to transferee		
	Exclusively religious, charitable, etc., con the year from any one contributor. Complete completing Part III, enter the total of exclusively religion Use duplicate copies of Part III if addition (b) Purpose of gift Transferee's name, address, a (b) Purpose of gift Transferee's name, address, a (b) Purpose of gift Transferee's name, address, a	ROCKWELL FOUNDATION INC Exclusively religious, charitable, etc., contributions to organizations describe the year from any one contributor. Complete columns (a) through (e) and the follocompleting Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 Use duplicate copies of Part III of additional space is needed (b) Purpose of gift (c) Use of gift (e) Transfer of g Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift (b) Purpose of gift (c) Use of gift (d) Use of gift (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (b) Purpose of gift (c) Use of gift (d) Use of gift (e) Transfer of gift	ROCKWELL FOUNDATION INC Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or the year from any one contribution. Complete Columnis (a) through (e) and the following line entity: For regarization competing fair if, either the total or declawery religious, chartable, etc., contributions of \$1000 or less for the year (falter fill into out Use duplicate copies of Part III if additional space is needed (b) Purpose of gift (c) Use of gift (d) Described (e) Transfer of gift Transferee's name, address, and ZIP + 4 (e) Transfer of gift (b) Purpose of gift (c) Use of gift (d) Described (e) Transfer of gift Transferee's name, address, and ZIP + 4 (e) Transfer of gift (b) Purpose of gift (c) Use of gift (d) Described (e) Transfer of gift Transferee's name, address, and ZIP + 4 (e) Transfer of gift (e) Transfer of gift (f) Described (e) Transfer of gift Transferee's name, address, and ZIP + 4 (e) Transfer of gift (f) Described (f) Desc		

FÔRM 990-PF D	IVID EN DS	AND INTER	EST FROM SECUR	ITIES ST	CATEMENT 1
	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REVENUE	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
BNY MELLON WEALTH MANAGEMENT	104,704.	59,71	6. 44,988.	44,988.	
TO PART I, LINE 4	104,704.	59,71	44,988.	44,988.	
FORM 990-PF		LEGAL	FEES	Si	PATEMENT 2
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	_	3,607.	0.		0.
TO FM 990-PF, PG 1, LN	16A <u>—</u>	3,607.	0.		0.
FORM 990-PF		ACCOUNTI	NG FEES	Si	TATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OTHER PROFESSIONAL FEE	SS —	500.	0.		0.
TO FORM 990-PF, PG 1,	LN 16B	500.	0.		0.
FORM 990-PF	PO	HER PROFES	SIONAL FEES	Si	CATEMENT 4
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT MANAGEMENT	FEES	7,867.	7,867.		0.
TO FORM 990-PF, PG 1,	LN 16C	7,867.	7,867.		0.

FÖRM 990-PF	O1	THER INVESTMEN	TS		STAT	EMENT	5
DESCRIPTION		VALUATIO METHOD	N BOOK V	/ALUE		R MARKE'	r
BNY MELLON WEALTH	MANAGEMENT	COST	10,38	88,219.	10	388,2	19.
TOTAL TO FORM 990	-PF, PART II, LI	INE 13	10,38	88,219.	10	,388,2	19.
FORM 990-PF	INTERES	T AND PENALTI	ES		STAT	EMENT	6
TAX DUE FROM FOR UNDERPAYMENT F LATE PAYMENT I LATE PAYMENT F	PENALTY INTEREST	7 I				:	26. 7. 19.
TOTAL AMOUNT DIE	1					1 9	26
TOTAL AMOUNT DUE		TO DAYS THE DEST	3 T MSZ			1,98	
		'E PAYMENT PEN	ALTY		STAT	1,98	
FORM 990-PF		······································	ALTY BALANC	CE M	STAT ONTHS		7
FORM 990-PF DESCRIPTION TAX DUE	LAT	AMOUNT 1,93	BALANC	934. 934.		'EMENT PENAL'	7
FORM 990-PF DESCRIPTION TAX DUE DATE FILED	DATE 05/15/ 07/01/	AMOUNT 1,93	BALANC	934.	ONTHS	PENAL	7 FY
TOTAL AMOUNT DUE FORM 990-PF DESCRIPTION TAX DUE DATE FILED TOTAL LATE PAYMEN FORM 990-PF	DATE 05/15/ 07/01/ T PENALTY	AMOUNT 1,93	BALANC 4. 1,	934.	ONTHS 2	PENAL	7 TY 19.
FORM 990-PF DESCRIPTION TAX DUE DATE FILED TOTAL LATE PAYMEN FORM 990-PF	DATE 05/15/ 07/01/ T PENALTY	AMOUNT 15 1,93	BALANC 4. 1,	934.	ONTHS 2	PENAL	7 TY 19.
FORM 990-PF DESCRIPTION TAX DUE DATE FILED TOTAL LATE PAYMEN	LAT DATE 05/15/ 07/01/ T PENALTY LAT	AMOUNT 15 1,93	BALANO 4. 1, 1,	934.	ONTHS 2 STAT	PENALT	7 TY 19.

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

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

REQUESTS 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.

Form **8868**

(Rev January 2014)

Department of the Treasury Internal Revenue Service

LHA 423841 05-01-14

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

• If you	are filing for an Automatic 3-Month Extension, comple	te only Ps	art I and check this box			·X	
	are filing for an Additional (Not Automatic) 3-Month Ex	-		 this form)			
	amplete Part II unless you have already been granted			-			
	ic filing (e-file). You can electronically file Form 8868 if y			-		oration	
	to file Form 990-T), or an additional (not automatic) 3-mo			•	•		
	offile any of the forms listed in Part I or Part II with the ex				•		
	Benefit Contracts, which must be sent to the IRS in page						
	v.irs.gov/efile and click on e-file for Charities & Nonprofits		(see instructions) For more details (on the elec	ctronic filling of this	form,	
Part I	Automatic 3-Month Extension of Time		submit original (no copies no	odod)			
	ation required to file Form 990-T and requesting an autor	matic 6-mo	onth extension - check this box and	complete	_		
Part I onl						• 📖	
	corporations (including 1120-C filers), partnerships, REM ome tax returns.	IICs, and t	rusts must use Form /004 to reques	_			
	1				Enter filer's identifying number		
Type or	Name of exempt organization or other filer, see instru	ictions	•	Employer identification number (EIN			
print				4- 44400-			
File by the	S KENT ROCKWELL FOUNDATION			47-144002			
due date for filing your	Number, street, and room or suite no If a P O. box, s	ee instruc	tions	Social se	Social security number (SSN)		
return See	960 PENN AVENUE, SUITE 400			<u></u>			
instructions	City, town or post office, state, and ZIP code For a fo	oreign add	lress, see instructions				
	PITTSBURGH, PA 15222						
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 4	
		 					
Applicat	on	Return	Application			Return	
ls For		Code	Is For			Code	
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990)-BL	02	Form 1041-A			08	
Form 472	20 (ındıvıdual)	03	Form 4720 (other than individual)			09	
Form 990)-PF	04 Form 5227				10	
Form 990	P-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990	-T (trust other than above)	06	Form 8870			12	
	S KENT ROCKWELI	<u></u>					
• The b	ooks are in the care of ▶ 960 PENN AVENU	E, SU	ITE 400 - PITTSBUR	GH. P	A 15222		
	none No ► 412-281-4620		Fax No. ▶				
•	organization does not have an office or place of business	s in the Un				. [
	is for a Group Return, enter the organization's four digit			If this is fo	r the whole group,	check this	
box 🕨	☐ If it is for part of the group, check this box ▶	-	ch a list with the names and EINs of				
	quest an automatic 3-month (6 months for a corporation				ocio trio exteriolori t	3 101	
	•	•	tion return for the organization name		The extension		
ıs f	or the organization's return for:	· organiza	tion rotal rior the organization ham	od above	THE EXTENSION		
	calendar year or						
		an	d ending DEC 31, 2014				
	tax year beginning	, an	dending DEC SI, ZOIT				
2 If th	ne tax year entered in line 1 is for less than 12 months, c	book room	on X Initial return	Fınal retur	_		
2		neck reas	on A initial return	rınaı retur	m		
2- 164	Change in accounting period	0000			1		
	nis application is for Forms 990-BL, 990-PF, 990-T, 4720,	, or 6 069, (enter the tentative tax, less any			^	
	nrefundable credits See instructions.	\		3a	\$	0.	
	nis application is for Forms 990-PF, 990-T, 4720, or 6069					_	
_	mated tax payments made Include any prior year overp			3b_	\$	0.	
	ance due. Subtract line 3b from line 3a Include your pa	-				_	
	using EFTPS (Electronic Federal Tax Payment System).			3c	<u> </u>	0.	
	If you are going to make an electronic funds withdrawal	(direct del	bit) with this Form 8868, see Form 8	453-EO a	nd Form 8879-EO fo	or payment	
nstructio	ns.						

For Privacy Act and Paperwork Reduction Act Notice, see instructions.