Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 2007 Open to Public Inspection

A	For the	2007 cale	ndar y	ear, or tax year beginning , and ending		
В	Check if a		Please		D E	mployer identification number
<b>X</b>	Address c	thange	use IRS			2-2193975
> 声	Name cha	-	label or print or	The Weston A. Price Foundation	E To	elephone number
<b>;</b> =		,5	type.	Number and street (or P O box if mail is not delivered to street address) Room/suite	2	02-363-4394
닏	Initial retu		See	4200 Wisconsin Ave NW	F A	ccounting method. X Cash
	Termination	on I	Specific Instruc-	City or town, state or country, and ZIP + 4		ccrual Other (specify)
	Amended		tions.	Washington DC 20016		
	Application	n pending		Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable H and I are not applicable to section	วท 527	
_	•••		1	trusts must attach a completed Schedule A (Form 990 or 990-EZ). H(a) Is this a group return for af	filiates	? Yes 🗶 No
G	Websit	e: NW	w.we	stonaprice.org H(b) If "Yes," enter number of all	filiates	· • — —
J	•	zation type		H(c) Are all affiliates included?		∐ Yes ∐ No
	(check	only one)	► X	501(c) ( 3 ) ◀ (insert no )   4947(a)(1) or   527 (If *No,* attach a list See instruc	tions)	
K	Check h	ere 🕨	if the	e organization is not a 509(a)(3) supporting organization and its gross H(d) Is this a separate return file	-	
	receipts	are normally	not mo	re than \$25,000. A return is not required, but if the organization chooses organization covered by a		
	to file a i	return, be sur	e to file	a complete return  I Group Exemption Num  M Check ▶   X if the c		
	C		اط اسمم	6b, 8b, 9b, and 10b to line 12 ▶ 917,257 M Check ▶ 🔀 if the control of the street of		
<u></u>	art !			Expenses, and Changes in Net Assets or Fund Balances (See the instruction		<del></del>
	1			ts, grants, and similar amounts received:	0113.	<del>'</del> /
	' a			donor advised funds		
<b>9</b>	Ь			port (not included on line 1a)  1b  44,703		
2008	c	•		pport (not included on line 1a)		
	d	•		inbutions (grants) (not included on line 1a)  1d  7,500		
<b>~</b> =	e			la through 1d) (cash \$ 52,203 noncash \$ )	1e	52,203
JUL	2	•		revenue including government feeş and contracts (from Part VII, line 93)	2	476,457
$\preccurlyeq$	3			s and assessments  RECEIVESee Statement 1	3	373,421
0	4	Interest or	n saving	gs and temporary cash investments	4	7,453
ũ	5	Dividends	and int	erest from secunties MAY 0 9 2008	5	274
2	6a	Gross ren	ts	MAY 0 9 2008		
	b	Less. rent				
SCANNED	С			e or (loss) Subtract line 6b from line 6a OGDEN 117	6c	
	7	Other inve	estment	Income (describe ► See Statement 21)	7	7,449
Revenue	8a	Gross am	ount fro	om sales of assets other (A) Secunties (B) Other		
ě		than inven	itory	8a		
_	b			er basis and sales expenses 8b		
	C .			tach schedule) 8c		
	d	_		Combine line 8c, columns (A) and (B)	8d	
	9			nd activities (attach schedule) If any amount is from <b>gaming</b> , check here   of		
	а		•	orted on line 1b) of 9a		
	Ь		•	nses other than fundraising expenses  9b		
	C		-	ss) from special events. Subtract line 9b from line 9a	9c	
	10a		-	ventory, less returns and allowances		
	b	Less cost		•		
	C		-	iss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	10c	
	11			om Part VII, line 103)	11	
	12		•	dd lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	917,257
	13			(from line 44, column (B))	13	1,105,718
Expenses	14			general (from line 44, column (C))	14	53,381
)en:	15	Fundraisin	ng (fron	(D)	15	18,305
EX	16	Payments	to affili	ates (attach schedule)  Add lines 16 and 44, column (A)	16	
	17				17	1,177,404
ets	18	Excess or	(deficit	) for the year Subtract line 17 from line 12	18	-260,147
Ass	19			d balances at beginning of year (from line 73, column (A)) OGDEN, UT	19	367,313
Net Assets	20		-	net assets or fund balances (attach explanation)	20	107 166
	21 Privacy			d balances at end of year Combine lines 18, 19, and 20	21	107,166

instructions.

Form 990 (2007)

Part II	Statement of	All organizations	must	complete o	column (A) C	Columns (B), (C), and	(D) are required for sec	tion 501(c)(3) and (4)
	Functional Expenses	<u> </u>	d secti	on 4947(a	)(1) nonexen	npt charitable trusts b	ut optional for others. (S	ee the instructions )
	ot include amounts repo			(A)	Total	(B) Program	(C) Management	(D) Fundraising
	6b, 8b, 9b, 10b, or 16 of	Part I.	<b></b>	(^)	Total	services	and general	(b) Tundraising
22a Grants p	aid from donor advised funds (a	ttach schedule)						
(cash \$	non- cash \$	)						
<ul> <li>If this arr</li> </ul>	nount includes foreign grants, ch	eck here 🕨 📙	22a					
<b>22b</b> Other grai	nts and allocations (attach schedule)							
(cash \$	non- cash \$	)						
If this am	nount includes foreign grants, ch	eck here 🕨 🔲	22b			<u> </u>	4	
23 Specific	assistance to individuals (attach							
schedule	e)		23				_	
24 Benefits	paid to or for members (attach							
schedule	e)		24					
<b>25a</b> Compen	sation of current officers, directo	ors,						
key emp	loyees, etc. listed in							
Part V-A			25a					
<b>b</b> Compen	sation of former officers, directo	rs,						
key emp	loyees, etc listed in							
Part V-B			25b					
c Compen	sation and other distributions, no	ot included above,						
to disqua	ilified persons (as defined under	section						
4958(f)(1	)) and persons described in sec	tion 4958(c)(3)(B)	25c					
26 Salaries	and wages of employees not inc	cluded						
on lines	25a, b, and c		26		98,947	98,94	7	
27 Pension	plan contributions not included o	on						
lines 25a	ı, b, and c		27					
28 Employe	e benefits not included on lines							
25a – 27			28		8,308		8,308	<b>3</b>
29 Payroll ta	axes		29		8,221	8,223	L	
30 Profession	onal fundraising fees		30					
31 Accounti	ng fees		31		4,827		4,827	/
32 Legal fee	es		32		20,451	20,45	L	
33 Supplies	·	•	33		36,396	36,396	5	
34 Telephor	ne		34		8,092	8,092	2	
35 Postage	and shipping		35	1	81,969	63,664	1	18,30
36 Occupar	icy		36		46,469	46,469	9	
37 Equipme	nt rental and maintenance		37		2,950	2,950	O	
38 Printing a	and publications		38	1.	51,292	151,292		
39 Travel			39		2,444	483	1,961	
40 Conferer	nces, conventions, and meetings	3	40	3	65,288	365,288	3	
41 Interest			41					
42 Deprecia	tion, depletion, etc. (attach sche	edule)	42		13,890	13,890	)	
43 Other ex	penses not covered above (item	ııze) <sup>.</sup>						
a See	Statement 3		43a	3	27,860	289,575	38,285	<u> </u>
b			43b					
С			43c					
d			43d					
e			43e					
f	_		43f					
g	•		43g					<u> </u>
44 Total fur	nctional expenses. Add lines 23	2a						
	13g (Organizations completing							
	(B)-(D), carry these totals to line	es						
13-15)			44	1,1°	77,404	1,105,718	53,381	18,30
	Check ▶ if you are follow	ing SOP 98-2.		-				
	costs from a combined education	=	undrais	ing solicita	ation reported	d in (B) Program servi	ces?	Yes X No
	i) the aggregate amount of these joir	· · · · · · · · · · · · · · · · · · ·		-		int allocated to Program s		,
	allocated to Management and gener					unt allocated to Fundraisi		
	· · · · · · · · · · · · · · · · · · ·							Earn QQD (200)

### Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

iro	grams and accomplishme	ents				
► Allo of c	clients served, publications	ht 4 be their exempt puss issued, etc. Disc	urpose achievements in a clear uss achievements that are not	and concise manner State the number measurable. (Section 501(c)(3) and (4) amount of grants and allocations to others )		Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others )
а	Organizatio	on of Edu	cational Confer	rence		
	(Grants and allocations	<u> </u>	)	If this amount includes foreign grants, check here	<b>&gt;</b>	379,178
b			search material h brochures and	and educational other media.		
	(Grants and allocations	\$	)	If this amount includes foreign grants, check here	<u> </u>	726,540
C		·			_	
	(Grants and allocations	\$	)	If this amount includes foreign grants, check here	<b>•</b>	
đ	. (Grants and allocations			.  If this amount includes foreign grants, check here	▶ □	
е	Other program services (		/			
	(Grants and allocations	\$	)	If this amount includes foreign grants, check here	<b>•</b>	
f	Total of Program Service	e Expenses (sho	ould equal line 44, column (B), f	Program services)		1,105,718
						Form <b>990</b> (2007)

_P	art IV	Balance Sheets (See the instructions.)				
			n the description	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing		17,411	45	12,801
:	46	Savings and temporary cash investments		117,878	46	71,906
,	47a	Accounts receivable	47a			
	ь	Less allowance for doubtful accounts	47b		47c	
	48a	Pledges receivable	48a			
	b	Less allowance for doubtful accounts	48b		48c	
	49	Grants receivable			49	
	50a	Receivables from current and former officers, directors,	trustees, and			
		key employees (attach schedule)	ļ		50a	
	b	Receivables from other disqualified persons (as defined	under section 4958(f)(1)) and			
		persons described in section 4958(c)(3)(B) (att. schedul	le)		50b	
	51a	Other notes and loans receivable (attach	, ,			
S		schedule)	51a			
Assets	b	Less allowance for doubtful accounts	51b		51c	
Ÿ	52	Inventories for sale or use	-		52	
	53 54a	Prepaid expenses and deferred charges Investments—publicly-traded			53	
	ь	securities Investments—other securities	Cost FMV	<del></del>	54a	
		(attach schedule)	Cost FMV	··	54b	
	55a	Investments—land, buildings, and equipment basis	55a			
	ь	Less: accumulated depreciation (attach				
	~	schedule)	55b		55c	
	56	Investments—other (attach schedule)		195,675	56	
	57a	Land, buildings, and equipment basis	[57a] 47,065			
	ь	Less: accumulated depreciation (attach				
		schedule) See Statement 5	57b 24,606	36,349	57c	22,459
	58	Other assets, including program-related investments				
		(describe ▶	) [		58	
	59	Total assets (must equal line 74) Add lines 45 through	58	367,313	59	107,166
	60	Accounts payable and accrued expenses	-		60	
	61	Grants payable	-		61	
	62	Deferred revenue	-		62	
98	63	Loans from officers, directors, trustees, and key employ	ees (attach			
Liabilities		schedule)	-	****	63	
Lia Ei	64a	Tax-exempt bond liabilities (attach schedule)			64a	
_	b	Mortgages and other notes payable (attach schedule)	<b>,</b> }	· · · · · · · · · · · · · · · · · · ·	64b 65	
	65	Other liabilities (describe	) }		65	<del></del>
	66	Total liabilities. Add lines 60 through 65		0	66	0
			nd complete lines			
		67 through 69 and lines 73 and 74.	·			
Ś	67	Unrestricted		367,313	67	107,166
Š	68	Temporarily restricted			68	
3ala	69	Permanently restricted .			69	
Pg.	Orga	nizations that do not follow SFAS 117, check here 🕨	▶ 📙 and			
Net Assets or Fund Balances		complete lines 70 through 74.			1	
ō	70	Capital stock, trust principal, or current funds	.		70	<del></del>
sete	71	Paid-in or capital surplus, or land, building, and equipme	The state of the s		71	
As	72	Retained earnings, endowment, accumulated income, o	•		72	
Net	73	Total net assets or fund balances. Add lines 67 through				
		70 through 72. (Column (A) must equal line 19 and column (A)	ımn (B) <b>must</b>	267 212		107 166
		equal line 21)	00 70	367,313		107,166 107,166
	74	Total liabilities and net assets/fund balances. Add lir	res oo and 73	367,313	74	

Forn	n 990 (2007) The Weston A. P		52-2193			Page 5
P	art IV-A . Reconciliation of Rever instructions.)	nue per Audited Financi	al Statements With R	evenue per R	eturn (See th እ/ <i>ኢ</i>	
_ <u>`</u> _	Total revenue, gains, and other support per au	dited financial statements			a	
b	Amounts included on line a but not on Part I. Iii			<u> </u>		
- 1	Net unrealized gains on investments		ы			
2	Donated services and use of facilities		b2			
. 3	Recovenes of prior year grants		b3			
4	Other (specify)					
•	Carter (openity)		b4			
	Add lines b1 through b4		. (		ь	
С	Subtract line b from line a			T T	c	
d	Amounts included on Part I, line 12, but not on	line a:		<u></u>	<del>-</del>	
1	Investment expenses not included on Part I, Iir		d1			
2	Other (specify)		<u> </u>			
_	Other (specify)		d2			
	Add lines d1 and d2		<u> </u>		d	
е	Total revenue (Part I, line 12) Add lines c and	1.4		<b>.</b> .	e	
_	art IV-B Reconciliation of Exper		ial Statements With I	Expenses per		
а	Total expenses and losses per audited financia				a	
b	Amounts included on line a but not Part I, line			<u> </u>		
1	Donated services and use of facilities		b1			
2	Prior year adjustments reported on Part I, line	20	b2			
3	Losses reported on Part I, line 20		b3			
4	Other (specify)					
			b4			
	Add lines b1 through b4				ь	
С	Subtract line b from line a				С	
d	Amounts included on Part I, line 17, but not on	line a:				
1	Investment expenses not included on Part I, lin		d1			
2	Other (specify)					
_	Caro. (opcomy)	•	·   d2			
	Add lines d1 and d2		<u>1</u>		d	
e	Total expenses (Part I, line 17) Add lines c ar	nd <b>d</b>		▶ [	e	
Pa	or key employee at any time dur	ors, Trustees, and Key E			fficer, director, tr	ustee,
	(A) Name and addre		(B) Title and average hours pe	(C) Compensation		account and other
	aller W. Waller	Washington	week devoted to position	-0)	compensation plans	allowances
	ally W. Fallon	Washington	Pres & Treas			] ,
	220 L Street, NW, Suite 100-529	DC 20005	30	<u> </u>	<u> </u>	<del>'</del>
	ary G. Enig	Beltsville	Vice Preside	_	_	
	3230 Ingleside Drive	MD 20705	1.2	<u> </u>	9	-
	eoffrey Morell	Washington	Secretary	_	_	
12	220 L Street, NW, Suite 100-529	DC 20005	1.2	0	<u> </u>	

(A) Name and address		(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)		account and other
lly W. Fallon	Washington	Pres & Treas	_		
20 L Street, NW, Suite 100-529	DC 20005	30	0	0	0
ry G. Enig	Beltsville	Vice Preside			
230 Ingleside Drive	MD 20705	1.2	0	0	0
offrey Morell	Washington	Secretary			i
20 L Street, NW, Suite 100-529	DC 20005	1.2	0	0	0
n Cowan	San Francisco	Director			
1 Clayton St	CA 94117	0	0	0	0
erie Calvert	Bethesda	Director			
38 Hampden Lane #282	MD 20814	0	0	0	0
ayla Daniel	Santa Fe	Director			
62 Candelero Street	NM 87505	0	0	0	0
lerie Curry Joyner	Purcelville	Director			
249 Lincoln Road	VA 22312	0	0	0	0
		<del></del> _			
				_	<del> </del>
	•				
	•				

	990 (2007) The Weston A. Price Foundation	52-2193	975			_	6
	ort V-A . Current Officers, Directors, Trustees, and Key Emplo		<i>515</i>			Yes	age 6 No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organi		rd			162	140
ιųα	meetings	≥ 7	ıu		1		
ь	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A,	•	Н		1		
: "	employees listed in Schedule A, Part I, or highest compensated professional and oth	· ·	-		I		
	contractors listed in Schedule A, Part II-A or II-B, related to each other through famil	•					
	relationships? If "Yes," attach a statement that identifies the individuals and explains	-			75b	x	
	Total on Ships - It - 105, altaon a statement that too hallos the marvadae and explaine		Statem	ent 6	700		
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, of						
·	compensated employees listed in Schedule A, Part I, or highest compensated profes	-					
	independent contractors listed in Schedule A, Part II-A or II-B, receive compensation				1		
	organizations, whether tax exempt or taxable, that are related to the organization? S	·			-		
	the definition of "related organization"				75c		X
If "Yes," attach a statement that includes the information described in the instructions							
А	Does the organization have a written conflict of interest policy?	3			75d		X
	rt V-B Former Officers, Directors, Trustees, and Key Emplo	vees That Receiv	ed Compe	nsation or Ot		Rone	
	(If any former officer, director, trustee, or key employee received compe	•	-				
	person below and enter the amount of compensation or other benefits ii		-		, oui , ii	or thu	
	porosin policinal and announced to compensation or date. Solicino	Т	(C) Compensation	(D) Contributions to	(E	) Expe	nse
	(A) Name and address	(B) Loans and Advances	(if not paid,	employee benefit plans & deferred	acco	unt and	other
		-	enter -0-)	compensation plans	+ *	llowand	es
N/							
					+		
					+		
		<del></del>			+		
					-├	·-···	
	•						
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					4		
					↓		
		<u> </u>			<u></u>		
Pa	rt VI Other Information (See the instructions.)			1*	ļ	Yes	No
76	Did the organization make a change in its activities or methods of conducting activities	es? If "Yes," attach a		Ì	1		
	detailed statement of each change				76		<u>X</u>
77	Were any changes made in the organizing or governing documents but not reported	to the IRS?			77		X
	If "Yes," attach a conformed copy of the changes.				I		
78a	Did the organization have unrelated business gross income of \$1,000 or more during	the year covered by			1		
	this return?				78a		<u> </u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?			ļ.	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the	year? If "Yes," attach			ŧ		
	a statement			L	79		<u>X</u>
30a	Is the organization related (other than by association with a statewide or nationwide of	organization) through		İ	I		
	common membership, governing bodies, trustees, officers, etc , to any other exempt	or nonexempt			ŧ		
	organization?			L	80a		X
b	If "Yes," enter the name of the organization	_	_	ſ	ł		
	and check wh	nether it is 🔲 exemp	ot <b>or</b> 🔲 non	exempt	ŧ		
31a	Enter direct and indirect political expenditures. (See line 81 instructions.)	8	1a	0	1		
b	Did the organization file Form 1120-POL for this year?				81b		<u>X</u>
					Form	990	(2007)

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_ Pa	rt VI Other Information (continued)		Yes	No
82ą	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge		İ	
	or at substantially less than fair rental value?	82	1	X
,b	If "Yes," you may indicate the value of these items here. Do not include this	ŀ	1	
•	amount as revenue in Part I or as an expense in Part II	ĺ	I	
	(See instructions in Part III )  Did the organization comply with the public inspection requirements for returns and exemption applications?  N/	A 83	.†	
83a	Did the organization service, make the parties are provided in the parties are provide		_	<del> </del>
b	Did the organization comply man are acceptant to a	84	_	x
84a	Did the organization solicit any contributions or gifts that were not tax deductible?  If "Yes," did the organization include with every solicitation an express statement that such contributions or	-	1	+
b	gifts were not tax deductible?	A 84		
950	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?		$\neg$	<del>                                     </del>
85a b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		1	$\vdash$
	If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization			
	received a waiver for proxy tax owed for the prior year.			
С	Dues, assessments, and similar amounts from members		1	1
d	Section 162(e) lobbying and political expenditures			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices  85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)  85f		I	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	A 85	g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f			T
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the		Ī	
	following tax year?	A 85	h	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12			
b	Gross receipts, included on line 12, for public use of club facilities			
87	501(c)(12) orgs. Enter. a Gross income from members or shareholders		Ī	
b	Gross income from other sources. (Do not net amounts due or paid to other		Ī	
	sources against amounts due or received from them )		ŧ	
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or		Ī	
	partnership, or an entity disregarded as separate from the organization under Regulations sections		ŧ	
	301 7701-2 and 301.7701-3? If "Yes," complete Part IX	88	a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," complete Part XI	▶ 88	b	X
89a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under:		Ī	
	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		1	
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction	-		
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach		. †	<b></b>
	a statement explaining each transaction	89	<u> </u>	X
С	Enter: Amount of tax imposed on the organization managers or disqualified	0		
	possons during the year union essential test and a second test and	<del> </del>	I	
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	<del>-</del>	Ī	
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	89	اً	$\mathbf{x}_{-}$
£	transaction?  All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89		X
t -	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the	- 00	<del>'                                     </del>	+==-
g	supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings			
	at any time during the year?	89	ه ا	x
90a	List the states with which a copy of this return is filed None	تتبا	-	,
b	Number of employees employed in the pay period that includes March 12, 2007 (See			
	instructions.)			3
<b>91</b> a	The books are in care of ► Corporate Officers  Telephone no. ► 20	2-36	3-4:	394
J 14	PMB 106-380, 4200 Wisconsin Ave NW	_		
	Located at ▶ Washington, DC ZIP+4 ▶ 20016			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	91	b	X
	If " Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		I	
_	and Financial Accounts			<u> </u>
DAA		F	om <b>99</b>	0 (2007)

Form	1990 (2007) The Weston A. Pri	ce Founda	tion	52-2	19397	5		Page 8
Pa	art VI Other Information (continued						Υ	es No
c	At any time during the calendar year, did the organi	zation maintain ar	n office outs	ide of the United St	ates?		91c	X
	If "Yes," enter the name of the foreign country							_
92	Section 4947(a)(1) nonexempt charitable trusts filing	g Form 990 in lieu	of Form 1	041—Check here		1 /		▶ 📘
	and enter the amount of tax-exempt interest receive					▶ 92		
_Pa	art VII Analysis of Income-Producir	<u>ng Activities (</u>	See the	instructions.)				
Note	: Enter gross amounts unless otherwise		Unrelated	business income	Excluded	by section 512, 513, or 514	(E) Related	<b>.</b>
indic	ated	B	(A) siness code	(B) Amount	(C) Exclusion	(D) Amount	exempt fu	
93	Program service revenue	- Bus	siriess code	Amount	code	Amount	incon	ne
а	Educational Conferences							<u>2,938</u>
b	Education Material Dona	tions					113	3,519
С								
d								
е								
f	Medicare/Medicaid payments							
g	Fees and contracts from government agencies							
94	Membership dues and assessments						373	3,421
95	Interest on savings and temporary cash investment	ts					•	7,453
96	Dividends and interest from securities							274
97	Net rental income or (loss) from real estate							
а	debt-financed property							
b				<u> </u>				
98	Net rental income or (loss) from personal property							
99	Other investment income			,			•	7,449
100	Gain or (loss) from sales of assets other than inven	tory						
101	Net income or (loss) from special events	,		_				
102	Gross profit or (loss) from sales of inventory							
103	Other revenue a				1	-		
b								
c				<u>-</u>				
d				4				
				- 1		-		
104	Subtotal (add columns (B), (D), and (E))				0	0	865	5,054
105	Total (add line 104, columns (B), (D), and (E))					•		5,054
	:: Line 105 plus line 1e, Part I, should equal the amou	int on line 12 Par	+ 1			, <u> </u>		
	art VIII Relationship of Activities to			of Exempt Puri	noses (S	ee the instruction	ıs )	
	ine No. Explain how each activity for which inc							
-	of the organization's exempt purposes					intro to the decomplishin		
	See Statement 7	. <u>.                                   </u>				· <u>-</u>		
	DOC DOCUMENT.							
				<del></del>				
	-		-	**				
P:	art IX Information Regarding Taxal	ole Subsidiar	ies and I	Disregarded En	tities (S	ee the instruction	s.)	
				(C)	10.000	(D) Total income	(E)	
1	Name, address, and ÉIN of corporation, Per partnership, or disregarded entity own	(B) ercentage of ership interest	N	ature of activities		Total income	End-of-ye asset	
	N/A	%						
		%						
		%						
		%						
Pa	art X Information Regarding Trans	fers Associa	ted with	Personal Bene	fit Contr	acts (See the ins	tructions.)	
	<ul><li>a) Did the organization, during the year, receive any</li><li>b) Did the organization, during the year, pay premiu</li></ul>	funds, directly or	ındırectiy, t	o pay premiums on	a personal		Yes Yes	X No
	Note: If "Yes" to (b), file Form 8870 and Form 4720 (	see instructions).					Form 9	90 (2007)

Part XI	, Information Regarding Transf	ers To and From Controll		/ if the organization
<del></del>	is a controlling organization as	defined in section 512(b)(	13).	Yes No
•	e reporting organization make any transfers to ode? If "Yes," complete the schedule below fo		section 512(b)(13) of	x
. une of	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
ь				
С				
	Totals			
	e reporting organization <b>receive</b> any transfers			Yes No
	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a .				
ь				
С				
	Totals			
	e organization have a binding written contract royalties, and annuities described in question	<del>-</del>	ering the interest,	Yes No
Please Sign	Under penalties of penury, I declare that I have ex and belief, it is true, correct, and complete Declar Signature of officer	ration of preparer (other than officer) is	lying schedules and statements, and to based on all information of which prepar	the best of my knowledge rer has any knowledge
Here	Sally Fallon Type or print name and title		President	Date
Paid Preparer's	Preparer's signature	Nogers B	Date Check if self- 5/23/08 employed	
Use Only	Firm's name (or yours if self-employed), address, and ZIP +4  Biegler 6  5911 W Bi Richmond		••	EIN ▶ 20-3765337  Phone no ▶ 804-855-1200

**SCHEDULE A** (Form 990 or.990-EZ)

Department of the Treasury Internal Revenue Service

### **Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Supplementary Information-(See separate instructions.)

OMB No 1545-0047

2007

ivanie or the orga		A. Price Foundati	on	52-219397	5
· Part 1	Compensation of the Five Highest Paid Employee	s Other Than Officers,	Directors, a	nd Trustees	
	(See page 1 of the instructions. List each one. If the				
	(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empl benefit plans & deferred comp	
NONE					
<del></del>					
			<del> </del>		
			<u> </u>		
					-
	of other employees paid over \$50,000	ut Controctors for Dra	faccional Co	m.iooo	
Part II-A	Compensation of the Five Highest Paid Independe				"None ")
	(See page 2 of the instructions. List each one (whet		(b) Type of se		C) Compensation
	(a) Name and address of each independent contractor paid more than \$50	7,000	(b) Type of se	SI VICE	- Compensation
NONE					
	-				
		-			·····
<del></del>					
	of others receiving over \$50,000 for				
professional se	ervices .				
Part II-B	Compensation of the Five Highest Paid Independent				
	(List each contractor who performed services other	than professional servi	ces, whether	individuals	or
	firms. If there are none, enter "None." See page 2 c	of the instructions.)			
	(a) Name and address of each independent contractor paid more than \$50	0,000	(b) Type of se	ervice (	c) Compensation
NONE					
	· ·		_+-		
Total number of \$50,000 for oth	of other contractors receiving over				
For Paperwor	k Reduction Act Notice, see the Instructions for Form 990 and Fo	orm 990-EZ.	Schedule	e A (Form 990	or 990-EZ) 2007

Sch-	edule A (Form 990 or 990-EZ) 2007 The Weston A. Price Foundation 52-2193973	) 		age 2
Р	art III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities   \$	1		x
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )			
а	Sale, exchange, or leasing of property?	2a		x
b	Lending of money or other extension of credit?	2b		x
С	Furnishing of goods, services, or facilities?	2c		х
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		x
e	Transfer of any part of its income or assets?			х
3а	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		х
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		x
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3с		x
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		x
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		х
b	Did the organization make any taxable distributions under section 4966?	4b		
С	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
d	Enter the total number of donor advised funds owned at the end of the tax year	<del> </del>	<u></u>	
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0	)
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			0

P	Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)										
l cer	tify th	nat the organization is not a private foundation be A church, convention of churches, or association			ox)	_					
6		A school Section 170(b)(1)(A)(ii) (Also complete	te Part V.)								
7		A hospital or a cooperative hospital service orga	anization Section 170(b)(	1)(A)(III)							
8		A federal, state, or local government or government	nental unit Section 170(b	)(1)(A)(v)							
9		A medical research organization operated in con	njunction with a hospital	Section 170(b)(1)(A)(iii)	Enter the ho	spital's name, c	city,				
		and state ▶									
10		An organization operated for the benefit of a coll (Also complete the <b>Support Schedule</b> in Part IV	•	or operated by a govern	nmental unit S	ection 170(b)(1)(	A)(ıv)				
11a	X	An organization that normally receives a substait 170(b)(1)(A)(vi). (Also complete the <b>Support So</b>		m a governmental unit	or from the ge	neral public Sec	tion				
11b		A community trust Section 170(b)(1)(A)(vi) (Als	so complete the Support	Schedule in Part IV-A	)						
12		An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2) (Also complete the Support Schedule in Part IV-A.)									
13	An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization.  Type II Type III-Functionally Integrated Type III-Other										
		Provide the following inform	ation about the suppor	ted organizations. (Se	e page 8 of the	e instructions.)					
	ı	(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the su organization the sup organiz	d) upported	(e) Amount of support				
				,		,					
					Yes	No					
		·····									
Tota			L	<u> </u>	<u> </u>	<b></b>					
. <b></b> .	<u>-</u> -										
14	$\perp \perp$	An organization organized and operated to test f	for public safety Section	509(a)(4). (See page 8	of the instruction	ons )					

Page 4 Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting (d) 2003 (a) 2006 (b) 2005 (c) 2004 (e) Total Calendar year (or fiscal year beginning in) Gifts, grants, and contributions received (Do 89,278 883,865 80,957 29,566 1,083,666 not include unusual grants. See line 28.) 39,392 194,495 892,364 338,662 319,815 16 Membership fees received 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the 446,387 312,689 211,539 10,649 981,264 organization's chantable, etc., purpose 18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the 10,949 10,949 organization after June 30, 1975 19 Net income from unrelated business activities not included in line 18 20 Tax revenues levied for the organization's benefit and either paid to it or expended on 0 its behalf The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the 0 public without charge 22 Other income Attach a schedule Do not include gain or (loss) from -14,967-14,967Stmt 8 sale of capital assets 870,309 486,991 79,607 2,953,276 1,516,369 23 Total of lines 15 through 22 1,972,012 423,922 1,203,680 275,452 68, 958 24 Line 23 minus line 17 796 4,870 8.703 15.164 25 Enter 1% of line 23 39,440 26a Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the 375,575 26b amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts 1,972,012 26c Total support for section 509(a)(1) test: Enter line 24, column (e) d Add: Amounts from column (e) for lines 375.575 371,557 26b 26d 1,600,455 26e e Public support (line 26c minus line 26d total) 81.1585% 26f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) a For amounts included in lines 15, 16, and 17 that were received from a "disqualified Organizations described on line 12: person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" n/a Do not file this list with your return. Enter the sum of such amounts for each year. (2003)(2005)(2004)b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess N/A amounts) for each year (2003)(2004)(2006)(2005)16 Add: Amounts from column (e) for lines. 15 27c d Add Line 27a total and line 27b total 27d 27e Public support (line 27c total minus line 27d total) Total support for section 509(a)(2) test Enter amount from line 23, column (e) g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27g 27h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief

description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

Part V Private School Questionnaire (See page 9 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV) Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, N/A Yes Nο 29 29 other governing instrument, or in a resolution of its governing body? Does the organization include a statement of its racially nondiscriminatory policy toward students in all its 30 brochures, catalogues, and other written communications with the public dealing with student admissions, 30 programs, and scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during 31 the period of solicitation for students, or during the registration period if it has no solicitation program, in a way 31 that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement) Does the organization maintain the following 32 32a Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory b 32b Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 32c 32d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement) Does the organization discriminate by race in any way with respect to. 33 33a Students' rights or privileges? 33b Admissions policies? 33c Employment of faculty or administrative staff? 33d Scholarships or other financial assistance? 33e Educational policies? 33f Use of facilities? 33g Athletic programs? <u>33</u>h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) 34a Does the organization receive any financial aid or assistance from a governmental agency? 34b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 35 of Rev. Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation

	nedule A (Form 990 or 990-EZ) 2007 <b>T</b>						2-21			Page 6
F	Part VI-A Lobbying Expend							•		
	(To be completed						N/A			
Ch	eck a lif the organization belor	igs to an affiliated grou	p Check	b I If	you che	_		ed con	trol" provisions appl	ly
:		Lobbying Exper				Affiliated tota	a) d group als		(b) To be complete for all electing organizations	ed
36		ures" means amounts			36				-	
	Total lobbying expenditures to influence				37					
	Total lobbying expenditures to influence		ct lobbying)		-					
	Total lobbying expenditures (add lines 3)	o and or)			38			-		
	Other exempt purpose expenditures	U 20 20\			-					
	Total exempt purpose expenditures (add	•	4ahla		40					
41	Lobbying nontaxable amount. Enter the		-							
	If the amount on line 40 is-	• •	ontaxable amount is-							
	Not over \$500,000	20% of the amount			[					
	Over \$500,000 but not over \$1,000,000	•	of the excess over \$500,0	l	l ŧ					
	Over \$1,000,000 but not over \$1,500,000	•	of the excess over \$1,000	·	41			**********	MIN	T-11
	Over \$1,500,000 but not over \$17,000,000	•	of the excess over \$1,500,	000						
	Over \$17,000,000	\$1,000,000			<u> </u>					
	Grassroots nontaxable amount (enter 25	•			42					
-	Subtract line 42 from line 36 Enter -0- if				43					
14	Subtract line 41 from line 38 Enter -0- if	line 41 is more than lin	e 38		44					
	Caution: If there is an amount on either				L					
			aging Period Und			• •				
	· -	ns that made a section					olumns	s belov	V	
		See the instructions for	r lines 45 through 50 oi	n page 13 of	the inst	tructions)				
			Lobbying Expe	nditures Du	uring 4-	Year Averag	ing Pe	riod		
	Calendar year (or	(a)	(b)	(c	:)		(d)		(e)	
	fiscal year beginning in) ▶	2007	2006	200	05		2004		Total	
<del>1</del> 5	Lobbying nontaxable amount									
16	Lobbying ceiling amount (150% of									
	line 45(e))									
17	Total lobbying expenditures									
18	Grassroots nontaxable amount									
19	Grassroots ceiling amount (150% of									
	line 48(e))				*****					
50	Grassroots lobbying expenditures									
F	Part VI-B Lobbying Activity	by Nonelecting F	Public Charities							
	(For reporting only	by organizations	that did not comp	olete Part	VI-A)	(See pag	e 14 d	of the	instructions.)	N/A
Dui	ring the year, did the organization attempt	to influence national, s	tate or local legislation	, including a	ny				<b>A</b>	
atte	empt to influence public opinion on a legis	ative matter or referen	dum, through the use o	of:			Yes	No	Amount	
а			-							
b	Paid staff or management (Include cor	npensation in expense:	s reported on lines c th	rough h.)						
С		•	•	- ·						
		e public		•						
d	Mainings to incliners, legislators, or the									
d e		t statements								
е	Publications, or published or broadcas									
		ing purposes	s. or a legislative body							

Total lobbying expenditures (Add lines c through h.)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

	63 05/23/2008 12		Mh a tra	Paise For		E2 210207E		
	art VII	Information Rega	arding Tra	eston A. Price For	ns and Relationsh	52-2193975 ips With Noncharital	ole	Page 7
51	Did the repoi	rting organization direc	tly or indirect	ee page 14 of the instruction by engage in any of the following with t	h any other organization			
_				organizations) or in section 527, re		ations	ſ	V N-
а		om the reporting organi	zation to a no	oncharitable exempt organization of			51a(i)	Yes No
	(i) Cash	ananta					a(ii)	- X
_	` '	assets					a(11)	
b			n weth a nana	hantable exempt organization			b(i)	l x
	• •	ases of assets from a r					b(ii)	X
	• •	l of facilities, equipmen		· •			b(iii)	X
		oursement arrangemen		3613			b(iv)	X
	• •	or loan guarantees					b(v)	x
		•	nemhershin c	or fundraising solicitations			b(vi)	X
С			•	er assets, or paid employees			c	X
d	goods, other	assets, or services giv	en by the rep	lete the following schedule. Columr porting organization. If the organizal umn (d) the value of the goods, oth	ion received less than fa	ıır market value ın any	,	
	(a) Line no	(b) Amount involved	Name of	(c) f nonchantable exempt organization	Description of tran	(d) nsfers, transactions, and shann	g arrangem	ents
<u> </u>	A					<del>-</del>		
						···		
						· · · · · · · · · · · · · · · · · · ·		
			<u></u>			·- <u></u>		
						<del></del>		
					<u> </u>	···		
2a	described in	section 501(c) of the C	ode (other th	with, or related to, one or more tax- nan section 501(c)(3)) or in section	· •	1	►	s X No
D		plete the following sch (a) lame of organization	eaule.	(b) Type of organization		(c) Description of relationship		
	N/A			Type of organization		200011740011 OF TOMHOHOHIP		
	II/A	φ.						
		+						
		-				<del> </del>		
		<del></del>						

N/A	

Form **4562** 

Department of the Treasury Internal Revenue Service

### **Depreciation and Amortization**

(Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

OMB No 1545-0172 2007

Attachment Sequence No 67

Name(s) shown on return

The Weston A Price Foundation

Identifying number 52-2193975

·	THE MES	COM A. LII	.ce roundatto.				72		
	ess or activity to which this form relates		<del></del>			_			
	ndirect Depreciati			470					
Pä	•	•	erty Under Section ty, complete Part V I		comp	lete Pa	rt I		
1	Maximum amount See the instruct			<u>Joioto you</u>	СОПЪ	icto i u		1	125,000
2	Total cost of section 179 property p	~						2	,
3	Threshold cost of section 179 prop	' <del>-</del> '	•					3	500,000
4	Reduction in limitation Subtract line	•						4	•
5	Dollar limitation for tax year Subtract lin		•	separately, se	e instruct	ions		5	
	(a) Descriptio	<del></del>	·	st (business us			Elected cos	t	
6							-		1
									1
7	Listed property Enter the amount f	rom line 29			7		·		]
8	Total elected cost of section 179 pr	operty Add amounts	in column (c), lines 6 and	7				8	
9	Tentative deduction Enter the sma	iller of line 5 or line 8	. ,					9	
10	Carryover of disallowed deduction	from line 13 of your 2	006 Form 4562					10	
11	Business income limitation Enter the	he smaller of busines	s income (not less than ze	ro) or line 5 (s	ee instr	uctions)		11	
12	Section 179 expense deduction Ad	id lines 9 and 10, but	do not enter more than lin	e 11				12	
13	Carryover of disallowed deduction	to 2008. Add lines 9 a	ind 10, less line 12	<b>•</b>	13				
Note	: Do not use Part II or Part III below	for listed property. Ins	tead, use Part V						
<u>Pa</u>	rt II Special Depreciati	on Allowance a	nd Other Depreciat	on (Do no	t inclu	<u>ide liste</u>	d prope	rty.)	(See instructions.)
14	Special allowance for qualified New	York Liberty or Gulf	Opportunity Zone property	(other than la	sted			İ	
	property) and cellulosic biomass et	hanol plant property p	placed in service during the	tax year (see	e instruc	tions)		14	
15	Property subject to section 168(f)(1	) election						15	
<u> 16</u>	Other depreciation (including ACRS	S)					·	16	
Pa	irt III MACRS Depreciat	ion (Do not inclu	ide listed property.)	(See instru	ections	5.)			
			Section A						
17	MACRS deductions for assets place	ed in service in tax ye	ears beginning before 2007	7			. $\Box$	17	2,994
<u> 18</u>	If you are electing to group any assets pl						<u>. ▶    </u>		
	Section B-As	Υ	ice During 2007 Tax Yea	r Using the G	eneral	Deprecia	tion Syst	em	ı
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Co	onvention	(f) Me	thod	(g) Depreciation deduction
19a	3-year property				<u> </u>				
<u>b</u>	5-year property								
<u>c</u>	7-year property								
<u>d</u>	10-year property	-							
<u>e</u>	15-year property	<u> </u>							
<u>f</u>	20-year property	<u> </u>							
g	25-year property			25 yrs.			S/L		
h	Residential rental			27.5 yrs.	<u> </u>	ИМ	S/L		
	property			27.5 yrs		ММ	S/L		
i	Nonresidential real	_		39 yrs		MM	S/L		
	property			<u> </u>		MM	S/L		
		ets Placed in Servic	e During 2007 Tax Year I	Jsing the Alt	ernative	e Depreci			· · · · · · · · · · · · · · · · · · ·
20a	Class life	-					S/L		
	12-year_			12 yrs.			S/L		
********	40-year	<u> </u>		40 yrs	<u> </u>	ИМ	S/L		
	rt IV Summary (see inst	•							<del></del>
21	Listed property Enter amount from							21	
22	Total. Add amounts from line 12, lin	•		•					2 004
	Enter here and on the appropriate I	-	•	ions-see instr				22	2,994
23	For assets shown above and place enter the portion of the basis attribu	•	•		23				
	BUILD THE DOLLOU OF THE DARK ATTRING	DADLE ID SECTION 75.44	COSIS						i

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Form 4562	(2007)			

	3 05/23/20 <b>he W</b> e 4562 (200	08 12 03 PM Ston A.	Price Fo	undatio	on	5	2-21	.9397	75							Page 2
	art <b>V</b>	property us	perty (Include ed for enterta vehicle for which nns (a) through (c	inment, re you are using	creatio	n, or a	amusei leage rat	ment.) e or ded	ucting lea	ase exp				nputer	s, and	rage
Sec	tion A-De	preciation and O									biles)					
24a	Do you h	ave evidence to sup	port the business/inv	estment use cl	laımed?		Yes	No	24b	If "Yes,'	'is the e	vidence	wntten?		Yes	N
	(a) of property vehicles first)	(b)	(c) Business/ investment use percentage	(d Cost or bas	l) other		(e) is for depr siness/inv use only	estment	(f) Recover penod	y N	(g) Method/ onvention		(h) Deprecial deductio		Elec sectio	i) cted on 179 ost
25	Special	allowance for qua	lified Gulf Opport	unity Zone pr	operty pla	aced in	service c	luring the	e .						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	tax year	and used more the	nan 50% in a qual	ified busines	s use (se	e instru	ctions)				2	5				
<u> 26</u>	Property	y used more than	50% in a qualified	l business us	e				1			<u>r</u>				
			9	<u></u>		+			1	+		+			<del>                                     </del>	
				,												
27	Propert	y used 50% or les	s in a qualified his	diness rise.											<u> </u>	
<u></u>	Tioport	1 4304 50 % 61 105	o iii a qaaiiilea ba	1						<u> </u>				_		
			9/	,						S/I	L <b>-</b>					
\ <u></u>																
				o					<u> </u>	S/I	<u></u>					
28		ounts in column (I					1, page	1			_2	8				
<u>29</u>	Add am	ounts in column (i	), line 26 Enter h									_		29	<u> </u>	
		section for vehicle		proprietor, pa		other "r	nore tha	n 5% ow	ner," or r			npleting	this sect	on for th	ose vehi	cles
30	Total bu	ısıness/ınvestmen	t miles driven		(2	a)	(	b)	(4	======================================		(d)	(	e)	(1	f)
	during the year (do not include commuting miles)		Vehi	cle 1	Veh	ıcle 2	Vehi	Vehicle 3		icle 4	Veh	ucle 5	Vehi	cle 6		
31	Total co	mmuting miles dr	iven during the ye	ar			ļ								<u> </u>	
32	Total ot	her personal (non	commuting) miles	driven			ļ								<u> </u>	
33		iles dnven dunng t through 32	the year Add					<u> </u>								•
34		e vehicle available	•		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35		vehicle used prin	•				<del> </del>	<del> </del>	<u> </u>			1				
		an 5% owner or re	• •									1				ŀ
36		er vehicle availab		e?												
	•		Section C-Que	stions for E	mployer	s Who I	Provide '	Vehicles	s for Use	by The	ir Empl	oyees				
Ans	wer these	questions to deter	rmine if you meet	an exception	to comp	leting So	ection B	for vehic	les used	by emp	loyees w	/ho are				
not	more than	5% owners or rel	lated persons (see	e instructions	<u>)                                    </u>											
	_														Yes	No
37	-	maintain a written		•	•				-	-			es <sup>7</sup>		$\vdash$	
38	•	maintain a written instructions for ve	•	•	•			-		ng, by y	our <del>e</del> mp	ioyees r				ĺ
39		treat all use of veh				(015, 01	1 70 01 111	OIC OWIN	513							
40	_	provide more than	• • •	•		ınforma	ation fror	n your e	mplovees	s about						
		of the vehicles, ar	-					,	,,							
41		meet the requirem				emonstr	ation us	e? (See	instructio	ns)						
	-	your answer to 37	_	-												
P	art VI	Amortizatio	on													
		(a)		(b) Date amo			Amo	(c) rtizable		( <b>d</b> Co		(e) Amortiza period	ition	Amo	(f) ortization f	or
		Description of cos	te	I 6		1						F 554			4b.c	

Part V	I Amortization					
	(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amo	ortization of costs that begins during yo	ur 2007 tax year (see instr	ructions)		•	
					L	10,896
<b>43</b> Amo	ortization of costs that began before you	ur 2007 tax year			43	
44 Tota	al. Add amounts in column (f) See the	instructions for where to re	eport		44	10,896
						4500

04763 The Weston A. Price Foundation

52-2193975

**Federal Statements** 

FYE: 12/31/2007

Statement 1 - Form 990, Part I, Line 3	<ul> <li>Membership Dues and Assessments</li> </ul>

	Description	 Amount
Membership	Dues	\$ 373,421
Total		\$ 373,421

### Statement 2 - Form 990, Part I, Line 7 - Other Investment Income

Description		Amount
Gain on investment	\$_	7,449
Total	\$	7,449

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**Federal Statements** 

FYE: 12/31/2007

Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses

Description		Total Expenses		Program Service	_	Mgt & General	Fund- Raising
Expenses	\$		\$		\$		\$
Miscellaneous		370		170		200	
Research							
Training							
Credit Card Expense		19,828		19,828			
Contributions		4,709		4,709			
Office Help							
Computer Consulting		27,762		27 <b>,</b> 762			
Campaign-Soy Alert		1,000		1,000			
Campaign-Real Milk		168,226		168,226			
Exhibiting		4,941		4,941			
Graphic Design		1,500		1,500			
Media Interface							
Equipment Lease		4,332				4,332	
Insurance		4,483				4,483	
Commissions & Outside Service		26,241		1,372		24,869	
Mail Box Fee		420				420	
Bank Charges		3,981				3,981	
Educational Website		27 <b>,</b> 773		27 <b>,</b> 773			
Advertising - Public Awarenes		31,740		31,740			
Taxes - other Meals		554		554			
Total	\$_	327,860	\$_	289,575	\$_	38,285	\$ 0

# 04763 The Weston A. Price Foundation 52-2193975 . **Fed**

FYE: 12/31/2007

**Federal Statements** 

### Statement 4 - Form 990, Part III - Organization's Primary Exempt Purpose

### Description

The Corporation is organized and will be operated for charitable and educational purposes including to disseminate nutrition research and to promote education, research and activism in the field of nutrition and food production.

04763 The Weston A. Price Foundation

52-2193975

**Federal Statements** 

FYE: 12/31/2007

### Statement 5 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description

		_					
	_	Beginning of Year		Accum Depr		End of Year	Accum Depr
Furniture and Fixtures	\$	3,400	\$	:	\$	3,400 \$	
Equipment	·	1,770	·		•	1,770	
Computer Equipment		9,208				9 <b>,</b> 208	
Software		32,687				32,687	
Accumulated Depreciation		·		10,716			24,606
Total	\$	47,065	\$	10,716	\$	47,065 \$	24,606

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04763 The Weston A. Price Foundation 52-2193975 FYE: 12/31/2007

# **Federal Statements**

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Statem	Statement 6 - Form 990, Part V-A, Line 75b - Related Party Information	<u>rmation</u>
Related Party One	Related Party Two	Relationship
Sally Fallon Pres & Treas	Geoffrey Morell Secretary	Married
Sally Fallon Pres & Treas	Mary Enig Vice Pres	Co-authors
Kaayla Daniel Director	Tom Cowan Director	Co authors

# 04763 The Weston A. Price Foundation 52-2193975 . **Federal S**

FYE: 12/31/2007

## **Federal Statements**

### Statement 7 - Form 990, Part VIII - Relationship of Activities

Line No.	Description
93a	Certain fees and reimbursements are received in relation to the educational conference to reduce the cost of the program to the organization.
93b	Certain reimbursements are received for educational information provided to other exempt organizations.

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Federal Statements

FYE: 12/31/2007

Statement 8 - Schedule A, Part IV-A, Line 22 - Other Income

Description	2006	2005	2004	2003
loss on investment gain on investment	\$ -17,460 2,493	\$	\$	\$
Total	\$14,967	\$ 0	\$ (	0 \$ 0