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

2009

Open to Public

A Fo	r the	2009 ca	lendar yea	r, or tax year beginning 01	-01-2009 and ending 12	2-31-2009			
B Ch	eck ıf a	pplicable	Please	C Name of organization THE WESTON A PRICE FOUND	DATION			D Employer i	identification number
Add	tress ch	nange	use IRS label or	Doing Business As				52-21939 E Telephone	
☐ Na	me cha	nge	print or type. See	Doing Business 715				•	
Init	al retu	rn	Specific Instruc-	,	ox if mail is not delivered to st	reet address) Room/suite	(202) 363	3-4394 ots \$ 1,361,130
Г Теі	mınate	d	tions.	4200 WISCONSIN AVE NW				G Gloss receip	765 \$ 1,301,130
☐ Am	ended	return		City or town, state or country	, and ZIP + 4		_	1	
Г Ар	olication	pending		WASHINGTON, DC 20016					
			F Nan	ne and address of principal	officer		H(a) Is th	■ ıs a group retı	urn for
							affilia	ates?	ΓYes Γ Nο
							H(b) Are a	II affiliates incl	uded?
-									st (see instructions)
I Ta	x-exem	npt status	▼ 501(c)) (3) ◀ (insert no)	a)(1) or 527		H(c) Grou	up exemption	number ►
J W	ebsite	e: F WW	W WESTO	NAPRICE ORG					
K Fon	n of on	ganızatıon	✓ Corporat	ion Trust Association C	ther F		L Year of fo	rmation 1999	M State of legal domicile DC
_	rt I	Sumr							-
	1	•		e organization's mission or	_				
				ON IS ORGANIZED AND EARCH, AND PROMOTING					
န္		FOODF	RODUCT	ON	·				
Ē									
Governance									
ទី	2	Checkt	hıs box 🛏	f the organization discor	tinued its operations or d	disposed o	f more than	25% of its ne	t assets
න් ග	3	Number	of voting r	nembers of the governing b	oody (Part VI, line 1a) .				37
Activities &	4			ident voting members of th		I, line 1b)		•	46
ŧ	5			nployees (Part V , line 2a)					5 4
∢				lunteers (estimate if neces	• •	4.5			6 500 7a 0
				ted business revenue from ness taxable income from			•		7a 0 7b
	"	Net um	erated busi	ness taxable income nom	101111 9 90 - 1 , IIII e 5 4 · 1	•	Drie	or Year	Current Year
	8	Contril	butions and	d grants (Part VIII, line 1h)		FIR	291,998	
Revenue	9			revenue (Part VIII, line 2g				619,516	
	10	_		ne (Part VIII, column (A),				3,706	
芒	11	Other	revenue (P	art VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 1	.1e)		766	40,122
	12			dd lines 8 through 11 (mus				915,986	1 261 120
	13			ar amounts paid (Part IX, c				915,980	1,361,130
	14			or for members (Part IX, co					0
	15		•	ompensation, employee bei			_		
Expenses		10)	,	······	(7,		154,457	135,982
<u>\$</u>	16a	Profes	sıonal fund	raising fees (Part IX, colur	nn (A), line 11e)				0
五	Ь			enses (Part IX, column (D), line					
	17			(Part IX, column (A), lines				709,845	<u> </u>
	18			Add lines 13-17 (must eq				864,302	, ,
	19	Reveni	ue less exp	penses Subtract line 18 fro	om line 12		D - minumin	51,684	-110,533
Net Assets or Fund Balances								g of Current Year	End of Year
See See	20	Totala	assets (Par	t X, line 16)				266,052	155,519
절절	21	Totall	ıabılıtıes (F	Part X, line 26)					0
基置	22	Netas	sets or fun	d balances Subtract line 2	1 from line 20			266,052	155,519
Pa	rt II	_	ature Blo						
				rgury, I declare that I have exan correct, and complete Declaration					
		l 					1		
Sigr Here		**** Signs	** ature of office	ar.			2010- Date	-07-15	_
пет	5	'					Date		
			Y FALLON MO or print nam	RELL PRESIDENT e and title					
			<u> </u>		Date	Ch	neck if	Preparer's ide	ntıfyıng number
Paid		Preparer signature		W ROGERS	2010-07-08	sel	lf	(see instruction	
	arer's	empolyed •							
Use		ıf self-employed),						EIN Þ	
	•	auuress,	anu ZIP + 4					Phone no 🕨	(434) 361-9650
May	the ID	S discus	s this ratio	NELLYSFORD, VA 22958 rn with the preparer shown	ahove? (see instructions	:)			✓ Yes No
u y	THE TL	o discus	o cino recu	··· with the bighalet piloMil	apore (see monuchous	,			1. 1.62 1 MO

Part III Statement of Program Service Accomplishments Briefly describe the organization's mission

Total program service expenses►\$

4e

....241.0...0

THE CORPORATION IS ORGANIZED AND OPERATES FOR CHARITABLE AND EDUCATIONAL PURPOSES, DISSEMINATING NUTRITION RESEARCH, AND PROMOTING EDUCATION, RESEARCH AND ACTIVISM IN THE FIELD OF NUTRITION AND FOOD PRODUCTION

2	Did the organization the prior Form 990	on undertake any significa O or 990-EZ?	nt program servic			_ Yes ▽ No
	If "Yes," describe	these new services on Sch	iedule O			
3	services?	on cease conducting, or ma				Yes ✓ No
	If "Yes," describe	these changes on Schedul	e O			
4	Section 501(c)(3)	npt purpose achievements) and 501(c)(4) organization ers, the total expenses, an	ns and section 4	947(a)(1) trusts are re	quired to report the amou	•
	(Code) (Expenses \$	475,798 ind	cluding grants of \$) (Revenue \$	443,796)
	ORGANIZATION OF E	DUCATIONAL CONFERENCE	,			
4b	(Code) (Expenses \$	887,061 ind	cluding grants of \$) (Revenue \$	91,710)
	DISSEMINATION OF	RESEARCH MATERIAL AND EDUC	ATIONAL PUBLICATIO	ONS THROUGH BROCHURES A	AND OTHER MEDIA	
4c	(Code) (Expenses \$	Inc	luding grants of \$) (Revenue \$)
4d	Other program s	ervices (Describe in Sche	dule O)			
	(Expenses \$	ınclu	ding grants of \$)	(Revenue \$)

1,362,859

Part TV	Chack	ist of	Peguired	Schedules
	CHECK	IISL UI	reuun eu	Scheuules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 💋	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A No	Į		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

	990 (2009)			Page
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νo
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Νo
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		Νo
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νo
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νo
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νo
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νo
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νo
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

-orm	990 (2009)			Page
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance		<u> </u>	ı
	5		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	1a 26			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this			
	return			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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 account)?	4a		No
b	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 and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
		8		
9 _	Sponsoring organizations maintaining donor advised funds.	9a		
a b	Did the organization make any taxable distributions under section 4966?	9a 9b		
10	Section 501(c)(7) organizations. Enter	30		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
_	year 12b			

PMB 106-380 4200 WISCONSIN AVE NW

WASHINGTON, DC 20016

(202) 363-4394

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

Se	ction A. Governing Body and Management			
			Yes	No
_				
1a	Enter the number of voting members of the governing body 1a 7			
ь	Enter the number of voting members that are independent 1b 6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		100	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο
	ction B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)		V	NI-
10-	December of the control of the contr	40-	Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Yes	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		No
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Νο
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Νo
	Other officers or key employees of the organization	15b		Νο
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure	_00		
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply			
19	Own website Another's website V Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the CORPORATE OFFICERS	ie orga	nızatıor	.

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

Check this box if the organization did n	ot compens	ate any	curr	ent d	or fo	rmer o	ffice	r, dırector, trustee o	or key employee	
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
TOM COWAN DIRECTOR	1 00	Х						0	0	0
CHERIE CALVERT DIRECTOR	1 00	х						0	0	0
KAAYLA DANIEL DIRECTOR	5 00	х						0	0	0
VALERIE CURRY JOYNER DIRECTOR	1 00	х						0	0	0
SALLY W FALLON PRES & TREAS	30 00			Х				4,000	0	0
MARY G ENIG VICE PRESIDE	1 00			Х				0	0	0
GEOFFREY MORELL SECRETARY	1 00			х				0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation from related	(F) Estima amount o	ated fother
	week	Individual trustee or director	Institutional Trustee	Officei	Kej emplojee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compens from t organizati relat organiza	the ion and ed
1b Total							•	4,000			
Total number of individuals (includ \$100,000 in reportable compensa					stec	labove	e) wh	no received more tha	an		
										Yes	No
3 Did the organization list any forme on line 1a? If "Yes " complete Scheo											

			res	140	
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee				
	on line 1a? If "Yes," complete Schedule I for such individual	3		Νo	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such				_
	ındıvıdual	4		Νo	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule I for such person	_		No	
	•	, J	I	140	

Section	1	Toodoo	 	

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

Form 9	•	•					Page 9
Part \	<u>/***** </u>	Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
芸芸	1a	Federated campaigns 1a					
E Ž	ь	Membership dues 1b					
ΩĘ	c	Fundraising events 1c					
£ ä	d	Related organizations 1d	.,				
Contributions, gifts, grants and other similar amounts	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and 1f	363,009		i		i i
a Ee	g	similar amounts not included above Noncash contributions included in					
걸	•	lines 1a-1f \$					
a Ç	h	Total. Add lines 1a-1f	. ▶	363,009			
		Busin	ness Code				
Program Serwce Revenue	2a	EDUCATIONAL CONFERENCES		443,796	443,796		
95 26	Ь	MEMBERSHIP DUES		418,000	418,000		
ъ. П	c	EDUCATION MATERIAL DONATIONS		95,737	95,737		
<u> </u>	d			,	,		
æ	e						
<u> </u>	f	All other program service revenue					
ွိ							
	g	Total. Add lines 2a-2f		957,533			
	3	Investment income (including dividends, inte	rest ▶-	466			466
	4	and other similar amounts)		400			400
	5	Royalties					
		·	Personal				
	6a	Gross Rents					
	ь	Less rental					
	_c	expenses Rental income					
		or (loss)	<u> </u>				
	d	Net rental income or (loss)	Other				
	7a	Gross amount from sales of assets other than inventory	Other				
	ь	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)	▶				
an ne	8a	Gross income from fundraising events (not including					
Other Revenue		of contributions reported on line 1c) See Part IV, line 18					
ф	Ь	Less direct expenses b					
0	С	Net income or (loss) from fundraising events	•				
	9a	Gross income from gaming activities See Part IV, line 19					
	ь	Less direct expenses b					
	С	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances .					
	ь	Less cost of goods sold b					
	С	Net income or (loss) from sales of inventory	►				
		Miscellaneous Revenue Busir	iess Code				
	11a	PROMOTIONAL INCOME		21,568			21,568
	Ь	OTHERINCOME		18,554			18,554
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d	· •	40,122			
	12	Total revenue. See Instructions	▶	1 261 120	057 522		40 500

1,361,130

Part IX Statement of Functional Expenses

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

Α	ll other organizations must complete column (A) but are not required to		ns (B), (C), and		
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	124,297	124,297		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	11,685	11,685		
11	Fees for services (non-employees)				
а	Management				
b	Legal	46,564	46,564		
c	Accounting	6,712		6,712	
d	Lobbying				
е	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
.2	Advertising and promotion				
.3	Office expenses	21,952		21,952	
.4	Information technology				
.5	Royalties				
.6	Occupancy	41,085	41,085		
.7	Travel	2,281	2,281		
.8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
.9	Conferences, conventions, and meetings	475,798	475,798		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,969	7,969		
23	Insurance				
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	PRINTING & PUBLICATIONS	186,293	186,293		
b	POSTAGE & SHIPPING	81,850	75,139	6,711	
c	CAMPAIGN-REAL MILK	77,633	77,633		
d	EDUCATIONAL WEBSITE	73,894	73,894		
e	CAMPAIGN-SOY ALERT	70,133	70,133		
f	All other expenses	243,517	170,088	47,689	25,740
25	Total functional expenses. Add lines 1 through 24f	1,471,663	1,362,859	83,064	25,740
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			48,648	1	26,484
	2	Savings and temporary cash investments			99,888	2	79,438
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, trustees,					
		highest compensated employees Complete Part II of					
		Schedule L					
Assets	6	Receivables from other disqualified persons (as defined under sec persons described in section 4958(c)(3)(B) Complete Part II of	958(f)(1)) and				
		Schedule L			6		
	7	Notes and loans receivable, net			7		
88	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges	paid expenses and deferred charges				
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	15,083			
	ь	Less accumulated depreciation	10b	13,089	9,963	10c	1,994
	11	Investments—publicly traded securities	107,553	11	47,603		
	12	Investments—other securities See Part IV, line 11		12			
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal line 34)			266,052	16	155,519
	17	Accounts payable and accrued expenses .				17	
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
<u>a</u>	21	Escrow or custodial account liability	D.	•		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
ä		persons Complete Part II of Schedule L			22		
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties $oldsymbol{\cdot}$.		24			
	25	Other liabilities Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			0	26	0
ěs		Organizations that follow SFAS 117, check here ► 🔽 and complet through 29, and lines 33 and 34.	te line	es 27			
anc	27	Unrestricted net assets			266,052	27	155,519
Balance	28	Temporarily restricted net assets				28	
Ξ	29	Permanently restricted net assets				29	
Fund .		Organizations that do not follow SFAS 117, check here ► and lines 30 through 34.	compl	ete			
٥	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund.				31	
55	32	Retained earnings, endowment, accumulated income, or other fun		• •		32	
	33	Total net assets or fund balances	u 3		266,052	33	155,519
Ŋĕţ	34	Total liabilities and net assets/fund balances			266 052		155 519

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b		Νo
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separated basis			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization THE WESTON A PRICE FOUNDATION

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection **Employer identification number**

52-2193975 Reason for Public Charity Status (All organizations must complete this part.) See instructions

he d	organı			e foundation because						oci decionis		
1	Г		•	on of churches, or as	•	-	•	•	,			
2		A scho	ol described	ın section 170(b)(1)	(A)(ii). (Att	ach Schedul	eE)					
3	\sqcap			perative hospital serv				170(b)(1)(A	A)(iii).			
4	Γ			organization operate y, and state	ed in conjunc	ction with a h	ospital descr	ribed in secti	on 170(b)(1))(A)(iii). Ent	er the	
5	Г	An orga	ınızatıon ope	rated for the benefit	of a college	or university	owned or op	erated by a g	jovernmenta	l unit descrit	 ped in	
		section	170(b)(1)(A	A)(iv). (Complete Pa	rt II)							
6	\sqcap	A feder	al, state, or	local government or	governmenta	al unit descri	bed in sectio	n 170(b)(1)((A)(v).			
7	굣	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II)										
	_			described in section	-	Wuil (Com	alata Bart II	`				
8 9	<u>'</u>		•	t normally receives				•	tions mamb	erchin feec	and aro	
•	,	-		ties related to its ex	• •		• •		•		-	33
		•		ss investment incom	•	-			` '	•		
			_	anızatıon after June 3				•		,		
LO	Г			anızed and operated								
l1	Г -	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type III c Type III - Functionally integrated d Type III - Other							Check her			
e f g	1	other th section If the o check t	nan foundatio 509(a)(2) rganization r his box	ex, I certify that the con managers and other certified a written decorption of the control of t	er than one o	or more publi	cly supported	d organizatio	ns described	d in section 5	09(a)(1) or
_			g persons?	,	·	, 3		,				
				ectly or indirectly co	•		-	ersons descr	ribed in (ii)		Yes	No
				governing body of the			ion?			11g(i)		<u> </u>
		` '	•	r of a person describ	• • •					11g(ii	_	
				ed entity of a person						11g(iii)	
h		Provide	the followin	g information about t	he supporte	d organizatio	on(s)					
(i) Name suppoi organiz		e of orted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	ype of Is the organization in cribed on L-9 above C section Is the organization in your governing document?		(v) Did you not organizat col (i) of suppor	ion in Your rt?	Is th organizat col (i) org in the U	(vi) Is the anization in i) organized the U S ?		vii) ount of oport?
				ınstructions))	Yes	No	Yes	No	Yes	No		
						1		1				
						1		1				
						-		-				

Total

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

	(Complete only if yo	ou checked the	oox on line 5,	7, or 8 of Part I.	.)			
	ection A. Public Support	T	T					
Cale	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	009	(f) Total
1	in) Gifts, grants, contributions, and membership fees received (Do not include any "unusual	1,203,68	427,94	0 425,624	747,543		785,036	3,589,823
	grants ")							
2	Tax revenues levied for the							
	organization's benefit and either paid to or expended on its							
	behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge	1 202 60	427.04	0 435.634	747.540		705.026	2.500.022
4	Total. Add lines 1 through 3	1,203,68	427,94	0 425,624	747,543		785,036	3,589,823
5	The portion of total contributions							
	by each person (other than a governmental unit or publicly							
	supported organization) included or	n l						511,517
	line 1 that exceeds 2% of the							
	amount shown on line 11, column							
	(f)							
6	Public Support. Subtract line 5 from line 4	n						3,078,306
	ection B. Total Support							
	endar year (or fiscal year							
Cuit	beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20)09	(f) Total
7	A mounts from line 4	1,203,680	10,949	425,624	747,543		785,036	3,589,823
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties		10,949	7,727	3,610		466	22,752
	and income from similar							
9	sources Net income from unrelated							
•	business activities, whether or							
	not the business is regularly							
	carried on							
10	Other income (Explain in Part		-14,967	7,449	96		40,122	32,700
	IV) Do not include gain or loss from the sale of capital assets		-14,907	7,449	90		40,122	32,700
11	Total support (Add lines 7						-	2.645.275
	through 10)							3,645,275
12	Gross receipts from related activit	ies, etc (See insti	uctions)			12		1,935,010
13	First Five Years If the Form 990 is	for the organization	n's first, second	, thırd, fourth, or fı	fth tax year as a	501(c)(3	3) organiz	
	check this box and stop here							▶ □
	ection C. Computation of Pul							
14	Public Support Percentage for 200		•	11 column (f))		14	<u> </u>	84 450 %
15	Public Support Percentage for 200	8 Schedule A, Par	t II, line 14			15	<u> </u>	86 710 %
16a	33 1/3% support test—2009. If the	-		•	ine 14 is 33 1/3%	ormore	, check th	_
	and stop here. The organization qua	•			11 45 4	22 4 /20/		▶ ✓
b	33 1/3% support test—2008. If the box and stop here. The organizatio	=			a, and line 15 is s	3 3 1/3%	or more, o	check this
17a	10%-facts-and-circumstances test				e 13.16a.or16h	and line	14	P -1
	is 10% or more, and if the organiza	_						
	in Part IV how the organization me	ets the "facts and	cırcumstances"	test The organiza	ation qualifies as	a publicl	y support	ed
_	organization					. –		▶ ┌
b	15 is 10% or more and if the organ	-						
	15 is 10% or more, and if the organization in Part IV how the organization							
	supported organization	meets the la	old and chedins	1116	o.gamzation qual	43 6	. pablicly	▶□
18	Private Foundation If the organizat	tion did not check	a box on line 13,	16a, 16b, 17a or	17b, check this	box and	see	·
	instructions							▶ □

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you	checked the	box on line 9 o	rarci.)			
	ction A. Public Support					1	
Cale	ndar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın) Gıfts, grants, contributions, and					+	
1	membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organızatıon's tax-exempt						
	purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513					+	
4	Tax revenues levied for the organization's benefit and either						
	paid to or expended on its						
	behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	A mounts included on lines 1, 2,						
	and 3 received from disqualified						
	persons						
b	A mounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
_	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
0	from line 6)						
Se	ction B. Total Support	1	•	•		•	
	ndar year (or fiscal year beginning		(1) 2006	() 2007	(1) 2000	()	(5)
	in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
_	sources						
b	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
13	IV) Total support (Add lines 9, 10c,						
13	11 and 12)						
14	First Five Years If the Form 990 is for	r the organizat	ion's first, second	l, thırd, fourth, or	fifth tax year as	a 501(c)(3) organ	nization,
	check this box and stop here						▶ ┌
Se	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	Part III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ae			
17	Investment income percentage for 2				n (f))	17	
	Investment income percentage from	•		•	X-11		
18	· -					18	
19a	33 1/3% support tests—2009. If the					than 33 1/3% and	iline 17 is not
	more than 33 1/3%, check this box a organization	ind stop here. I ►	ne organization q	ualifies as a publ	iciy supported		
ь		,	d not check a box	on line 14 or line	e 19a, and line 1	6 is more than 33	1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493207006020

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

F W/FSTON A	e organization A PRICE FOUNDATION		Employer identification number
L WESTON F	TRICETOONDATION		52-2193975
	Organizations Maintaining Donor Acorganization answered "Yes" to Form 99		unds or Accounts. Complete if
	organization answered Tes to Form 55	(a) Donor advised funds	(b) Funds and other accounts
Total nu	ımber at end of year		
Aggrega	ate contributions to (during year)		
	ate grants from (during year)		
	ate value at end of year		
Did the	organization inform all donors and donor advire te the organization's property, subject to the	5	nor advised Yes
used on conferri	organization inform all grantees, donors, and ily for charitable purposes and not for the ben ng impermissible private benefit	efit of the donor or donor advisor, or for a	ny other purpose Yes
	Conservation Easements. Complete		o Form 990, Part IV, line 7.
☐ Pre☐ Pro☐ Pre☐ Comple	e(s) of conservation easements held by the oreservation of land for public use (e g , recreating tection of natural habitates ervation of open space te lines 2a-2d if the organization held a quality on the last day of the tax year	on or pleasure)	n historically importantly land area certified historic structure n of a conservation
easeine	the last day of the tax year		Held at the End of the Yea
Total nu	umber of conservation easements		2a
	creage restricted by conservation easements		2b
	r of conservation easements on a certified his	toric structure included in (a)	2c 2c
	r of conservation easements included in (c) ac	• •	2d
	· <i>,</i>	· · · · · · · · · · · · · · · · · · ·	
	r of conservation easements modified, transfe able year 🛌	rrea, releasea, extinguisnea, or terminate	ed by the organization during
Number	of states where property subject to conserva	ation easement is located 🛌	<u></u>
	ne organization have a written policy regarding ment of the conservation easements it holds?		dling of violations, and res r
Staff an	d volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	nents during the year ►
A mount	of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements	s during the year 🟲 \$
	ach conservation easement reported on line 2 (4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	rtion Yes 🔽
balance the orga	XIV, describe how the organization reports co s sheet, and include, if applicable, the text of t anization's accounting for conservation easen	he footnote to the organization's financial nents	l statements that describes
	Organizations Maintaining Collectio Complete if the organization answered "	Yes" to Form 990, Part IV, line 8.	
art, hist	rganization elected, as permitted under SFAS corical treasures, or other similar assets held , in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	ch in furtherance of public service,
hıstorıc	rganızatıon elected, as permitted under SFAS al treasures, or other sımılar assets held for p the following amounts relatıng to these items	oublic exhibition, education, or research i	·
			L . A
(I) Reve	enues included in Form 990, Part VIII, line 1		► \$
	enues included in Form 990, Part VIII, line 1 ets included in Form 990, Part X		►\$ ►\$

Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part	•••• Organizations Maintaining Co	llections of Art	, His	storic	<u>al Tı</u>	reasur	es, or C	<u>ther</u>	<u> Similar</u>	Asse	ts (co	ntinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	owing '	that are	a signific	ant us	e of its co	llection	1	
а	Public exhibition		d	Г	Loan	orexcha	ange prog	rams				
b	Scholarly research		e	Γ	Other	r						
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ın hov	w they	furthe	er the or	ganızatıor	ı's ex	empt purpo	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								ılar	Γ.	Yes	√ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						answere	d "Ye	es" to For	m 990	١,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other interme	ediary	force	ntribu	itions or	otherass	ets n	ot	_	Yes	√ No
Ь	If "Yes," explain the arrangement in Part XIV	V and complete the	follow	ving ta	ble		Г			A mou	nt	
c	Beginning balance							1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance						ľ	1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21?				_				Yes	✓ No
ь	If "Yes," explain the arrangement in Part XIV									,		
	rt V Endowment Funds. Complete		n ans	were	d "Ye	s" to Fo	orm 990	Part	IV, line	10.		
		(a)Current Year	(b) Prior Y	ear	(c) Two	Years Back	(d)⊺	hree Years B	ack (e)	Four Y	ears Back
1a	Beginning of year balance							-		_		
b	Contributions											
С	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses							-		_		
g	End of year balance											
2	Provide the estimated percentage of the year	r end balance held a	as									
а	Board designated or quasi-endowment 🕨	%										
b	Permanent endowment 🕨 %											
С	Term endowment ► %											
3a	Are there endowment funds not in the posses	ssion of the organiz	atıon	that a	re held	d and ad	mınıstere	d for t	:he			
	organization by								Г		Yes	No
	(i) unrelated organizations		•					•		3a(i)		No
ь	(ii) related organizations				Ja Da					3a(ii) 3b	<u> </u> 	No No
4	Describe in Part XIV the intended uses of th	·				• •		•	[30		
-	t VI Investments—Land, Building:	<u> </u>				90. Pai	t X. line	10.				
	<u> </u>	-, aa _qa.p				or other	(b)Cost or		(c) Accum	nulated		
	Description of investment					estment)	basis (ot		deprecia		(d) B	ook value
	Land		•	<u> </u>								
	Buildings		•	<u> </u>								
С	Leasehold improvements		•	<u> </u>								
d	Equipment		•									
	Other							.5,083		13,089		1,994
Tota	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colur	nn (B,), line	10(c).)			•	►		1	1,994

Part VII Investments—Other Securities. See (a) Description of security or category			d of valuation
(including name of security)	(b)Book value		f-year market value
Financial derivatives Classity hald agusty interests			
Closely-held equity interests Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See		13.	
(a) Description of investment type	(b) Book value	(c) Metho	d of valuation
(a) Description of investment type	(b) Book value	Cost or end-o	f-year market value
Table (Calvara (h) abauld agual Farra 000, Part V, and (D) bra 12.)			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Description (b) Should equal Form 990, Part X, col.(B) line 1	ne 15.		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	ne 15.		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value

Par	Table 1 Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	its
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net) Add lines 4 - 8	9
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Return
1	Total revenue, gains, and other support per audited financial statements	1
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains on investments	
b	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIV)	
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
b	Other (Describe in Part XIV) 4b	
c	Add lines 4a and 4b	4c
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return
1	Total expenses and losses per audited financial statements	1
2	A mounts included on line 1 but not on Form 990, Part IX, line 25	
а	Donated services and use of facilities	
b	Prior year adjustments	
c	Other losses]
d	Other (Describe in Part XIV) 2d]
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a]
b	Other (Describe in Part XIV)]
c	Add lines 4a and 4b	4c
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5
Par	t XIV Supplemental Information	
_		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier | Return Reference | Explanation

OMB No 1545-0047

15 NO 1545-004

2009

Open to Public Inspection

SCHEDULE 0

Department of the Treasury
Internal Revenue Service

(Form 990)

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

Attach to Form 990.

Supplemental Information to Form 990

Name of the organization
THE WESTON A PRICE FOUNDATION

Employer identification number

52-2193975

ldentifier	Return Reference	Explanation
RELATED PARTY INFORMATION AMONG OFFICERS	FORM 990, PAGE 6, PART VI, LINE 2	SALLY FALLON MORELL GEOFFREY MORELL PRES & TREAS SECRETARY MARRIED SALLY FALLON MORELL MARY ENIG PRES & TREAS VICE PRES CO-AUTHORS KAAYLA DANIEL TOM COWAN DIRECTOR DIRECTOR CO AUTHORS
CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PAGE 6, PART VI, LINE 6	MEMBERSHIP IN THE FOUNDATION IS AVAILABLE WITH NOMINAL DUES
POLICIES AND PROCEDURES GOVERNING CHAPTERS	FORM 990, PAGE 6, PART VI, LINE 10B	CHAPTER LEADERS ARE REQUIRED TO SIGN A CONTRACT AGREEING TO GET PRIOR APPROVAL FOR OUTSIDE SPEAKERS, CONFERENCE AND SEMINAR PLANS, MATERIALS FOR PUBLICATION, GOODS AND PRODUCTS SOLD BY THE CHAPTER, AND USE OF THE FOUNDATION TRADEMARK
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11	THE PRESIDENT REVIEWS AND SIGNS THE FORM 990
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	CONFLICTS OF INTEREST ARE REQUIRED TO BE DISCLOSED ON A CASE-BY-CASE RATHER THAN ANNUAL BASIS THESE DISCLOSURES ARE RECORDED IN THE MINUTES, AND THE CONFLICTED MEMBER MAY NOT TAKE PART IN THE DECISION MAKING WITH REGARD TO THAT ISSUE THE MINUTES ALSO DISCLOSE THE ABSTENTION AND THE BASIS FOR THE DECISION ON THE ISSUE
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	NO DOCUMENTS AVAILABLE TO THE PUBLIC

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Depreciation and Amortization

(Including Information on Listed Property)

DLN: 93493207006020

OMB No 1545-0172

Department of the Treasury

Form 4562

See separate instructions. Attach to your tax return. Sequence No 67 Internal Revenue Service Name(s) shown on return Business or activity to which this form relates Identifying number THE WESTON A PRICE FOUNDATION INDIRECT DEPRECIATION 52-2193975 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. **1** Maximum amount See the instructions for a higher limit for certain businesses . 250.000 2 2 Total cost of section 179 property placed in service (see instructions) **3** Threshold cost of section 179 property before reduction in limitation (see instructions) 3 800.000 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-4 **5** Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use (a) Description of property 6 (c) Elected cost only) 6 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 . . Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election 15 **16** Other depreciation (including ACRS) 117 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2009 1,544 18 If you are electing to group any assets placed in service during the tax year into one or more Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method property period deduction service use only—see instructions) 19a 3-year property **b** 5-year property **c** 7 - year property **d** 10-year property **e** 15-year property **f** 20-year property 25 yrs S/L g 25-year property 27 5 vrs S/L h Residential rental property 27 5 yrs ΜМ S/L ΜМ i Nonresidential real 39 yrs S/L property ММ S/L Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L S/L c 40-year 40 yrs MM**Summary** (see instructions) 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 1.661 and on the appropriate lines of your return Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

		24a, 24b, colu														
Section A—Depre	ciation a	nd Other Info	orma	tion (C	aution	ı: See	the i	instru	ıctio	ns for	limits	for pa	sseng	<u>er au</u>	tomol	biles.)
24a Do you have evidei	nce to support	the business/invest	ment u	ise claimed	₃っ┌ _{Ye}	sГno			24b	If "Yes,"	ıs the e	v idence	written?	Γ_{Ye}	$_{s}$ Γ_{N}	o
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	bası		(busines	(e) sis for depreciation siness/investment use only)		ı	(f) (g) Recovery Method/ Period Convention				iation/		(i) Elected section 179 cost	
25Special depreciation allo		Ified listed property	placed	ın service (during the	tax year	and u	ısed m	ore th	nan 2 !	_			+		
50% in a qualified busi	•	•								2:	<u> </u>					
26 Property used mor	e than 50%	m a quanneu bus	iness	use				Π						\neg		
		%														
		%														
27 Property used 50%	6 orlessina T	qualified busine	ss us	е				_	lc/	L -						
		%								L -	\dashv			-		
		%							S/	L -						
28 Add amounts in c	olumn (h), lır	nes 25 through 2	7 En	ter here a	and on li	ne 21,	page	1			28					
29 Add amounts in c	olumn (ı), lın	e 26 Enter here	and o	n line 7,	page 1								29			
				—Infor												
Complete this sectior If you provided vehicles to	n for vehicles	used by a sole	propri	etor, parl	tner, or o	other "n	nore	than .	5% c	wner,"	or relat	ed per	son	a vehic	·loc	
					a)		b)			c)		d)	(4			f)
30 Total business/investment miles driven during the year (do not include commuting miles)			Vehi	Vehicle 2				Vehicle 4		Vehicle 5		Vehicle 6				
31 Total commuting	miles driven	during the year														
32 Total other person			ven													
33 Total miles driver	•															
through 32			•		I		_			1						
34 Was the vehicle a	•	ersonal use		Yes	No	Yes	No	_ <u> </u>	es	No	Yes	No	Yes	No	Yes	No
during off-duty ho						1	-	_			-		<u> </u>	—	-	-
35 Was the vehicle u owner or related p	erson?													<u> </u>		
36 Is another vehicle	available fo	r personal use?	•													
Section Answer these question 5% owners or related	ns to determ														not mo	re thar
37 Do you maintain a employees?	•	•	t prob	nibits all	persona •	l use of	veh:	cles,	ınclu	dıng co	mmutıı	ng, by	your •	Y	es	No
														\vdash		
38 Do you maintain a employees? See t	•	•														
39 Do you treat all us	se of vehicles	s by employees	as per	sonal us	e? .				-							
40 Do you provide movehicles, and reta			empl	oyees, ol	btaın ınf	ormatio •	n fro	m you	ır em	ployees •	about	the us	e of the	a		
41 Do you meet the r			lified a	automobi	le demo	nstratio	n us	e? (S	ee in	structio	ns)					
Note: If your ansy	ver to 37.38	. 39. 40. or 41 ı	s "Yes	s." do no	t comple	ete Sect	tion E	3 for t	he co	overed	vehicle	s				
Part VI Amorti				<u>, </u>	<u> </u>											
		(b)						7-15		T (e)					
(a) Date Description of costs amortization begins			A mort amo		(d) Code section			A mortizatio period or percentage			A mortization for					
42 A mortization of co	osts that her	<u>-</u>	2009	tax vear	(see ins	truction	ns)			1 - 5.50		1				
		, , out i	T	,	,- 30 1110	T	,			T						
			1							1						
43 A mortization of co	osts that her	ian before vour 2	009 +	ax vear						<u>.</u>	43					6,308
44 Total. Add amoun	-	•		•	ere to re	eport			•	-	44					6,308
	COIGIIII	(.) = 30 the mat	1 - 0				-	-				i				-,

Additional Data

Software ID:

Software Version:

EIN: 52-2193975

Name: THE WESTON A PRICE FOUNDATION

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
PRINTING & PUBLICATIONS	186,293	186,293		
POSTAGE & SHIPPING	81,850	75,139	6,711	
CAMPAIGN-REAL MILK	77,633	77,633		
EDUCATIONAL WEBSITE	73,894	73,894		
CAMPAIGN-SOY ALERT	70,133	70,133		