DLN: 93493224012315

Form **990**

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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

Open to Public Inspection

			endar year, or tax year begin C Name of organization	ning 01-01-2014 , and ending	12-31-2014	4	D Emmle		- Aifi Ai
	ieck if a dress ch	pplicable nange	THE WESTON A PRICE FOUNDAT	TION				-	ntification number -
	me cha	-	Doing business as				52-21	9397	•
	tıal retu		Tomy Canmoto at				E Telepho		har
Fir		munatad	Number and street (or P O box PMB 106-380 4200 WISCONSIN	if mail is not delivered to street address	ss) Room/su	ite			
_	.um/tem nended	minated		country, and ZIP or foreign postal code			(202)	363-4	394
_		n pending	WASHINGTON, DC 20016	country, and ZIP of foreign postal code			G Gross re	eceipts s	5 1,711,816
, .,			F Name and address of	principal officer		U(2) T	e this a group	raturn	for
			SALLY FALLON MORELL	•			s this a group ubordinates?	return	TYes ▼ No
			1220 L STREET NW SUI WASHINGTON, DC 200			H(b) ^	re all subordi	natec	┌ Yes ┌ No
					_	11	ncluded?		
		npt status		◀ (insert no)	527	I	f "No," attach	a list	(see instructions)
J W	ebsite	e:► WV	WW WESTONAPRICE ORG			H(c)	Group exempt	ion nui	mber 🟲
			Corporation Trust Assoc	ation Other 🕨		L Year	of formation 19	99 M	State of legal domicile DC
Pa	rt I		imary						
Governance		THE CO NUTRIT	RPORATION IS ORGANIZE	ssion or most significant activit D AND OPERATES FOR CHAR 10TING EDUCATION, RESEA	ITABLE AI				
Ē	-								
¥0.	2	Check tl	his box 🔭 if the organization	n discontinued its operations or	disposed o	of more th	an 25% of its	net as	sets
		NI	-6h					La	l .
Activities &				erning body (Part VI, line 1a) ers of the governing body (Part \				4	8
₹ 5				ın calendar year 2014 (Part V,				5	4
∢	1			ıfnecessary)				6	600
				m Part VIII, column (C), line 12				7a	0
	В	ivet unite	erated pusifiess taxable filcon	ne from Form 990-T, line 34 .	<u> </u>		Prior Year	7b 	Current Year
	8	Contr	butions and grants (Part VII)	[, line 1h)			436,9	86	442,525
п	9	Progra	am service revenue (Part VII	I, line 2g)			1,302,2	264	1,222,844
Revenue	10		·	umn (A), lines 3, 4, and 7d) .				62	259
_	11			A), lines 5, 6d, 8c, 9c, 10c, and 11 (must equal Part VIII, colu		<u> </u>	9,3	312	46,188
	ļ	12) .		<u> </u>		_	1,748,6	_	1,711,816
	13 14		·	art IX, column (A), lines 1-3)			184,5	36	22,542
	15			rt IX, column (A), line 4) loyee benefits (Part IX, column			100.5	- 2.4	
8		5-10)		,		190,5	34	247,986
Expenses	16a		ssional fundraising fees (Part			·			0
五	Ь		ındraısıng expenses (Part IX, columi						
	17 18			A), lines 11a-11d, 11f-24e). must equal Part IX, column (A)			1,369,5	_	1,152,430
	19			ine 18 from line 12				70	288,858
8 8						Begir	nning of Curre	nt	End of Year
Not Assets or Fund Balances	20	Total	assets (Part X, line 16)		_		Year 19,9	80	308,838
48 848	21		liabilities (Part X, line 26) .				2 - / -		0
žĪ	22	Netas	ssets or fund balances Subtr	act line 21 from line 20			19,9	980	308,838
Unde my k	nowled	alties of dge and		examined this return, including complete Declaration of prepar					
		****	***				2015-08-05		
Sign		Signa	ature of officer				Date		
Her	е		Y FALLON MORELL PRESIDENT						
			Print/Type preparer's name	Preparer's signature		ate	Check If	PTIN	
Pai	d]	IULÍA W RÓGERS Firm's name ► ROGERS & ASSOC	JULIA W ROGERS	2	015-07-30	self-employed	P00477	
	pare	r		INILO FC			Firm's EIN - 26		
Use	On	ly ˈ	Firm's address PO BOX 588	22050			Phone no (434)	361-9	o5U
			NELLYSFORD, VA	22958			I		

Form	n 990 (2014)					Page
Par		ent of Program Service chedule O contains a response				
1	Briefly describe	the organization's mission				
NUT					CATIONAL PURPOSES, DISS SM IN THE FIELD OF NUTRI	
_						
2	Did the organizat	non undertake any significa 00 or 990-EZ?	nt program s	ervices during the year w	hich were not listed on	┌ Yes ┌ No
	If "Yes," describ	e these new services on Sc	hedule O			
3	Did the organizat	ion cease conducting, or m	ake sıgnıfıca	nt changes in how it cond 	ucts, any program	┌ Yes ┌ No
	If "Yes," describ	e these changes on Schedu	le O			
4	expenses Section		organization	s are required to report th	e largest program services, as ne amount of grants and alloca	
4a	(Code ORGANIZATION OF) (Expenses \$ EDUCATIONAL CONFERENCE	513,195	including grants of \$) (Revenue \$	519,523)
4b	(Code) (Expenses \$	709,315	ıncludıng grants of \$) (Revenue \$	65,436)
	DISSEMINATION OF	RESEARCH MATERIAL AND EDUC	CATIONAL PUBLIC	CATIONS THROUGH BROCHURE	ES AND OTHER MEDIA	
4c	(Code) (Expenses \$	22,542	ıncludıng grants of \$	22,542) (Revenue \$)
	FUNDING FOR RES	EARCH IN THE FIELD OF NUTRITI	ON, PRIMARILY	AT THE UNIVERSITY OF ILLINO	IS	_
	Other program	sarvicas (Dascriba in Scha	dula O \			

) (Revenue \$

Form **990** (2014)

including grants of \$

1,245,052

(Expenses \$

Total program service expenses ►

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	<u> </u>
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</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 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	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	11b		No
С	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	11c		Νo
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X^{\bullet}	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
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		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> " <i>Yes," complete Schedule F, Parts III and IV</i>	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 (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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), 501(c)(4), and 501(c)(29) 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		No
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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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 IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line $2 \cdot$	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2014)

	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 27		res	N
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1 c		
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			
b	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 (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		N
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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		N
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		N
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	_		
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 as charitable contributions?	5c 6a		N
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		N
b	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?	7 c		N
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		N
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		N
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		N
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	 		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	N

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.

Check if Schedule C) contains a	resnonse	or note to any	/ line ir	n this Part VI	_	_		_		_				V
Chick ii Schedale c	Contains a	I C S P O II S C	or mote to an	111110 11	I CIII JI GIC VI		•	•	•		•	•	•	•	-,

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		No
4		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Νo
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
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 organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	even	ie Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		No
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- 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 made these available. Check all that apply
 - Own website Another's website V Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►CORPORATE OFFICERS

PMB 106-380 4200 WISCONSIN AVE NW

WASHINGTON, DC 20016 (202) 363-4394

<u>Part VII</u> 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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - ◆ List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h ar	chec (, unle n officeustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) SALLY FALLON MORELL PRESIDENT	10 00	х		х				0	0	7,000
(2) GEOFFREY C MORELL SECRETARY		х		х				0	0	0
(3) TOM COWAN DIRECTOR		х						0	0	920
(4) CHERIE CALVERT DIRECTOR		х						0	0	0
(5) KAAYLA T DANIEL DIRECTOR & V	2 00	х		X				0	0	20,368
(6) VALERIE CURRY JOYNER DIRECTOR		Х						0	0	0
(7) SARAH POPE RECORDING SE	0 50	х		x				0	0	0
(8) KIM SCHUETTE DIRECTOR		х						0	0	293

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

(A) Name and Title	(B) A verage hours per week (list any hours	more t perso	han d n is l	ne l both	box, an d	heck unless officer stee)	i	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	•		
c	Total from continuation sheets to Part VII, Section A	•		
d	Total (add lines 1b and 1c)	•		28,581

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

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
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 individual	4		l _{No}
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section	R	Inde	nanc	lant	Con	tra	ctore
section	Ю.	ince	:Den		1.011	пга	

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
		1

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

Form 99		•				Page 9
Part V	ЛΠ	Statement of Revenue Check if Schedule O contains a response or note to any li	ne in this Part VIII			
		oncert in demending of containing a responde or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
တ္က	1a	Federated campaigns 1a				
ant	ь	Membership dues 1b 23,185				
ē ji	c	Fundraising events 1c				
ifts, ar A	d	Related organizations 1d				
e ii.	e	Government grants (contributions) 1e				
ons Si	f f	All other contributions, gifts, grants, and 1f 419,340		ł		
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included above Noncash contributions included in lines				
E Q	g	1a-1f \$				
G B	h	Total. Add lines 1a-1f	442,525			
<u> </u>		Business Code				
e E	2a	MEMBERSHIPS	633,285	633,285		
æ	Ь	EDUCATIONAL CONFERENCES	519,523	519,523		
MSe	C	EDUCATION MATERIALS	65,436	65,436		
Se.	d	CONFERENCE REGISTRATION	4,730	4,730		
Ē	e	REFUNDS	-130	-130		
Program Serwce Revenue	f	All other program service revenue				
<u></u>	g	Total. Add lines 2a-2f	1,222,844			
	3	Investment income (including dividends, interest, and other similar amounts)	259			259
	4	Income from investment of tax-exempt bond proceeds \dots				
	5	Royalties				
	6a	(I) Real (II) Personal Gross rents				
	b	Less rental				
	c	expenses Rental income				
		or (loss) Net rental income or (loss)				
	d	(i) Securities (ii) Other				
	7a	Gross amount				
		from sales of assets other				
	ь	than inventory Less cost or				
		other basis and sales expenses				
	C	Gain or (loss)				
	d ga	Net gain or (loss)				
Φ	"	Gross income from fundraising events (not including				
Other Revenue		\$ of contributions reported on line 1c)				
ě		See Part IV, line 18				
<u>.</u>	١.	a				
Ě	C	Net income or (loss) from fundraising events				
0		Gross income from gaming activities				
		See Part IV, line 19				
	١,	a h				
	1	Net income or (loss) from gaming activities				
		Gross sales of inventory, less				
		returns and allowances .				
	b	Less cost of goods sold b				
	1	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Business Code				
	11a	OTHER INCOME, NET OF	23,506			23,506
	ь	PROMOTIONAL INCOME	22,682			22,682
	С					
	d	All other revenue				
	e	Total. Add lines 11a-11d	46,188			
	12	Total revenue. See Instructions	1 711 816	1 222 844		46 447

	IX Statement of Functional Expenses				
ectio	n 501(c)(3) and 501(c)(4) organizations must complete all columns All	other organizati	ons must comp	lete column (A)	
	Check if Schedule O contains a response or note to any line in this	Part IX			. .
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	22,542	22,542		
2	Grants and other assistance to domestic individuals See Part IV, line 22	·	·		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	216,059	141,059	75,000	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	15,533	15,533		
10	Payroll taxes	16,394	16,394		
11	Fees for services (non-employees)				
а	Management				
b	Legal	25,824	25,824		
c	Accounting	4,866		4,866	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
L2	Advertising and promotion	642	642		
L3	Office expenses	15,882		15,882	
L 4	Information technology	39,589	34,706	4,883	
.5	Royalties				
.6	Occupancy	58,149		58,149	
.7	Travel	773	773	,	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
L9	Conferences, conventions, and meetings	477,358	477,358		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	15,325	12,859	2,466	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	MAGAZINE EXPENSES	207,839	207,839		
b	PRINTING & PUBLICATIONS	55,795	55,795		
С	POSTAGE & SHIPPING	43,141	43,141		
d	CONSULTING-GOVENMENT RELA	36,000	36,000		
e	All other expenses	171,247	154,587	10,860	5,800
25	Total functional expenses. Add lines 1 through 24e	1,422,958	1,245,052	172,106	5,800
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)		, , .=	, -	,

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	-50,602	1	62,186
	2	Savings and temporary cash investments	17,744	2	190,102
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
ste	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
4	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 62,854			
	Ь	Less accumulated depreciation 10b 62,854		10c	
	11	Investments—publicly traded securities	52,838	11	56,550
	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)	19,980	16	308,838
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
Liabilit		persons Complete Part II of Schedule L		22	
Ξ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule			
		D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
ces		Organizations that follow SFAS 117 (ASC 958), check here ▶ ▽ and complete lines 27 through 29, and lines 33 and 34.			
<u>a</u>	27	Unrestricted net assets	19,980	27	308,838
က္သ	28	Temporarily restricted net assets		28	
Ę	29	Permanently restricted net assets		29	
Assets or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.			
9	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	19,980	33	308,838
Z	34	Total liabilities and net assets/fund balances	19,980	34	308,838

Par	t XI	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				r
1	Total	revenue (must equal Part VIII, column (A), line 12)	1		1,7	711,816
2	Total	expenses (must equal Part IX, column (A), line 25)	2		1,4	122,958
3	Rever	ue less expenses Subtract line 2 from line 1	3		2	288,858
4	Neta	ssets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			19,980
5	Net u	nrealized gains (losses) on investments	5			
6	Donat	ed services and use of facilities	6			
7	Inves	tment expenses	7			
8	Prior	period adjustments	8			
9	Other	changes in net assets or fund balances (explain in Schedule O)	9			
10		ssets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, n (B))	10		3	308,838
Par	t XII	Financial Statements and Reporting				
		Check if Schedule O contains a response or note to any line in this Part XII				<u>. ୮</u>
					Yes	No
1		organization changed its method of accounting from a prior year or checked "Other," explain in lule O				
2a	Were	the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
		s,' check a box below to indicate whether the financial statements for the year were compiled or revie arate basis, consolidated basis, or both	wed o	n		
	Γs	eparate basis				
b	Were	the organization's financial statements audited by an independent accountant?		2b		No
		s,' check a box below to indicate whether the financial statements for the year were audited on a sepa consolidated basis, or both	arate			
	Γs	eparate basis				
c		s," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigl review, or compilation of its financial statements and selection of an independent accountant?	nt of th	ne 2c		
	If the Sched	organization changed either its oversight process or selection process during the tax year, explain i lule O	n			
За		esult of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?	е	3a		
b		s," did the organization undergo the required audit or audits? If the organization did not undergo the		3b		

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OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization THE WESTON A PRICE FOUNDATION						Employer identifica	ation number	
111L VV	LSTON	ATRICETOONDATION					52-2193975	
Pai	rt I	Reason for Publi	c Charity S	Status (All organiza	tions must co	mplete this p	•	ns.
The c	rganı	zation is not a private fo	oundation beca	auseıtıs (Forlines 1	through 11, ch	eck only one bo	ox)	
1	Γ	A church, convention	of churches, o	r association of churc	hes described i	n section 170(l	o)(1)(A)(i).	
2	Γ	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)						
3	Γ	A hospital or a cooper	atıve hospıtal	service organization of	lescribed in sec	tion 170(b)(1)	(A)(iii).	
4	Γ	A medical research or hospital's name, city,	-	erated in conjunction v	vith a hospital d	escribed in sec	tion 170(b)(1)(A)(iii). Enter the
5	Γ	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in						
		section 170(b)(1)(A)	(iv). (Complete	e Part II)				
6	Г	A federal, state, or loc	al government	t or governmental unit	described in se	ction 170(b)(1	L)(A)(v).	
7	굣	An organization that n described in section 1				om a governme	ental unit or from the g	general public
8	Г	A community trust de				tII)		
9	Γ	An organization that n	ormally receiv	es (1) more than 331	./3% of its supp	ort from contro	butions, membership	fees, and gross
		receipts from activitie	s related to its	s exempt functions—s	ubject to certai	n exceptions, a	ind (2) no more than 3	331/3% of
		ıts support from gross	ınvestment ır	ncome and unrelated b	usıness taxable	income (less	section 511 tax) from	n businesses
		acquired by the organ	ızatıon after Ju	ine 30, 1975 See sec	tion 509(a)(2).	(Complete Par	tIII)	
10	Γ	An organization organ	ized and opera	ated exclusively to tes	t for public safe	ty See section	ı 509(a)(4).	
11	Γ	An organization organ one or more publicly s	upported orga	nızatıons described in	section 509(a)	(1) or section	509(a)(2) See sectio	on 509(a)(3). Check
a	\vdash	the box in lines 11a th Type I. A supporting of	_	* *		-	•	•
•	'	supported organization						
		organization You mus				,		3
b	Γ	Type II. A supporting						
		management of the su			same persons t	hat control or r	nanage the supported	organization(s) You
_	\vdash	must complete Part IV Type III functionally			n operated in c	onnection with	and functionally inter	grated with its
	'	supported organization						grated with, its
d	Γ	Type III non-function						anızatıon(s) that ıs
		not functionally integr					ement and an attentiv	eness requirement
	_	(see instructions) Yo						TTT 6
е	ı	Check this box if the contegrated, or Type II					s a rype i, rype ii, r	ype III functionally
f		Enter the number of si						
g		Provide the following i						
	(i)N=	ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org	ianization	(v) A mount of	(vi) A mount of
		organization	(,	organization	listed in your		monetary support	other support (see
			(described on lines document? 1 - 9 above or IRC		(described on lines document? 1-9 above or IRC		(see instructions)	instructions)
				section (see instructions))				
				,,	Yes	No		

instructions

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 305,318 590,560 403,064 436,985 442,525 2,178,452 ınclude any "unusual grants ") 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 305,318 590,560 403,064 436,985 442,525 2,178,452 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) **Public support.** Subtract line 5 from 2,178,452 Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 305,318 590,560 403,064 436,985 442,525 2,178,452 Amounts from line 4 Gross income from interest, dividends, payments received on 255 57 259 749 116 62 securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain 22,504 17,028 21,754 9,312 46,188 116,786 or loss from the sale of capital assets (Explain in Part VI) Total support Add lines 7 through 11 2,295,987 Gross receipts from related activities, etc (see instructions) 12 12 1,222,844 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 14 94 880 % 15 Public support percentage for 2013 Schedule A, Part II, line 14 15 92 160 % 16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box **▶**▽ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test – 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ▶□ organization b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🕨 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts 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 c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ┢╢ 33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 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

Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

Investment income percentage from 2013 Schedule A, Part III, line 17

Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))

16

18

16

17

18

Part IV Supporting Organizations

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

Se	ction A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or $(2)^{9}$ If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		
За	Did the organization have a supported organization described in section $501(c)(4)$, (5) , or (6) ? If "Yes," answer (b) and (c) below.	За		
Ь	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
Ь	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
Ь	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
Ь	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
L1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b	T	

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Par	rt IV Supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
	action E. Tuno III Europianally, Integrated Connecting Organizations			
	ection E. Type III Functionally-Integrated Supporting Organizations			
a b	The organization is the parent of each of its supported organizations. Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
Ŀ	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov	20,197	O See instructions. All other
ype I	II non-functionally integrated supporting organizations must complete Sections A through	E	

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

- Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- **3** Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Schedule A (Form 550 of 550-LZ) 2014			Page 7
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom			
2 A mounts paid to perform activity that directly furth excess of income from activity	ported organizations, in		
3 Administrative expenses paid to accomplish exemp			
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval re	quired)		
6 Other distributions (describe in Part VI) See instri	uctions		
7 Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations to details in Part VI) See instructions	to which the organization is r	responsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdist ribut ions Pre-2014	(iii) Distributable Amount for 2014
Distributable amount for 2014 from Section C, line			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			<u> </u>
a From 2009			
			+
b From 2010			+
c From 2011			+
d From 2012			+
e From 2013			+
f Total of lines 3a through e			+
Applied to underdistributions of prior years Applied to 2014 distributable amount			+
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
Applied to underdistributions of prior years			+
b Applied to 2014 distributions of prior years			1
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 31 and 4c			
8 Breakdown of line 7			1
a From 2010			
b From 2011			
c From 2012			
d From 2013			
- 5 2014		1	I

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test	

	Return Reference	Explanation
PART II, LINE 10		LOSS ON INVESTMENTS 22,504 MISCELLANEOUS -24,470 PROMOTIONAL INCOME 72,564

Schedule A (Form 990 or 990-EZ) 2014

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DLN: 93493224012315

OMB No 1545-0047

Schedule D (Form 990) 2014

Cat No 52283D

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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

Open to Public

Name of the organization THE WESTON A PRICE FOUNDATION	E	mployer identification number
		2-2193975
Part I Organizations Maintaining Donor Advised Funds or Ot organization answered "Yes" to Form 990, Part IV, line 6.		·
(a) Donor adv	ised funds	(b) Funds and other accounts
Total number at end of year		
Aggregate value of contributions to (during year)		
Aggregate value of grants from (during year)		
Aggregate value at end of year		
Did the organization inform all donors and donor advisors in writing that the a funds are the organization's property, subject to the organization's exclusive	e legal control?	☐ Yes ☐ No
Did the organization inform all grantees, donors, and donor advisors in writing used only for charitable purposes and not for the benefit of the donor or dono conferring impermissible private benefit?		
art II Conservation Easements. Complete if the organization ar	nswered "Yes" to Fo	orm 990, Part IV, line 7.
Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation	Preservation of an his Preservation of a cert	torically important land area ified historic structure form of a conservation
easement on the last day of the tax year		Held at the End of the Year
a Total number of conservation easements	28	
b Total acreage restricted by conservation easements	21	
Number of conservation easements on a certified historic structure included		
Number of conservation easements included in (c) acquired after 8/17/06, a historic structure listed in the National Register	· · · <u>—</u>	
Number of conservation easements modified, transferred, released, extinguis	ـــــــ shed, or terminated by	v the organization during
the tax year ►	,	, .
·	1.6	
Number of states where property subject to conservation easement is locate		
Does the organization have a written policy regarding the periodic monitoring enforcement of the conservation easements it holds?	g, inspection, handling	g of violations, and Yes No
Staff and volunteer hours devoted to monitoring, inspecting, and enforcing co	onservation easement	ts during the year
A mount of expenses incurred in monitoring, inspecting, and enforcing conser	vation easements du	ring the year
- \$		
Does each conservation easement reported on line $2(d)$ above satisfy the reand section $170(h)(4)(B)(ii)$?	quirements of sectior	170(h)(4)(B)(ı) Yes No
In Part XIII, describe how the organization reports conservation easements balance sheet, and include, if applicable, the text of the footnote to the organ the organization's accounting for conservation easements		·
Organizations Maintaining Collections of Art, Historica Complete if the organization answered "Yes" to Form 990, Page 1990, Page 199		Other Similar Assets.
If the organization elected, as permitted under SFAS 116 (ASC 958), not to works of art, historical treasures, or other similar assets held for public exhib service, provide, in Part XIII, the text of the footnote to its financial stateme	oition, education, or re	esearch in furtherance of public
If the organization elected, as permitted under SFAS 116 (ASC 958), to repoworks of art, historical treasures, or other similar assets held for public exhibs service, provide the following amounts relating to these items		
(i) Revenue included in Form 990, Part VIII, line 1		▶ \$
(ii) Assets included in Form 990, Part X		▶ \$
If the organization received or held works of art, historical treasures, or othe following amounts required to be reported under SFAS 116 (ASC 958) relations		
Revenue included in Form 990, Part VIII, line 1		▶ \$
b Assets included in Form 990, Part X		<u></u>

Part	Organizations Maintaining Co	llections of Art	<u>, His</u>	tor	ical ⁻	<u> Treasur</u>	es, or O	the	<u>r Similar <i>I</i></u>	\sset	S (co	ntınued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, ch	heck	any o	f the follo	wing that a	are a	sıgnıfıcant u	se of ı	ts	
а	Public exhibition		d	Γ	Loa	n or exch	ange progi	rams				
b	Scholarly research		e	Γ	Oth	er						
С	Preservation for future generations											
4	Provide a description of the organization's co Part XIII	ollections and expla	ın hov	w the	y furt	her the or	ganızatıor	ı's ex	empt purpos	e in		
5	During the year, did the organization solicit of								ılar	_		_
	assets to be sold to raise funds rather than t		-							<u> </u>		│ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						answere	a "Y	es" to Form	1 990,	•	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						other ass	ets r	iot	Г	'es	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	wing	table		_					
							-			Amour	nt	
С	Beginning balance						_	1c				
d	Additions during the year						_	1d				
е	Distributions during the year							1e				
f	Ending balance						L	1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21,	for e	scrow	orcusto	dıal accou	nt lıa	bility?	┌ Y	'es	┌ No
b Da	If "Yes," explain the arrangement in Part XII rt V Endowment Funds. Complete i											<u> </u>
	Endownient i ands. complete i	(a)Current year)Prior					Three years bac		our ye	ears back
1a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains, and 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 curr	rent year end balan	ce (lır	ne 1g	ı, colu	mn (a)) h	eld as					
а	Board designated or quasi-endowment ►											
b	Permanent endowment ►											
C	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c show	uld equal 100%										
3a	Are there endowment funds not in the posses	ssion of the organiz	atıon	that	are he	eld and ad	mınıstere	d for	the	_		
	organization by								_	$\overline{}$	Yes	No
	(i) unrelated organizations		•		•			•	<u> </u>	Ba(i)		
b	(ii) related organizations				 dule P	?			[3	a(ii)		
4	Describe in Part XIII the intended uses of th	•						•		<u> </u>		
	t VI Land, Buildings, and Equipme					on answ	ered 'Yes	' to	Form 990,	Part I	V, Iır	 ne
	11a. See Form 990, Part X, line :											
	Description of property					t or other vestment)	(b)Cost or basis (ot		(c) Accumu depreciati		(d) B	ook value
1a	Land											
b	Buildings		-				4	7,771		47,771		
c	Leasehold improvements											
d	Equipment											
e	Other						1	.5,083		15,083		
	I. Add lines 1a through 1e <i>(Column (d) must e</i>			ımn (B), lin	e 10(c).)			 ▶			

See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(B)Book value	Cost or end-of-year market value
(1) Financial derivatives		
(2)Closely-held equity interests Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	F	
Part VIII Investments—Program Related. Co	omplete if the organizati	on answered 'Yes' to Form 990, Part IV, line 11c.
See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. Complete if the organizatio (a) Description		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. Complete if the organization		to Form 000 Part IV June 11e or 11f See
Form 990, Part X, line 25.		to Form 990, Part IV, line 11e or 11f. See
1 (a) Description of liability	(b) Book value	
Federal income taxes		
		4
		†
		4
		-
		_
	1	┥
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		_

rait /		e venue per Audited Financial Stat ered 'Yes' to Form 990, Part IV, line 1		ts with Revenue	регк	eturn Complete II
1		support per audited financial statements			1	
2	A mounts included on line 1 but	not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) o	n investments	2a			
b	Donated services and use of fa	cilities	2b		1	
С	Recoveries of prior year grants		2c		7	
d	Other (Describe in Part XIII)		2d			
e	Add lines 2a through 2d .		· · ·		2e	
	Subtract line 2e from line 1 .				3	
	Amounts included on Form 990), Part VIII, line 12, but not on line 1				
a	Investment expenses not inclu	ided on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII)		4b		7	
С	Add lines 4a and 4b				4c	
	Total revenue Add lines 3 and	4c. (This must equal Form 990, Part I, line	12) .		5	
art X		penses per Audited Financial Sta		nts With Expense	s per	Return. Complet
		wered 'Yes' to Form 990, Part IV, line			Τ.	T
		audited financial statements			1	
		not on Form 990, Part IX, line 25	1 -	I		
		cilities	2a		_	
	· · · · · · · · · · · · · · · · · · ·		2b		_	
	Other losses		2c		4	
	Other (Describe in Part XIII)		2d		_	
	-				2e	+
					3	
), Part IX, line 25, but not on line 1:		1		
		ded on Form 990, Part VIII, line 7b			_	
	Other (Describe in Part XIII)		4b		_	
					4c	
		d 4c. (This must equal Form 990, Part I, lin	e 18)		5	
	Supplemental Info					
	, line 4, Part X, line 2, Part XI,	Part II, lines 3, 5, and 9, Part III, lines 1a lines 2d and 4b, and Part XII, lines 2d and				de any addıtıonal
	Return Reference	Explanation				

1 490					
Part XIII Supplemental Inf	ormation (continued)				
Return Reference	Explanation				
-					

Schedule D (Form 990) 2014

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DLN: 93493224012315

OMB No 1545-0047

Schedule I Grants and Other Assistance to Organizations, (Form 990) **Governments and Individuals in the United States**

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service Name of the omanization

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization						Employer identif	ication number
THE WESTON A PRICE FOUND	DATION					52-2193975	
Part I General Inform	nation on Grants	and Assistance				'	
 Does the organization ma the selection criteria used Describe in Part IV the or 	d to award the grants o	orassistance?					▽ Yes ┌ N
			zations and Domes red more than \$5,000				"Yes" to
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF ILLINOIS 905 S GOODWIN AVENUE URBANA,IL 61801	37-6000511		12,792				NUTRITIONAL RESEARCH
(2) INSTITUTE FOR FRONTIER SCIENCE 6114 LASALLE AVENUE OAKLAND.CA 94611			9,750				NUTRITIONAL RESEARCH

2	2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table					
3	Enter total number of other organizations listed in the line 1 table					

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

DLN: 93493224012315

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the or	rganization RICE FOUNDATIO	N						E	mploy	er ident	ificatio	n numbe	r
THE WESTON AT	KICE I GONDATIO	.,						5	2-21	93975			
	ess Benefit												
	plete if the org												
1 (a) Nan	ne of disqualifie	ed person	(b) F		nip between d		(c) Desc	ription	of tra	nsaction	'	(d) Cori	
			<u> </u>	person	and organiza	ation						Yes	No
4958. 3 Enter the Part II Loans to a Complete if the	amount of tax amount of tax, nd/or From ne organization mount on Form	If any, on Intere	line 2, a	ersons	mbursed by	the organizati	on	 		▶ \$		anızatıor	
(a) Name of interested person	(b) Relationship with organization		(c) pose of			(e)Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i)Written agreement?	
			loan	organızat							d or	agreen	nent?
			loan	organızat To				Yes	No		d or	agreen Yes	nent?
			loan		ion?			Yes	No	commit	d or tee?		
	ants or Ass	istance	\$ Benef	To	From terested	amount Persons.			No	commit	d or tee?		
Part IIII Gr Co	mplete if the	istance	\$ Benefation a	To fiting In	From terested "Yes" on F	Persons.	art IV, line 2	27.		Yes	d or tee? No	Yes	No
Part IIII Gr	mplete if the	istance organiz. (b) Relationterested	\$ Benefation a	fiting In	From terested "Yes" on F	amount Persons.	art IV, line 2	27.		Yes	d or tee? No	Yes	

Part IV Business Transactions Involving Interested Persons.						
Complete if the organization	n answered "Yes" on I	Form 990, Part IV, lın	e 28a, 28b, or 28c.			
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	of organiz reveni	ation's	
				Yes	No	
(1) KAAYLA DANIEL	DIRECTOR & VP		ONLINE CONTENT		No	

Dart V	Supplemental Information
Part V	Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
	Schedule I (Form 990 or 990-F7) 2014

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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493224012315

OMB No 1545-0047

2014

Open to Public Inspection

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

Name of the organization
THE WESTON A PRICE FOUNDATION

Employer identification number
52-2193975

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 2	SALLY FALLON MORELL GEOFFREY MORELL PRES & TREAS SECRETARY MARRIED KAAYLA DANIEL TOM COWAN DIRECTOR DIRECTOR CO AUTHORS
FORM 990, PAGE 6, PART VI, LINE 11B	THE PRESIDENT REVIEWS AND SIGNS THE FORM 990
FORM 990, PAGE 6, PART VI, LINE 12C	CONFLICTS OF INTEREST ARE REQUIRED TO BE DISCLOSED ON A CASE-BY-CASE RATHER THAN ANNUAL BA SIS 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 ABST ENTION AND THE BASIS FOR THE DECISION ON THE ISSUE.
FORM 990, PAGE 6, PART VI, LINE 19	GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST
FORM 990, PART IX, LINE 24E	PUBLIC RELATIONS 31,712 0 0 CONSULTING - SHOPPING GUI 20,720 0 0 CAMPAIGN-SOY ALERT 19,896 0 0 CREDIT CARD EXPENSE 16,735 0 0 MAILINGS-MEMBERSHIP RENEW 16,455 0 0 EXHIBITING 15,173 0 0 CONSULTING - FTCLDF 9,000 0 0 CONSULTING - STAFF 0 7,316 0 CAMPAIGN-REAL MILK 6,598 0 0 MAILING - SHOPPING GUIDE 6,364 0 0 CONTRIBUTIONS & SPONSORSH 0 0 5,800 MAILING - FTC 5,741 0 0 EXHIBITING - SPECIAL EVEN 3,287 0 0 BANK CHARGES 0 2,316 0 CONSULTING - GRAPHIC DE SI 1,187 0 0 EDUCATION AND TRAINING 979 0 0 LIBRARY 0 868 0 PROJECTS - SPECIAL/MISC 740 0 0 EXCHANGE RATE 0 360 0