### Biegler & Associates, P.C. 5911 W Broad St Richmond, VA 23230-2219 804-855-1200

### The Weston A. Price Foundation

### Return of Organization Exempt From Income Tax

For The Year Ended December 31, 2007

We have prepared the following returns from information provided by you without verification or audit.

990 - Return of Organization Exempt From Income Tax

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Biegler & Associates, P.C.

### **Filing Instructions**

### The Weston A. Price Foundation

### **Exempt Organization Tax Return**

### Taxable Year Ended December 31, 2007

**Date Due:** August 15, 2008

Remittance: None is required. Your Form 990 for the tax year ended 12/31/07 shows no

balance due.

**Mail To:** Department of the Treasury

Internal Revenue Service Center

Ogden, UT 84201-0027

If a private delivery service is used, mail to:

**OSPC** 

1973 N. Rulon White Blvd.

Ogden, UT 84404

**Signature:** The return should be signed and dated on Page 9 by an officer representing the

organization.

**Other:** Initial and date the copy of the return, and retain it for your records.

Department of the Treasury

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

Inter	nal Reve	enue Service <b>u</b> The organization may have to use	e a copy of this return to sa	atisty sta	te reporting requiremer	nts.	Open to Public Inspection
Α	For the	e 2007 calendar year, or tax year beginning	, and ending				
В	Check if a	applicable: Please C Name of organization				D	Employer identification number
X	Address of	change use IRS					52-2193975
	Name cha					E	Telephone number
	Initial retu	type. Number and street (or P.O. box if mail is See 4200 Wilgans Av	,		Room/suite		202-363-4394
П	Terminatio	Specific Spe					Accounting method: X Cash
$\vdash$		Instruc-					Accrual Other (specify)
Ц	Amended		DC 20016	1	<u> </u>	u	
	Application	<ul> <li>Section 501(c)(3) organizations and 4947(a) trusts must attach a completed Schedule A</li> </ul>		I	I are not applicable to sec Is this a group return for a		
G	Websit	te: j www.westonaprice.org		1 ' '	If "Yes," enter number of		🗀
J		ization type			Are all affiliates included?		Yes No
	•		4947(a)(1) or 527	( )	(If "No," attach a list. See instri		
ĸ	Check h			H(d)	Is this a separate return f		
ĸ		are normally <b>not</b> more than \$25,000. A return is not required, but if the		p ruling? Yes No			
	•		ne organization chooses	ı	Group Exemption Nur		
_	to lile a	return, be sure to file a complete return.		м	<del></del>		nization is <b>not</b> required
L	Gross i	receipts: Add lines 6b, 8b, 9b, and 10b to line 12 <b>u</b>	917,257		to attach Sch. B (Forn		
P	art I	Revenue, Expenses, and Changes in Net					,
	1	Contributions, gifts, grants, and similar amounts received:			(000		
	a	One taile at increase and since of the sale	1	1a			
	b	Direct public support (not included on line 1a)		1b	44,703	3	
	c	Indirect public support (not included on line 1a)		1c		4	
	d	Government contributions (grants) (not included on line 1a)	١	1d	7,500	5	
		Total (add lines 1a through 1d) (cash \$ 5.	′	iu	7,500	16	52,203
	e			. 03)		2	4-4
	2	Program service revenue including government fees and or			atement 1	3	2=2 424
	3					H	- 4-0
	4	Interest on savings and temporary cash investments				4	
	5	Dividends and interest from securities				5	274
	6a	Gross rents	l l	6a		4	
	b	Less: rental expenses	L	6b		-	
	С					60	
ē	7	Other investment income (describe u See State		<del></del>		7	7,449
Revenue	8a	Gross amount from sales of assets other	(A) Securities	_	(B) Other	4	
Rev		than inventory		8a		4	
	b	Less: cost or other basis and sales expenses		8b		4	
	С	Gain or (loss) (attach schedule)		8c		-	
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)				80	d
	9	Special events and activities (attach schedule). If any amou		here <b>u</b>			
	а	Gross revenue (not including \$		ı			
		contributions reported on line 1b)		9a		4	
	b	Less: direct expenses other than fundraising expenses		9b		_	
	С	Net income or (loss) from special events. Subtract line 9b f				90	
	10a	Gross sales of inventory, less returns and allowances $\dots$		10a		_	
	b	Less: cost of goods sold	[1	10b			
	С	Gross profit or (loss) from sales of inventory (attach schedu				100	<u>C                                    </u>
	11	Other revenue (from Part VII, line 103)				11	
_	12	<b>Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, a				12	
"	13	Program services (from line 44, column (B))				13	
Expenses	14	Management and general (from line 44, column (C))				14	
pen	15	Fundraising (from line 44, column (D))		15			
Щ	16	Payments to affiliates (attach schedule)		16			
	17	Total expenses. Add lines 16 and 44, column (A)		17			
ets	18	Excess or (deficit) for the year. Subtract line 17 from line 12	2			18	-
Ass	19	Net assets or fund balances at beginning of year (from line				19	367,313
Net Assets	20	Other changes in net assets or fund balances (attach expla	anation)			20	
Ź	21	Not accets or fund halances at and of year. Combine lines				21	107.166

Form 990 (2007) Part II Statement of

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Functional Expenses organizations are	nd section	n 4947(a)(1) nonexem	pt charitable trusts but	optional for others. (See	the instructions.)
Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule)					
(cash \$)					
If this amount includes foreign grants, check here <b>u</b>	22a				
<b>22b</b> Other grants and allocations (attach schedule)					
(cash \$)					
If this amount includes foreign grants, check here <b>u</b>	22b				
23 Specific assistance to individuals (attach					
, 	23				
24 Benefits paid to or for members (attach	23				
ophodulo)	24				
schedule)  25a Compensation of current officers, directors,	24				
•					
key employees, etc. listed in	05.				
Part V-A	25a				
<b>b</b> Compensation of former officers, directors,					
key employees, etc. listed in					
Part V-B	25b				
<b>c</b> Compensation and other distributions, not included above,					
to disqualified persons (as defined under section					
4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not included					
on lines 25a, b, and c	26	98,947	98,947		
27 Pension plan contributions not included on					
lines 25a, b, and c	27				
28 Employee benefits not included on lines					
25a – 27	28	8,308		8,308	
29 Payroll taxes	29	8,221	8,221		
30 Professional fundraising fees	30				
31 Accounting fees	31	4,827		4,827	
32 Legal fees	32	20,451	20,451		
33 Supplies	33	36,396	36,396		
34 Telephone	34	8,092	8,092		
35 Postage and shipping	35	81,969	63,664		18,305
36 Occupancy	36	46,469	46,469		· · ·
37 Equipment rental and maintenance	37	2,950	2,950		
38 Printing and publications	38	151,292	151,292		
20 Travel	39	2,444	483	1,961	
40 Conferences, conventions, and meetings	40	365,288	365,288		
AA Lida wat	41	000,200	300,200		
41 Interest 42 Depreciation, depletion, etc. (attach schedule)	42	13,890	13,890		
43 Other expenses not covered above (itemize):	72	23,030	13,030		
a See Statement 3	43a	327,860	289,575	38,285	
	43b	3277000	205/5/5	307203	
b					
C	43c				
a	43d				
e	43e				
†	43f				
g	43g				
<b>44 Total functional expenses.</b> Add lines 22a					
through 43g. (Organizations completing					
columns (B)-(D), carry these totals to lines			4 44		40
13-15)	44	1,177,404	1,105,718	53,381	18,305
Joint Costs. Check u if you are following SOP 98-2.					
Are any joint costs from a combined educational campaign and		-			ı 🗌 Yes 🛚 X
If "Yes," enter (i) the aggregate amount of these joint costs \$		; <b>(ii)</b> the amou	nt allocated to Program ser	vices \$	;
(iii) the amount allocated to Management and general \$		; and (iv) the amou	nt allocated to Fundraising	\$	

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

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

All o	at is the organization's primary exempt purpose?  See Statement 4  organizations must describe their exempt purpose achievements in a clear and concise manner.  dients served, publications issued, etc. Discuss achievements that are not measurable. (Section anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and	n 501(c)(3) and (4)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
	Organization of Educational Conference		
		des foreign grants, check here u	379,178
b	Dissemination of research material and educa publications through brochures and other med	ia.	726 540
	(Grants and allocations \$ ) If this amount include	des foreign grants, check here u	726,540
С			
	(Grants and allocations \$ ) If this amount include	des foreign grants, check here u	
е	Other program services (attach schedule)	des foreign grants, check here <b>u</b>	
	•	des foreign grants, check here u	1 105 710
T	Total of Program Service Expenses (should equal line 44, column (B), Program services)	u	1,105,718 Form <b>990</b> (2007)

Р	art IV	Balance Sheets (See the instructions.)							
	Note:	Where required, attached schedules and amounts within column should be for end-of-year amounts only.	n the de	escriptio	n		(A) Beginning of year		<b>(B)</b> End of year
	45	Cash—non-interest-bearing					17,411	45	12,801
	46	Savings and temporary cash investments					117,878	46	71,906
	47a	Accounts receivable	47a						
	b	Less: allowance for doubtful accounts	47b					47c	
	48a	Pledges receivable	48a						
	b	Less: allowance for doubtful accounts	48b					48c	
	49	Grants receivable						49	
	50a	Receivables from current and former officers, directors,	trustee	s, and					
		key employees (attach schedule)						50a	
	b	Receivables from other disqualified persons (as defined			,,,,	· ·			
		persons described in section 4958(c)(3)(B) (att. schedul	e)					50b	
	51a	Other notes and loans receivable (attach	1 1	l					
s		schedule)	51a						
Assets		Less: allowance for doubtful accounts	51b					51c	
¥	52	Inventories for sale or use						52	
	53 54a	Prepaid expenses and deferred charges			п г			53	
	b	securities Investments—other securities		u	Cost	FMV FMV		54a 54b	
		(attach schedule)		u L				340	
	55a	Investments—land, buildings, and equipment: basis	55a						
	b	Less: accumulated depreciation (attach	-						
		schedule)	55b					55c	
	56	Investments—other (attach schedule)					195,675	56	
	57a	Land, buildings, and equipment: basis	57a		47	7,065			
	b	Less: accumulated depreciation (attach							
		schedule) See Statement 5	57b		24	4,606	36,349	57c	22,459
	58	Other assets, including program-related investments							
		(describe <b>u</b>		58					
	59	Total assets (must equal line 74). Add lines 45 through	367,313	59	107,166				
	60	Accounts payable and accrued expenses						60	
	61	Grants payable						61	
	62	Deferred revenue						62	
es	63	Loans from officers, directors, trustees, and key employ	,						
Liabilities	04-	schedule)						63	
Lia	64a	Tax-exempt bond liabilities (attach schedule)						64a 64b	
	65	Mortgages and other notes payable (attach schedule) $$ Other liabilities (describe $$ $$						65	
	0.5	Other habilities (describe &				····· /  -		03	
	66	Total liabilities. Add lines 60 through 65					0	66	0
	Orga	Total liabilities. Add lines 60 through 65nizations that follow SFAS 117, check here <b>u X</b> a	nd com	plete lir	nes				
		67 through 69 and lines 73 and 74.							
S	67	Unrestricted				L	367,313	67	107,166
ü	68	Temporarily restricted						68	
3ala	69	Permanently restricted						69	
힏	Orga	nizations that do not follow SFAS 117, check here u	ı 📙	and					
Net Assets or Fund Balances		complete lines 70 through 74.							
o c	70				70				
sets	71	Paid-in or capital surplus, or land, building, and equipme			71				
As	72	Retained earnings, endowment, accumulated income, o						72	
Net	73	Total net assets or fund balances. Add lines 67 through	-						
		70 through 72. (Column (A) <b>must</b> equal line 19 and column (A) <b>must</b>					267 212	70	107 166
	74	equal line 21)  Total liabilities and net assets/fund balances. Add line				·····	367,313 367,313	73	107,166 107,166
	. /4	TOTAL DATABLES AND DELASSEISTUNG DATABLES AND III	THE DID S	arur /.3			201,22		TO 1 TO 0

Form	990 (2007) The Weston A. Price Foundation		2193975		Page 5
Pa	art IV-A Reconciliation of Revenue per Audited Financial State	ments W	ith Revenue per	Returi	n (See the
	instructions.)				N/A
а	Total revenue, gains, and other support per audited financial statements			а	
b	Amounts included on line a but not on Part I, line 12:				
1	Net unrealized gains on investments	b1			
2	Donated services and use of facilities	b2			
3	Recoveries of prior year grants	b3			
4	Other (specify):				
		164			
	Add lines <b>b1</b> through <b>b4</b>			b	
С	Subtract line <b>b</b> from line <b>a</b>			С	
d	Amounts included on Part I, line 12, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):				
		d2			
	Add lines d1 and d2			d	
е	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b>		<b>u</b>	е	
Pa	art IV-B Reconciliation of Expenses per Audited Financial State			er Ret	urn N/A
а	Total expenses and losses per audited financial statements			а	
b	Amounts included on line a but not Part I, line 17:	1 1			
1	Donated services and use of facilities	b1			
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify):				
		b4			
	Add lines <b>b1</b> through <b>b4</b>			b	
С	Subtract line <b>b</b> from line <b>a</b>			С	
d	Amounts included on Part I, line 17, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1		_	
2	Other (specify):				
		امدا			
	Add lines d1 and d2			d	
е	Total expenses (Part I, line 17). Add lines c and d		u	е	
D	ort V.A. Current Officers Directors Tructoes and Key Employe	000 /1:-4 -		40:	Parada a de ada a

**Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

	(B)	(C) Compensation	(D) Contributions to	
	Title and average hours per week devoted to position	(If not paid, enter		(E) Expense account and other allowances
Washington	Pres & Treas			
DC 20005	30	0	0	0
Beltsville	Vice Preside			
MD 20705	1.2	0	0	0
Washington	Secretary			
DC 20005	1.2	0	0	0
San Francisco	Director			
CA 94117	0	0	0	0
Bethesda	Director			
MD 20814	0	0	0	0
Santa Fe	Director			
NM 87505	0	0	0	0
Purcelville	Director			
VA 22312	0	0	0	0
	DC 20005  Beltsville  MD 20705  Washington  DC 20005  San Francisco  CA 94117  Bethesda  MD 20814  Santa Fe  NM 87505  Purcelville	DC         20005         30           Beltsville         Vice Preside           MD         20705         1.2           Washington         Secretary           DC         20005         1.2           San Francisco         Director           CA         94117         0           Bethesda         Director           MD         20814         0           Santa Fe         Director           NM         87505         0           Purcelville         Director	DC 20005         30         0           Beltsville         Vice Preside           MD 20705         1.2         0           Washington         Secretary           DC 20005         1.2         0           San Francisco         Director         0           CA 94117         0         0         0           Bethesda         Director         0         0           MD 20814         0         0         0           Santa Fe         Director         0         0           Purcelville         Director         0         0	Washington         Pres & Treas           DC 20005         30         0         0           Beltsville         Vice Preside         0         0           MD 20705         1.2         0         0           Washington         Secretary         0         0           DC 20005         1.2         0         0           San Francisco         Director         0         0           CA 94117         0         0         0           Bethesda         Director         0         0           MD 20814         0         0         0           Santa Fe         Director         0         0           NM 87505         0         0         0           Purcelville         Director         0         0

Form	990 (2007) The Weston A. Price Foundation	52-2193	975			P	age 6
Pa	rt V-A Current Officers, Directors, Trustees, and Key Emplo	yees (continued)				Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organ	ization business at boa	ard				
	meetings	u 7					
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A,	or highest compensate	d				
	employees listed in Schedule A, Part I, or highest compensated professional and ot	her independent					
	contractors listed in Schedule A, Part II-A or II-B, related to each other through family	y or business					
	relationships? If "Yes," attach a statement that identifies the individuals and explains	the relationship(s)			75b	Х	
		See	Staten	ment 6			
С	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A,	or highest					
	compensated employees listed in Schedule A, Part I, or highest compensated profe	ssional and other					
	independent contractors listed in Schedule A, Part II-A or II-B, receive compensation						
	organizations, whether tax exempt or taxable, that are related to the organization?	,					
	the definition of "related organization."				75c		Х
	If "Yes," attach a statement that includes the information described in the instruction	S.					
d	Does the organization have a written conflict of interest policy?				75d		х
Pa	rt V-B Former Officers, Directors, Trustees, and Key Emplo					Bene	fits
	(If any former officer, director, trustee, or key employee received comp	•	•				
	person below and enter the amount of compensation or other benefits				, ,		
	'		(C) Compensation	(D) Contributions to	(E	E) Expe	ense
	(A) Name and address	(B) Loans and Advances	(if not paid, enter -0-)	employee benefit plans & deferred compensation plans		ount and allowand	
N/.			critici 0)	compensation plans	<b>—</b>	anovvario	
/	<u></u>	• •					
		• •					
		• •					
		• •					
		• •					
		• •					
D۰	rt VI Other Information (See the instructions.)		<u> </u>	<u> </u>		Yes	Nic
<u> </u>	Did the organization make a change in its activities or methods of conducting activit	ice? If "Voc." officeh a				162	No
10					76		Х
77	detailed statement of each change	to the IDC?			76		X
77	Were any changes made in the organizing or governing documents but not reported	1 10 IIIe IKO!			77		Λ
78a	If "Yes," attach a conformed copy of the changes.  Did the organization have unrelated business gross income of \$1,000 or more durin	a the year covered by					
<i>i</i> oa		,			70-		Х
Ŀ	this return?				78a		
b 70	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?				78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the	•			70		v
00-	a statement	ii			79		X
80a	Is the organization related (other than by association with a statewide or nationwide	, ,					
	common membership, governing bodies, trustees, officers, etc., to any other exemp	•			00		v
	organization?				80a		X
b	If "Yes," enter the name of the organization $\ \mathbf{u}$						
0.4			—	nexempt			
	Enter direct and indirect political expenditures. (See line 81 instructions.)	L	31a	0			7.7
b	Did the organization file Form 1120-POL for this year?				81b		X

Form	990 (2007) The Weston A. Price Foundation 52-2193975		F	age <b>7</b>
Pa	nrt VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge			
	or at substantially less than fair rental value?	82a		Х
b	If "Yes," you may indicate the value of these items here. Do not include this			
	amount as revenue in Part I or as an expense in Part II.			
	(See instructions in Part III.) 82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications? N/A	83a		
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? N/A	83b		L
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible? N/A	84b		<u> </u>
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  N/A	85b		
	If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization			
	received a waiver for proxy tax owed for the prior year.			
С.	Dues, assessments, and similar amounts from members  85c			
d	Section 162(e) lobbying and political expenditures  85d	-		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices  85e	-		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)  Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?  N/A	05		
g		85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the			
	31/3	85h		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12  86a	6311		
b	Gross receipts, included on line 12, for public use of club facilities	-		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders  87a			
b.	Gross income from other sources. (Do not net amounts due or paid to other	-		
~	sources against amounts due or received from them.)  87b			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or			
	partnership, or an entity disregarded as separate from the organization under Regulations sections			
	301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		х
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
	section 4911 <b>u</b> 0 ; section 4912 <b>u</b> 0 ; section 4955 <b>u</b> 0			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction			
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach			
	a statement explaining each transaction	89b		X
С	Enter: Amount of tax imposed on the organization managers or disqualified			
	persons during the year under sections 4912, 4955, and 4958 u			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization u			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			v
_	transaction?	89e		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the			
	supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings	900		х
90a	at any time during the year?  List the states with which a copy of this return is filed <b>u None</b>	89g		
b	List the states with which a copy of this return is filed <b>u NOTE</b> Number of employees employed in the pay period that includes March 12, 2007 (See			
				3
91a	instructions.)  The books are in care of <b>u</b> Corporate Officers  Telephone no. <b>u</b> 202-	363	-43	<u> </u>
4	PMB 106-380, 4200 Wisconsin Ave NW	· · · · · · · ·		· · <del>· ·</del> · ·
	Located at u Washington, DC ZIP+4 u 20016			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
-	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	91b		Х
	If " Yes," enter the name of the foreign country <b>u</b>			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			

Form	990 (200	7) The Weston A.	Price Found	dation	52-2	193975	5		Pa	age 8
Pa	rt VI	Other Information (cont	inued)						Yes	No
С	At any ti	me during the calendar year, did the	e organization maintain	an office outs	side of the United Sta	tes?		91c		X
		enter the name of the foreign count								
92	Section	4947(a)(1) nonexempt charitable tru	sts filing Form 990 in	lieu of Form 1	041—Check here				1	u 🗌
		er the amount of tax-exempt interest								
Pa	rt VII	Analysis of Income-Pro	ducing Activities	s (See the	instructions.)					
Note	: Enter gr	oss amounts unless otherwise		Unrelated	d business income	Excluded	by section 512, 513, or 514		(E)	
indica	ated.			(A) Business code	<b>(B)</b> Amount	(C) Exclusion	<b>(D)</b> Amount		ited or functio	nn.
93	Program	service revenue:		Business code	Amount	code	Amount		come	лі
а	Edu	cational Conferen	ces					3	62,9	938
b	Edu	cation Material D	onations					1:	13,5	519
С										
d										
е										
f	Medicare	e/Medicaid payments								
g	Fees an	d contracts from government agenc	ies							
94	Member	ship dues and assessments						3'	73,4	<del>421</del>
95	Interest	on savings and temporary cash inve	estments							453
96		12.6								274
97		al income or (loss) from real estate:								
а										
b		-financed property								
98	Net rent	al income or (loss) from personal pr	operty							
99									7,4	449
100		(loss) from sales of assets other tha	n inventory							
101		me or (loss) from special events								
102	Gross p	rofit or (loss) from sales of inventory								
103		venue: <b>a</b>								
b										
C										
d			_							
e										
104	Subtotal	(add columns (B), (D), and (E))					0	80	65,0	054
		dd line 104, columns (B), (D), and (I				-	u		65,0	
		5 plus line 1e, Part I, should equal th					······ —			
	rt VIII	Relationship of Activitie			of Exempt Purp	oses (S	ee the instructions	(.)		
		Explain how each activity for wh								
	q	of the organization's exempt pu					,			
		See Statement 7								
Pa	rt IX	Information Regarding	Taxable Subsidi	aries and	Disregarded En	tities (Se	ee the instructions	.)		
		(A)	(B) Percentage of		(C)		(D) Total income	(E	.)	
ľ	Name, add partner:	dress, and ÉIN of corporation, ship, or disregarded entity	Percentage of ownership interest	^	lature of activities		Total income	End-of ass		
	N/A			%						
				%						
				%						
				%						
Pa	rt X	Information Regarding	Transfers Assoc	iated with	Personal Benef	it Contra	acts (See the inst	ructions	.)	
		e organization, during the year, rece					•	Ye		No
		e organization, during the year, pay						Ye		4
		es" to <b>(b)</b> , file Form 8870 and Form			7 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3			. ш .	ائت -	
			,							

Form **990** (2007)

DAA

and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Please** Sign Signature of officer Here President Sally Fallon Type or print name and title

Preparer's Paid signature Preparer's **Use Only** Firm's name (or yours if self-employed), address, and ZIP + 4

Biegler & Associates, P.C. 5911 W Broad St

Richmond, VA 23230-2219

EIN 20-3765337 Phone no. **u** 804-855-1200

Check if

employed

5/23/08

Date

Form **990** (2007)

Preparer's SSN or PTIN

(See Gen. Instr. X)

P00477080

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

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

Supplementary Information-(See separate instructions.) ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ 2007

OMB No. 1545-0047

Name of the orga		A. Price Foundat		52-219397	
Part I	Compensation of the Five Highest Paid Employees	Other Than Officers	s, Directors, ar	nd Trustees	
	(See page 1 of the instructions. List each one. If the	re are none, enter "N	one.")		
	(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(a) Componentian	(d) Contributions to empl. benefit plans & deferred comp.	(e) Expense account and other allowances
NONE					
Total number of	of other employees paid over \$50,000				
Part II-A	Compensation of the Five Highest Paid Independe	ent Contractors for P	rofessional Se	rvices	
	(See page 2 of the instructions. List each one (wheth	her individuals or firm	s). If there are	none, enter	"None.")
	(a) Name and address of each independent contractor paid more than \$50,		(b) Type of se		) Compensation
NONE					
Total number of	of others receiving over \$50,000 for				
professional se					
Part II-B	Compensation of the Five Highest Paid Independe (List each contractor who performed services other firms. If there are none, enter "None." See page 2 of	than professional ser f the instructions.)	vices, whether		
	(a) Name and address of each independent contractor paid more than \$50,	000	(b) Type of se	rvice (c	) Compensation
NONE					
Total number	of other contractors receiving over				
\$50,000 for oth	ner services				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2007

Did the organization receive or hold an easement for conservation purposes, including easements to preserve open

Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete

Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of

space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement

Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

lines 4f and 4g

Did the organization make any taxable distributions under section 4966?

Did the organization make a distribution to a donor, donor advisor, or related person?

amounts in such funds or accounts  $oldsymbol{u}$ 

Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year u

Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year \_\_\_\_\_\_ u \_\_\_

Schedule A (Form 990 or 990-EZ) 2007

Х

X

Х

3с

3d

4a

4b

b

Pa	art l'	V Reason for Non-Private Founda	ation Status (See բ	pages 4 through 8	of the instru	uctions.)					
l cer	tify th	at the organization is not a private foundation bed A church, convention of churches, or association	,	, ,,	ox.)						
6		A school. Section 170(b)(1)(A)(ii). (Also complete	e Part V.)								
7		A hospital or a cooperative hospital service orga	anization. Section 170(b)(	1)(A)(iii).							
8		A federal, state, or local government or government	nental unit. Section 170(b	)(1)(A)(v).							
9		A medical research organization operated in cor	njunction with a hospital.	Section 170(b)(1)(A)(iii).	Enter the ho	spital's name,	city,				
		and state									
10		An organization operated for the benefit of a coll (Also complete the <b>Support Schedule</b> in Part IV	•	or operated by a gover	nmental unit. Se	ection 170(b)(1)	(A)(iv).				
11a	X	An organization that normally receives a substart 170(b)(1)(A)(vi). (Also complete the <b>Support Sc</b>		m a governmental unit	or from the ger	neral public. Sed	ction				
11b		A community trust. Section 170(b)(1)(A)(vi). (Als	o complete the Support	Schedule in Part IV-A.	)						
12		An organization that normally receives: <b>(1) more than 33 1/3%</b> of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and <b>(2) no more than 33 1/3%</b> of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the <b>Support Schedule</b> in Part IV-A.)									
13	An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  Type I Type II Type III-Functionally Integrated Type III-Other										
		Provide the following information	ation about the support	ted organizations. (Se	e page 8 of the	instructions.)					
		(a)	(b)	(c)	(0	i)	(e)				
	-	Name(s) of supported organization(s)	Employer	Type of	Is the su	pported	Amount of				
			identification	organization	organizatio	n listed in	support				
			number (EIN)	(described in lines	the sup						
			, ,	5 through 12	organiz						
				above or IRC	governing						
				section)	governing c	locuments?					
					Yes	No					
					Tes	NO					
 Tota	<u> </u>		<u></u>	<u> </u>	<u></u>	u					
14		An organization organized and operated to test f									

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting (a) 2006 (d) 2003 (e) Total Calendar year (or fiscal year beginning in) **(b)** 2005 (c) 2004 Gifts, grants, and contributions received. (Do 89,278 80,957 29,566 883,865 1,083,666 not include unusual grants. See line 28.) 39,392 338,662 319,815 194,495 892,364 16 Membership fees received . . . . . . . . 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the 446,387 312,689 211,539 10,649 981,264 organization's charitable, etc., purpose 18 Gross income from interest, dividends. amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the 10,949 10,949 organization after June 30, 1975 . 19 Net income from unrelated business 0 activities not included in line 18 20 Tax revenues levied for the organization's benefit and either paid to it or expended on 0 its behalf 21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the 0 public without charge. Other income. Attach a schedule. Do not include gain or (loss) from -14,967 -14,967 sale of capital assets Stmt 8 870,309 79,6072,953,276 1,516,369 486,991 23 Total of lines 15 through 22 ..... 423,922 1,203,680 275,452 68,958 1,972,012 24 Line 23 minus line 17 8,703 15,164 4,870 796 25 Enter 1% of line 23 39,440 a Enter 2% of amount in column (e), line 24 26a 26 Organizations described on lines 10 or 11: b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the 375,575 amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts 26b 1,972,012 Total support for section 509(a)(1) test: Enter line 24, column (e) 26c 10,949 Add: Amounts from column (e) for lines: -**14,967** 371,557 26b 26d e Public support (line 26c minus line 26d total) 1,600,455 26e 81.1585 % Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 26f Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." N/A Do not file this list with your return. Enter the sum of such amounts for each year: (2005) b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess N/A amounts) for each year: (2003) Add: Amounts from column (e) for lines: 15 27c 27d **d** Add: Line 27a total and line 27b total Public support (line 27c total minus line 27d total) 27e Total support for section 509(a)(2) test: Enter amount from line 23, column (e) Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27g Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) 27h Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief

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

**Private School Questionnaire** (See page 9 of the instructions.)

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

Schedule A (Form 990 or 990-EZ) 2007 The Weston A. Price Foundation 52-2193975 Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.) Part VI-A (To be completed **ONLY** by an eligible organization that filed Form 5768) if the organization belongs to an affiliated group.

Check b if you checked "a" and "limited control" provisions apply. ▶ a Check (a) (b) Limits on Lobbying Expenditures To be completed for **all** electing organizations Affiliated group totals (The term "expenditures" means amounts paid or incurred.) Total lobbying expenditures to influence public opinion (grassroots lobbying) Total lobbying expenditures to influence a legislative body (direct lobbying) 37 37 Total lobbying expenditures (add lines 36 and 37) 38 Other exempt purpose expenditures 39 Total exempt purpose expenditures (add lines 38 and 39) Lobbying nontaxable amount. Enter the amount from the following table-If the amount on line 40 is-The lobbying nontaxable amount is-Not over \$500,000 ..... 20% of the amount on line 40 ..... Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 . . . . . \$175,000 plus 10% of the excess over \$1,000,00041 Over \$1,500,000 but not over \$17,000,000 . . . . . \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000 Grassroots nontaxable amount (enter 25% of line 41) 42 43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 43 44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 Caution: If there is an amount on either line 43 or line 44, you must file Form 4720. 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or (b) (a) (c) (d) (e) 2004 fiscal year beginning in) 2007 2006 2005 Total **45** Lobbying nontaxable amount 46 Lobbying ceiling amount (150% of line 45(e)) **47** Total lobbying expenditures 48 Grassroots nontaxable amount ... Grassroots ceiling amount (150% of line 48(e)) **50** Grassroots lobbying expenditures Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.) N/ADuring the year, did the organization attempt to influence national, state or local legislation, including any No Amount attempt to influence public opinion on a legislative matter or referendum, through the use of: Paid staff or management (Include compensation in expenses reported on lines c through h.) Media advertisements d Mailings to members, legislators, or the public ..... Publications, or published or broadcast statements е Grants to other organizations for lobbying purposes ..... f Direct contact with legislators, their staffs, government officials, or a legislative body g Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means h Total lobbying expenditures (Add lines c through h.)

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

Pa	art VII	Information Rega	rding Tra	nsfers To and Transaction	s and Relationships With Noncharitable	9		
		<b>Exempt Organiza</b>	tions (Se	e page 14 of the instruction	s.)			
51	Did the repo	rting organization direct	ly or indirectly	y engage in any of the following wit	h any other organization described in section			
	501(c) of the	Code (other than sect	ion 501(c)(3)	organizations) or in section 527, re	lating to political organizations?			
а	Transfers fro	m the reporting organiz	zation to a no	oncharitable exempt organization of:			Yes	No
	(i) Cash					51a(i)		X
	(ii) Other					a(ii)		X
b	Other transa							
	(i) Sales	or exchanges of assets	with a nonc	haritable exempt organization		b(i)		X
	(ii) Purcha	ases of assets from a r	noncharitable	exempt organization		b(ii)		X
	(iii) Rental	of facilities, equipment	, or other as	sets		b(iii)		X
	(iv) Reimb	ursement arrangement	S			b(iv)		Х
		or loan guarantees				b(v)		X
		mance of services or m		. C Ladata a superior de la con-		b(vi)		X
С				or appets, or paid ampleyage		С		X
d	-		•		(b) should always show the fair market value of the			
				_	ion received less than fair market value in any			
	•	-		umn (d) the value of the goods, other	•			
	(a)	(b)		(c)	(d)			
	Line no.	Amount involved	Name of	f noncharitable exempt organization	Description of transfers, transactions, and sharing a	arrangem	ents	
N/	Α							
,.	- <u>-</u>							
2a	-	•	•	with, or related to, one or more tax-			_	,
	described in	section 501(c) of the C	ode (other th	nan section 501(c)(3)) or in section 5	527?	Y	es X	No
b	If "Yes," com	plete the following sche	edule:					
		(a)		(b)	(c)			
		Name of organization		Type of organization	Description of relationship			
	N/A							

Form **4562** 

Department of the Treasury Internal Revenue Service

#### **Depreciation and Amortization**

(Including Information on Listed Property)

OMB No. 1545-0172

Identifying number Name(s) shown on return The Weston A. Price Foundation 52-2193975 Business or activity to which this form relates Indirect Depreciation Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount. See the instructions for a higher limit for certain businesses 125,000 1 1 Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation 3 3 500,000 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions ....... 5 (c) Elected cost (a) Description of property (b) Cost (business use only) 6 Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 9 Carryover of disallowed deduction from line 13 of your 2006 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 ..... 12 13 Carryover of disallowed deduction to 2008. 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. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year (see instructions) Property subject to section 168(f)(1) election 15 15 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Part III Section A 2,994 MACRS deductions for assets placed in service in tax years beginning before 2007 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2007 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (business/investment use (e) Convention (f) Method (a) Classification of property year placed in (q) Depreciation deduction only-see instructions) service 19a 3-year property b 5-year property 7-year property d 10-year property e 15-year property 20-year property 25-year property S/L S/L h Residential rental 27.5 yrs. MM property 27.5 yrs. MM S/L Nonresidential real S/L 39 yrs. property Section C-Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System 20a Class life 12 yrs. S/I 12-year 40-year 40 yrs. S/I С **Summary** (see instructions) Part IV Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr. 2,994

For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs ...

23

The Wes	ston A.	Price	Foundation	52-2193975	5			
Form 4562 (2007)								Page 2
Part V	Listed Pro	nerty (Inc	dude automobiles	certain other vehicles	cellular telephones	certain computers	and	

**Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain 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 S	ection B	, and Se	ction C i	f applicat	ole.			···,			
Sect	tion A-Depreciation and Other Information	(Caution: S	ee the in	struction	s for lim	its for pa	ssenger	automol	oiles.)					
<u>24a</u>	Do you have evidence to support the business/inv	estment use cl	aimed?		Yes	No	24b	If "Yes,"	is the e	vidence v	written?		Yes	No
	(a) (b) (c) Business/ investment use percentage	Cost or	other Basis for depreciation F		(d) Cost or other basis		(f) Recovery period	covery Method/ Depreciation			Depreciation			i) cted in 179 ost
25	Special allowance for qualified Gulf Opports	unity Zone pro	operty pla	aced in	service c	luring the	<del></del>							
	tax year and used more than 50% in a qua	lified business	s use (se	e instruc	ctions) .				2	5				
26	Property used more than 50% in a qualified	d business us	e:				_						_	
	9	6												
	9	6												
<u>27</u>	Property used 50% or less in a qualified but	siness use:												
	9	6						S/I	-				_	
	9							S/l		_				
28	Add amounts in column (h), lines 25 throug								· · —	8				
<u>29</u>	Add amounts in column (i), line 26. Enter he								<u></u>			. 29		
Com	nplete this section for vehicles used by a sole		ction B-I					alatad n	orcon					
	ou provided vehicles to your employees, first a									npleting	this sect	ion for th	ose vehi	cles.
30	Total business/investment miles driven	<u> </u>	Π	a)	Т	b)	Π	····	Т	(d)		(e)	1	f)
	during the year <b>(do not</b> include commuting		Vehi	-	1	icle 2	1	cle 3	1	icle 4	1	nicle 5	1	cle 6
	miles)													
31	Total commuting miles driven during the year	ar												
32	Total other personal (noncommuting) miles													
33	Total miles driven during the year. Add													
	lines 30 through 32													
34	Was the vehicle available for personal		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	use during off-duty hours?													
35	Was the vehicle used primarily by a													
	more than 5% owner or related person?													
36	Is another vehicle available for personal us	e?												
	Section C-Que													
	wer these questions to determine if you meet				ection B	for vehic	les used	by emp	loyees w	ho <b>are</b>				
not	more than 5% owners or related persons (see	e instructions)	).										T	
	<b>.</b>	4 4 195									•		Yes	No
37	Do you maintain a written policy statement						-				es?			
38	Do you maintain a written policy statement	•	•					0. , ,		•				
39	See the instructions for vehicles used by conductive Do you treat all use of vehicles by employe													
40	Do you provide more than five vehicles to	•					 mnlovees							
	the use of the vehicles, and retain the infor													
41	Do you meet the requirements concerning						instructio							
	<b>Note:</b> If your answer to 37, 38, 39, 40, or 4													
Pa	art VI Amortization	,												•
		(b)				(c)		(d	,	(e)			(f)	
	(a)	Date amo	rtization		Amo	ortizable		Co		Amortiza period		Amo	ortization	or
	Description of costs	begi	ns		ar	mount		sect	ion	percenta			this year	
42	Amortization of costs that begins during you	ur 2007 tax ye	ear (see	nstructio	ons):									
43	Amortization of costs that began before you										43			<u>,896</u>
44	Total. Add amounts in column (f). See the	instructions for	or where	to repor	t						44		<u> 10</u>	,896

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# 04763 The Weston A. Price Foundation 52-2193975

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## **Federal Statements**

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

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

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

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## **Federal Statements**

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

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

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

FYE: 12/31/2007

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

#### Description

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

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## **Federal Statements**

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

Description

		Beginning of Year				End of Year	Accum Depr
Furniture and Fixtures	_			•			•
Equipment	\$	3,400	\$		\$	3,400	\$
Equipment		1,770				1,770	
Computer Equipment		,					
Software		9,208				9,208	
		32,687				32,687	
Accumulated Depreciation				10 516			0.4
	_			10,716			24,606
Total	\$	47,065	\$	10,716	\$	47,065	\$ 24,606

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# **Federal Statements**

### Statement 6 - Form 990, Part V-A, Line 75b - Related Party Information

Related Party One	Related Party Two	Relationship
Sally Fallon Pres & Treas	Geoffrey Morell Secretary	Married
Sally Fallon Pres & Treas	Mary Enig Vice Pres	Co-authors
Kaayla Daniel Director	Tom Cowan Director	Co authors

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

FYE: 12/31/2007

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

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

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**Federal Statements** 

FYE: 12/31/2007

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

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

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# Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Prior  1 2 3 4 5 6 7 8 9 10 11 12 13	MACRS: 3 Desks 2 Desk Drawer Units Sony VAIO Laptop Canon ip1500 ink jet printer 2 Samsung 19 inch monitor 7 Office Chairs 2 Mini Stereo Systems Conference Table 2 Air Purifiers 2 Desktop Computers 4 Large Bookshelves Water Filter Toaster Oven	4/01/05 4/01/05 3/15/05 9/15/05 3/15/05 6/15/05 7/15/05 8/15/05 9/15/05 4/15/05 4/15/05	700 150 2,000 100 700 1,800 550 350 800 2,000 400 250 170		700 150 2,000 100 700 1,800 550 350 800 2,000 400 250 170	7 HY 200DB 7 HY 200DB 5 HY 200DB 5 HY 200DB 5 HY 200DB 7 HY 200DB 7 HY 200DB 5 HY 200DB 5 HY 200DB 7 HY 200DB 7 HY 200DB 7 HY 200DB 7 HY 200DB 7 HY 200DB	271 58 1,040 52 364 698 213 136 416 1,040 155 97 66	123 26 384 19 134 315 96 61 154 384 70 44
14 15 16	Computer Accessories Computer Computer	6/15/05 1/20/06 3/16/06	2,000 1,454 953 14,377		2,000 1,454 953 14,377	5 HY 200DB 5 HY 200DB 5 HY 200DB	1,040 291 191 6,128	384 465 305 2,994
<u>Amor</u> 17 18	tization: Softchoice Software Euclid Technologies Software	7/24/06 8/16/06	1,724 30,963 32,687		1,724 30,963 32,687	3 MOAmort 3 MOAmort	287 4,300 4,587	575 10,321 10,896
	Grand Totals Less: Dispositions Less: Start-up/Org Expensed Net Grand Totals		47,064 0 0 47,064		47,064 0 0 47,064		10,715 0 0 10,715	13,890 0 0 13,890

# Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for taking part in the IRS e-file Program.

The Weston A. Price Foundation 4200 Wisconsin Ave NW

Washington, DC 20016

- [X] Your Form 8868, Application for Extension of Time to File an Exempt Organization Return for tax year December 31, 2007 is being filed electronically with the IRS by the services of Biegler & Associates, P.C..
- [X] Your extension was accepted by the IRS on 05/13/08 and the Submission Identification Number assigned to your return is 54237820081340415238.

Since you are filing your return electronically, PLEASE DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.

#### **Acknowledgement Process**

The IRS will notify your electronic return originator when they accept your return, usually within 48 hours. If your return was not accepted, IRS will notify your electronic return originator of the reasons for rejection.