-m 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.

Go to www.irs.gov/Form990 for instructions and the latest information.

20**18**

Open to Public Inspection

<u>A</u>	For th	e 2018	s calendar year, or tax year beginning , 2018, and e	enaing	D Employed de Alfo	, 20
В	Check (f a	nnicable	C Name of organization		D Employer identific	ation number
_	_		WDH Foundation-C4			
L	Addr chan		Doing business as		37-65735	
L	Nam	e change	Number and street (or P O box if mail is not delivered to street address)	/suite	E Telephone number	
L_	Initia	l return	600 Washington Avenue 25	00	314-444-	7834
		return/ inated	City or town, state or province, country, and ZIP or foreign postal code			
L	Ame		St Louis, MO 63101		G Gross receipts \$	6,993,667
L	Appli pend	cation	F Name and address of principal officer		H(a) Is this a group retu subordinates?	ırn for Yes X No
		į	Catherine Phillips, 600 Washington #2500, St Louis, MO 6310	3011	H(b) Are all subordinates	included? Yes No
1	Tax-ex	empt st	tatus 501(c)(3) X 501(c) ((4) ◀ (Insert no) 4947(a)(1) or	527	If 'No 'attach a	list (see instructions)
J	Webs	ite 🕨	N/A		H(c) Group exemption r	number >
K	Form	of organ	nization Corporation X Trust Association Other L	. Year of format	tion 2014 M State	of legal domicile MO
P	art I	Su	ımmary			
	1	Briefly	y describe the organization's mission or most significant activities. Land conserv	ation		
ė		-				
ğ					·	
/err	2	Check	k this box Fig. 1 if the organization discontinued its operations or disposed of m	ore than 25%	of its net assets	
Governance	3	Numb	per of voting members of the governing body (Part VI, line 1a)		3	5
	4		per of independent voting members of the governing body (Part VI, line 1b)			5
ţ	5		number of individuals employed in calendar year 2018 (Part V line 2a)			0
Activities &	6		number of volunteers (estimate if necessary)			0
Ą	7a		unrelated business revenue from Part VIII, column (C), line 12		7a	0
	Ь	Net ur	nrelated business taxable income from Form 990-T, line 38		7b	0
			incelated business taxable income from Form 990-T, line 38	701	Prior Year	Current Year
•	8	Contri	abutions and grants (Part VIII, line 1h)	. \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	59,148,891	·- <u>.</u> .
ã	9	Progra	am service revenue (Part VIII, line 2g)	[Jy]		
Revenue	10	Invest	ment income (Part VIII, column (A), lines 3, 4, and 7d)			179,662
ď	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			1,800
	12	Total r	revenue - add lines 8 through 11 (must equal Part VIII, column AGE)		59,148,891	181,462
	13	Grants	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) revenue - add lines 8 through 11 (must equal Part VIII, column (A) Gap ET		···	
	14		its paid to or for members (Part IX, column (A), line 4)			
s	15		es, other compensation, employee benefits (Part IX, column (A), lines 5-10)			
Expenses	16 a		ssional fundraising fees (Part IX, column (A), line 11e)	·		
e	Ь		fundraising expenses (Part IX, column (D), line 25) ▶		-	
ũ	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		118,855	334,158
	18		expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		118,855	334,158
	1		nue less expenses Subtract line 18 from line 12		59,030,036	(152,696)
or es	-	11010	No 1000 Onpolicoo Constituti in In Initia 122, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	Begin	ning of Current Year	End of Year
and	20	Total a	assets (Part X, line 16)		59,031,037	65,505,161
Net Assets or Fund Balances	21		liabilities (Part X, line 26)			14,033
¥ 5	22		ssets or fund balances Subtract line 21 from line 20		59,031,037	65,491,128
Ē.	ırt II		anature Block			
	_		of perjury, I declare that I have examined this return, including accompanying schedules and	d statements, a	and to the best of my	knowledge and belief, it is
true	e, corre	ct, and	complete Declaration of preparer (other than officer) is based on all information of which prep	parer has any kr	nowledge	 _
7			Cacherine R. Pollins		11/14	159
Sig		P :	Signature of officer		Date	7
He	re		Catherine R Phillips, Trustee			
			Type or print name and title			 -
		Print/1	Type preparer's name Preparer's signature Dat	te	Check If	PTIN
Paid		Joe1	L Weeks	11119	self-employed	P00989245
	parer	—	name Lewis Rice LLC	\\\\		072151
Use	Only		address ▶ 600 Washington Ave, Ste 2500, St Louis, MO 63101		7 11111 0 2111	444-7834
May	the		iscuss this return with the preparer shown above? (see instructions)		THORETO 311	. × Yes No
			Reduction Act Notice, see the separate instructions	· · · · · ·	· · · · · · · · · · · · · · · · · · ·	Form 990 (2018)
	~ L					(2010)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$

) (Revenue \$

Par	t IV Checklist of Required Schedules	_	V	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			,
	complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	_2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			١,,
	candidates for public office? If "Yes," complete Schedule C, Part I	3_		х
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? If "Yes," complete Schedule C, Part II	4		
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		Х
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? If			
	"Yes," complete Schedule D, Part I	6		Х
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			.,
	complete Schedule D, Part III	8	_	х
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			v
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	_	х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	4.0		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
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,"	44-		
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	446	v	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
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		х
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	116		
a	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
	Did the organization report an amount for other habilities in Part X, line 25° in Yes, complete schedule B, Part X	116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12 a	Schedule D, Parts XI and XII	122		х
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
D	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b	x	
13	Is the organization a school described in section 170(b)(1)(A)(\mathfrak{n})? If "Yes," complete Schedule E	13		x
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
	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	х	
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		х
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? If "Yes," complete Schedule F, Parts III and IV	16		х
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		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
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		х
20 a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		х

Pari	Checklist of Required Schedules (continued)			
	Did the consequence and make the OF 000 of constant as about a section of a decrease and advantage of		Yes	No
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		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			<u> </u>
20	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		x
24 a	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			ĺ
	through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		х
	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		x
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		х
25 a	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	х	
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?			
		25b_		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			ĺ
	current or former officers, directors, trustees, key employees, highest compensated employees, or			ĺ
	disqualified persons? If "Yes," complete Schedule L, Part II	26	Х	-
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			ĺ
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			١
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		_ x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			ĺ
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	280		,
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	20a		х
U	Schedule L, Part IV	28b		x
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
·		28c	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	<u> </u>
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_	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	256	,	
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b	Х	
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		ĺ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
01	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
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	х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			\Box
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			ĺ
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	<u> </u>	

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		V	
	· · · · · · · · · · · · · · · · · · ·	г	Yes	No
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 2a 0	26		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3a		х
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	35		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	4a		x
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	70		
	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		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b	_	
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	6a		х
	solicit any contributions that were not tax deductible as charitable contributions?	Ua		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
		"		
	Organizations that may receive deductible contributions under section 170(c). 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		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
	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		
	Sponsoring organizations maintaining donor advised funds.			
	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		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter		:	
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources]		
	against amounts due or received from them)]		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
	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			
		1	1	х
¢	Did the organization receive any payments for indoor tanning services during the tax year?	14a		_
c 14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		
c 14a b	Did the organization receive any payments for indoor tanning services during the tax year?			
c 14a b 15	Did the organization receive any payments for indoor tanning services during the tax year?			х
c 14a b 15	Did the organization receive any payments for indoor tanning services during the tax year?	14b		х
c 14a b 15	Did the organization receive any payments for indoor tanning services during the tax year?	14b		x

Part VI

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule. Check if Schedule O contains a response or note to any line in this Part VI				tions
C a a 4			• • •	· · · ·	
Seci	ion 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	5		res	NO
b	Enter the number of voting members included in line 1a, above, who are independent	5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship wany other officer, director, trustee, or key employee?		2	х	
3	Did the organization delegate control over management duties customarily performed by or under the dir				
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	∟	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		Х
6	Did the organization have members or stockholders?	· · ⊢	6		Х
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	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) member				.,
	stockholders, or persons other than the governing body?	• •	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken dur	ing	İ		
	the year by the following		8a	x	
a	The governing body?	• -	8b	х	
ь	Each committee with authority to act on behalf of the governing body?	· · ⊢	00	-	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9	х	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever		ode)	
		_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	. 1	0a		х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapte				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		0b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		1a	Х	
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	. 1	2a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could g				
	rise to conflicts?	· -	2b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye		2c	х	
13	describe in Schedule O how this was done	• —	13		x
14	Did the organization have a written document retention and destruction policy?		14		х
15	Did the process for determining compensation of the following persons include a review and approval				
-	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	on?			
а	The organization's CEO, Executive Director, or top management official	• –	5a		
b	Other officers or key employees of the organization	. 1	<u>5b</u>		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	. 1	6a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard to organization's exempt status with respect to such arrangements?		6b		
Secti	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶ Missouri; California				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 9	90-T (Sect	ion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website	•			. ,
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of	of inter	est p	olicy	, 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 re Joel Weeks, Trustee, 600 Washington Ave, Ste 2500, St. Louis, MO 63101, (314) 444-7834	cords I	•		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

<u> </u>											
Part VII	Compensation of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and	
	Independent Contra	actors									

'Check if Schedule O contains a response or note to any line in this Part VII	
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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, and 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

X Check this box if neither the organization nor	any related	lorga	nıza	itior	ı co	mpen	sate	ed any current offic	er, director, or trus	stee
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unle	Pos heck ss pe	erson	e to compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Bryan W. Gaynor, Trustee	1	x						0	0	0
(2) Catherine R. Phillips, Trustee	1	х						0	0	0
(3) John M. Hessel, Trustee	1	х				-		0	0	0
(4) Joel L. Weeks, Trustee	1	х						0	0	0
(5) Keith D Borges, Trustee	1	x						0	0	0
(7)										
(8)					<u> </u>					
(9)					_					
(10)										
(11)										
(12)										
(13)									· ·	
(14)		_								

Part VII Section A. Officers, Directors, Tru	stees, Ke	y Em	plo	yee	s, a	nd H	ligh	nest Compensate	d Employ	ees (co	ontinue	d)	
(A) Name and title	(B) Average hours per week (list any	box,	(C) Position (do not check more than or box, unless person is both a bfficer and a director/truste				an tee)	(D) Reportable compensation from	(E) Reportable compensation froi		an	(F) stimated nount of other	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organiza (W-2/1099	tions	com fr org and	pensation the anization direlate anization anization	on d
(15)								-					
(16)													
(17)		<u> </u>							1.0				
(18)				<u> </u>					-			_	
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)												_	
1b Sub-total c Total from continuation sheets to Part VII, S							>	0		0		- <u>-</u>	C
d Total (add lines 1b and 1c)	ot limited to	_	se li				who	o received more th	nan \$100,0	0 000 of		·	C
3 Did the organization list any former offi employee on line 1a? If "Yes," complete Scheo	cer, direct	or, o	r tr	uste	ee,	key	em	ployee, or highes	t compen	sated	3	Yes	No
4 For any individual listed on line 1a, is the organization and related organizations gi	sum of re eater thar	portal	ble 50,0	con	npei ? <i>Ii</i>	nsatio	on a	and other compen complete Schedu	sation from ule J for	n the such	4		×
5 Did any person listed on line 1a receive or	accrue co	mper	nsat	ion	fror	n any	y ur	nrelated organizati	on or indiv	/idual			 x
for services rendered to the organization? If "Section B. Independent Contractors	res," compi	ete Sc	nea	iuie	J fo	r suci	<i>п ре</i>	erson		• • •	5		
1 Complete this table for your five highest concompensation from the organization Report year													
(A) Name and business add	lress							(B) Description of se	rvices	С	(C) ompens	ation	
ABC Services, 405 Waterway Dr. St. Charles,	мо 63304						Má	aintenance				133	3,537
												_	
2 Total number of independent contractors received more than \$100,000 of compensations.						ted t	to	those listed above	ve) who				

Part VIII	Statement of Revenue	

		Check if Schedule O contains a respor	nse or note to an	y line in this Part VII	<u> </u>	<u></u>	<u>x</u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns					
	h	Total. Add lines 1a-1f					
Program Service Revenue	2a b c d e f	All other program service revenue				_	
_급	g	Total. Add lines 2a-2f	<u></u> ▶				
	3	Investment income (including divident and other similar amounts)	▶ proceeds . ▶	214,257			214,257
	5 6a b	(i) Real	(ii) Personal	,			
	d	Net rental income or (loss)		1,800	·		1,800
	7a	Gross amount from sales of (i) Secunties	(II) Other				
	b	assets other than inventory Less cost or other basis	475,448				
	-	and sales expenses 6,310,952	501,253				1
	c d	Gain or (loss)		(34,595)			(34,595)
e	8a	Gross income from fundraising					1
Other Revenue		events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a Less direct expenses b Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19 a					
		Less direct expenses b Net income or (loss) from gaming activities.					
	10a	Gross sales of inventory, less returns and allowances a					l •
		Less cost of goods sold b Net income or (loss) from sales of inventory.					
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	С			_			
	d	All other revenue					+
	e 12	Total. Add lines 11a-11d		181,462			181,462

Part IX Statement of Functional Expenses

Soction 501(o)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) (A) Total expenses (C) Do not include amounts reported on lines 6b, 7b, Management and Program service Fundraising 8b, 9b, and 10b of Part VIII. expenses expenses general expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . 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 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) 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Fees for services (non-employees) 46,780 11,983 34,797 17,934 4,103 13,831 c Accounting e Professional fundraising services See Part IV, line 17, f Investment management fees 9 Other (If line 11g amount exceeds 10% of line 25, column 160,729 144,087 16,642 (A) amount, list line 11g expenses on Schedule O). 12 Advertising and promotion Office expenses 15 25,311 25,311 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 24,222 24,222 22 Depreciation, depletion, and amortization 13,770 13,770 23 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) 28,488 28,488 a Property maintenance expense 15,102 15,102 b Moving and storage expense e All other expenses Miscellaneous 1,822 1,822 334,158 251,964 82,194 25 Total functional expenses. Add lines 1 through 24e 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 following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

	•	Check if Schedule O contains a response of	r not	e to any line in this Pa	art X		
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments		29,436		328,824	
	3	Pledges and grants receivable, net	56,816,165	3	27,385,784		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and					
		trustees, key employees, and highest co					
Assets	6	Complete Part II of Schedule L Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), and sponsoring organizations of section 501(c)(9) volu organizations (see instructions) Complete Part II of Sche	21,149	6			
	7	Notes and loans receivable, net				7	268,361
Ass	8	Inventories for sale or use				8	
•	9	Prepaid expenses and deferred charges				9	-
	10 a	Land, buildings, and equipment cost or					
			10a				
	b	Less accumulated depreciation	10b	138,861	2,164,287	10c	3,883,341
	11	Investments - publicly traded securities			<u></u>	11	25,152,411
	12	Investments - other securities See Part IV, line 11				12	8,486,440
	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			59,031,037		65,505,161
	17	Accounts payable and accrued expenses				17	14,033
,	18	Grants payable			18		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability Complete Pa			21		
Liabilities	22	Loans and other payables to current and fo					
<u></u>		trustees, key employees, highest compens					
<u>.</u>		disqualified persons Complete Part II of Schedule				22	
_	23	Secured mortgages and notes payable to unrelate			<u></u>	23	
	24 25	Unsecured notes and loans payable to unrelated to				24	<u> </u>
	23	Other liabilities (including federal income tax, parties, and other liabilities not included on lines	-				
-		of Schedule D		'		25	
-	26	Total liabilities. Add lines 17 through 25		· · · · · · · · · · · · ·		26	14,033
Se		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	check				
ĕ	27	Unrestricted net assets			53,424,861	27	59,879,420
Sala	28	Temporarily restricted net assets			5,606,176	28	5,611,708
ā	29	Permanently restricted net assets	· · ·			29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), complete lines 30 through 34.					
ts c	30	Contal stable or treat proposal or account founds		<u>.</u> _		30	
SSe	31	Paid-in or capital surplus, or land, building, or equi	pmen	t fund		31	
ĕ۱	32	Retained earnings, endowment, accumulated inco	me, d	or other funds		32	
Š	33	Total net assets or fund balances			59,031,037	33	65,491,128
	34	Total liabilities and net assets/fund balances	<u> </u>		59,031,037	34	65,505,161

Page 12

.oim 3	90 (2018)				1 6	.gc • =
Part		·			•	
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		<u> </u>	Х
1	Total revenue (must equal Part VIII, column (A), line 12)	1				1,462
2	Total expenses (must equal Part IX, column (A), line 25)	_2	_		33	4,158
3	Revenue less expenses Subtract line 2 from line 1	3	-		(152	, 696)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		59,031,		
5	Net unrealized gains (losses) on investments	5			6,91	4,056
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9			(301	,269)
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		6	5,49	1,128
Part						
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	٠.,		ــــــــــــــــــــــــــــــــــــــ
			_		Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplaın	ıın			
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		\cdots \vdash	2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		-	2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ted o	n a			
	separate basis, consolidated basis, or both					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversi	ght			
	of the audit, review, or compilation of its financial statements and selection of an independent according to the selection of the audit, review, or compilation of its financial statements and selection of an independent according to the selection of the audit, review, or compilation of its financial statements and selection of an independent according to the selection of the s	ounta	int?	2c	х	
	If the organization changed either its oversight process or selection process during the tax year, e	xplair	ı ın			
	Schedule O					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	ın 📗			
	the Single Audit Act and OMB Circular A-133?		🗀	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits		3b		
			f	orm	990	(2018)

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization WDH Foundation-C4 37-6573574 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 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 assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year 2b b Number of conservation easements on a certified historic structure included in (a) C Number of conservation easements included in (c) acquired after 7/25/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ _ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

▶ \$.

▶ \$

Pa	rt III Organizations Maintain	ing Collections of	Art, Historical Tr	easures, c	r Other	Similar Assets (continu	ıed)	
3	Using the organization's acquisition	on, accession, and o	other records, chec	k any of th	e follow	ing that are a sigi	nificant	use (of its_
	collection items (check all that app								-
а	Public exhibition	• •	d Loan	or exchang	e prograi	ns			
b	Scholarly research		e Other		. •				
С	Preservation for future gene	erations					·		_
4	Provide a description of the orga		s and explain how	they furthe	r the or	anization's exemp	t purpo	se in	Part
	XIII			,		,			
5	During the year, did the organization	on solicit or receive o	donations of art, hist	orical treas	ures or o	other similar			
	assets to be sold to raise funds rati					_	Yes		No
Pa	art IV Escrow and Custodial A		amed as part of the	organizatio	110 001100	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1
1 6	Complete if the organiza		es" on Form 990, I	Part IV, line	e 9, or re	eported an amou	nt on F	orm	
	990, Part X, Iine 21								
1 a	Is the organization an agent, truste							_	_
	included on Form 990, Part X?						Yes	<u>،</u>	No
b	If "Yes," explain the arrangement i	n Part XIII and comp	olete the following ta	ble	_				
						Amount			
С	Beginning balance	<i></i> .	<i></i>	1c					
d	Additions during the year			1d					
е	Distributions during the year	<i></i>		1e					
f	Ending balance								
2a	Did the organization include an am				ustodial	account liability?	Yes	;	No
b	If "Yes," explain the arrangement i	n Part XIII Check he	ere if the explanation	n has been p	rovided i	on Part XIII			1
	rt V Endowment Funds.		- · · · · · · · · · · · · · · · · · · ·						
	Complete if the organiza	ation answered "Ye	es" on Form 990, I	Part IV, line	e 10				
		(a) Current year	(b) Prior year	(c) Two yea	ars back	(d) Three years back	(e) Fou	ır years	back
1a	Beginning of year balance	7,707,176	0		0	0			0
. u	Contributions	0	7,707,176		0	0			0
6	Net investment earnings, gains,								
·	and losses	o l	0		o	0			0
		0	0		0	0			0
d	Grants or scholarships			-		·			
е	Other expenditures for facilities	3,882,176	0		o	0			0
	and programs	0			0	0			0
Т	Administrative expenses	3,825,000		<u> </u>	0	0			
g	End of year balance			<u> </u>					<u> </u>
2	Provide the estimated percentage Board designated or quasi-endown			column (a)) held as				
a	·	0000 %	_ 70						
D		 : ·							
C	Temporarily restricted endowment		1000/						
٠.	The percentages on lines 2a, 2b, a								
sа	Are there endowment funds not in	the possession of th	ie organization that	are neid ar	io aomin	istered for the		Yes	No
	organization by						20(1)	163	
	(i) unrelated organizations						3a(i)		
	(ii) related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the relate						3b	Ц	
4	Describe in Part XIII the intended u		tion's endowment fu	nds					
Pa	rt VI Land, Buildings, and Equ Complete if the organization	Jipment. ation answered "Ye	es" on Form 990	Part IV Im	e 11a S	See Form 990 Pa	rt X lu	ne 10	
	Description of property	(a) Cost or		or other basis) Book v		
		(invest		ther)		eciation	<u> </u>		
1 a	Land			3,825,000				3,825	,000
b	Buildings								
С	Leasehold improvements				_				
d	Equipment	<u> </u>		174,374		138,861		35	,513
e	Other			22,828					,828
Tota	I. Add lines 1a through 1e (Column		n 990, Part X, columi	n (B), line 10	Oc)	. <u></u> >		3,883	,341

Part VII	Investments - Other Securities. Complete if the organization answered	L"Yes" on Form 990	Part IV line 11h See Form 990	Part X line 12
		(b) Book value	(c) Method of valua	
	(a) Description of security or category (including name of security)	(b) Book value	Cost or end-of-year mark	
	al derivatives			
(2) Closely-	held equity interests	8,486,440	End-of-year market value	
(A)				
<u>(B)</u>				
(C)				
(D)				·
(E)				<u> </u>
(F)				
(G)				
(H)		0.406.440		
	(b) must equal Form 990, Part X, col. (B) line 12.)	8,486,440		
Part VIII	Investments - Program Related.	l"Voo" on Form 000	Part IV line 11c See Form 990	Part Y line 13
	Complete if the organization answered			
	(a) Description of investment	(b) Book value	(c) Method of valua Cost or end-of-year mark	
			2001 01 201 702	
<u>(1)</u>				
(2)				
(3)	·			
(4)			-	
(5)				
(6)				
(7)				
(8)	-			
(9)	(b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets.			
Partix	Complete if the organization answered	"Yes" on Form 990	Part IV line 11d See Form 990	. Part X. line 15
		scription		(b) Book value
(1)	(1)			
(2)				
(3)				
(4)				
(5)		- · ·		
(6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col (B) li	ne 15),	 	
Part X	Other Liabilities.			
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11e or 11f See For	m 990, Part X,
	line 25			
1.	(a) Description of liability	(b) Book valu	e	
(1) Feder	al income taxes			
(2)				
(3)				
(4)	-			
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 25)	>		
-				

Pane	Δ

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	n.
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	1
c	Recoveries of prior year grants	1
d	Other (Describe in Part XIII)	
	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII)	
С	Add lines 4a and 4b	4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ırn.
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
а	Donated services and use of facilities	
b	Prior year adjustments	
C	Other losses	
d	Other (Describe in Part XIII)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
	Other (Describe in Part XIII)	40
с 5	Add lines 4a and 4b	4c
	XIII Supplemental Information.	
rovide	e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Pat XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional inform	
Part V	V, line 4: The organization's board designated or quasi-restricted endowment consists of	1ts
ıntere	est in conservation land recieved from Willis D. Hadley. The organization's governing	
ınstru	ment directs that such land shall be retained permanently, unless the organization's boo	ard
shall	determine by unanimous vote that extraordinary circumstances make a sale or transfer of	the
land n	necessary or otherwise in the best interest of the organization While this results in t	he
land b	Deing classified as net assets without donor restrictions, the board has every intention	of
retain	ning the land permanently in accordance with the grantor's wishes.	
	 	

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► Go to www.urs.gov/Form990 for instructions and the latest information.

Name of the organization				Employer identific	ation number
WDH Foundation-C4				37-6573574	
Part I General Information Form 990, Part IV, line		Outside the	United States. Compl	ete if the organization	answered "Yes" on
1 For grantmakers. Does the assistance, the grantees' eligrants or assistance?	gibility for the gran	ts or assistanc	e, and the selection criteri	a used to award the	Yes No
2 For grantmakers. Describe outside the United States	e in Part V the org	ganization's pr	ocedures for monitoring t	the use of its grants ar	nd other assistance
3 Activities per Region (The f	following Part I, line	3 table can b	e duplicated if additional sp	ace is needed)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of	(f) Total expenditures for and investments in the region
(1) East Asia & Pacific			Investment		8,486,440
(2)					
(3)					
(4)					
(5)					
(6)					
_(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	. 0 ion	0			8,486,440
sheets to Part I					1

0

0

8,486,440

Page

Schedule F (Form 990) 2018

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000 Part II can be duplicated if additional space is needed

(i) Method of valuation (book, FMV, appraisal, other)				, , ,	f 3		, , ,					-	5	U	•
(h) Description of noncash of assistance appr			 	c											
(g) Amount of noncash assistance	ŗ	,		7	,				,		(
(f) Manner of cash disbursement		,		- 1						1.8					-
(e) Amount of cash grant		,	1 =						-		3		·	۲ ,	*
(d) Purpose of grant		,			, , , , , , , , , , , , , , , , , , ,	2	r	,	, , , , , , , , , , , , , , , , , , ,		1	9	c	g al	
(c) Region			-	, ,		,		-			3, a		,		
(b) IRS code section and EIN (if applicable)															
1 (a) Name of organization			(4)	(9)			(8)				(12)		(V)		

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities.

Schedule F (Form 990) 2018

Schedule F (Form 990) 2018

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16 Part III can be duplicated if additional space is needed

Schedule F (Form 990) 2018 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance (14) £ (2) (3) 4 (5) 9 5 (8) 6) 9 (11) (12) 13 (15) (16) (17) (18)

Part	IV Fòreign Forms	
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926))
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990) Yes	ı
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	ı
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)	

Schedule F (Form 990) 2018

Schedule F	Fage Fage
Part V	Supplemental Information
i ait v	
	Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method,
,	amounts of investments us associatives not region). Port II line 1 (accounting method). Port III (accounting method) and
•	amounts of investments vs expenditures per region), Part II, line 1 (accounting method), Part III (accounting method), and
	Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional
	information See instructions
	information See instructions
Part I,	ine 3(1) The organization owns 301,118 shares of Star Scientific Limited, an Australian
company.	which the organization inherited from Willis D. Hadley. Fair market value at 12/31/2018
<u>-</u>	
estimated	at \$8,486,440.
	46 40/100/110.
	·

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 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.

▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number 37-6573574 WDH Foundation-C4 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

4		(b) Relationship between disqualified person and	(c) Description of transaction				
ı	1 (a) Name of disqualified person (1) Willis D Hadley	organization					
(1)	Willis D Hadley	See Part V	See Part V	Х			
(2)							
(3)					T		
(4)					T		
(5)							
(6)							

2	Enter the amount of tax incurred by the organization managers or disqualified persons during the year	
	under section 4958	\$ 274
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization	\$ (

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fror	an to or n the ization?	(e) Original principal amount	(f) Balance due	(g) In (ľ				ritten ment?
	1		То	From			Yes	No	Yes	No	Yes	No
(1) Willis D Hadley	Part V	Part V		х	21,149	0		х		х		X
(2)					-							
(3)												
(4)												
(5)		1										
(6)												
(7)												
(8)	1	-										
(9)												
(10)												
Total						\$						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2018

Part IV **Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	naring of zation's nues?
				Yes	No
(1) WDH Foundation-C3	Same Trustees	175,448	See Part V		х
(2) WDH Foundation-C3	Same Trustees	1,989,093	See Part V	1	х
(3)		***************************************	200000000000000000000000000000000000000		
(4)					
(5)					
(6)					
(7)					
(8)					
(9)				T	
(10)					

Supplemental Information.

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

Part I, line (1) & Part II, line (1) Willis D. Hadley, Grantor and a Trustee of the organization, borrowed \$38,453.21 from an account he had established for "The St Louis Estates" LLC, a Missouri limited liability company that holds 33 acres of conservation land in Missouri. Mr. Hadley died on March 7, 2017 On June 15, 2017, Mr. Hadley's 55% interest in the LLC was transferred to the organization, at which time the loan was still outstanding. The figure shown on Part II, Line (1) represents the portion of the loan attributable to the 55% interest in the LLC held by the organization. Mr Hadley's estate repaid the loan to the LLC, plus interest of \$2,273.56, on September 19, 2018. Part IV, line (1): On December 31, 2018, the organization sold 5% of its 55% interest in "The St Louls Estates" LLC to WDH Foundation-3, which prior to such transaction had owned 45% of the LLC. See below and attached copy of Sale and Purchase Agreement. Part IV, line (2). The organization owns 50% of "The St Louis Estates" LLC. The remaining 50% of the LLC is held by WDH Foundation-C3, a private operating foundation also created by Willis D. Hadley The Trustees of the two organizations are identical. The LLC holds approximately 33 acres of conservation land in Sunset Hills, St. Louis County, Missouri.

SCHEDULE 0 (Form 990 or 990-EZ)

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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer identification number

37-6573574

WDH Foundation-C4	37-6573574
Part III, line (2) New program services consisted of land conservation work on land	ın Calıfornıa
held by Fernlands LLC, which was distributed to the organization from a trust of Will	is Hadley in
2018 The LLC holds 238 acres of conservation land in Humboldt County, California.	
Part VI, Section A, line (2): Trustees Catherine R. Phillips, John M Hessel and Joel	L. Weeks are
attorneys at the law firm of Lewis Rice LLC, St. Louis, Missouri.	
Part VI, Section A, line (7a): The Trustees have the power to appoint and remove Trus	stees of the
organization	
Part VI, Section A, line (9). The address for Trustee Bryan W. Gaynor is 1160 G Stree	et, Suite A,
Arcata, California 95521. The address for Trustee Keith D. Borges is 1338 Main Stree	et, Fortuna,
California 95540	
Part VI, Section B, line (11b): Form 990 was reviewed by all of the Trustees.	
Part VI, Section B, line (12c). Any conflicts of interest are discussed at meetings of	of the Trustees.
Annual disclosure statements are required	
Part VI, Section C, line (19): The organization's governing documents, conflict of in	nterest policy
and financial statements are available upon request.	
Part VIII. Includes income attributable to organization's interests in "The St Louis	Estates" LLC
and Fernlands LLC	
Part IX Includes expenses attributable to organization's interests in "The St Louis	Estates" LLC
and Fernlands LLC	
Part IX, line (11g): Payments to independent contractor for maintenance of land held	by "The St
Louis Estates" LLC and bookkeeping services	
Part X: Includes assets and liabilities attributable to organization's interests in "	The St Louis
Estates" LLC and Fernlands LLC	
Part XI, line (9) \$301,046 difference in value of estate expectancy; \$223 unknown.	
	4

SCHEDULE R (Form 990)

WDH Foundation-C4

Parti

Name of the organization Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990

OMB No 1545-0047

Open to Public 2018

► Go to www irs.gov/Form990 for instructions and the latest information.

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33

Inspection o Employer identification number

37-6573574

(f)
Direct controlling
entity Filing org Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year 2,220,510 (e) End-of-year assets 6,787 (d) Total income (c)
Legal domicile (state
or foreign country) California Primary activity Land holding (a)Name, address, and EIN (if applicable) of disregarded entity 1338 Main Street, Fortuna, California 95540 (1) Fernlands LLC Part II (2) 9 3 9 4

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13) illed y?
						Yes	No
(1) WDH Foundation-C3 (37-6573573)							
600 Washington #2500, St. Louis, Missouri 63101	Conservation	Missouri	501(c)(3)	No	Filing org	×	
(2)							
(3)							
(4)							
(5)							
(9)							
	٠						
(1)							
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					Schedule R (Form 990) 2018	R (Form 99	90) 2018

Schedule R (Form 990) 2018

(k) · Percentage ownership 3 508 General or Yes No Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year managing partner amount in box 20 of Schedule K-1 (i) Code V - UBI (Form 1065) 0 (h) Diaproportorate allocatora? Yes No × 508 (g) Share of end-ofyear assets 558 (f) Share of total income (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512 - 514) Excl. 512-514 (d)
Direct controlling Filing org (c) Legal domicile (state or foreign country) Q (b) Primary activity Land holding (1) "The St Louis Estates" (a)
Name, address, and EIN of related organization - See Part VII LLC Part |

(2)

3

(4)

9

5

(9)

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, Inne 34, because it had one or more related organizations treated as a corporation or trust during the tax year Part IV

	ייטייט יי טמיטע עט ט	שטושטושטי	וו סו נומטו ממווו	الا ما الله				
(a)		(0)	Ð	(e)	(J)	(6)	(£)	(3)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Type of entity		Share of	Percentage	Section
		(state or foreign country)	entity	(C corp, S corp, or trust)		end-of-year assets ownership 512(b)(13) controlled entity?	ownership	512(b)(13) controlled entity?
								Yes No
(1)								
(2)								
(3)	!							
	_							
(4)		-						
(5)								_
								-
(9)								
(7)								

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018

1 During the tax year, did the organization engage in any of the following transactions with one or more related org	organizations listed in Parts II-IV?		
			e 4
b Gilt, graint, or capital contribution to related organization(s)			+-
Loans or loan guarantees to or for related organization(s)			10
e Loans or loan guarantees by related organization(s)			1e
f Dividends from related organization(s)			1
			1g ×
h Purchase of assets from related organization(s),			=
ı Exchange of assets with related organization(s)			=
j Lease of facilities, equipment, or other assets to related organization(s)			·
k Lease of facilities, equipment, or other assets from related organization(s)			+
			=
m Performance of services or membership or fundraising solicitations by related organization(s).			E
Sharing of facilities equipment mailing lists or other assets with	· · · · · · · · · · · · · · · · · · ·		12
Sharing of paid employees with related organization(s)			9
			•
			а _г
q Reimbursement paid by related organization(s) for expenses			
r Other transfer of cash or property to related organization(s)			1
			. 1s
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including	ig covered relationships and transaction thresholds	id transaction t	thresholds
(a) Name of related organization (b) (c) (b) (c) (d) (ype (a-s)	(c) Amount involved		(d) Method of determining amount involved
(1) "The St Louis Estates" LLC (capital contributions)	15	155, 616	Cash
(2) WDH Foundation-C3	17	175,448	FMV
(3)			
(4)			

Unrelated Organizations Taxable as a Partnership. Complete of the organization answered "Yes" on Form 990, Part IV, line 37 Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) (b) (c) (d) (e) (f) (f) (f) (f) (f) (f) (g) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded	(e) Are all partners section 501(c)(3)	(f) Share of total income	(9) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V - UBI amount in box 20 of Schedule K-1	(I) General or managing partner?	(k) Percentage ownership
			from tax under sections 512-514)	Yes No			Yes No	(Form 1065)	Yes	
(1)									-	
(2)										
(3)										
	1									
(4)									_	
(5)										
(9)	· •						·			
(2)										
	,									_
(8)			2							:
(6)								!		
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