# 2018 Tax Return(s)

Prepared for	MUELLER HEALTH FOUNDATION, INC. CLIENT CODE: 13913-2
Account Number Release Number	764309 2018.03030
Prepared by	HEMENWAY & BARNES LLP 75 STATE STREET BOSTON, MA 02109-1466
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Processing	Date: 04/27/2020 Time: 15:49:16

Special Instructions

Messages

800071 04-01-18

ProSystem *fx*<sup>•</sup>

# FORM 990-PF Tax Return Carryovers to 2019

Disallowing	LER HEALTH FOUNDATION, INC.	Originating	Entity/	Number:	
Disallowing Form	Description	Originating Form	Entity/ Activity	St/ City	Amount
90-PF	EXCESS DISTRIBUTIONS	990-PF			545,845
<u> </u>					515,015
				$\left  \right $	
				$\left  \right $	
				+	
				+ +	



April 24, 2019

Peter and Ulrike Mueller 63 Hammersmith Road Newport, RI 02840

Dear Mr. & Mrs. Mueller,

Enclosed is the organization's 2018 Exempt Organization return. The return should be signed, dated, and returned to our office for filing in the pre-addressed envelope provided.

Please note that the Form 990-PF return contains excess distribution carryover of \$545,845. This may be applied to tax year 2019 and subsequent years.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

Linda Dispensa

Form **990-PF** 

Department of the Treasury Internal Revenue Service

## **Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation ▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.



FOr	alen	idar year 2018 or tax year beginning		, and ending		
Nar	ne of	foundation			A Employer identification	number
м	UE	LLER HEALTH FOUNDATION,	INC.		47-2554059	
_		nd street (or P.O. box number if mail is not delivered to street a		Room/suite		
С	/0	HEMENWAY & BARNES, PO I	BOX 961209		617-557-97	67
		own, state or province, country, and ZIP or foreign p			C If exemption application is p	
		TON, MA 02196				
		all that apply:	Initial return of a fo	rmer public charity	D 1. Foreign organization	s, check here
		Final return	Amended return			
		Address change	Name change		2. Foreign organizations me check here and attach co	eeting the 85% test,
HC	heck	type of organization: X Section 501(c)(3) ex			<b>E</b> If private foundation sta	
	_	ction 4947(a)(1) nonexempt charitable trust		tion	under section 507(b)(1	
I Fa		arket value of all assets at end of year J Accounti		Accrual	<b>F</b> If the foundation is in a	
		Part II, col. (c), line 16)	her (specify)		under section 507(b)(1	
	\$	4,466,224. (Part I, colum	nn (d) must be on cash basis	S.)	-	
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
		necessarily equal the amounts in columns (0), (c), and (d) may not necessarily equal the amounts in column (a).)	expenses per books	( income	income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	481,283.		N/A	
	2	Check 🕨 📄 if the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	110,934.	110,934	•	STATEMENT 1
	5a	Gross rents				
	b	Net rental income or (loss)				
<b>a</b>	6a	Net gain or (loss) from sale of assets not on line 10	51,939.			
ň	b	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a				
Revenue	7	Capital gain net income (from Part IV, line 2)		51,939	•	
£	8	Net short-term capital gain				
	9	Income modifications Gross sales less returns				
	10a	and allowances				
		Less: Cost of goods sold				
	C	Gross profit or (loss)			-	
	11	Other income		1 6 0 0 7 2		
	12	Total. Add lines 1 through 11	644,156.	162,873		0
	13	Compensation of officers, directors, trustees, etc.	0.	0	•	0.
	14	Other employee salaries and wages				
Ś		Pension plans, employee benefits Legal fees STMT 2	2,396.	0		2,396.
Ises	168	•	3,648.			1,824.
Expense	0	Accounting feesSTMT3Other professional feesSTMT4	44,052.	<u>1,824</u> 44,052		0.
ũ	с 17			44,034	•	
Administrative	17	Taxes STMT 5	6,214.	1,929		0.
stra	19	Depreciation and depletion	· · · · · · · · · · · · · · · · · · ·		-	
sinit	20	Occupancy				
/dm	20	Travel, conferences, and meetings				<u> </u>
and A	22	Printing and publications				<u> </u>
	~~	Other expenses STMT 6	284.	77	•	207.
tin	24	Total operating and administrative				
Operating		expenses. Add lines 13 through 23	56,594.	47,882	•	4,427.
ö	25	Contributions, gifts, grants paid	400,000.	•		4,427. 400,000.
	26	Total expenses and disbursements.				-
		Add lines 24 and 25	456,594.	47,882	•	404,427.
	27	Subtract line 26 from line 12:				
	a	Excess of revenue over expenses and disbursements	187,562.			
	b	Net investment income (if negative, enter -0-)		114,991		
	C	Adjusted net income (if negative, enter -0-)			N/A	

823501 12-11-18 LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2018)

13440424 764309 13913-2

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		0-PF (2018) MUELLER HEALTH FOUNDATION,	INC.	47-	47-2554059 Page 2		
D	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End	of year		
		column should be for end-of-year amounts only.	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash - non-interest-bearing					
	2	Savings and temporary cash investments	483,054.	479,644.	479,644.		
	3	Accounts receivable					
		Less: allowance for doubtful accounts					
	4	Pledges receivable 🕨					
		Less: allowance for doubtful accounts					
	5	Grants receivable					
		Receivables due from officers, directors, trustees, and other					
		disqualified persons					
	7	Other notes and loans receivable					
		Less: allowance for doubtful accounts					
s	8	Inventories for sale or use					
Assets		Prepaid expenses and deferred charges					
As		Investments - U.S. and state government obligations					
		Investments - corporate stock STMT 8	2,909,260.	3,147,864.	3,151,634.		
	c	Investments - corporate bonds STMT 9	1,058,691.	843,604.			
				,			
		Investments - land, buildings, and equipment: basis  Less: accumulated depreciation					
		Investments - mortgage loans					
	13	Investments - other					
		Land, buildings, and equipment: basis ►					
		Less: accumulated depreciation					
	15	Other assets (describe )			+		
		Total assets (to be completed by all filers - see the					
	10	instructions. Also, see page 1, item I)	4,451,005.	4,471,112.	4,466,224.		
	17	Accounts payable and accrued expenses		_,_,_,			
	18	Grants payable					
	19	Deferred revenue					
Liabilities		Loans from officers, directors, trustees, and other disqualified persons					
bili	21	Mortgages and other notes payable					
Lia		Other liabilities (describe )					
		,,,,,,,,					
	23	Total liabilities (add lines 17 through 22)	0.	0.	,		
		Foundations that follow SFAS 117, check here					
		and complete lines 24 through 26, and lines 30 and 31.					
ces	24	Unrestricted					
lan	25	Temporarily restricted					
Ba	26	Permanently restricted					
Assets or Fund Balances		Foundations that do not follow SFAS 117, check here 🔛 📐					
Ē		and complete lines 27 through 31.					
s S	27	Capital stock, trust principal, or current funds	0.	0.			
se	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.			
	29	Retained earnings, accumulated income, endowment, or other funds	4,451,005.	4,471,112.			
Net	30	Total net assets or fund balances	4,451,005.	4,471,112.			
		Tatal list littles and not see the fund halances	4,451,005.	4,471,112.			
_	31	Total liabilities and net assets/fund balances		4,4/1,112.			
Ρ	art	III Analysis of Changes in Net Assets or Fund Balan	ices				
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line 30					
(must agree with end-of-year figure reported on prior year's return)					4,451,005.		
2		r amount from Part I, line 27a					
		r increases not included in line 2 (itemize) 🕨					
4	Add	lines 1, 2, and 3			4,638,567.		
5	Decr	eases not included in line 2 (itemize) 🕨		ATEMENT 7 5	167,455.		
6	Tota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, column	n (b), line 30				
					Form <b>990-PF</b> (2018)		

	LLER HEALTH FOUN					4	7-2554	1059	Page <b>3</b>
Part IV Capital Gains and Losses for Tax on Investment Income							r		
						(c) Date a (mo., da		<b>(d)</b> Dat (mo., da	
1a VARIOUS SECURI	TIES				Р				
<b>b</b> VARIOUS SECURI	TIES								
c VARIOUS SECURI	TIES								
d									
e									
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				ain or (loss) ; (f) minus (g	g))	
a 395,331.			318,02	9.				77	,302.
b 1,120,243.			1,148,37					-28	,302. ,128. ,765.
c 601,293.			598,52	8.				2	,765.
d									
е									
Complete only for assets showing	ng gain in column (h) and owned by	the foundation	on 12/31/69.				ol. (h) gain r		
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (i) col. (j), if any		col	. (k), but n Losses (	ot less than (from col. (h	-0-) <b>or</b> ))	
a								77	.302.
b								-28	,302. ,128. ,765.
C								2	.765.
d									
e									
•		L	7						
2 Capital gain net income or (net ca	apital loss)	n in Part I, line	7	2				51	,939.
	•		,					-	<u>,</u>
3 Net short-term capital gain or (los If gain, also enter in Part I, line 8,	, , , , , , , , , , , , , , , , , , , ,	na (6):							
If (loss), enter -0- in Part I, line 8				) 3			N/A		
Part V Qualification U	nder Section 4940(e) for	Reduced	Tax on Net I	nvestr	nent Inco	ome			
(For optional use by domestic private	e foundations subject to the section	4940(a) tax on	net investment inc	come.)					
	-			,					
If section 4940(d)(2) applies, leave the	his part blank.								
Was the foundation liable for the sec	tion 4942 tax on the distributable an	nount of any ye	ar in the base peri	od?			I	Yes	X No
If "Yes," the foundation doesn't qualif	fy under section 4940(e). Do not cor	mplete this part							
1 Enter the appropriate amount in (	each column for each year; see the i	nstructions bef	ore making any en	tries.					
( <b>a</b> ) Base period years	(b)			(C)			Dietrib	( <b>d)</b> ution ratio	
Calendar year (or tax year beginni	ng in) Adjusted qualifying dis	stributions	Net value of nor		le-use assets		(col. (b) divi	ded by col.	(C))
2017	40	)1,601.		4,4	98,594	•		.08	89273
2016	40	02,402.		4,5	70,207	•		.08	88049
2015	26	50,348.		4,842		•		.0	53767
2014		0.		4,8	65,973	•		.0	00000
2013									
2 Total of line 1, column (d)						2		• 23	31089
3 Average distribution ratio for the	5-year base period - divide the total	on line 2 by 5.0	), or by the numbe	r of years	;				
	nce if less than 5 years					3		• 0 !	57772
4 Enter the net value of noncharitab	ple-use assets for 2018 from Part X,	line 5				4	4	1,721	,490.
	,							-	
5 Multiply line 4 by line 3						5		272	,770.
5 Multiply line 4 by line 3						<u> </u>			
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)					6		1	,150.
7 Add lines 5 and 6						7		273	,920.
8 Enter qualifying distributions from						8		404	<u>,427.</u>
If line 8 is equal to or greater than See the Part VI instructions.	n line 7, check the box in Part VI, lin	e ib, and comp	nete that part using	y a 1% ta:	x rate.				

	1 990-PF (2018) MUELLER HEALTH FOUNDATION, INC. 47-2554 Int VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see in	059 struc	tion	Page <u>4</u> S)
1a	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🗔 and enter "N/A" on line 1.			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗴 and enter 1%		1,1	50.
	of Part I, line 27b			
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).			^
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)       2		1 1	0.
3	Add lines 1 and 2		1,1	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		1,1	$\frac{0}{50}$
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-       5         Outline To encode       5		<u>, </u>	50.
6	Credits/Payments:			
	2018 estimated tax payments and 2017 overpayment credited to 20186a3,000.Exempt foreign organizations - tax withheld at source6b0.			
			3,0	00
	Total credits and payments. Add lines 6a through 6d       7         Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached       8		5,0	0.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9			••
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> 10		1 8	50.
	Enter the amount of line 10 to be: Credited to 2019 estimated tax  1,850. Refunded  11		<u>, , , , , , , , , , , , , , , , , , , </u>	0.
Pa	rt VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
	any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		x
	If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities.			
C	Did the foundation file Form 1120-POL for this year?	1c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. $\blacktriangleright$ \$ (2) On foundation managers. $\blacktriangleright$ \$ (0.			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers. ► \$ 0 .			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		<b></b>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	• By language in the governing instrument, or			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law	-	v	
_	remain in the governing instrument?	6	X	<u> </u>
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	Х	
0.				
88	Enter the states to which the foundation reports or with which it is registered. See instructions.			
F	DE If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
D	of each state as required by <i>General Instruction G</i> ? If "No," attach explanation	8b	х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar	00		
J	year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV	9		x
10		10		X
10	בות מהיץ בסיטרוס סטטטונות מרטינות מירוח שלו מירוח מוריק מוריק מוגעריו איז די דיפן, מנגערים אווייני מוגערים איז איז מעטור איז			

Form 990-PF (20			FOUNDATION,	INC
Part VII-A	Statements Regar	ding Activit	ies (continued)	

			Yes	No		
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of					
	section 512(b)(13)? If "Yes," attach schedule. See instructions					
12	12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?					
	If "Yes," attach statement. See instructions	12		X		
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х			
	Website address  N/A					
14	The books are in care of $\blacktriangleright$ NANCY GARDINER Telephone no. $\blacktriangleright$ (617)2		7940	0		
	Located at ► HEMENWAY & BARNES, 75 STATE STREET, BOSTON, MA ZIP+4 ► 02					
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041 -</b> check here		► /A	· 🗌		
10	and enter the amount of tax-exempt interest received or accrued during the year $15$	IN	/ A Yes	No		
10	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	103	X		
	securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	10		- 25		
	foreign country					
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required					
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No		
1a	a During the year, did the foundation (either directly or indirectly):					
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?					
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)					
	a disqualified person? Yes 🔀 No					
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes 🔟 Yes 🚺 No					
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes 🗴 No					
	(5) Transfer any income or assets to a disqualified person (or make any of either available					
	for the benefit or use of a disqualified person)? Yes 🗴 No					
	(6) Agree to pay money or property to a government official? (Exception. Check "No"					
	if the foundation agreed to make a grant to or to employ the official for a period after					
	termination of government service, if terminating within 90 days.)					
0	b) If any answer is "Yes" to $1a(1)$ -(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations	1b				
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A Organizations relying on a current notice regarding disaster assistance, check here	10				
	big and attors relying on a current notice regarding disaster assistance, check here the excepted acts, that were not corrected					
, i	before the first day of the tax year beginning in 2018?	1c		х		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	10				
_	defined in section 4942(j)(3) or 4942(j)(5)):					
a	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning					
	before 2018? Yes X No					
	If "Yes," list the years ►,,,,,,,					
t	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect					
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach					
	statement - see instructions.)	2b				
C	: If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.					
•	Did the foundation below a three divident interest in a standard in the standa					
38	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?					
	during the year? Yes X No					
Ľ	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose					
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,					
	Form 4720, to determine if the foundation had excess business holdings in 2018.) $N/A$	3b				
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		х		
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that					
	had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		Х		
		000				

Form **990-PF** (2018)

#### MUELLER HEALTH FOUNDATION, INC. Form 990-PF (2018)

4	7-	25	554	0	59	Page 6

Part VII-B Statements Regarding Activities for Which	Form 4720 May Be Re	equired (continu	ued)		
5a During the year, did the foundation pay or incur any amount to:				Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	on 4945(e))?	Υε	s X No		
(2) Influence the outcome of any specific public election (see section 4955);					
any voter registration drive?		Υε	s X No		
(3) Provide a grant to an individual for travel, study, or other similar purpose	s?	Ye	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section				
4945(d)(4)(A)? See instructions		Υε	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary					
the prevention of cruelty to children or animals?		🗌 Ye	s X No		
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify u	nder the exceptions described in	n Regulations			
section 53.4945 or in a current notice regarding disaster assistance? See inst	ructions		N/A	5b	
Organizations relying on a current notice regarding disaster assistance, check	here		▶□		
${\bf c}$ If the answer is "Yes" to question 5a(4), does the foundation claim exemption					
expenditure responsibility for the grant?	N	/A 🗌 Ye	s 🗌 No 📗		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to					
a personal benefit contract?		Υε	s X No		
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax					
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attrib	utable to the transaction?		N/A L	7b	
8 Is the foundation subject to the section 4960 tax on payment(s) of more than					
excess parachute payment(s) during the year?		Υε	s X No		
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Mar	agers, Highly			
1 List all officers, directors, trustees, and foundation managers and	their compensation.				
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e) Ex accoun	pense t other
(a) Name and address	to position	enter -0-)	and deferred compensation		ances
PETER MUELLER	PRESIDENT & D	IRECTOR			
63 HAMMERSMITH ROAD					
NEWPORT, RI 02840	1.00	0.	0.		0.
ULRIKE MUELLER	TREASURER, SE	CRETARY &	DIR		

NEWPORT, RI 02840	1.00	0.	0.	
2 Compensation of five highest-paid employees (other than those incl	luded on line 1). If none, e	enter "NONE."		

#### ation of five highest-paid employees (other than those included on line 1). If none, enter "NONE. ompens

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances		
NONE						
Total number of other employees paid over \$50,000						

Form	990	)-P	F (	(20	18
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823551 12-11-18

63 HAMMERSMITH ROAD

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		• 0
Total number of others receiving over \$50,000 for professional services	<u></u>	•
List the foundation's four largest direct charitable activities during the tax year. Include relevant sta	tistical information such as the	
number of organizations and other beneficiaries served, conferences convened, research papers pro-	oduced, etc.	Expenses
1 N/A	,	
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year of	in lines 1 and 2.	Amount
1N/A		
2		
All athen an anna salatad in mataranta. Can instructiona		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		0.
	<b>F</b>	Form <b>990-PF</b> (2018)

MUELLER HEALTH FOUNDATION, INC.

Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

Information About Officers, Directors, Trustees, Foundation Managers, Highly

823561 12-11-18

13440424 764309 13913-2

Form 990-PF (2018)

Part VIII

0

	(All domestic foundations must complete this part. Foreign	roundations, s	ee instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	4,468,444.
	Average of monthly cash balances	1 10 1	4,468,444. 324,947.
C	Fair market value of all other assets		
d		1d	4,793,391.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e	0.	
2	Acquisition indebtedness applicable to line 1 assets	. 2	0.
3	Subtract line 2 from line 1d		4,793,391.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)		71,901.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4		4,721,490.
6	Minimum investment return. Enter 5% of line 5	6	236,075.
Ρ	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundation	s and certain	
	foreign organizations, check here 🕨 🥅 and do not complete this part.)		
1	Minimum investment return from Part X, line 6		236,075.
2a	Tax on investment income for 2018 from Part VI, line 5 2a 1,15	0.	
b	Income tax for 2018. (This does not include the tax from Part VI.) 2b		
C	Add lines 2a and 2b	2c	<u> </u>
3	Distributable amount before adjustments. Subtract line 2c from line 1	. 3	234,925.
4	Recoveries of amounts treated as qualifying distributions	. 4	0.
5	Add lines 3 and 4		234,925.
6	Deduction from distributable amount (see instructions)	. 6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1		234,925.
Ρ	art XII Qualifying Distributions (see instructions)		
•			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	<u>404,427.</u> 0.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes		
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)		
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	404,427.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	. 5	<u>1,150.</u> 403,277.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	. 6	403,277.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundat		the section
	4940(e) reduction of tax in those years.		

Form **990-PF** (2018)

#### Form 990-PF (2018)

#### Part XIII Undistributed Income (see instructions)

· · · · · · · · · · · · · · · · · · ·	,			
	(a) Corpus	<b>(b)</b> Years prior to 2017	(c) 2017	<b>(d)</b> 2018
1 Distributable amount for 2018 from Part XI,	oorpuo		2011	2010
line 7				234,925.
<b>2</b> Undistributed income, if any, as of the end of 2018:				
<b>a</b> Enter amount for 2017 only			0.	
<b>b</b> Total for prior years:		0		
<b>3</b> Excess distributions carryover, if any, to 2018:		0.		
<b>a</b> From 2013				
h Erem 0014				
c From 2015 19,544.				
d From 2016 175,018.				
e From 2017 181,781.				
f Total of lines 3a through e	376,343.			
4 Qualifying distributions for 2018 from				
Part XII, line 4: $\blacktriangleright$ \$ 404, 427.				
<b>a</b> Applied to 2017, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2018 distributable amount				234,925.
<b>e</b> Remaining amount distributed out of corpus	169,502.			
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	545,845.			
<b>b</b> Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
<b>c</b> Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously				
assessed		0.		
<b>d</b> Subtract line 6c from line 6b. Taxable		0		
amount - see instructions		0.		
e Undistributed income for 2017. Subtract line			0	
4a from line 2a. Taxable amount - see instr			0.	
f Undistributed income for 2018. Subtract				
lines 4d and 5 from line 1. This amount must				0.
be distributed in 2019 7 Amounts treated as distributions out of				0.
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	Ο.			
8 Excess distributions carryover from 2013				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2019.				
Subtract lines 7 and 8 from line 6a	545,845.			
10 Analysis of line 9:				
a Excess from 2014				
b Excess from 2015 19,544.				
c Excess from 2016 175,018.				
d Excess from 2017 181,781.				
e Excess from 2018 169, 502.				Eorm <b>990-PE</b> (2018)

9

823581 12-11-18

Form 990-PF (2018)

orm 990-PF (2018) MUELLE	R HEALTH FOU	NDATION, IN	C.	47-25	54059 Page 10
Part XIV Private Operating	Foundations (see in:	structions and Part VI	I-A, question 9)	N/A	
<b>1 a</b> If the foundation has received a ruling					
foundation, and the ruling is effective	for 2018, enter the date of t	he ruling	►		
<b>b</b> Check box to indicate whether the fou	ndation is a private operatir	g foundation described		4942(j)(3) or 49	42(j)(5)
<b>2 a</b> Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2018	<b>(b)</b> 2017	(c) 2016	(d) 2015	(e) Total
investment return from Part X for					
each year listed					
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter					
2/3 of minimum investment return					
shown in Part X, line 6 for each year					
listed					
c "Support" alternative test - enter:					
<ol> <li>Total support other than gross investment income (interest,</li> </ol>					
dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income Part XV Supplementary Inf	ormation (Complet	te this part only	if the foundation h	ad \$5 000 or mor	e in assets
•••	the year-see instru	• •			

Information Regarding Foundation Managers: 1

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

#### SEE STATEMENT 10

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

#### NONE

#### 2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here 🕨 🗴 if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

**b** The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

823601 12-11-18

Form **990-PF** (2018)

3 Grants and Contributions Paid During the Ye	ar or Approved for Future I	Payment		
Recipient	If recipient is an individual,	Foundation	Durpoon of grant or	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
BOSTON CHILDREN'S HOSPITAL		PC	RESEARCH GRANT FOR TB	
300 LONGWOOD AVENUE			THERAPIES	
BOSTON, MA 02115				400,000.
Total	I	1	► 3a	400,000.
<b>b</b> Approved for future payment				
NONE				
NONE				
Tatal			► 3b	0.
Total			F 30	orm <b>990-PF</b> (2018)

## Part XVI-A

### -A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income			ded by section 512, 513, or 514	(e)		
	<b>(a)</b> Business	(b)	(C) Exclu-	(d)	Related or exempt		
1 Program service revenue:	code	Amount	sion code	Amount	function income		
a							
b							
C							
<u>.</u>							
e							
<b>g</b> Fees and contracts from government agencies							
2 Membership dues and assessments							
3 Interest on savings and temporary cash							
investments			14	110,934.			
4 Dividends and interest from securities			14	110,954.			
5 Net rental income or (loss) from real estate:							
a Debt-financed property							
<b>b</b> Not debt-financed property							
6 Net rental income or (loss) from personal							
property							
7 Other investment income							
8 Gain or (loss) from sales of assets other							
than inventory			18	51,939.			
9 Net income or (loss) from special events							
10 Gross profit or (loss) from sales of inventory							
11 Other revenue:							
a							
b							
C							
d							
a							
12 Subtotal. Add columns (b), (d), and (e)		0.		162,873.	0.		
<b>13 Total</b> . Add line 12, columns (b), (d), and (c)							
(See worksheet in line 13 instructions to verify calculations.)					10270751		
			_	_			
Part XVI-B Relationship of Activities to	the Acco	mplishment of Exe	empt	Purposes			
				uted importantly to the econ			
Line No Explain below how each activity for which incom	ne is renorted i	n column (a) of Part XVI-A	contrib		inlighment of		
			contrib	futed importantly to the accord	plishment of		
Line No. Explain below how each activity for which incom the foundation's exempt purposes (other than b			contrib	futed importantly to the accom	plishment of		
			contrib		plishment of		
			contrib	uted importantly to the accord	plishment of		
			contrib	uted importantly to the accom	plishment of		
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12

Forn	1 990-PF (2018) MUELLER HEALTH FOUNDATION, INC. 47-2554	1059	Pa	age <b>13</b>
Pa	Information Regarding Transfers to and Transactions and Relationships With Noncharit Exempt Organizations	able		
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c)		Yes	No
	(other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a	Transfers from the reporting foundation to a noncharitable exempt organization of:			
	(1) Cash	1a(1)		X
	(2) Other assets	1a(2)		X
b	Other transactions:			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		X
	(3) Rental of facilities, equipment, or other assets	1b(3)		X
	(4) Reimbursement arrangements	1b(4)		X
	(5) Loans or loan guarantees	1b(5)		X
	(6) Performance of services or membership or fundraising solicitations	1b(6)		X
C	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		X

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (**b**) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (**d**) the value of the goods, other assets, or services received.

	1-	, ,	,						
( <b>a</b> ) Line no		(b) Amount involved	(c) Name of	noncharitable	exemp	ot organization	(d) Descrip	tion of transfers, transaction	ons, and sharing arrangements
			N/A						
in se	ection	dation directly or indirect 501(c) (other than sectior mplete the following sche	n 501(c)(3)) or in sec						Yes X No
		(a) Name of org	anization		<b>(b)</b> Ty	ype of organization		(c) Description of r	elationship
		N/A							
Sign Here		penalties of perjury, I declare the lief, it is true, correct, and com					ion of which prepare		May the IRS discuss this return with the preparer shown below? See instr. X Yes No
	Sign	ature of officer or trustee				Date	Title		
		Print/Type preparer's na	me	Preparer's sig	gnature	9	Date	Check if	PTIN
								self- employed	
Paid		LINDA DISPI	ENSA						P00739263
Prepa Use C		Firm's name <b>HEM</b>	ENWAY & BA	ARNES L	ΓΡ			Firm's EIN ► 0	4-1433295
		Firm's address ► 75	STATE ST	REET					
		BOSTON, MA 02109-1466						Phone no. (6	17) 227-7940

## Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

# Schedule of Contributors

Attach to Form 990. Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

Employer identification number

Name of the organizat		
	MUELLER HEALTH FOUNDATION, INC.	47-2554059
Organization type (ch	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from
any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;
or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization	Name of	organization	
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47 - 2554059

#### MUELLER HEALTH FOUNDATION, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	PETER MUELLER 63 HAMMERSMITH ROAD NEWPORT, RI 02840	\$481,283.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

823452 11-08-18

13440424 764309 13913-2

15 2018.05080 MUELLER HEALTH FOUNDATION 13913-21

Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2018)	
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Name of organization

Employer identification number

47-2554059

MUELLER HEALTH FOUNDATION, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	0 SH VERTEX PHARMACEUTICALS INC		
		\$\$1,283.	03/07/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>1</u>	02 SH VANGUARD S&P 500 ETF		
		\$\$	12/18/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

16

## 13440424 764309 13913-2

Schedule B (Fo	orm 990, 990-EZ	, or 990-PF) (2018)
		.,

Page 4	4
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Name of o	organization		Employer identification number
	ER HEALTH FOUNDATION,	INC.	47-2554059
Part III	Exclusively religious, charitable, etc., contrib from any one contributor. Complete columns completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition	(a) through (e) and the following line en s, charitable, etc., contributions of <b>\$1,000 or</b>	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year try. For organizations less for the year. (Enter this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	ť
	Transferee's name, address	and ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	
	Transferee's name, address	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	
	Transferee's name, address	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		-	
	Transferee's name, address	(e) Transfer of gif , and ZIP + 4	Relationship of transferor to transferee
323454 11-08	3-18		Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

13440424 764309 13913-2

17 2018.05080 MUELLER HEALTH FOUNDATION 13913-21

#### MUELLER HEALTH FOUNDATION, INC.

FORM 990-PF	DIVIDENDS	AND INTER	EST	FROM SECUR	ITIES S	TATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	
UBS FINANCIAL SERVICES X8385 UBS FINANCIAL	5,660.		0.	5,660.	5,660.	
SERVICES X8394	58,856.		0.	58,856.	58,856.	
UBS FINANCIAL SERVICES X8395	46,418.		0.	46,418.	46,418.	
TO PART I, LINE 4	110,934.		0.	110,934.	110,934.	
=						
FORM 990-PF		LEGAL	FE	ES	S	TATEMENT 2
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) T INVEST- NT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
HEMENWAY & BARNES LI FEES	EGAL	2,396.		0.		2,396.
TO FM 990-PF, PG 1,	LN 16A	2,396.		0.		2,396.
FORM 990-PF		ACCOUNTI	NG	FEES	S	TATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) T INVEST- NT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
HEMENWAY & BARNES TA PREPARATION FEE	 AX	3,648.		1,824.		1,824.

1,824.

1,824.

FORM 990-PF C	OTHER PROFESSIONAL FEES		S'	TATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
UBS INVESTMENT MANAGEMENT	44,052.	44,052.		0.
 TO FORM 990-PF, PG 1, LN 16C =	44,052.	44,052.		0.

FORM 990-PF	ТАХ	ES	STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FOREIGN TAX WITHHELD EXCISE TAX PRIOR YEAR	1,929.	1,929.		0.	
BALANCE DUE	1,285.	0.		0.	
EXCISE TAX CURRENT YEAR ESTIMATE PAID	3,000.	0.		0.	
TO FORM 990-PF, PG 1, LN 18	6,214.	1,929.		0.	

FORM 990-PF	OTHER EXPENSES STATEMEN			TATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ADR FEES WEB HOSTING FEES	77. 207.	77.		0. 207.
TO FORM 990-PF, PG 1, LN 23	284.	77.		207.

FORM 990-PF OTHER DECR	EASES IN NET 2	ASSETS OR	FUND BALANCES	STATEMENT 7
DESCRIPTION				AMOUNT
BOOK VALUE ADJUSTMENT				2,488
ADJUST FMV OF SECURITIES ( COST) BASIS	CONTRIBUTED TO	O BOOK VA	LUE (TAX	164,967
TOTAL TO FORM 990-PF, PAR	F III, LINE 5			167,455
FORM 990-PF	CORPOR	ATE STOCK		STATEMENT 8
DESCRIPTION			BOOK VALUE	FAIR MARKET VALUE
VARIOUS STOCKS-LIST ATTAC			1,798,959.	
VARIOUS STOCKS-LIST ATTAC VARIOUS STOCKS-LIST ATTAC			1,037,926. 310,979.	
TOTAL TO FORM 990-PF, PAR	T II, LINE 10	В	3,147,864.	3,151,634

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
VARIOUS BONDS-LIST ATTACHED	843,604.	834,946.
TOTAL TO FORM 990-PF, PART II, LINE 10C	843,604.	834,946.

STATEMENT 10
STATEMENT 10
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#### NAME OF MANAGER

MUELLER HEALTH FOUNDATION, INC.

PETER MUELLER ULRIKE MUELLER 47-2554059