C&E Form 990-PF

Return of 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.

-	_		foundation	egiming		, and endin		A Employer identification	number
							,		
_	М	JE:	LLER HEALTH F	OUNDATION,	INC.			47-2554059	
ı			nd street (or PO box number if ma			Ro	om/suite	B Telephone number	
_	<u>C</u>	<u>/0</u>	HEMENWAY & B	ARNES, PO E		617-557-97	67		
ı	_		own, state or province, count TON, MA 0219		ostal code			C If exemption application is pe	ending, check here
G				nitial return	Initial return of a fo	ormer public char	ity	D 1. Foreign organizations	, check here
,				inal return	Amended return	·			
7_			A	Address change	Name change			Foreign organizations med check here and attach cor	eting the 85% test, inputation
Ή	C	heck	type of organization:	Section 501(c)(3) ex	empt private foundation	4	14	E If private foundation stat	us was terminated
1			ction 4947(a)(1) nonexempt		Other taxable private founda	ition		under section 507(b)(1)	(A), check here
ı			arket value of all assets at en	1	-	Accrual	{	F If the foundation is in a 6	
		_	Part II, col. (c), line 16)		her (specify)			under section 507(b)(1)	(B), check here
	₽				nn (d) must be on cash basi				(4) 5
L.	Pa	rt I	(The total of amounts in columns necessarily equal the amounts in	s (b), (c), and (d) may not	(a) Revenue and expenses per books	(b) Net inves		(c) Adjusted net income	(0) Disbursements for charitable purposes (cash basis only)
	ĺ	1	Contributions, gifts, grants,	etc., received	310,000.			N/A	
		2	Check I if the foundation is Interest on savings and temporar	not required to attach Sch. B					
]	3	cash investments		100 211	100	~		CONTRACTOR 1
	١	4	Dividends and interest from	securities	120,311.	108,	837.		STATEMENT 1
	- 1		Gross rents						
	- {		Net rental income or (loss)		191,451.			<u></u>	
	he	oa b	Net gain or (loss) from sale of ass Gross sales price for all	3,757,956.	171,431.	FAST	MAR	K RECEIV	/FD
	Revenu	7	assets on line 6a Capital gain net income (from Par			191,		1 TALL OF	
	Re	8	Net short-term capital gain	, ,					
	ł	9	Income modifications			MAY	10'18	MAY 15	18
	ł	10a	Gross sales less returns and allowances						
	ł	b	Less Cost of goods sold					OGDEN	
	ļ	C	Gross profit or (loss)					CE CENTER	
	ļ	11	Other income		191.		50.		STATEMENT 2
_	-	12	Total Add lines 1 through		621,953.	300,	338.		0.
	ĺ	13	Compensation of officers, director	·	0.		<u> </u>		<u></u>
	Ì	14 15	Other employee salaries and Pension plans, employee be	-				<u> </u>	
	es		Legal fees	STMT 3	1,566.		0.		1,566.
	use.		Accounting fees	STMT 4	4,565.	2.	283.		2,282.
	Expense		Other professional fees	STMT 5	44,434.	41,	112.		0.
	e E		Interest						
	Administrative E	18	Taxes	STMT 6	1,850.	1,	350.		0.
	ist	19	Depreciation and depletion						
	Ē	20	Оссиралсу			L			<u> </u>
	A		Travel, conferences, and me	eetings		ļ 			L
©		22	Printing and publications	amen a	264				200
0107 7	<u>n</u>	23	Other expenses	STMT 7	364.		56.		308.
₹	rat	24	Total operating and admini		52,779.	44	801.		4,156.
3	Operating a	25	expenses Add lines 13 thr. Contributions, gifts, grants	-	400,000.		001.		400,000.
9			Total expenses and disburs	•	200,000				20070001
	1		Add lines 24 and 25	0011101110	452,779.	44,	801.	!	404,156.
_		27		2.					
	- }		Excess of revenue over expenses		169,174.				
	- [b	Net investment income (if n	negative, enter -0-)		255,	537.		
_		С	Adjusted net income (if neg				PAPE	r fin N/A	
72	350	1 01	-03-18 LHA For Paperwo	ork Reduction Act Notice	e, see instructions.				Form 990-PF (2017)

For	m 99	0-PF (2017) MUELLER HEALTH FOUNDATIO	N, INC.		2554059 Page 2
٦	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	
<u>:</u>	<u> </u>	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	1.		
	2	Savings and temporary cash investments	381,058.	483,054.	483,054.
	3	Accounts receivable			
		Less: allowance for doubtful accounts			
	4	Pledges receivable ►			
)	Less; allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other		ì	
	İ	disqualified persons			
	7	Other notes and loans receivable			
		Less; allowance for doubtful accounts			
ফ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ä	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock STMT 8	1,908,096.	2,909,260.	3,191,099.
	C	Investments - corporate bonds STMT 9	1,995,067.	1,058,691.	1,048,607.
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment: basis			
	ł	Less accumulated depreciation			
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers - see the			
	<u> </u>	instructions. Also, see page 1, item I)	4,284,222.	4,451,005.	4,722,760.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
s	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
abil	21	Mortgages and other notes payable			ĺ
ڌ	22	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.		Ĭ	1
es	24	Unrestricted			
anc	25	Temporarily restricted			İ
Bal	26	Permanently restricted			
뎔	}	Foundations that do not follow SFAS 117, check here			
or Fund Balances		and complete lines 27 through 31	į		
ò	27	Capital stock, trust principal, or current funds	0.	0.	,
ěts	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Assets	29	Retained earnings, accumulated income, endowment, or other funds	4,284,222.	4,451,005.	
Net	30	Total net assets or fund balances	4,284,222.	4,451,005.	
Z					
	31	Total liabilities and net assets/fund balances	4,284,222.	4,451,005.	}
TP	art				
_		net assets or fund balances at beginning of year - Part II, column (a), line 3			
1		thet assets of fund balances at beginning of year - Part it, column (a), line a stagree with end-of-year figure reported on prior year's return)) 0	1.1	4,284,222.
9	•	r amount from Part I, line 27a		1 2	169,174.
		r increases not included in line 2 (itemize)			0.
3		lines 1, 2, and 3			4,453,396.
4 5		eases not included in line 2 (itemize) BOOK VALUE ADJU	ISTMENT	5	2,391.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co		6	4,451,005.
<u>.</u>	ıvıd	The assets of June balances at 6110 of year June 4 filling fills 3) - Part II, Co	iamin (u), iiile ou		Form 990-PF (2017)

(a) List and describe 2-story brick wa	the kind(s) of property sold (for exain arehouse; or common stock, 200 shs	mple, real esta		(b) How a P - Pur D - Do	acquired chase nation	(c) Date (mo., d	acquired lay, yr.)	(d) Date sold (mo., day, yr.)
1a PUBLICLY TRADE	D SECURITIES							
b	·			<u> </u>				
C d				 				
<u>d</u>				 				
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale		•		ain or (loss s (f) minus (
a 3,757,956.			3,566,50	5.				191,451.
<u>b</u>								
C								<u> </u>
<u>d</u>		-		_				
e Complete only for assets showing	lg gain in column (h) and owned by t	the foundation	on 12/31/69.) Gains (C	Col. (h) gaın	minus
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col. (1) col. (j), if any			. (k), but ı	not less that (from col. (n -0-) or
a						•••	••	191,451.
b	-							· · · · · · · · · · · · · · · · · · ·
C								
d								
<u>e</u>		<u> </u>						
2 Capital gain net income or (net ca	apital loss) $ \begin{cases} \text{ If gain, also enter} \\ \text{If (loss), enter -0} \end{cases} $	r in Part I, line I- in Part I, line	7 7	} 2				191,451.
3 Net short-term capital gain or (los		ıd (6):		٦١				
If gain, also enter in Part I, line 8,				} _			N/A	
If (loss), enter -0- in Part I, line 8 Part V Qualification U	nder Section 4940(e) for	Reduced	Tax on Net	Investn	nent Inco	me	H/A	
If section 4940(d)(2) applies, leave the Was the foundation liable for the sec If "Yes," the foundation doesn't qualif	tion 4942 tax on the distributable am y under section 4940(e). Do not com	plete this part					·	Yes X No
1 Enter the appropriate amount in (1	istructions bet	ore making any er					(4)
(a) Base period years Calendar year (or tay year beginn)	ng in) Adjusted qualifying dis	tributions	Net value of no	(c) oncharitable	e-use assets		Distrib	(d) oution ratio rided by col. (c))
Calendar year (or tax year beginni 2016	119 111/	2,402.			70,207		(coi. (b) aiv	.088049
2015		0,348.			12,157			.053767
2014		0.		4,86	55,973	•		.000000
2013								
2012								
2 Total of line 1, column (d)						2		.141816
3 Average distribution ratio for the the foundation has been in existe		on line 2 by 5.0	0, or by the numbe	er of years		3		.047272
4 Enter the net value of noncharitab	ole-use assets for 2017 from Part X,	line 5				4		4,498,594.
5 Multiply line 4 by line 3						5		212,658.
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)					6		2,555.
7 Add lines 5 and 6						7		215,213.
8 Enter qualifying distributions from	n Part XII, line 4					8		404,156.
If line 8 is equal to or greater than See the Part VI instructions.	n line 7, check the box in Part VI, line	t 1b, and comp	olete that part usin	ig a 1% tax	rate.			

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Form 990-PF (2017) MUELLER HEALTH FOUNDATION, 1 Part VI Excise Tax Based on Investment Income (Section 4)	INC . 4 4940(a), 4940(b), 4940(e), or 494	7-25540 8 - see ins		Page 4
1a Exempt operating foundations described in section 4940(d)(2), check here				-
Date of ruling or determination letter: (attach copy of letter				
b Domestic foundations that meet the section 4940(e) requirements in Part V, check her		1	2,5	55.
of Part I, line 27b	· -			
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, en	iter 4% of Part I, line 12, col. (b).			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations or		2		0.
3 Add lines 1 and 2		3	2,5	55.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations of	only; others, enter -0-)	4		0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0)-	5	2,5	55.
6 Credits/Payments:				
a 2017 estimated tax payments and 2016 overpayment credited to 2017	6a 1,270.			
b Exempt for eign organizations - tax withheld at source	6b 0.			
c Tax paid with application for extension of time to file (Form 8868)	6c 0.			
d Backup withholding erroneously withheld	6d 0.			
7 Total credits and payments. Add lines 6a through 6d		7	1,2	
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220	is attached	8		0.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	▶ [9	1,2	85.
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overp	aid 🔻 🕨	10		
11 Enter the amount of line 10 to be: Credited to 2018 estimated tax	Refunded ►	11		
Part VII-A Statements Regarding Activities				
1a During the tax year, did the foundation attempt to influence any national, state, or local	il 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 i	purposes? See the instructions for the definition	on [1b	X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and co	opies 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
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed duri	ng the year:			
(1) On the foundation. \blacktriangleright \$ (2) On foundation mar	nagers. ► \$ 0.			
e Enter the reimbursement (if any) paid by the foundation during the year for political ex	•			
managers. ▶ \$0.	•			
2 Has the foundation engaged in any activities that have not previously been reported to	the IRS?	<u> </u>	2	Х
If "Yes," attach a detailed description of the activities.		Г		
3 Has the foundation made any changes, not previously reported to the IRS, in its gover	ning instrument, articles of incorporation, or			
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	- · · · · · · · · · · · · · · · · · · ·	ļ	3	X
4a Did the foundation have unrelated business gross income of \$1,000 or more during th	ne year?	Γ	4a	Х
b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the	year?	ľ	5	Х
If "Yes," attach the statement required by General Instruction T.		Ī		
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisf	fied either:			
By language in the governing instrument, or				
 By state Tegislation that effectively amends the governing instrument so that no man 	idatory directions that conflict with the state la	w		
remain in the governing instrument?		Ī	6 X	
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	Γ	7 X	
		Γ		
8a Enter the states to which the foundation reports or with which it is registered. See inst	tructions. >			
DE				
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to	the Attorney General (or designate)			
of each state as required by General Instruction G? If "No," attach explanation	· ·		8b X	
9 Is the foundation claiming status as a private operating foundation within the meaning	of section 4942(j)(3) or 4942(j)(5) for calend	ar [
year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes,			9	X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a	•		10	X
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Total. Add lines 1 through 3

4940(e) reduction of tax in those years.

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Part XIII Undistributed Income (see	nstructions)			
	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI,				222,375.
line 7 2 Undistributed income, if any, as of the end of 2017				222,313,
a Enter amount for 2016 only		-	0.	
b Total for prior years:	-			
g rotal for prior years.		0.		
3 Excess distributions carryover, if any, to 2017:				
a From 2012				
b From 2013		\ \		
c From 2014				
d From 2015 19,544.				
e From 2016 175,018.		1		
f Total of lines 3a through e	194,562.			
4 Qualifying distributions for 2017 from				
Part XII, line 4: ►\$ 404,156.				
a Applied to 2016, but not more than line 2a		Ī	0.	
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 2017 distributable amount				222,375.
e Remaining amount distributed out of corpus	181,781.			
5 Excess distributions carryover applied to 2017	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))			Í	
6 Enter the net total of each column as indicated below:	376 343			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	376,343.			
b Prior years' undistributed income. Subtract	1			
line 4b from line 2b		0.		
c 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.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2016. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2017. Subtract		i		
lines 4d and 5 from line 1. This amount must	j			
be distributed in 2018				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2012	, 1			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2018	276 242			
Subtract lines 7 and 8 from line 6a	376,343.			
10 Analysis of line 9:		}		
a Excess from 2013	1			
b Excess from 2014	1			
c Excess from 2015 19,544. d Excess from 2016 175,018.	Ĭ			1
d Excess from 2016 175, 018. e Excess from 2017 181, 781.				

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		NDATION, INC			54059 Page 10
Part XIV Private Operating F			A, question 9)	N/A	
1 a If the foundation has received a ruling of	l .				
foundation, and the ruling is effective fo	1		▶		
b Check box to indicate whether the found		ng foundation described in		4942(j)(3) or 49	942(1)(5)
2 a Enter the lesser of the adjusted net	Tax year	(b) 004C	Prior 3 years	(4) 0044	// (a) -
income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
investment return from Part X for				1	
each year listed				<u> </u>	
b 85% of line 2a				//	<u></u>
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			l /	P	
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.	1				Ì
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon;				İ	
a "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					j
listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section	/				1
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt		ļ			
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization	/				
(4) Gross investment income					
PartXV Supplementary Info	rmation (Comple	te this part only it	the foundation	had \$5,000 or mo	re in assets
at any time during t					
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh		than 2% of the total contr	ibutions received by the	foundation before the clos	e of any tax
year (but only if they have contributed r			,		,
SEE STATEMENT 10					
b List any managers of the foundation wh	o own 10% or more of th	e stock of a corporation (or an equally large portion	on of the ownership of a pa	ertnership or
other entity) of which the foundation ha			or arroquany large porter	on or the officer of a pe	and only of
NONE					
2 Information Regarding Contribut	on, Grant, Gift, Loan,	Scholarship, etc., Pro	ograms:		
Check here ► X If the foundation of				not accept unsolicited requ	ests for funds. If
the foundation makes gifts, grants, etc.,					5010 101 1011001 11
a The name, address, and telephone num	her or email address of th	e person to whom applica	ations should be address	sed.	
	Of	paradir to milant applied		,	
b The form in which applications should be	ne submitted and informat	tion and materials they sh	roniq rucinde.		
• The form in times approacions should	oo ooomiii oo aha iiroma	mon and materials they on	iodia moiado.		
c Any submission deadlines:					
,					
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields.	kinds of institutions, or	other factors:	
	, , , , , , , , , , , , , , , , , , , ,	,	, -		

Part XV Supplementary information				 _
3 Grants and Contributions Paid During the	Year or Approved for Future	Payment		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
warne and address (nome of business)	or substantial contributor	recipient		
a Paid during the year				
		1		
BOSTON CHILDREN'S HOSPITAL				
300 LONGWOOD AVENUE		PC	RESEARCH GRANT FOR TB THERAPIES	
BOSTON, MA 02115			THERAPIES	400,000.
BOSTON, MA UZIIJ			 	400,000.
			1	
			1	
		<u> </u>		 -
		}		
				
		İ		
				<u></u>
				٧.
Total			→ 3a	400,000.
b Approved for future payment				
NONE		1		
]	
		}]	
		Ì		
		1		
		1		
		1	1	
		J		
Total			▶ 3b	0.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated t	ousiness income	Exclude	d by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code		code	Amount	
8	-				
ь	-				
c	-				
d	-				
e	-				
Food and contracts from any argument against	-		-+		
g Fees and contracts from government agencies					
2 Membership dues and assessments 3 Interest on savings and temporary cash	h				
investments	1 1			Ì	
4 Dividends and interest from securities			14	120,311.	
5 Net rental income or (loss) from real estate:			- -		
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property	}		1 }	}	
7 Other investment income			14	191.	
8 Gain or (loss) from sales of assets other			_		
than inventory			18	191,451.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:	1 1				
a			_}_		
b	-				
C	-				
d					
e			. 	311,953.	0.
12 Subtotal. Add columns (b), (d), and (e)	<u> </u>				311,953.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)				13	311,333
Part XVI-B Relationship of Activities					

Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).

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Part			egarding Tran					Relationsh		charitable		iye is
	<u> </u>	Exempt Organ		isiers to a		arisactions	and	riciationsi	iips with itom	Silaiitabic		
1 Did	the or	ganization directly or indi		of the following	ng with a	inv other organi	zation	described in sec	tion 501(c)		Yes	No
		n section 501(c)(3) organ			_	•		4000. 1000 III 000				
•		from the reporting founda	•			•				ļ		
	Cash				J					1a(1)		Х
٠,		assets								1a(2)		Х
		sactions:								1202		
		of assets to a noncharita	ble exempt organiza	ation						1b(1)		Х
		nases of assets from a no								1b(2)		X
٠,,		I of facilities, equipment,	•							1b(3)		Х
		bursement arrangements								1b(4)		Х
		s or loan guarantees								1b(5)		Х
		rmance of services or me	mbership or fundra	usina solicitatio	ons					1b(6)		Х
		f facilities, equipment, ma								1c		Х
	_	ver to any of the above is	•			lumn (b) shoul	d alwa	vs show the fair	market value of the		ets.	
		s given by the reporting fo										
) the value of the goods,						•	0 0	•		
(a) Line n	۰٦	(b) Amount involved	(c) Name (of noncharitable	e exemp	t organization		(d) Description	n of transfers, transaction	ns, and sharing arr	angemen	its
				N/A								
								-				
		· · · · · ·										
		· · · · · · · · · · · · · · · · · · ·										
							-					
	$\neg \neg$	-										
	\neg											
												
	\top					2						
						-						
	\neg	<u> </u>										
	$\neg \vdash$											_
					_							
2a Is 1	he four	ndation directly or indirec	tly affiliated with, or	related to, one	e or mor	e tax-exempt or	ganıza	tions described				
		501(c) (other than sectio				•				Yes	X	No
		omplete the following sch										
		(a) Name of org			(b) Ty	pe of organizati	on		(c) Description of re	elationship		
		N/A										
								_				
		_										
		penalties of perjury, I declare t								May the IRS	discuss t	his
Sign	and be	elief, it is true, correct and com	iplete Declaration of pr	reparer (other than	1 taxpayer	is based on all info	rmation	n of which preparer i	nas any knowledge	return with th shown below	e prepare	9f
Here		1. Um	m-			05 03	18	PRESI	DENT	X Yes		No
	Sign	ature of officer or trustee	;			Date		Title				
		Print/Type preparer's na	ame	Preparer's s	signature		T	Date	Check if	PTIN		
_				1	$\int_{\mathbb{R}^{n}}$			1/2/2	self- employed			
Paid		LINDA DISP		Vinda	Disk	ma		4/30/18		P00739		
Prepa		Firm's name ► HEM	ENWAY & F	BARNES	$\Gamma\Gamma_{\mathbf{k}}$				Firm's EIN ► 0	4-14332	95	
Use (Only	l							1			

Phone no (617) 227-7940

Firm's address ▶ 75 STATE STREET

BOSTON, MA 02109-1466

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **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

2017

Name of the organization

Employer identification number

1	MUELLER HEALTH FOUNDATION, INC.	47-2554059
Organization type (check	k one).	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not 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	
, -	on is covered by the General Rule or a Special Rule . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Speci	al Rule See instructions
X For an organizat	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to any one contributor. Complete Parts I and II. See instructions for determining a contrib	
Special Rules		
sections 509(a)(any one contribu	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% sup (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, utor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the EZ, line 1 Complete Parts I and II	16a, or 16b, and that received from
year, total contri	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received ributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or of cruelty to children or animals Complete Parts I, II, and III	
year, contribution is checked, enter purpose. Don't c	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received ons exclusively for religious, charitable, etc., purposes, but no such contributions total er here the total contributions that were received during the year for an exclusively recomplete any of the parts unless the General Rule applies to this organization becausable, etc., contributions totaling \$5,000 or more during the year	aled more than \$1,000. If this box eligious, charitable, etc.,
but it must answer "No"	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or or et 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) (2017)

Name of organization

Employer identification number

MUELLER	HEALTH	FOUNDATION,	INC

47-2554059

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PETER MUELLER 45 ALGONQUIAN DRIVE NATICK, MA 01760	\$310,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)

Name of organization

Employer identification number

MUELLER HEALTH FOUNDATION, INC.

47-2554059

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(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
		\$	
(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
		\$	

FORM 990-PF	DIVIDENDS	AND INTER	REST	FROM SECUE	RITIES S	TATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAI GAINS DIVIDENI		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	
UBS FINANCIAL SERVICES- MUNICIPAL INTEREST	7,507.		0.	7,507	0.	
UBS FINANCIAL SERVICES X8394 UBS FINANCIAL	68,059.		0.	68,059	64,092.	
SERVICES X8395	44,745.		0.	44,745	44,745.	
TO PART I, LINE 4	120,311.		0.	120,311	108,837.	
FORM 990-PF		OTHER 1	INCO	ME	S	TATEMENT 2
DESCRIPTION			RE		(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
NET EXCISE TAX REFUN	D			191.	50.	
TOTAL TO FORM 990-PF, PART I, LINE 11				191.	50.	
FORM 990-PF		LEGAI	FE	ES	S	TATEMENT 3
	,	(A) EXPENSES		(B) T INVEST-	(C) ADJUSTED	(D) CHARITABLE
DESCRIPTION		PER BOOKS	ME	NT INCOME	NET INCOME	PURPOSES
DESCRIPTION HEMENWAY & BARNES LE FEES		1,566		NT INCOME 0.	NET INCOME	PURPOSES 1,566.

FORM 990-PF	ACCOUNTI	ACCOUNTING FEES		STATEMENT 4	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
HEMENWAY & BARNES TAX PREPARATION FEE	4,565.	2,283.		2,282.	
TO FORM 990-PF, PG 1, LN 16B	4,565.	2,283.		2,282.	
FORM 990-PF (OTHER PROFES	SIONAL FEES	S	PATEMENT 5	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
UBS INVESTMENT MANAGEMENT UBS INVESTMENT MANAGEMENT	33,438. 10,996.	30,116. 10,996.		0.	
TO FORM 990-PF, PG 1, LN 16C	44,434.	41,112.		0.	
FORM 990-PF	TAX	ES	S'	гатемент 6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FOREIGN TAX WITHHELD EXCISE TAX ON INVESTMENTS	1,350. 500.	1,350.		0.	
TO FORM 990-PF, PG 1, LN 18	1,850.	1,350.		0.	
FORM 990-PF	OTHER E	XPENSES	S'	ratement 7	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES	
	56.	56.		0.	
ADR FEES DELAWARE FILING FEES WEB FEES	218. 90.	0. 0.		218. 90.	

FORM 990-PF	CORPORATE STOCK		STATEMENT 8
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
VARIOUS STOCKS-LIST ATTACHED VARIOUS STOCKS-LIST ATTACHED		1,890,531. 1,018,729.	2,031,407. 1,159,692.
TOTAL TO FORM 990-PF, PART I	I, LINE 10B	2,909,260.	3,191,099.
FORM 990-PF	CORPORATE BONDS		STATEMENT 9
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
VARIOUS BONDS-LIST ATTACHED		1,058,691.	1,048,607.

FORM 990-PF	PART XV - LINE 1A	STATEMENT 10
	LIST OF FOUNDATION MANAGERS	

NAME OF MANAGER

PETER MUELLER ULRIKE MUELLER