

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning and ending
B Check if applicable:
C Name of organization: MUELLER FOUNDATION
D Employer identification number: 26-0611316
E Telephone number: 5127039200
G Gross receipts \$: 4,784,478.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
H(c) Group exemption number
I Tax-exempt status:
J Website:
K Form of organization:
L Year of formation:
M State of legal domicile:

Part I Summary
1 Briefly describe the organization's mission or most significant activities: GENERALLY, TO OPERATE EXCLUSIVELY FOR CHARITABLE, OR EDUCATIONAL PURPOSES WITHIN THE
2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.
3 Number of voting members of the governing body (Part VI, line 1a)
4 Number of independent voting members of the governing body (Part VI, line 1b)
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)
6 Total number of volunteers (estimate if necessary)
7 a Total unrelated business revenue from Part VIII, column (C), line 12
b Net unrelated business taxable income from Form 990-T, line 34
8 Contributions and grants (Part VIII, line 1h)
9 Program service revenue (Part VIII, line 2g)
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14 Benefits paid to or for members (Part IX, column (A), line 4)
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)
16a Professional fundraising fees (Part IX, column (A), line 11e)
b Total fundraising expenses (Part IX, column (D), line 25)
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)
19 Revenue less expenses. Subtract line 18 from line 12
20 Total assets (Part X, line 16)
21 Total liabilities (Part X, line 26)
22 Net assets or fund balances. Subtract line 21 from line 20

Part II Signature Block
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.
Sign Here: Signature of officer: SUZANNA CABALLERO, TREASURER
Date: 11/15/17

Paid Preparer Use Only
Print/Type preparer's name: SHANNON M ANDRE
Preparer's signature:
Date: 11/14/17
Check if self-employed:
PTIN: P00288382
Firm's name: BROWN, GRAHAM AND COMPANY, P.C.
Firm's EIN: 75-1386677
Firm's address: 13809 RESEARCH BLVD., STE 305 AUSTIN, TX 78750
Phone no. 512/257-8078

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No