

Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning

and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MUELLER FOUNDATION		D Employer identification number 26-0611316
	Doing business as		E Telephone number 5127039200
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	4550 MUELLER BLVD		G Gross receipts \$ 4,392,747.
	City or town, state or province, country, and ZIP or foreign postal code AUSTIN, TX 78723		
	F Name and address of principal officer: PATTI SUMMERVILLE SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: HTTP://MUELLERFOUNDATION.ORG

K Form of organization: Corporation Trust Association Other

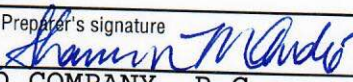
L Year of formation: 2007 **M State of legal domicile:** TX

Part I Summary

Activities & Governance	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 <input type="checkbox"/> 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)	8
	4	Number of independent voting members of the governing body (Part VI, line 1b)	8
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	0
	6	Total number of volunteers (estimate if necessary)	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 0. Current Year: 399,890.
	9	Program service revenue (Part VIII, line 2g)	4,738,824. 3,936,302.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	45,654. 56,555.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0. 0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,784,478. 4,392,747.
	Expenses	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)	0. 0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	100,000. 100,000.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
b		Total fundraising expenses (Part IX, column (D), line 25)	0.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	693,440. 580,979.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	848,940. 736,079.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	3,935,538. 3,656,668.
	20	Total assets (Part X, line 16)	Beginning of Current Year: 28,647,036. End of Year: 34,310,877.
	21	Total liabilities (Part X, line 26)	109,032. 81,806.
22	Net assets or fund balances. Subtract line 21 from line 20	28,538,004. 34,229,071.	

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		Date	
	PATTI SUMMERVILLE, EXECUTIVE DIRECTOR		Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name SHANNON M ANDRE	Preparer's signature 	Date 11/15/18	Check if self-employed <input type="checkbox"/> 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) Yes No