

## 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](http://www.irs.gov/Form990PF) for instructions and the latest information.

2025

Open to Public Inspection

For calendar year 2025 or tax year beginning

, and ending

|                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                  |         |                                                                                                                                                                                                                                                                            |                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| Name of foundation<br><b>MUELLER HEALTH FOUNDATION INC.<br/>C/O BESSEMER TRUST COMPANY</b>                                                                                                                                                                                                                                 |  |                                                                                                                                                  |         | A Employer identification number<br><b>47-2554059</b>                                                                                                                                                                                                                      |                                           |
| Number and street (or P.O. box number if mail is not delivered to street address)<br><b>1325 FRANKLIN AVE</b>                                                                                                                                                                                                              |  |                                                                                                                                                  |         | Room/suite<br><b>560</b>                                                                                                                                                                                                                                                   | B Telephone number<br><b>516-508-9623</b> |
| City or town<br><b>GARDEN CITY</b>                                                                                                                                                                                                                                                                                         |  | State or province<br><b>NY</b>                                                                                                                   | Country | ZIP or foreign postal code<br><b>11530</b>                                                                                                                                                                                                                                 |                                           |
| G Check all that apply:<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return<br><input checked="" type="checkbox"/> Address change<br><input type="checkbox"/> Initial return of a former public charity<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Name change |  |                                                                                                                                                  |         | C If exemption application is pending, check here ... <input type="checkbox"/><br>D 1. Foreign organizations, check here ..... <input type="checkbox"/><br>2. Foreign organizations meeting the 85% test, check here and attach computation ..... <input type="checkbox"/> |                                           |
| H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation<br><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation                                                                          |  |                                                                                                                                                  |         | E If private foundation status was terminated under section 507(b)(1)(A), check here ... <input type="checkbox"/>                                                                                                                                                          |                                           |
| I Fair market value of all assets at end of year (from Part II, col. (c), line 16)<br><b>\$ 6,329,406.</b>                                                                                                                                                                                                                 |  | J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual<br><input type="checkbox"/> Other (specify) _____ |         | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ... <input type="checkbox"/>                                                                                                                                                       |                                           |
| (Part I, column (d), must be on cash basis.)                                                                                                                                                                                                                                                                               |  |                                                                                                                                                  |         |                                                                                                                                                                                                                                                                            |                                           |

| Part I Analysis of Revenue and Expenses<br>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).) |                                                                                     | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------|---------------------------|-------------------------|-------------------------------------------------------------|
| Revenue                                                                                                                                             | 1 Contributions, gifts, grants, etc., received                                      | 595,492.                           |                           | N/A                     |                                                             |
|                                                                                                                                                     | 2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B |                                    |                           |                         |                                                             |
|                                                                                                                                                     | 3 Interest on savings and temporary cash investments                                |                                    |                           |                         |                                                             |
|                                                                                                                                                     | 4 Dividends and interest from securities                                            | 105,076.                           | 105,076.                  |                         | STATEMENT 2                                                 |
|                                                                                                                                                     | 5a Gross rents                                                                      |                                    |                           |                         |                                                             |
|                                                                                                                                                     | b Net rental income or (loss)                                                       |                                    |                           |                         |                                                             |
|                                                                                                                                                     | 6a Net gain or (loss) from sale of assets not on line 10                            | 409,742.                           |                           |                         | STATEMENT 1                                                 |
|                                                                                                                                                     | b Gross sales price for all assets on line 6a                                       | 1,894,169.                         |                           |                         |                                                             |
|                                                                                                                                                     | 7 Capital gain net income (from Part IV, line 2)                                    |                                    | 765,765.                  |                         |                                                             |
|                                                                                                                                                     | 8 Net short-term capital gain                                                       |                                    |                           |                         |                                                             |
|                                                                                                                                                     | 9 Income modifications                                                              |                                    |                           |                         |                                                             |
|                                                                                                                                                     | 10a Gross sales less returns and allowances                                         |                                    |                           |                         |                                                             |
| b Less: Cost of goods sold                                                                                                                          |                                                                                     |                                    |                           |                         |                                                             |
| c Gross profit or (loss)                                                                                                                            |                                                                                     |                                    |                           |                         |                                                             |
| 11 Other income                                                                                                                                     |                                                                                     |                                    |                           |                         |                                                             |
| 12 Total. Add lines 1 through 11                                                                                                                    | 1,110,310.                                                                          | 870,841.                           |                           |                         |                                                             |
| Operating and Administrative Expenses                                                                                                               | 13 Compensation of officers, directors, trustees, etc.                              | 124,900.                           | 0.                        |                         | 124,900.                                                    |
|                                                                                                                                                     | 14 Other employee salaries and wages                                                |                                    |                           |                         |                                                             |
|                                                                                                                                                     | 15 Pension plans, employee benefits                                                 | 10,487.                            | 0.                        |                         | 10,487.                                                     |
|                                                                                                                                                     | 16a Legal fees                                                                      |                                    |                           |                         |                                                             |
|                                                                                                                                                     | b Accounting fees                                                                   | STMT 3 17,224.                     | 8,227.                    |                         | 8,997.                                                      |
|                                                                                                                                                     | c Other professional fees                                                           |                                    |                           |                         |                                                             |
|                                                                                                                                                     | 17 Interest                                                                         |                                    |                           |                         |                                                             |
|                                                                                                                                                     | 18 Taxes                                                                            | STMT 4 9,237.                      | 106.                      |                         | 0.                                                          |
|                                                                                                                                                     | 19 Depreciation and depletion                                                       |                                    |                           |                         |                                                             |
|                                                                                                                                                     | 20 Occupancy                                                                        |                                    |                           |                         |                                                             |
|                                                                                                                                                     | 21 Travel, conferences, and meetings                                                |                                    |                           |                         |                                                             |
|                                                                                                                                                     | 22 Printing and publications                                                        |                                    |                           |                         |                                                             |
|                                                                                                                                                     | 23 Other expenses                                                                   | STMT 5 5,444.                      | 0.                        |                         | 5,444.                                                      |
|                                                                                                                                                     | 24 Total operating and administrative expenses. Add lines 13 through 23             | 167,292.                           | 8,333.                    |                         | 149,828.                                                    |
| 25 Contributions, gifts, grants paid                                                                                                                | 709,307.                                                                            |                                    |                           | 709,307.                |                                                             |
| 26 Total expenses and disbursements. Add lines 24 and 25                                                                                            | 876,599.                                                                            | 8,333.                             |                           | 859,135.                |                                                             |
| 27 Subtract line 26 from line 12:                                                                                                                   |                                                                                     |                                    |                           |                         |                                                             |
| a Excess of revenue over expenses and disbursements                                                                                                 | 233,711.                                                                            |                                    |                           |                         |                                                             |
| b Net investment income (if negative, enter -0-)                                                                                                    |                                                                                     | 862,508.                           |                           |                         |                                                             |
| c Adjusted net income (if negative, enter -0-)                                                                                                      |                                                                                     |                                    | N/A                       |                         |                                                             |

MUELLER HEALTH FOUNDATION INC.

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C/O BESSEMER TRUST COMPANY

47-2554059

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| Part II Balance Sheets                                                                           |                                                                                                                               | Attached schedules and amounts in the description column should be for end-of-year amounts only. |                | Beginning of year     | End of year |  |
|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------|-----------------------|-------------|--|
|                                                                                                  |                                                                                                                               | (a) Book value                                                                                   | (b) Book value | (c) Fair market value |             |  |
| Assets                                                                                           | 1 Cash - non-interest-bearing                                                                                                 |                                                                                                  | 5,000.         | 5,000.                | 5,000.      |  |
|                                                                                                  | 2 Savings and temporary cash investments                                                                                      |                                                                                                  | 220,377.       | 960,895.              | 960,895.    |  |
|                                                                                                  | 3 Accounts receivable                                                                                                         | 1,705.                                                                                           |                |                       |             |  |
|                                                                                                  | Less: allowance for doubtful accounts                                                                                         |                                                                                                  | 454.           | 1,705.                | 1,705.      |  |
|                                                                                                  | 4 Pledges receivable                                                                                                          |                                                                                                  |                |                       |             |  |
|                                                                                                  | Less: allowance for doubtful accounts                                                                                         |                                                                                                  |                |                       |             |  |
|                                                                                                  | 5 Grants receivable                                                                                                           |                                                                                                  |                |                       |             |  |
|                                                                                                  | 6 Receivables due from officers, directors, trustees, and other disqualified persons                                          |                                                                                                  |                |                       |             |  |
|                                                                                                  | 7 Other notes and loans receivable                                                                                            |                                                                                                  |                |                       |             |  |
|                                                                                                  | Less: allowance for doubtful accounts                                                                                         |                                                                                                  |                |                       |             |  |
|                                                                                                  | 8 Inventories for sale or use                                                                                                 |                                                                                                  |                |                       |             |  |
|                                                                                                  | 9 Prepaid expenses and deferred charges                                                                                       |                                                                                                  |                |                       |             |  |
|                                                                                                  | 10a Investments - U.S. and state government obligations                                                                       |                                                                                                  |                |                       |             |  |
|                                                                                                  | b Investments - corporate stock                                                                                               | STMT 6                                                                                           | 5,097,531.     | 4,589,407.            | 5,361,806.  |  |
|                                                                                                  | c Investments - corporate bonds                                                                                               |                                                                                                  |                |                       |             |  |
|                                                                                                  | 11 Investments - land, buildings, and equipment: basis                                                                        |                                                                                                  |                |                       |             |  |
| Less: accumulated depreciation                                                                   |                                                                                                                               |                                                                                                  |                |                       |             |  |
| 12 Investments - mortgage loans                                                                  |                                                                                                                               |                                                                                                  |                |                       |             |  |
| 13 Investments - other                                                                           |                                                                                                                               |                                                                                                  |                |                       |             |  |
| 14 Land, buildings, and equipment: basis                                                         |                                                                                                                               |                                                                                                  |                |                       |             |  |
| Less: accumulated depreciation                                                                   |                                                                                                                               |                                                                                                  |                |                       |             |  |
| 15 Other assets (describe )                                                                      |                                                                                                                               |                                                                                                  |                |                       |             |  |
| 16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I) |                                                                                                                               | 5,323,362.                                                                                       | 5,557,007.     | 6,329,406.            |             |  |
| Liabilities                                                                                      | 17 Accounts payable and accrued expenses                                                                                      |                                                                                                  |                |                       |             |  |
|                                                                                                  | 18 Grants payable                                                                                                             |                                                                                                  |                |                       |             |  |
|                                                                                                  | 19 Deferred revenue                                                                                                           |                                                                                                  |                |                       |             |  |
|                                                                                                  | 20 Loans from officers, directors, trustees, and other disqualified persons                                                   |                                                                                                  |                |                       |             |  |
|                                                                                                  | 21 Mortgages and other notes payable                                                                                          |                                                                                                  |                |                       |             |  |
|                                                                                                  | 22 Other liabilities (describe )                                                                                              |                                                                                                  |                |                       |             |  |
| 23 Total liabilities (add lines 17 through 22)                                                   |                                                                                                                               | 0.                                                                                               | 0.             |                       |             |  |
| Net Assets or Fund Balances                                                                      | Foundations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 24, 25, 29, and 30.              |                                                                                                  |                |                       |             |  |
|                                                                                                  | 24 Net assets without donor restrictions                                                                                      |                                                                                                  |                |                       |             |  |
|                                                                                                  | 25 Net assets with donor restrictions                                                                                         |                                                                                                  |                |                       |             |  |
|                                                                                                  | Foundations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 26 through 30. |                                                                                                  |                |                       |             |  |
|                                                                                                  | 26 Capital stock, trust principal, or current funds                                                                           | 0.                                                                                               | 0.             |                       |             |  |
|                                                                                                  | 27 Paid-in or capital surplus, or land, bldg., and equipment fund                                                             | 0.                                                                                               | 0.             |                       |             |  |
|                                                                                                  | 28 Retained earnings, accumulated income, endowment, or other funds                                                           | 5,323,362.                                                                                       | 5,557,007.     |                       |             |  |
|                                                                                                  | 29 Total net assets or fund balances                                                                                          | 5,323,362.                                                                                       | 5,557,007.     |                       |             |  |
| 30 Total liabilities and net assets/fund balances                                                |                                                                                                                               | 5,323,362.                                                                                       | 5,557,007.     |                       |             |  |

Part III Analysis of Changes in Net Assets or Fund Balances

|                                                                                                                                                                 |   |            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|---|------------|
| 1 Total net assets or fund balances at beginning of year - Part II, line 29, column (a)<br>(must agree with end-of-year figure reported on prior year's return) | 1 | 5,323,362. |
| 2 Enter amount from Part I, line 27a                                                                                                                            | 2 | 233,711.   |
| 3 Other increases not included on line 2 (itemize)                                                                                                              | 3 | 0.         |
| 4 Add lines 1, 2, and 3                                                                                                                                         | 4 | 5,557,073. |
| 5 Decreases not included on line 2 (itemize) TRUNCATION                                                                                                         | 5 | 66.        |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, line 29, column (b)                                                         | 6 | 5,557,007. |

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**Part IV Capital Gains and Losses for Tax on Investment Income**

| (a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) |  | (b) How acquired<br>P - Purchase<br>D - Donation | (c) Date acquired<br>(mo., day, yr.) | (d) Date sold<br>(mo., day, yr.) |
|-------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------|--------------------------------------|----------------------------------|
| 1a PUBLICLY TRADED SECURITIES                                                                                                             |  | D                                                |                                      |                                  |
| b PUBLICLY TRADED SECURITIES                                                                                                              |  | P                                                |                                      |                                  |
| c PUBLICLY TRADED SECURITIES                                                                                                              |  | P                                                |                                      |                                  |
| d CAPITAL GAINS DIVIDENDS                                                                                                                 |  |                                                  |                                      |                                  |
| e                                                                                                                                         |  |                                                  |                                      |                                  |

| (e) Gross sales price | (f) Depreciation allowed<br>(or allowable) | (g) Cost or other basis<br>plus expense of sale | (h) Gain or (loss)<br>((e) plus (f) minus (g)) |
|-----------------------|--------------------------------------------|-------------------------------------------------|------------------------------------------------|
| a 596,607.            |                                            | 239,469.                                        | 357,138.                                       |
| b 909,129.            |                                            | 770,426.                                        | 138,703.                                       |
| c 112,250.            |                                            | 118,509.                                        | -6,259.                                        |
| d 276,183.            |                                            |                                                 | 276,183.                                       |
| e                     |                                            |                                                 |                                                |

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.

| (i) FMV as of 12/31/69 | (j) Adjusted basis<br>as of 12/31/69 | (k) Excess of col. (i)<br>over col. (j), if any | (l) Gains (Col. (h) gain minus<br>col. (k), but not less than -0-) or<br>Losses (from col. (h)) |
|------------------------|--------------------------------------|-------------------------------------------------|-------------------------------------------------------------------------------------------------|
| a                      |                                      |                                                 | 357,138.                                                                                        |
| b                      |                                      |                                                 | 138,703.                                                                                        |
| c                      |                                      |                                                 | -6,259.                                                                                         |
| d                      |                                      |                                                 | 276,183.                                                                                        |
| e                      |                                      |                                                 |                                                                                                 |

|                                                                                                                                                                                                   |                                                                                 |   |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---|----------|
| 2 Capital gain net income or (net capital loss)                                                                                                                                                   | If gain, also enter on Part I, line 7<br>If (loss), enter -0- on Part I, line 7 | 2 | 765,765. |
| 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):<br>If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- on<br>Part I, line 8 |                                                                                 | 3 | N/A      |

**Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)**

|                                                                                                                                                                                                                                          |    |        |         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------|---------|
| 1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1.<br>Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instructions) |    | 1      | 11,989. |
| b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter<br>4% (0.04) of Part I, line 12, column (b)                                                                                       |    |        |         |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)                                                                                                                             |    | 2      | 0.      |
| 3 Add lines 1 and 2                                                                                                                                                                                                                      |    | 3      | 11,989. |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations 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      | 11,989. |
| 6 Credits/Payments:                                                                                                                                                                                                                      |    |        |         |
| a 2025 estimated tax payments and 2024 overpayment credited to 2025                                                                                                                                                                      | 6a | 3,467. |         |
| b Exempt foreign 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      | 3,467.  |
| 8 Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> 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      | 8,522.  |
| 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid                                                                                                                                             |    | 10     |         |
| 11 Enter the amount of line 10 to be: Credited to 2026 estimated tax Refunded                                                                                                                                                            |    | 11     |         |

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**Part VI-A Statements Regarding Activities**

|                                                                                                                                                                                                                                                                                                                                                                        | Yes      | No       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?                                                                                                                                                                                         |          | <b>X</b> |
| <b>1b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition<br>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. |          | <b>X</b> |
| <b>1c</b> Did the foundation file <b>Form 1120-POL</b> for this year?                                                                                                                                                                                                                                                                                                  |          | <b>X</b> |
| <b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:<br>(1) On the foundation. \$ <u>0.</u> (2) On foundation managers. \$ <u>0.</u>                                                                                                                                                                            |          |          |
| <b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ <u>0.</u>                                                                                                                                                                                                            |          |          |
| <b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS?<br>If "Yes," attach a detailed description of the activities.                                                                                                                                                                                                 |          | <b>X</b> |
| <b>3</b> 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                                                                                                                                    |          | <b>X</b> |
| <b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                                                                                                                                                  |          | <b>X</b> |
| <b>4b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? <b>N/A</b>                                                                                                                                                                                                                                                                           |          |          |
| <b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year?<br>If "Yes," attach the statement required by <i>General Instruction T</i> .                                                                                                                                                                                   |          | <b>X</b> |
| <b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:<br>• By language in the governing instrument, or<br>• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?                            | <b>X</b> |          |
| <b>7</b> 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 XIV                                                                                                                                                                                                                            | <b>X</b> |          |
| <b>8a</b> Enter the states to which the foundation reports or with which it is registered. See instructions.<br><b>DE</b>                                                                                                                                                                                                                                              |          |          |
| <b>b</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 <i>General Instruction G</i> ? If "No," attach explanation                                                                                                                                           | <b>X</b> |          |
| <b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2025 or the tax year beginning in 2025? See the instructions for Part XIII. If "Yes," complete Part XIII                                                                                                         |          | <b>X</b> |
| <b>10</b> Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses                                                                                                                                                                                                                           |          | <b>X</b> |
| <b>11</b> 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                                                                                                                                                                       |          | <b>X</b> |
| <b>12</b> Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?<br>If "Yes," attach statement. See instructions                                                                                                                                                                   |          | <b>X</b> |
| <b>13</b> Did the foundation comply with the public inspection requirements for its annual returns and exemption application?<br>Website address <b>N/A</b>                                                                                                                                                                                                            | <b>X</b> |          |
| <b>14</b> The books are in care of <b>BESSEMER TRUST</b> Telephone no. <b>516-508-9623</b><br>Located at <b>1325 FRANKLIN AVE STE 560, GARDEN CITY, NY</b> ZIP+4 <b>11530</b>                                                                                                                                                                                          |          |          |
| <b>15</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> - check here <input type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the year <b>15</b> <b>N/A</b>                                                                                                                  |          |          |
| <b>16</b> At any time during calendar year 2025, 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?<br>See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country                                |          | <b>X</b> |

Form **990-PF** (2025)

**Part VI-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.

**1a** 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?

1a(1) Yes No X

(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?

1a(2) Yes No X

(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?

1a(3) Yes No X

(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?

1a(4) Yes No X

(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)?

1a(5) Yes No X

(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.)

1a(6) Yes No X

**b** If any answer is "Yes" to 1a(1)-(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions

N/A

1b Yes No

**c** Organizations relying on a current notice regarding disaster assistance, check here

Yes No

**d** Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2025?

1d Yes No X

**2** Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):

**a** At the end of tax year 2025, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2025?

2a Yes No X

If "Yes," list the years

**b** Are there any years listed in 2a for which the foundation is **not** 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 **all** years listed, answer "No" and attach statement - see instructions.)

N/A

2b Yes No

**c** If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here.

Yes No

**3a** Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?

3a Yes No X

**b** If "Yes," did it have excess business holdings in 2025 as a result of (1) any purchase by the foundation or disqualified persons after 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 Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2025.)

N/A

3b Yes No

**4a** Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

4a Yes No X

**b** 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 2025?

4b Yes No X

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**Part VI-B** **Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

|                                                                                                                                                                                                                                                  |       |            |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------|-----------|
| <b>5a</b> During the year, did the foundation pay or incur any amount to:                                                                                                                                                                        |       | <b>Yes</b> | <b>No</b> |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?                                                                                                                                                        | 5a(1) |            | X         |
| (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?                                                                                              | 5a(2) |            | X         |
| (3) Provide a grant to an individual for travel, study, or other similar purposes?                                                                                                                                                               | 5a(3) |            | X         |
| (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions                                                                                                          | 5a(4) |            | X         |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?                                                                            | 5a(5) |            | X         |
| <b>b</b> If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions            | 5b    | N/A        |           |
| <b>c</b> Organizations relying on a current notice regarding disaster assistance, check here                                                                                                                                                     |       |            |           |
| <b>d</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d). | 5d    | N/A        |           |
| <b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                        | 6a    |            | X         |
| <b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.                                                                                              | 6b    |            | X         |
| <b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?                                                                                                                                   | 7a    |            | X         |
| <b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?                                                                                                                               | 7b    | N/A        |           |
| <b>8</b> Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?                                                                                | 8     |            | X         |

**Part VII** **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1** List all officers, directors, trustees, and foundation managers and their compensation.

| (a) Name and address                                                             | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|----------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| PETER MUELLER<br>C/O BESSEMER TRUST; 1325 FRANKLIN AVE<br>GARDEN CITY, NY 11530  | PRESIDENT & DIRECTOR<br>1.00                              | 0.                                        | 0.                                                                    | 0.                                    |
| ULRIKE MUELLER<br>C/O BESSEMER TRUST; 1325 FRANKLIN AVE<br>GARDEN CITY, NY 11530 | TREASURER, SECRETARY, & DIRECTOR<br>1.00                  | 0.                                        | 0.                                                                    | 0.                                    |
| JUDITH MUELLER<br>C/O BESSEMER TRUST; 1325 FRANKLIN AVE<br>GARDEN CITY, NY 11530 | DIRECTOR<br>40.00                                         | 124,900.                                  | 0.                                                                    | 0.                                    |
|                                                                                  |                                                           |                                           |                                                                       |                                       |
|                                                                                  |                                                           |                                           |                                                                       |                                       |
|                                                                                  |                                                           |                                           |                                                                       |                                       |

**2** Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

| (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 0

|                 |                                                                                                                                        |
|-----------------|----------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part VII</b> | <b>Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors</b> <i>(continued)</i> |
|-----------------|----------------------------------------------------------------------------------------------------------------------------------------|

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

[illegible]

|                                                                                       |   |
|---------------------------------------------------------------------------------------|---|
| <b>Total</b> number of others receiving over \$50,000 for professional services ..... | 0 |
|---------------------------------------------------------------------------------------|---|

|                    |                                                |
|--------------------|------------------------------------------------|
| <b>Part VIII-A</b> | <b>Summary of Direct Charitable Activities</b> |
|--------------------|------------------------------------------------|

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. |     | Expenses |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------|
| 1                                                                                                                                                                                                                                                      | N/A |          |
|                                                                                                                                                                                                                                                        |     |          |
|                                                                                                                                                                                                                                                        |     |          |
| 2                                                                                                                                                                                                                                                      |     |          |
|                                                                                                                                                                                                                                                        |     |          |
|                                                                                                                                                                                                                                                        |     |          |
| 3                                                                                                                                                                                                                                                      |     |          |
|                                                                                                                                                                                                                                                        |     |          |
|                                                                                                                                                                                                                                                        |     |          |
| 4                                                                                                                                                                                                                                                      |     |          |
|                                                                                                                                                                                                                                                        |     |          |
|                                                                                                                                                                                                                                                        |     |          |

|                    |                                               |
|--------------------|-----------------------------------------------|
| <b>Part VIII-B</b> | <b>Summary of Program-Related Investments</b> |
|--------------------|-----------------------------------------------|

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. |                                                          | Amount |
|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------|
| 1                                                                                                                 | N/A                                                      |        |
|                                                                                                                   |                                                          |        |
|                                                                                                                   |                                                          |        |
| 2                                                                                                                 |                                                          |        |
|                                                                                                                   |                                                          |        |
|                                                                                                                   |                                                          |        |
|                                                                                                                   | All other program-related investments. See instructions. |        |
| 3                                                                                                                 |                                                          |        |
|                                                                                                                   |                                                          |        |
|                                                                                                                   |                                                          |        |
|                                                                                                                   |                                                          |        |
|                                                                                                                   |                                                          |        |
|                                                                                                                   |                                                          |        |
| <b>Total.</b> Add lines 1 through 3                                                                               |                                                          | 0.     |

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**Part IX Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see 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 | 5,482,605. |
| b                                                                                                             | Average of monthly cash balances .....                                                                                | 1b | 133,797.   |
| c                                                                                                             | Fair market value of all other assets (see instructions) .....                                                        | 1c |            |
| d                                                                                                             | <b>Total</b> (add lines 1a, 1b, and 1c) .....                                                                         | 1d | 5,616,402. |
| e                                                                                                             | 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 .....                                                                                    | 3  | 5,616,402. |
| 4                                                                                                             | Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions) ..... | 4  | 84,246.    |
| 5                                                                                                             | <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 .....                                       | 5  | 5,532,156. |
| 6                                                                                                             | <b>Minimum investment return.</b> Enter 5% (0.05) of line 5 .....                                                     | 6  | 276,608.   |

**Part X Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here ☐ and do not complete this part.)

|    |                                                                                                                |    |          |
|----|----------------------------------------------------------------------------------------------------------------|----|----------|
| 1  | Minimum investment return from Part IX, line 6 .....                                                           | 1  | 276,608. |
| 2a | Tax on investment income for 2025 from Part V, line 5 .....                                                    | 2a | 11,989.  |
| b  | Income tax for 2025. (This does not include the tax from Part V.) .....                                        | 2b |          |
| c  | Add lines 2a and 2b .....                                                                                      | 2c | 11,989.  |
| 3  | Distributable amount before adjustments. Subtract line 2c from line 1 .....                                    | 3  | 264,619. |
| 4  | Recoveries of amounts treated as qualifying distributions .....                                                | 4  | 0.       |
| 5  | Add lines 3 and 4 .....                                                                                        | 5  | 264,619. |
| 6  | Deduction from distributable amount (see instructions) .....                                                   | 6  | 0.       |
| 7  | <b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1 ..... | 7  | 264,619. |

**Part XI Qualifying Distributions** (see instructions)

|                                                                                              |                                                                                                                 |    |          |
|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----|----------|
| 1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: |                                                                                                                 |    |          |
| a                                                                                            | Expenses, contributions, gifts, etc. - total from Part I, line 26, column (d) .....                             | 1a | 859,135. |
| b                                                                                            | Program-related investments - total from Part VIII-B .....                                                      | 1b | 0.       |
| 2                                                                                            | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes ..... | 2  |          |
| 3                                                                                            | Amounts set aside for specific charitable projects that satisfy the:                                            |    |          |
| a                                                                                            | Suitability test (prior IRS approval required) .....                                                            | 3a |          |
| b                                                                                            | Cash distribution test (attach the required schedule) .....                                                     | 3b |          |
| 4                                                                                            | <b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part XII, line 4 .....              | 4  | 859,135. |

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MUELLER HEALTH FOUNDATION INC.  
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**Part XII** Undistributed Income (see instructions)

|                                                                                                                                                                            | (a)<br>Corpus | (b)<br>Years prior to 2024 | (c)<br>2024 | (d)<br>2025 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2025 from Part X, line 7                                                                                                                        |               |                            |             | 264,619.    |
| 2 Undistributed income, if any, as of the end of 2025:                                                                                                                     |               |                            |             |             |
| a Enter amount for 2024 only                                                                                                                                               |               |                            | 0.          |             |
| b Total for prior years:                                                                                                                                                   |               | 0.                         |             |             |
| 3 Excess distributions carryover, if any, to 2025:                                                                                                                         |               |                            |             |             |
| a From 2020                                                                                                                                                                | 265,267.      |                            |             |             |
| b From 2021                                                                                                                                                                | 157,151.      |                            |             |             |
| c From 2022                                                                                                                                                                | 377,388.      |                            |             |             |
| d From 2023                                                                                                                                                                | 463,001.      |                            |             |             |
| e From 2024                                                                                                                                                                | 594,475.      |                            |             |             |
| f Total of lines 3a through 3e                                                                                                                                             | 1,857,282.    |                            |             |             |
| 4 Qualifying distributions for 2025 from Part XI, line 4: \$                                                                                                               | 859,135.      |                            |             |             |
| a Applied to 2024, but not more than line 2a                                                                                                                               |               |                            | 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 2025 distributable amount                                                                                                                                     |               |                            |             | 264,619.    |
| e Remaining amount distributed out of corpus                                                                                                                               | 594,516.      |                            |             |             |
| 5 Excess distributions carryover applied to 2025 (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                                                                                                                        | 2,451,798.    |                            |             |             |
| b Prior years' undistributed income. Subtract 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 2024. Subtract line 4a from line 2a. Taxable amount - see instr.                                                                                |               |                            | 0.          |             |
| f Undistributed income for 2025. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2026                                                              |               |                            |             | 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 2020 not applied on line 5 or line 7                                                                                                 | 265,267.      |                            |             |             |
| 9 Excess distributions carryover to 2026. Subtract lines 7 and 8 from line 6a                                                                                              | 2,186,531.    |                            |             |             |
| 10 Analysis of line 9:                                                                                                                                                     |               |                            |             |             |
| a Excess from 2021                                                                                                                                                         | 157,151.      |                            |             |             |
| b Excess from 2022                                                                                                                                                         | 377,388.      |                            |             |             |
| c Excess from 2023                                                                                                                                                         | 463,001.      |                            |             |             |
| d Excess from 2024                                                                                                                                                         | 594,475.      |                            |             |             |
| e Excess from 2025                                                                                                                                                         | 594,516.      |                            |             |             |

N/A

2025.03040 MUELLER HEALTH FOUNDATION I 47-25541

MUELLER HEALTH FOUNDATION INC.

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**Part XIV** Supplementary Information (continued)

| 3 Grants and Contributions Paid During the Year or Approved for Future Payment                                         |                                                                                                           |                                |                                        |          |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------|----------|
| Recipient                                                                                                              | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution       | Amount   |
| Name and address (home or business)                                                                                    |                                                                                                           |                                |                                        |          |
| <b>a Paid during the year</b>                                                                                          |                                                                                                           |                                |                                        |          |
| CORNELL UNIVERSITY<br>377 PINE TREE ROAD<br>ITHACA, NY 14850                                                           | N/A                                                                                                       | PUBLIC CHARITY                 | GENERAL EXEMPT PURPOSE                 | 456,355. |
| REACH<br>NO 194, 1ST FLOOR, AVVAI, SHANMUGAM<br>SALAI LANE LLOYDS ROAD ROYAPETTAH<br>CHENNAI, TAMIL NADU, INDIA 600014 | N/A                                                                                                       | PUBLIC CHARITY                 | GENERAL SUPPORT -<br>PHASE 1 & 2 GRANT | 252,952. |
|                                                                                                                        |                                                                                                           |                                |                                        |          |
|                                                                                                                        |                                                                                                           |                                |                                        |          |
|                                                                                                                        |                                                                                                           |                                |                                        |          |
|                                                                                                                        |                                                                                                           |                                |                                        |          |
| <b>Total</b>                                                                                                           |                                                                                                           |                                | <b>3a</b>                              | 709,307. |
| <b>b Approved for future payment</b>                                                                                   |                                                                                                           |                                |                                        |          |
| NONE                                                                                                                   |                                                                                                           |                                |                                        |          |
|                                                                                                                        |                                                                                                           |                                |                                        |          |
|                                                                                                                        |                                                                                                           |                                |                                        |          |
|                                                                                                                        |                                                                                                           |                                |                                        |          |
| <b>Total</b>                                                                                                           |                                                                                                           |                                | <b>3b</b>                              | 0.       |

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## Part XV-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

| Enter gross amounts unless otherwise indicated.                            |                         | Unrelated business income |                               | Excluded by section 512, 513, or 514 |    | (e)<br>Related or exempt<br>function income |
|----------------------------------------------------------------------------|-------------------------|---------------------------|-------------------------------|--------------------------------------|----|---------------------------------------------|
|                                                                            | (a)<br>Business<br>code | (b)<br>Amount             | (c)<br>Exclu-<br>sion<br>code | (d)<br>Amount                        |    |                                             |
| <b>1</b> Program service revenue:                                          |                         |                           |                               |                                      |    |                                             |
| <b>a</b> _____                                                             |                         |                           |                               |                                      |    |                                             |
| <b>b</b> _____                                                             |                         |                           |                               |                                      |    |                                             |
| <b>c</b> _____                                                             |                         |                           |                               |                                      |    |                                             |
| <b>d</b> _____                                                             |                         |                           |                               |                                      |    |                                             |
| <b>e</b> _____                                                             |                         |                           |                               |                                      |    |                                             |
| <b>f</b> _____                                                             |                         |                           |                               |                                      |    |                                             |
| <b>g</b> Fees and contracts from government agencies .....                 |                         |                           |                               |                                      |    |                                             |
| <b>2</b> Membership dues and assessments .....                             |                         |                           |                               |                                      |    |                                             |
| <b>3</b> Interest on savings and temporary cash<br>investments .....       |                         |                           |                               |                                      |    |                                             |
| <b>4</b> Dividends and interest from securities .....                      |                         |                           | 14                            | 105,076.                             |    |                                             |
| <b>5</b> Net rental income or (loss) from real estate:                     |                         |                           |                               |                                      |    |                                             |
| <b>a</b> Debt-financed property .....                                      |                         |                           |                               |                                      |    |                                             |
| <b>b</b> Not debt-financed property .....                                  |                         |                           |                               |                                      |    |                                             |
| <b>6</b> Net rental income or (loss) from personal<br>property .....       |                         |                           |                               |                                      |    |                                             |
| <b>7</b> Other investment income .....                                     |                         |                           |                               |                                      |    |                                             |
| <b>8</b> Gain or (loss) from sales of assets other<br>than inventory ..... |                         |                           | 18                            | 409,742.                             |    |                                             |
| <b>9</b> Net income or (loss) from special events .....                    |                         |                           |                               |                                      |    |                                             |
| <b>10</b> Gross profit or (loss) from sales of inventory .....             |                         |                           |                               |                                      |    |                                             |
| <b>11</b> Other revenue:                                                   |                         |                           |                               |                                      |    |                                             |
| <b>a</b> _____                                                             |                         |                           |                               |                                      |    |                                             |
| <b>b</b> _____                                                             |                         |                           |                               |                                      |    |                                             |
| <b>c</b> _____                                                             |                         |                           |                               |                                      |    |                                             |
| <b>d</b> _____                                                             |                         |                           |                               |                                      |    |                                             |
| <b>e</b> _____                                                             |                         |                           |                               |                                      |    |                                             |
| <b>12</b> Subtotal. Add columns (b), (d), and (e) .....                    |                         | 0.                        |                               | 514,818.                             |    | 0.                                          |
| <b>13</b> Total. Add line 12, columns (b), (d), and (e) .....              |                         |                           |                               |                                      | 13 | 514,818.                                    |

(See worksheet in the line 13 instructions to verify calculations.)

## Part XV-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

**Part XVI Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations**

| 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c)(3) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?                                                                                                                                                   |       | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----|----|
| 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. |       |     |    |

[illegible]

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

**b** If "Yes," complete the following schedule.

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|--------------------------|--------------------------|---------------------------------|
| N/A                      |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |

|                        |                                                                                                                                                                                                                                                                                                                        |                             |                                         |                                          |                                                                                                                                       |                          |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------------------|------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Sign Here              | 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 taxpayer) is based on all information of which preparer has any knowledge. |                             |                                         |                                          | May the IRS discuss this return with the preparer shown below? See instr.<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                          |
|                        | Prepared by<br><u>Peter Mueller</u>                                                                                                                                                                                                                                                                                    | Date<br><u>May 13, 2026</u> |                                         | Title<br><u>PRESIDENT &amp; DIRECTOR</u> |                                                                                                                                       |                          |
| Paid Preparer Use Only | Preparer's name                                                                                                                                                                                                                                                                                                        |                             | Preparer's signature<br><u>Diana Sh</u> | Date<br><u>5/13/26</u>                   | Check <input type="checkbox"/> if self-employed                                                                                       | PTIN<br><u>P01828297</u> |
|                        | Firm's name <u>BESSEMER TRUST CO, N.A.</u>                                                                                                                                                                                                                                                                             |                             |                                         |                                          | Firm's EIN <u>13-2792165</u>                                                                                                          |                          |
|                        | Firm's address <u>1325 FRANKLIN AVE STE 560</u><br><u>GARDEN CITY, NY 11530</u>                                                                                                                                                                                                                                        |                             |                                         |                                          | Phone no. <u>5165089600</u>                                                                                                           |                          |
|                        |                                                                                                                                                                                                                                                                                                                        |                             |                                         |                                          |                                                                                                                                       |                          |

**Schedule B  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

Name of the organization

MUELLER HEALTH FOUNDATION INC.  
C/O BESSEMER TRUST COMPANY

Employer identification number

47-2554059

Organization type (check 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

☒ 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**

- ☒ 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), 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), 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).

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

Schedule B (Form 990) (Rev. 12-2024)

Name of organization

MUELLER HEALTH FOUNDATION INC.  
C/O BESSEMER TRUST COMPANY

Employer identification number

47-2554059

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                 | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                         |
|------------|---------------------------------------------------------------------------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1          | PETER MUELLER<br>C/O BESSEMER TRUST; 1325 FRANKLIN<br>AVENUE STE 560<br><br>GARDEN CITY, NY 11530 | \$ 403,194.                | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | PETER MUELLER<br>C/O BESSEMER TRUST; 1325 FRANKLIN<br>AVENUE STE 560<br><br>GARDEN CITY, NY 11530 | \$ 192,298.                | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            |                                                                                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                                                                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                                                                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                                                                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                                                                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

Employer identification number

47-2554059

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|----------------------------------------------|-------------------------------------------------|----------------------|
| 1                            | 640.000 SHARES OF VANGUARD S&P 500 ETF       | \$ 403,194.                                     | 12/10/25             |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
| 2                            | 655.000 SHARES OF VANGUARD MID CAP VIPERS    | \$ 192,298.                                     | 12/10/25             |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                              |                                              | \$                                              |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                              |                                              | \$                                              |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                              |                                              | \$                                              |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                              |                                              | \$                                              |                      |

Name of organization

**MUELLER HEALTH FOUNDATION INC.**  
**C/O BESSEMER TRUST COMPANY**

Employer identification number

47-2554059

**Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift                     | (c) Use of gift | (d) Description of how gift is held      |
|---------------------|-----------------------------------------|-----------------|------------------------------------------|
|                     |                                         |                 |                                          |
|                     |                                         |                 |                                          |
|                     |                                         |                 |                                          |
|                     | (e) Transfer of gift                    |                 |                                          |
|                     | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                     |                                         |                 |                                          |
|                     |                                         |                 |                                          |
|                     |                                         |                 |                                          |
|                     |                                         |                 |                                          |
|                     |                                         |                 |                                          |
|                     | (e) Transfer of gift                    |                 |                                          |
|                     | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                     |                                         |                 |                                          |
|                     |                                         |                 |                                          |
|                     |                                         |                 |                                          |
|                     |                                         |                 |                                          |
|                     |                                         |                 |                                          |
|                     | (e) Transfer of gift                    |                 |                                          |
|                     | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                     |                                         |                 |                                          |
|                     |                                         |                 |                                          |
|                     |                                         |                 |                                          |
|                     |                                         |                 |                                          |
|                     |                                         |                 |                                          |
|                     | (e) Transfer of gift                    |                 |                                          |
|                     | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                     |                                         |                 |                                          |
|                     |                                         |                 |                                          |

# Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return.

FORM 990-PF

OMB No. 1545-0123

**2025**

Go to [www.irs.gov/Form2220](http://www.irs.gov/Form2220) for instructions and the latest information.

Name **MUELLER HEALTH FOUNDATION INC.**  
**C/O BESSEMER TRUST COMPANY**

Employer identification number  
**47-2554059**

**Note:** Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

## Part I Required Annual Payment

|    |                                                                                                                                                                                                                              |    |         |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------|
| 1  | Total tax (see instructions)                                                                                                                                                                                                 | 1  | 11,989. |
| 2a | Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1                                                                                                                                           |    |         |
| 2b | Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method                                                          |    |         |
| 2c | Credit for federal tax paid on fuels (see instructions)                                                                                                                                                                      |    |         |
| 2d | Total. Add lines 2a through 2c                                                                                                                                                                                               | 2d |         |
| 3  | Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty                                                                           | 3  | 11,989. |
| 4  | Enter the tax shown on the corporation's 2024 income tax return. See instructions. <b>Caution:</b> If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 | 4  | 7,070.  |
| 5  | Required annual payment. Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3                                                                           | 5  | 7,070.  |

## Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6 ☐ The corporation is using the adjusted seasonal installment method.
- 7 ☒ The corporation is using the annualized income installment method.
- 8 ☐ The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

## Part III Figuring the Underpayment

|                                                                                                                                                                                                                                                                                                               | (a) | (b)      | (c)      | (d)      |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------|----------|----------|----------|
| 9 <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year                                                                                                                         | 9   | 05/15/25 | 06/15/25 | 09/15/25 | 12/15/25 |
| 10 <b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column | 10  |          |          |          |          |
| 11 <b>Estimated tax paid or credited for each period.</b> For column (a) only, enter the amount from line 11 on line 15. See instructions                                                                                                                                                                     | 11  | 3,467.   |          |          |          |
| <b>Complete lines 12 through 18 of one column before going to the next column.</b>                                                                                                                                                                                                                            |     |          |          |          |          |
| 12 Enter amount, if any, from line 18 of the preceding column                                                                                                                                                                                                                                                 | 12  |          | 3,467.   | 3,467.   | 3,467.   |
| 13 Add lines 11 and 12                                                                                                                                                                                                                                                                                        | 13  |          | 3,467.   | 3,467.   | 3,467.   |
| 14 Add amounts on lines 16 and 17 of the preceding column                                                                                                                                                                                                                                                     | 14  |          |          |          |          |
| 15 Subtract line 14 from line 13. If zero or less, enter -0-                                                                                                                                                                                                                                                  | 15  | 3,467.   | 3,467.   | 3,467.   | 3,467.   |
| 16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-                                                                                                                                                                                                                      | 16  |          |          |          |          |
| 17 <b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18                                                                                                                                           | 17  |          |          |          |          |
| 18 <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column                                                                                                                                                                                  | 18  | 3,467.   | 3,467.   | 3,467.   |          |

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2025) Created 11/14/25

**Part IV Figuring the Penalty**

|                                                                                                                                                                                                                                                                                                                               | (a)          | (b) | (c) | (d) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----|-----|-----|
| <b>19</b> Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier.<br>(C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions | <b>19</b>    |     |     |     |
| <b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19                                                                                                                                                                                                                                  | <b>20</b>    |     |     |     |
| <b>21</b> Number of days on line 20 after 4/15/2025 and before 7/1/2025                                                                                                                                                                                                                                                       | <b>21</b>    |     |     |     |
| <b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 7\% (0.07)}{365}$                                                                                                                                                                                                                          | <b>22</b> \$ | \$  | \$  | \$  |
| <b>23</b> Number of days on line 20 after 6/30/2025 and before 10/1/2025                                                                                                                                                                                                                                                      | <b>23</b>    |     |     |     |
| <b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 7\% (0.07)}{365}$                                                                                                                                                                                                                          | <b>24</b> \$ | \$  | \$  | \$  |
| <b>25</b> Number of days on line 20 after 9/30/2025 and before 1/1/2026                                                                                                                                                                                                                                                       | <b>25</b>    |     |     |     |
| <b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 7\% (0.07)}{365}$                                                                                                                                                                                                                          | <b>26</b> \$ | \$  | \$  | \$  |
| <b>27</b> Number of days on line 20 after 12/31/2025 and before 4/1/2026                                                                                                                                                                                                                                                      | <b>27</b>    |     |     |     |
| <b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 7\% (0.07)}{365}$                                                                                                                                                                                                                          | <b>28</b> \$ | \$  | \$  | \$  |
| <b>29</b> Number of days on line 20 after 3/31/2026 and before 7/1/2026                                                                                                                                                                                                                                                       | <b>29</b>    |     |     |     |
| <b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$                                                                                                                                                                                                                                  | <b>30</b> \$ | \$  | \$  | \$  |
| <b>31</b> Number of days on line 20 after 6/30/2026 and before 10/1/2026                                                                                                                                                                                                                                                      | <b>31</b>    |     |     |     |
| <b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$                                                                                                                                                                                                                                  | <b>32</b> \$ | \$  | \$  | \$  |
| <b>33</b> Number of days on line 20 after 9/30/2026 and before 1/1/2027                                                                                                                                                                                                                                                       | <b>33</b>    |     |     |     |
| <b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$                                                                                                                                                                                                                                  | <b>34</b> \$ | \$  | \$  | \$  |
| <b>35</b> Number of days on line 20 after 12/31/2026 and before 3/16/2027                                                                                                                                                                                                                                                     | <b>35</b>    |     |     |     |
| <b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$                                                                                                                                                                                                                                  | <b>36</b> \$ | \$  | \$  | \$  |
| <b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36                                                                                                                                                                                                                                                                        | <b>37</b> \$ | \$  | \$  | \$  |
| <b>38 Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns                                                                                                                                                                | <b>38</b>    |     |     | 0.  |

\* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a Revenue Ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 800-829-4933 to get interest rate information.

**Schedule A Adjusted Seasonal Installment Method and Annualized Income Installment Method**

See instructions.

**Form 1120-S filers:** For lines 1, 2, 3, and 21, "taxable income" refers to excess net passive income or the amount on which tax is imposed under section 1374(a), whichever applies.

**Part I Adjusted Seasonal Installment Method**

**Caution:** Use this method only if the base period percentage for any 6 consecutive months is at least 70%.  
See instructions.

|                                                                                                                                                                     |            | (a)            | (b)            | (c)            | (d)             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------|----------------|----------------|-----------------|
|                                                                                                                                                                     |            | First 3 months | First 5 months | First 8 months | First 11 months |
| <b>1</b> Enter taxable income for the following periods.                                                                                                            |            |                |                |                |                 |
| <b>a</b> Tax year beginning in 2022                                                                                                                                 | <b>1a</b>  |                |                |                |                 |
| <b>b</b> Tax year beginning in 2023                                                                                                                                 | <b>1b</b>  |                |                |                |                 |
| <b>c</b> Tax year beginning in 2024                                                                                                                                 | <b>1c</b>  |                |                |                |                 |
| <b>2</b> Enter taxable income for each period for the tax year beginning in 2025. See the instructions for the treatment of extraordinary items                     | <b>2</b>   |                |                |                |                 |
| <b>3</b> Enter taxable income for the following periods.                                                                                                            |            | First 4 months | First 6 months | First 9 months | Entire year     |
| <b>a</b> Tax year beginning in 2022                                                                                                                                 | <b>3a</b>  |                |                |                |                 |
| <b>b</b> Tax year beginning in 2023                                                                                                                                 | <b>3b</b>  |                |                |                |                 |
| <b>c</b> Tax year beginning in 2024                                                                                                                                 | <b>3c</b>  |                |                |                |                 |
| <b>4</b> Divide the amount in each column on line 1a by the amount in column (d) on line 3a                                                                         | <b>4</b>   |                |                |                |                 |
| <b>5</b> Divide the amount in each column on line 1b by the amount in column (d) on line 3b                                                                         | <b>5</b>   |                |                |                |                 |
| <b>6</b> Divide the amount in each column on line 1c by the amount in column (d) on line 3c                                                                         | <b>6</b>   |                |                |                |                 |
| <b>7</b> Add lines 4 through 6                                                                                                                                      | <b>7</b>   |                |                |                |                 |
| <b>8</b> Divide line 7 by 3.0                                                                                                                                       | <b>8</b>   |                |                |                |                 |
| <b>9a</b> Divide line 2 by line 8                                                                                                                                   | <b>9a</b>  |                |                |                |                 |
| <b>b</b> Extraordinary items (see instructions)                                                                                                                     | <b>9b</b>  |                |                |                |                 |
| <b>c</b> Add lines 9a and 9b                                                                                                                                        | <b>9c</b>  |                |                |                |                 |
| <b>10</b> Figure the tax on the amt on ln 9c using the instr for Form 1120, Sch J, line 1, or comparable line of corp's return                                      | <b>10</b>  |                |                |                |                 |
| <b>11a</b> Divide the amount in columns (a) through (c) on line 3a by the amount in column (d) on line 3a                                                           | <b>11a</b> |                |                |                |                 |
| <b>b</b> Divide the amount in columns (a) through (c) on line 3b by the amount in column (d) on line 3b                                                             | <b>11b</b> |                |                |                |                 |
| <b>c</b> Divide the amount in columns (a) through (c) on line 3c by the amount in column (d) on line 3c                                                             | <b>11c</b> |                |                |                |                 |
| <b>12</b> Add lines 11a through 11c                                                                                                                                 | <b>12</b>  |                |                |                |                 |
| <b>13</b> Divide line 12 by 3.0                                                                                                                                     | <b>13</b>  |                |                |                |                 |
| <b>14</b> Multiply the amount in columns (a) through (c) of line 10 by columns (a) through (c) of line 13. In column (d), enter the amount from line 10, column (d) | <b>14</b>  |                |                |                |                 |
| <b>15</b> Enter any alternative minimum tax for each payment period. See instructions                                                                               | <b>15</b>  |                |                |                |                 |
| <b>16</b> Enter any other taxes for each payment period. See instr.                                                                                                 | <b>16</b>  |                |                |                |                 |
| <b>17</b> Add lines 14 through 16                                                                                                                                   | <b>17</b>  |                |                |                |                 |
| <b>18</b> For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c. See instructions                                                 | <b>18</b>  |                |                |                |                 |
| <b>19</b> Total tax after credits. Subtract line 18 from line 17. If zero or less, enter -0-                                                                        | <b>19</b>  |                |                |                |                 |

**Part II Annualized Income Installment Method**

|                                                                                                                                                  | (a)                      | (b)                      | (c)                      | (d)                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|---------------------------|
|                                                                                                                                                  | First <u>2</u><br>months | First <u>4</u><br>months | First <u>7</u><br>months | First <u>10</u><br>months |
| 20 Annualization periods (see instructions)                                                                                                      | 20                       |                          |                          |                           |
| 21 Enter taxable income for each annualization period. See instructions for the treatment of extraordinary items                                 | 21                       |                          |                          |                           |
| 22 Annualization amounts (see instructions)                                                                                                      | 22                       | 6.000000                 | 3.000000                 | 1.714290                  |
| 23a Annualized taxable income. Multiply line 21 by line 22                                                                                       | 23a                      |                          |                          |                           |
| 23b Extraordinary items (see instructions)                                                                                                       | 23b                      |                          |                          |                           |
| 23c Add lines 23a and 23b                                                                                                                        | 23c                      |                          |                          |                           |
| 24 Figure the tax on the amount on line 23c using the instructions for Form 1120, Schedule J, line 1, or comparable line of corporation's return | 24                       |                          |                          |                           |
| 25 Enter any alternative minimum tax for each payment period. See instructions                                                                   | 25                       |                          |                          |                           |
| 26 Enter any other taxes for each payment period. See instr.                                                                                     | 26                       |                          |                          |                           |
| 27 Total tax. Add lines 24 through 26                                                                                                            | 27                       |                          |                          |                           |
| 28 For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c. See instructions                                     | 28                       |                          |                          |                           |
| 29 Total tax after credits. Subtract line 28 from line 27. If zero or less, enter -0-                                                            | 29                       |                          |                          |                           |
| 30 Applicable percentage                                                                                                                         | 30                       | 25%                      | 50%                      | 75%                       |
| 31 Multiply line 29 by line 30                                                                                                                   | 31                       |                          |                          |                           |

**Part III Required Installments**

|                                                                                                                                                                                                                 | 1st<br>installment | 2nd<br>installment | 3rd<br>installment | 4th<br>installment |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|--------------------|--------------------|
| <b>Note:</b> Complete lines 32 through 38 of one column before completing the next column.                                                                                                                      |                    |                    |                    |                    |
| 32 If only Part I or Part II is completed, enter the amount in each column from line 19 or line 31. If both parts are completed, enter the <b>smaller</b> of the amounts in each column from line 19 or line 31 | 32                 | 0.                 | 0.                 | 0.                 |
| 33 Add the amounts in all preceding columns of line 32. See instructions                                                                                                                                        | 33                 |                    |                    |                    |
| 34 <b>Adjusted seasonal or annualized income installments.</b> Subtract line 33 from line 32. If zero or less, enter -0-                                                                                        | 34                 |                    |                    |                    |
| 35 Enter 25% (0.25) of line 5 on page 1 of Form 2220 in each column. <b>Note:</b> "Large corporations," see the instructions for line 10 for the amounts to enter                                               | 35                 | 1,768.             | 1,767.             | 1,768.             |
| 36 Subtract line 38 of the preceding column from line 37 of the preceding column                                                                                                                                | 36                 |                    | 1,768.             | 3,535.             |
| 37 Add lines 35 and 36                                                                                                                                                                                          | 37                 | 1,768.             | 3,535.             | 5,303.             |
| 38 <b>Required installments.</b> Enter the <b>smaller</b> of line 34 or line 37 here and on page 1 of Form 2220, line 10. See instructions                                                                      | 38                 | 0.                 | 0.                 | 0.                 |

Form 2220 (2025)

**\*\* ANNUALIZED INCOME INSTALLMENT METHOD USING OPTION 1**

FORM 990-PF GAIN OR (LOSS) FROM SALE OF ASSETS STATEMENT 1

| (A)<br>DESCRIPTION OF PROPERTY | MANNER<br>ACQUIRED              | DATE<br>ACQUIRED          | DATE SOLD      |                     |
|--------------------------------|---------------------------------|---------------------------|----------------|---------------------|
| PUBLICLY TRADED SECURITIES     | DONATED                         |                           |                |                     |
| (B)<br>GROSS<br>SALES PRICE    | (C)<br>VALUE AT<br>TIME OF ACQ. | (D)<br>EXPENSE OF<br>SALE | (E)<br>DEPREC. | (F)<br>GAIN OR LOSS |
| 596,607.                       | 595,492.                        | 0.                        | 0.             | 1,115.              |

| (A)<br>DESCRIPTION OF PROPERTY | MANNER<br>ACQUIRED            | DATE<br>ACQUIRED          | DATE SOLD      |                     |
|--------------------------------|-------------------------------|---------------------------|----------------|---------------------|
| PUBLICLY TRADED SECURITIES     | PURCHASED                     |                           |                |                     |
| (B)<br>GROSS<br>SALES PRICE    | (C)<br>COST OR<br>OTHER BASIS | (D)<br>EXPENSE OF<br>SALE | (E)<br>DEPREC. | (F)<br>GAIN OR LOSS |
| 909,129.                       | 770,426.                      | 0.                        | 0.             | 138,703.            |

| (A)<br>DESCRIPTION OF PROPERTY | MANNER<br>ACQUIRED            | DATE<br>ACQUIRED          | DATE SOLD      |                     |
|--------------------------------|-------------------------------|---------------------------|----------------|---------------------|
| PUBLICLY TRADED SECURITIES     | PURCHASED                     |                           |                |                     |
| (B)<br>GROSS<br>SALES PRICE    | (C)<br>COST OR<br>OTHER BASIS | (D)<br>EXPENSE OF<br>SALE | (E)<br>DEPREC. | (F)<br>GAIN OR LOSS |
| 112,250.                       | 118,509.                      | 0.                        | 0.             | -6,259.             |

CAPITAL GAINS DIVIDENDS FROM PART IV 276,183.

TOTAL TO FORM 990-PF, PART I, LINE 6A 409,742.

|             |                                        |           |   |
|-------------|----------------------------------------|-----------|---|
| FORM 990-PF | DIVIDENDS AND INTEREST FROM SECURITIES | STATEMENT | 2 |
|-------------|----------------------------------------|-----------|---|

| SOURCE            | GROSS<br>AMOUNT | CAPITAL<br>GAINS<br>DIVIDENDS | (A)<br>REVENUE<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME |
|-------------------|-----------------|-------------------------------|-----------------------------|-----------------------------------|-------------------------------|
| DIVIDENDS         | 381,259.        | 276,183.                      | 105,076.                    | 105,076.                          |                               |
| TO PART I, LINE 4 | 381,259.        | 276,183.                      | 105,076.                    | 105,076.                          |                               |

|             |                 |           |   |
|-------------|-----------------|-----------|---|
| FORM 990-PF | ACCOUNTING FEES | STATEMENT | 3 |
|-------------|-----------------|-----------|---|

| DESCRIPTION                  | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
|------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| INVESTMENT FEES              | 12,341.                      | 8,227.                            |                               | 4,114.                        |
| BESSEMER PAYROLL FEES        | 1,883.                       | 0.                                |                               | 1,883.                        |
| BESSEMER FIDUCIARY TAX FEE   | 3,000.                       | 0.                                |                               | 3,000.                        |
| TO FORM 990-PF, PG 1, LN 16B | 17,224.                      | 8,227.                            |                               | 8,997.                        |

|             |       |           |   |
|-------------|-------|-----------|---|
| FORM 990-PF | TAXES | STATEMENT | 4 |
|-------------|-------|-----------|---|

| DESCRIPTION                         | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
|-------------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| FOREIGN TAXES PAID                  | 106.                         | 106.                              |                               | 0.                            |
| FOREIGN TAXES WITHHELD IN<br>EXCESS | 131.                         | 0.                                |                               | 0.                            |
| P/Y EXTENSION PYMT                  | 9,000.                       | 0.                                |                               | 0.                            |
| TO FORM 990-PF, PG 1, LN 18         | 9,237.                       | 106.                              |                               | 0.                            |

| FORM 990-PF                 | OTHER EXPENSES               |                                   |                               | STATEMENT                     | 5 |
|-----------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|---|
| DESCRIPTION                 | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |   |
| STATE FILING - DE           | 25.                          | 0.                                |                               | 25.                           |   |
| ZOOM                        | 196.                         | 0.                                |                               | 196.                          |   |
| SOFTWARE DEVELOPMENT        | 1,919.                       | 0.                                |                               | 1,919.                        |   |
| SUBSCRIPTION                | 3,254.                       | 0.                                |                               | 3,254.                        |   |
| MISC - WIRE FEES            | 50.                          | 0.                                |                               | 50.                           |   |
| TO FORM 990-PF, PG 1, LN 23 | 5,444.                       | 0.                                |                               | 5,444.                        |   |

| FORM 990-PF                       | CORPORATE STOCK |                      | STATEMENT | 6 |
|-----------------------------------|-----------------|----------------------|-----------|---|
| DESCRIPTION                       | BOOK VALUE      | FAIR MARKET<br>VALUE |           |   |
| 57.00 META PLATFORMS INC          | 16,490.         | 37,625.              |           |   |
| 34.00 LIVE NATION ENTERTMNT INC   | 4,835.          | 4,845.               |           |   |
| 26.00 SPOTIFY TECHNOLOGY SA       | 15,522.         | 15,098.              |           |   |
| 206.00 ALPHABET INC CLASS C       | 18,088.         | 64,642.              |           |   |
| 65.00 TAKE-2 INTERACTIVE          | 10,660.         | 16,641.              |           |   |
| 209.00 AMAZON.COM INC             | 31,227.         | 48,241.              |           |   |
| 38.00 HILTON WORLDWIDE HOLDINGS   | 3,165.          | 10,915.              |           |   |
| 2.00 MERCADOLIBRE INC             | 1,688.          | 4,028.               |           |   |
| 14.00 COSTCO WHSL CORP NEW        | 8,447.          | 12,072.              |           |   |
| 132.00 WALMART INC                | 6,254.          | 14,706.              |           |   |
| 159.00 BAKER HUGHES COMPANY       | 7,732.          | 7,240.               |           |   |
| 106.00 CONOCOPHILLIPS             | 3,811.          | 9,922.               |           |   |
| 65.00 EXXON MOBIL CORP            | 7,430.          | 7,822.               |           |   |
| 90.00 VISA INC                    | 17,799.         | 31,563.              |           |   |
| 88.00 JPMORGAN CHASE & CO         | 12,851.         | 28,355.              |           |   |
| 407.00 BANK OF AMERICA CORP       | 10,305.         | 22,385.              |           |   |
| 31.00 CAPITAL ONE FINANCIAL       | 7,007.          | 7,513.               |           |   |
| 72.00 APOLLO GLOBAL MANAGEMENT I  | 10,704.         | 10,422.              |           |   |
| 25.00 S&P GLOBAL INC.             | 9,976.          | 13,064.              |           |   |
| 17.00 MSCI INC                    | 9,994.          | 9,753.               |           |   |
| 70.00 INTERACTIVE BROKER          | 4,965.          | 4,501.               |           |   |
| 104.00 INTERCONTINENTAL EXCHG INC | 11,172.         | 16,843.              |           |   |
| 315.00 BROOKFIELD CORPORATION     | 8,962.          | 14,455.              |           |   |
| 32.00 UNITEDHEALTH GROUP INC      | 10,254.         | 10,563.              |           |   |
| 43.00 DANAHER CORP                | 8,036.          | 9,843.               |           |   |
| 15.00 THERMO FISHER SCIENTIFIC    | 6,211.          | 8,691.               |           |   |
| 16.00 MCKESSON CORP               | 8,893.          | 13,124.              |           |   |
| 33.00 CENCORA INC                 | 6,168.          | 11,145.              |           |   |
| 95.00 ABBVIE INC                  | 20,363.         | 21,706.              |           |   |
| 22.00 INTUITIVE SURGICAL          | 10,602.         | 12,459.              |           |   |

|                                   |         |         |
|-----------------------------------|---------|---------|
| 175.00 BOSTON SCIENTIFIC CORP     | 17,122. | 16,686. |
| 18.00 NORTHROP GRUMMAN CORP       | 7,745.  | 10,263. |
| 166.00 TRANSUNION                 | 10,971. | 14,234. |
| 37.00 REPUBLIC SERVICES INC       | 8,362.  | 7,841.  |
| 5.00 QUANTA SERVICES INC          | 2,175.  | 2,110.  |
| 4.00 GE VERNOVA LLC               | 2,407.  | 2,614.  |
| 50.00 XPO INC                     | 7,348.  | 6,795.  |
| 61.00 HOWMET AEROSPACE INC        | 2,009.  | 12,506. |
| 17.00 CATERPILLAR INC             | 9,886.  | 9,738.  |
| 9.00 CADENCE DESIGN SYSTEMS INC   | 2,628.  | 2,813.  |
| 96.00 FORTINET INC                | 7,253.  | 7,623.  |
| 14.00 ASML HOLDING                | 7,177.  | 15,157. |
| 228.00 APPLE INC                  | 31,249. | 61,984. |
| 456.00 NVIDIA CORP                | 24,847. | 85,044. |
| 69.00 APPLIED MATERIALS           | 11,097. | 17,732. |
| 31.00 PALO ALTO NETWORKS INC      | 5,710.  | 5,710.  |
| 60.00 SERVICENOW INC              | 10,476. | 9,191.  |
| 134.00 MICROSOFT CORP             | 31,362. | 64,805. |
| 33.00 TAIWAN SEMI MFG CO ADR      | 9,607.  | 10,028. |
| 106.00 BROADCOM INC               | 20,618. | 36,686. |
| 40.00 GARTNER INC CL A            | 13,713. | 10,091. |
| 37.00 HOLCIM LTD                  | 3,282.  | 3,627.  |
| 14.00 HEIDELBERG MATERIALS AG     | 3,332.  | 3,671.  |
| 115.00 CRH PLC                    | 8,892.  | 14,352. |
| 26.00 SHERWIN-WILLIAMS CO         | 8,621.  | 8,424.  |
| 188.00 ISHRS MSCI EAFE IND FND    | 16,738. | 18,053. |
| 121.00 AMEREN CORP                | 9,637.  | 12,083. |
| 211.00 NEXTERA ENERGY INC         | 16,597. | 16,939. |
| 20.00 REDDIT INC                  | 4,268.  | 4,597.  |
| 46.00 LIVE NATION ENTERTMNT INC   | 3,652.  | 6,555.  |
| 90.00 MONCLER SPA                 | 5,297.  | 5,807.  |
| 70.00 DOLLARAMA INC               | 2,661.  | 10,469. |
| 17.00 TEXAS ROADHOUSE INC         | 2,983.  | 2,822.  |
| 51.00 LIGHT & WONDER INC.         | 4,458.  | 5,257.  |
| 83.00 BJ'S WHOLESALE CLUB HOLDIN  | 5,095.  | 7,472.  |
| 123.00 US FOODS HOLDING CORP      | 3,091.  | 9,264.  |
| 22.00 ST STR SPDR S&P OIL&GAS EX  | 2,975.  | 2,777.  |
| 3.00 PARTNERS GROUP HOLDING AG    | 4,384.  | 3,716.  |
| 61.00 ST STR SPDR S&P REG BK ETF  | 4,015.  | 3,953.  |
| 70.00 TRADEWEB MARKETS INC        | 4,618.  | 7,527.  |
| 121.00 RYAN SPECIALTY HOLDNGS INC | 5,553.  | 6,247.  |
| 113.00 NASDAQ INC.                | 5,078.  | 10,975. |
| 14.00 IDEXX LABS CORP             | 5,940.  | 9,471.  |
| 14.00 MEDPACE HOLDINGS            | 3,789.  | 7,863.  |
| 40.00 COOPER COS INC/THE          | 2,964.  | 3,278.  |
| 17.00 LABCORP HLDGS               | 4,705.  | 4,264.  |
| 42.00 STRAUMANN HOLDING AG        | 5,058.  | 4,949.  |
| 42.00 STERIS PLC                  | 6,797.  | 10,647. |
| 46.00 ESAB CORP                   | 5,327.  | 5,139.  |
| 57.00 BOOZ ALLEN HAMILTON HLDGS   | 5,993.  | 4,808.  |
| 216.00 API GROUP CORP             | 5,785.  | 8,264.  |
| 19.00 CARLISLE COS                | 3,692.  | 6,077.  |
| 111.00 CORE & MAIN INC            | 4,666.  | 5,768.  |
| 17.00 SAIA INC COM                | 4,646.  | 5,550.  |

|                                         |            |            |
|-----------------------------------------|------------|------------|
| 47.00 ROLLINS INC                       | 2,826.     | 2,820.     |
| 27.00 BWX TECHNOLOGIES INC              | 2,371.     | 4,666.     |
| 40.00 CLEAN HARBORS INC                 | 5,553.     | 9,379.     |
| 96.00 UL SOLUTIONS INC                  | 5,448.     | 7,570.     |
| 26.00 EQUIFAX INC                       | 4,208.     | 5,641.     |
| 138.00 STANDARDAERO INC                 | 3,950.     | 3,957.     |
| 25.00 MACOM TECHNOLOGY SOLUTIONS        | 3,862.     | 4,282.     |
| 5.00 ASM INTERNATIONAL NV               | 1,467.     | 3,040.     |
| 53.00 KEYSIGHT TECHNOLOGIES INC         | 8,053.     | 10,769.    |
| 48.00 CDW CORP/DE                       | 6,651.     | 6,537.     |
| 407.00 CCC INTELLIGENT SOLUTIONS        | 4,571.     | 3,235.     |
| 25.00 ENTEGRIS INC                      | 3,252.     | 2,106.     |
| 88.00 BENTLEY SYSTEMS INC               | 4,091.     | 3,358.     |
| 28.00 MANHATTAN ASSOCIATES INC          | 5,289.     | 4,852.     |
| 26.00 NRG ENERGY INC                    | 4,128.     | 4,140.     |
| 82.00 ST STR UTILITIES SELECT           | 3,128.     | 3,500.     |
| 121178.30 OW FIXED INCOME FUND          | 1,415,813. | 1,240,865. |
| 27271.12 OW CREDIT INCOME FUND          | 272,438.   | 217,896.   |
| 95531.45 OW LARGE CAP STRATEGIES FD     | 1,461,608. | 1,975,590. |
| 40040.54 OW SMALL & MIDCAP STRAT FD     | 632,738.   | 697,105.   |
| TOTAL TO FORM 990-PF, PART II, LINE 10B | 4,589,407. | 5,361,806. |

FORM 990-PF

PART XIV - LINE 1A  
LIST OF FOUNDATION MANAGERS

STATEMENT 7

## NAME OF MANAGER

PETER MUELLER  
ULRIKE MUELLER