

**Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation**

2001

Department of the Treasury
Internal Revenue Service

Note: The organization may be able to use a copy of this return to satisfy state reporting requirements.

For calendar year 2001, or tax year beginning _____, 2001, and ending _____

G Check all that apply: Initial return Final return Amended return Address Change Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions.	THE MOMMSEN FOUNDATION 980 PALO ALTO AVE. PALO ALTO, CA 94301-2223	A Employer Identification Number 77-0549283 B Telephone Number (see instructions) (650) 326-6637 C If exemption application is pending, check here. <input type="checkbox"/> G D 1 Foreign organizations, check here. <input type="checkbox"/> G 2 Foreign organizations meeting the 85% test, check here and attach computation. <input type="checkbox"/> G E If private foundation status was terminated under section 507(b)(1)(A), check here. <input type="checkbox"/> G F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here. <input type="checkbox"/> G
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		
I Fair market value of all assets at end of year (from Part II, column c, line 16) G\$ 1, 147, 890.		J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column d must be on cash basis.)

	Part I Analysis of Revenue and Expenses (The total of amounts in columns b, c, and d may not necessarily equal the amounts in column a.) (see instructions)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
R E V E N U E	1 Contributions, gifts, grants, etc., received (att sch). Ck G <input type="checkbox"/> if the foundn is not req to att Sch B	1, 161, 543.			
	2 Distributions from split-interest trusts				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	4, 585.	4, 585.	4, 585.	
	5a Gross rents				
	b (Net rental income or (loss))				
	6a Net gain/(loss) from sale of assets not on line 10	-4, 197.	STATEMENT 1		
	b Gross sales prices for all assets on line 6a	56, 858.			
	7 Capital gain net income (from Part IV, line 2)		0.		
	8 Net short-term capital gain			0.	
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit/(loss) (att sch)					
11 Other income (attach schedule)					
12 Total. Add lines 1 through 11	1, 161, 931.	4, 585.	4, 585.		
A D M I N I S T R A T I V E O P E R A T I N G A N D E X P E N S E S	13 Compensation of officers, directors, trustees, etc.				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule) SEE ST. 2	7, 459.			7, 459.
	b Accounting fees (attach sch)				
	c Other prof fees (attach sch) SEE ST. 3	1, 415.			1, 415.
	17 Interest				
	18 Taxes (attach schedule) SEE STMT. 4	21.			21.
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
21 Travel, conferences, and meetings					
22 Printing and publications					
23 Other expenses (attach schedule) SEE STATEMENT 5	2, 747.	50.		45.	
24 Total operating and administrative expenses. Add lines 13 through 23	11, 642.	50.		8, 940.	
25 Contributions, gifts, grants paid. PART. XV.	92, 140.			92, 140.	
26 Total expenses and disbursements. Add lines 24 and 25	103, 782.	50.			
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	1, 058, 149.				
b Net investment income (if negative, enter -0-)		4, 535.			
c Adjusted net income (if negative, enter -0-)			4, 585.		

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		Beginning of year	End of year	
				(a) Book Value	(b) Book Value	(c) Fair Market Value
A S S E T S	1	Cash * non-interest-bearing				
	2	Savings and temporary cash investments		2, 930.	30, 863.	30, 863.
	3	Accounts receivable G				
		Less: allowance for doubtful accounts G				
	4	Pledges receivable G				
		Less: allowance for doubtful accounts G				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach sch) ... G				
		Less: allowance for doubtful accounts G				
	8	Inventories for sale or use				
	9	Prepaid expenses and deferred charges				
	10a	Investments * U.S. and state government obligations (attach schedule)				
		b Investments * corporate stock (attach schedule)		38, 466.	1, 071, 334.	1, 107, 305.
		c Investments * corporate bonds (attach schedule)				
	11	Investments * land, buildings, and equipment: basis G				
	Less: accumulated depreciation (attach schedule) G					
12	Investments * mortgage loans					
13	Investments * other (attach schedule)					
14	Land, buildings, and equipment: basis G					
	Less: accumulated depreciation (attach schedule) G					
15	Other assets (describe G SEE STATEMENT 6)		12, 374.	9, 722.	9, 722.	
16	Total assets (to be completed by all filers * see instructions. Also, see page 1, item l)		53, 770.	1, 111, 919.	1, 147, 890.	
L I A B I L I T I E S	17	Accounts payable and accrued expenses				
	18	Grants payable				
	19	Deferred revenue				
	20	Loans from officers, directors, trustees, & other disqualified persons				
	21	Mortgages and other notes payable (attach schedule)				
	22	Other liabilities (describe G)				
	23	Total liabilities (add lines 17 through 22)		0.	0.	
N E T A S S E T B A L A N C E S		Organizations that follow SFAS 117, check here. G <input type="checkbox"/>				
	24	Unrestricted				
	25	Temporarily restricted				
	26	Permanently restricted				
		Organizations that do not follow SFAS 117, check here. G <input checked="" type="checkbox"/>				
	27	Capital stock, trust principal, or current funds				
	28	Paid-in or capital surplus, or land, building, and equipment fund				
	29	Retained earnings, accumulated income, endowment, or other funds		53, 770.	1, 111, 919.	
	30	Total net assets or fund balances (see instructions)		53, 770.	1, 111, 919.	
31	Total liabilities and net assets/fund balances (see instructions)		53, 770.	1, 111, 919.		

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year * Part II, column (a), line 30. (must agree with end-of-year figure reported on prior year's return)	1	53, 770.
2	Enter amount from Part I, line 27a	2	1, 058, 149.
3	Other increases not included in line 2 (itemize) G	3	
4	Add lines 1, 2, and 3	4	1, 111, 919.
5	Decreases not included in line 2 (itemize) G	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) * Part II, column (b), line 30.	6	1, 111, 919.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shares MLC Company)	(b) How acquired P Purchase D Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1a 125 BELLSOUTH	D	9/30/00	1/22/01
b 210 IBM	D	9/30/00	1/22/01
c 100 SMARTFORCE	D	9/30/00	1/22/01
d 1500 MATRI X	D	1/09/01	1/22/01
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 5,345.		5,023.	322.
b 22,964.		28,061.	-5,097.
c 4,157.		5,381.	-1,224.
d 24,392.		22,590.	1,802.
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (column (h) gain minus column (k), but not less than -0-) or Losses (from column (h))
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any	
a			322.
b			-5,097.
c			-1,224.
d			1,802.
e			

2 Capital gain net income or (net capital loss). [If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7]	2	-4,197.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8]	3	-4,197.

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

N/A

If section 4940(d)(2) applies, leave this part blank.

Was the organization liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No

If 'Yes,' the organization does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (column (b) divided by column (c))
2000			
1999			
1998			
1997			
1996			

2 Total of line 1, column (d)	2	
3 Average distribution ratio for the 5-year base period ' divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years.	3	
4 Enter the net value of noncharitable-use assets for 2001 from Part X, line 5	4	
5 Multiply line 4 by line 3	5	
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	
7 Add lines 5 and 6	7	
8 Enter qualifying distributions from Part XII, line 4	8	

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948' see instructions)	
1 a Exempt operating foundations described in Section 4940(d)(2), check here. <input type="checkbox"/> G <input type="checkbox"/> and enter 'N/A' on line 1. Date of ruling letter: _____ (attach copy of ruling letter if necessary' see instructions)	
b Domestic organizations that meet the Section 4940(e) requirements in Part V, check here. <input type="checkbox"/> G <input type="checkbox"/> and enter 1% of Part I, line 27b.	1 91.
c All other domestic organizations enter 2% of line 27b. Exempt foreign organizations enter 4% 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 91.
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 91.
6 Credits/Payments:	
a 2001 estimated tax pmts and 2000 overpayment credited to 2001. 6a	
b Exempt foreign organizations' tax withheld at source. 6b	
c Tax paid with application for extension of time to file (Form 8868) 6c	
d Backup withholding erroneously withheld. 6d	
7 Total credits and payments. Add lines 6a through 6d.	7 0.
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	8
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed. G	9 91.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid. G	10
11 Enter the amount on line 10 to be: Credited to 2002 estimated tax. G Refunded. G	11

Part VII-A Statements Regarding Activities			
	Yes	No	
1 a During the tax year, did the organization attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X	1 a
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?		X	1 b
If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the organization in connection with the activities.			
c Did the organization file Form 1120-POL for this year?		X	1 c
d Enter the amount (if any) of tax on political expenditures (Section 4955) imposed during the year: (1) On the organization. G \$ 0. (2) On organization managers. G \$ 0.			
e Enter the reimbursement (if any) paid by the organization during the year for political expenditure tax imposed on organization managers. G \$ 0.			
2 Has the organization engaged in any activities that have not previously been reported to the IRS?		X	2
If 'Yes,' attach a detailed description of the activities.			
3 Has the organization 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.		X	3
4 a Did the organization have unrelated business gross income of \$1,000 or more during the year?		X	4 a
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		N/A	4 b
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?		X	5
If 'Yes,' attach the statement required by General Instruction T.			
6 Are the requirements of Section 508(e) (relating to Sections 4941 through 4945) satisfied either: ? By language in the governing instrument or ? By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?		X	6
7 Did the organization have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV.	X		7
8 a Enter the states to which the foundation reports or with which it is registered (see instructions)			G
<u>CALI FORNI A</u>			
b If the answer is 'Yes' to line 7, has the organization furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation.	X		8 b
9 Is the organization claiming status as a private operating foundation within the meaning of Section 4942(j)(3) or 4942(j)(5) for calendar year 2001 or the taxable year beginning in 2001 (see instructions for Part XIV)? If 'Yes,' complete Part XIV.		X	9
10 Did any persons become substantial contributors during the tax year?	X		10
If 'Yes,' attach a schedule listing their names and addresses. SEE STATEMENT 7			
11 Did the organization comply with the public inspection requirements for its annual returns and exemption application?	X		11
Web site address. G N/A			
12 The books are in care of G <u>KATHARINA MOMMSEN</u> Telephone no. G <u>(650) 326-6637</u> Located at G <u>980 PALO ALTO AVE., PALO ALTO, CA</u> ZIP + 4 G <u>94301-2223</u>			
13 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041' Check here. N/A... G <input type="checkbox"/>			
and enter the amount of tax-exempt interest received or accrued during the year. G 13 N/A			

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.

	Yes	No
1a During the year did the organization (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the organization agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/> G <input type="checkbox"/>	1b	N/A
c Did the organization 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 2001? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1c	X
2 Taxes on failure to distribute income (Section 4942) (does not apply for years the organization was a private operating foundation defined in Section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2001, did the organization have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2001? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes,' list the years G 20__ , 19__ , 19__ , 19__ .		
b Are there any years listed in 2a for which the organization 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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2b	N/A
c If the provisions of Section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. G 20__ , 19__ , 19__ , 19__ .		
3a Did the organization hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If 'Yes,' did it have excess business holdings in 2001 as a result of (1) any purchase by the organization 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 Schedule C, Form 4720, to determine if the organization had excess business holdings in 2001.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3b	N/A
4a Did the organization invest during the year any amount in a manner that would jeopardize its charitable purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4a	X
b Did the organization 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 2001? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4b	X
5a During the year did the organization pay or incur any amount to:		
(1) Carry on propaganda, or otherwise attempt to influence legislation (Section 4945(e))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Influence the outcome of any specific public election (see Section 4955); or to carry on, directly or indirectly, any voter registration drive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Provide a grant to an individual for travel, study, or other similar purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Provide a grant to an organization other than a charitable, etc., organization described in Section 509(a)(1), (2), or (3), or Section 4940(d)(2)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is 'Yes' to 5a(1)-(5), did any 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/> G <input type="checkbox"/>	5b	N/A
c If the answer is 'Yes' to question 5a(4), does the organization claim exemption from the tax because it maintained expenditure responsibility for the grant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes,' attach the statement required by Regulations Section 53.4945-5(d). N/A		
6a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If you answered 'Yes' to 6b, also file 8870.	6b	X

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

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions):

(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
SEE STATEMENT 8		0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1 see instructions). 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 G

3 Five highest-paid independent contractors for professional services' (see instructions). If none, enter 'None.'

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services G

Part IX-A Summary of Direct Charitable Activities

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 SEE STATEMENT 9	
	92,140.
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 ----- -----	
2 ----- -----	
All other program-related investments. See instructions. 3 ----- -----	
Total. Add lines 1 through 3. G	0.

Part X 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.....	1 a	636, 204.
b Average of monthly cash balances.....	1 b	33, 138.
c Fair market value of all other assets (see instructions).....	1 c	
d Total (add lines 1a, b and c).....	1 d	669, 342.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).....	1 e	0.
2 Acquisition indebtedness applicable to line 1 assets.....	2	0.
3 Subtract line 2 from line 1d.....	3	669, 342.
4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions).....	4	10, 040.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.....	5	659, 302.
6 Minimum investment return. Enter 5% of line 5.....	6	32, 965.

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

1 Minimum investment return from Part X, line 6.....	1	32, 965.
2a Tax on investment income for 2001 from Part VI, line 5.....	2 a	91.
b Income tax for 2001. (This does not include the tax from Part VI.).....	2 b	
c Add lines 2a and 2b.....	2 c	91.
3 Distributable amount before adjustments. Subtract line 2c from line 1.....	3	32, 874.
4a Recoveries of amounts treated as qualifying distributions.....	4 a	
b Income distributions from section 4947(a)(2) trusts.....	4 b	
c Add lines 4a and 4b.....	4 c	
5 Add lines 3 and 4c.....	5	32, 874.
6 Deduction from distributable amount (see instructions).....	6	
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.....	7	32, 874.

Part XII Qualifying Distributions (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a Expenses, contributions, gifts, etc. total from Part I, column (d), line 26.....	1 a	101, 080.
b Program-related investments Total from Part IX-B.....	1 b	
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).....	3 a	
b Cash distribution test (attach the required schedule).....	3 b	
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.....	4	101, 080.
5 Organizations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).....	5	
6 Adjusted qualifying distributions. Subtract line 5 from line 4.....	6	101, 080.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2000	(c) 2000	(d) 2001
1 Distributable amount for 2001 from Part XI, line 7.....				32,874.
2 Undistributed income, if any, as of the end of 2000:				
a Enter amount for 2000 only.....			0.	
b Total for prior years: 20____, 19____, 19____		0.		
3 Excess distributions carryover, if any, to 2001:				
a From 1996.....				
b From 1997.....				
c From 1998.....				
d From 1999.....				
e From 2000.....				54,125.
f Total of lines 3a through e.....	54,125.			
4 Qualifying distributions for 2001 from Part XII, line 4: G \$ 101,080.				
a Applied to 2000, 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 2001 distributable amount.....				32,874.
e Remaining amount distributed out of corpus...	68,206.			
5 Excess distributions carryover applied to 2001..... (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.....	122,331.			
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 2000. Subtract line 4a from line 2a. Taxable amount * see instructions.....			0.	
f Undistributed income for 2001. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2002.....				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(E) or 4942(g)(3) (see instructions).....	0.			
8 Excess distributions carryover from 1996 not applied on line 5 or line 7 (see instructions)...	0.			
9 Excess distributions carryover to 2002. Subtract lines 7 and 8 from line 6a.....	122,331.			
10 Analysis of line 9:				
a Excess from 1997.....				
b Excess from 1998.....				
c Excess from 1999.....				
d Excess from 2000.....				54,125.
e Excess from 2001.....				68,206.

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2001, enter the date of the ruling..... **G**

b Check box to indicate whether the organization is a private operating foundation described in Section 4942(j)(3) or 4942(j)(5)

	Tax year		Prior 3 years		(e) Total
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a 'Assets' alternative test ' enter:					
(1) Value of all assets					
(2) Value of assets qualifying under Section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test ' Enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test ' enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (Section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in Section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year.)

1 Information Regarding Foundation Managers:

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

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.
 NONE

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

Check here **D** if the organization only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the organization makes gifts, grants, etc, (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number of the person to whom applications should be addressed:
 SEE STATEMENT 10

b The form in which applications should be submitted and information and materials they should include:
 SEE STATEMENT 11

c Any submission deadlines:
 NONE

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:
 SEE STATEMENT 12

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year STIFTUNG WEIMARER KLASSIK, EGW D-99423 WEIMAR BURGPLATZ 4, GERMANY	NONE		TO FUND THE COMPLETION OF TEN OR MORE VOLUMES OF DIE ENTSTEHUNG VON GOETHES WERKEN IN DOKUMENTEN, DOCUMENTING THE GENESIS OF OVER 1,400 WORKS OF JOHANN WOLFGANG VON GOETHE.	92,140.
Total G 3a				92,140.
b Approved for future payment				
Total G 3b				

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

2001

Name of Organization

THE MOMMSEN FOUNDATION

Employer Identification Number

77-0549283

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 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 box(es) for both the general rule and a special rule - see instructions.)

General Rule

- For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules

- For a Section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a Section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- For a Section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc. purposes, but these contributions did not aggregate to 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. Do not complete any of the Parts unless the general rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) G \$ _____

Caution: Organizations that are not covered by the general rule and/or the special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

Name of Organization

Employer Identification Number

THE MOMMSEN FOUNDATION

77-0549283

Part I Contributors (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	MOMME & KATHARI NA MOMMSEN 980 PALO ALTO AVE. PALO ALTO, CA 94301	\$ 1,000,099.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is noncash contribution.)
2	MOMME & KATHARI NA MOMMSEN 980 PALO ALTO AVE. PALO ALTO, CA 94301	\$ 6,185.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is noncash contribution.)
3	MOMME & KATHARI NA MOMMSEN 980 PALO ALTO AVE., PALO ALTO, CA 94301	\$ 48,232.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution.)
4	MOMME & KATHARI NA MOMMSEN 980 PALO ALTO AVE PALO ALTO, CA 94301	\$ 7,082.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution.)
5	MOMME & KATHARI NA MOMMSEN 980 PALO ALTO AVE PALO ALTO, CA. 94301	\$ 25,683.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is noncash contribution.)
6	ILSE VON WITZLEBEN 575 CHAUCER AVE. PALO ALTO, CA 94301	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution.)

Name of Organization

Employer Identification Number

THE MOMMSEN FOUNDATION

77-0549283

Part I Contributors (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	----- <input type="text"/> ----- <input type="text"/> -----	\$ 8,347.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is noncash contribution.)
8	----- <input type="text"/> ----- <input type="text"/> -----	\$ 30,347.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is noncash contribution.)
9	----- <input type="text"/> ----- <input type="text"/> -----	\$ 22,590.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is noncash contribution.)
---	----- ----- -----	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution.)
---	----- ----- -----	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution.)
---	----- ----- -----	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution.)

Name of Organization

Employer Identification Number

THE MOMMSEN FOUNDATION

77-0549283

Part II Noncash Property

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	8526 SHARES OF IBM	\$ 1,000,099.	5/08/01
2	414 SHARES OF AT & T WIRELESS	\$ 6,185.	9/04/01
5	1288 SHARES OF AT & T	\$ 25,683.	11/16/01
7	225 SHARES BELLSOUTH	\$ 8,347.	9/06/01
8	315 SHARES IBM	\$ 30,347.	9/07/01
9	1,500 SHARES MATRIX PHARMACEUTICAL	\$ 22,590.	1/09/01

BAA

Name of Organization

Employer Identification Number

THE MOMMSEN FOUNDATION

77-0549283

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (enter this information once - see instructions)..... G \$

(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

(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

(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

(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

THE MOMMSEN FOUNDATION

77-0549283

STATEMENT 1
FORM 990-PF, PART I, LINE 6
NET GAIN (LOSS) FROM NONINVENTORY SALES

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE: 56,858.
COST OR OTHER BASIS: 61,055.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ -4,197.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ -4,197.

STATEMENT 2
FORM 990-PF, PART I, LINE 16A
LEGAL FEES

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEE.....	\$ 7,459.			\$ 7,459.
TOTALS	\$ <u>7,459.</u>	\$ <u>0.</u>	\$ <u>0.</u>	\$ <u>7,459.</u>

STATEMENT 3
FORM 990-PF, PART I, LINE 16C
OTHER PROFESSIONAL FEES

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OTHER PROFESSIONAL FEES.....	\$ 1,415.			\$ 1,415.
TOTALS	\$ <u>1,415.</u>	\$ <u>0.</u>	\$ <u>0.</u>	\$ <u>1,415.</u>

STATEMENT 4
FORM 990-PF, PART I, LINE 18
TAXES

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FEDERAL TAXES.....	\$ 11.			\$ 11.
STATE TAXES.....	10.			10.
TOTALS	\$ <u>21.</u>	\$ <u>0.</u>	\$ <u>0.</u>	\$ <u>21.</u>

THE MOMMSEN FOUNDATION

77-0549283

STATEMENT 5
FORM 990-PF, PART I, LINE 23
OTHER EXPENSES

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
AMORTIZATION.....	\$ 2,652.			N/A
BANK CHARGES.....	50.	\$ 50.		
LICENSE & FEE.....	45.			\$ 45.
TOTALS	\$ 2,747.	\$ 50.	\$ 0.	\$ 45.

STATEMENT 6
FORM 990-PF, PART II, LINE 15
OTHER ASSETS

	BOOK VALUE	FAIR MARKET VALUE
NET INTANGIBLE ASSETS.....	\$ 9,722.	\$ 9,722.
TOTAL	\$ 9,722.	\$ 9,722.

STATEMENT 7
FORM 990-PF, PART VII-A, LINE 10
SUBSTANTIAL CONTRIBUTORS DURING THE TAX YEAR

MOMME & KATHARINA MOMMSEN

STATEMENT 8
FORM 990-PF, PART VIII, LINE 1
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
KATHARINA MOMMSEN 980 PALO ALTO AVE. PALO ALTO, CA 94301-2223	SECRETARY/CFO PART TIME	\$ 0.	\$ 0.	\$ 0.
HISAKO MATSUBARA [REDACTED] [REDACTED]	DIRECTOR/PRES. PART TIME	0.	0.	0.
MONIKA IHLENFELD [REDACTED] [REDACTED]	DIRECTOR PART TIME	0.	0.	0.
TOTAL		\$ 0.	\$ 0.	\$ 0.

THE MOMMSEN FOUNDATION

77-0549283

STATEMENT 9
FORM 990-PF, PART IX-A, LINE 1
SUMMARY OF DIRECT CHARITABLE ACTIVITIES

DIRECT CHARITABLE ACTIVITIES	EXPENSES
THE FOUNDATION MADE CONTRIBUTIONS TO STIFTUNG WEIMARER KLASSIS, WEIMAR, GERMANY, AN ORGANIZATION THAT IS EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, TO FUND THE COMPLETION OF TEN OR MORE VOLUMES OF DIE ENTSTEHUNG VON GOETHES WERDEN IN DOKUMENTEN, DOCUMENTING THE GENESIS OF ABOUT 1,400 WORKS OF JOHANN WOLFGANG VON GOETHE.	\$ 92,140.

STATEMENT 10
FORM 990-PF, PART XV, LINE 2A
NAME AND ADDRESS OF PERSON TO WHOM APPLICANTS SHOULD BE ADDRESSED

KATHARINA MOMMSEN, 980 PALO ALTO AVE., PALO ALTO, CA 94301-2223, (650)326-6637

STATEMENT 11
FORM 990-PF, PART XV, LINE 2B
THE FORM IN WHICH APPLICATIONS SHOULD BE SUBMITTED

THE MOMMSEN FOUNDATION WAS EXPRESSLY FORMED TO SUPPORT ORGANIZATIONS THAT ARE ORGANIZED AND OPERATED EXCLUSIVELY FOR CHARITABLE OR EDUCATIONAL PURPOSES AND THAT ARE EXEMPT FROM TAXATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. MORE SPECIFICALLY, THE FOUNDATION WILL SUPPORT THE ADVANCEMENT OF WORLD LITERATURE BY MEANS OF MAKING CONTRIBUTIONS TO : (1)STIFTUNG WEIMARER KLASSIK, WEIMAR, GERMANY, AN ORGANIZATION THAT IS EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, TO FUND THE COMPLETION OF TEN OR MORE VOLUMES OF DIE ENTSTEHUNG VON GOETHES WERKEN IN DOKUMENTEN, DOCUMENTING THE GENESIS OF OVER 1,400 WORKS OF JOHANN WOLFGANG VON GOETHE. AND/OR (2)OTHER ORGANIZATIONS THAT ARE EXEMPT FROM TAXATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE FOR THE PURPOSE OF FUNDING THE ACQUISITION OF MANUSCRIPTS BY LIBRARIES AND LITERARY ARCHIVES, THE RESTORATION OF LITERARY MANUSCRIPTS AND TRANSLATION, ANALYSIS AND DOCUMENTATION OF WORLD LITERATURE. ANY QUALIFIED ORGANIZATION INTERESTED IN PURSUING SUCH PURPOSES CAN SUBMIT A WRITTEN PROPOSAL TO THE FOUNDATION FOR CONSIDERATION.

STATEMENT 12
FORM 990-PF, PART XV, LINE 2D
ANY RESTRICTIONS OR LIMITATIONS ON AWARDS

TO SUPPORT ORGANIZATIONS THAT ARE ORGANIZED AND OPERATED EXCLUSIVELY FOR CHARITABLE OR EDUCATIONAL PURPOSES AND THAT ARE EXEMPT FROM TAXATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND TO SUPPORT OTHER CHARITABLE, EDUCATIONAL, LITERARY AND SCIENTIFIC ENDEAVORS AS PERMITTED UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

YEAR
2001

California Exempt Organization Annual Information Return

FORM
199

For calendar or fiscal year beginning month _____ day _____ year 2001, and ending month _____ day _____ year	
IMPORTANT: Your number is required.	
California corporation number 2081356	Federal employer identification number 77-0549283
Attach Preaddressed Label or See Instructions	
Corporation/Organization name THE MOMMSEN FOUNDATION	
Address 980 PALO ALTO AVE.	PMB no.
City PALO ALTO, CA	State ZIP Code 94301-2223
A Final return? <input type="checkbox"/> Yes. Check applicable box. <input checked="" type="checkbox"/> No <input type="checkbox"/> Dissolved <input type="checkbox"/> Withdrawn <input type="checkbox"/> Merged/Reorganized (attach explanation) If a box is checked, enter date @ _____	
B Check forms filed this year: State: <input type="checkbox"/> 109 <input type="checkbox"/> 100 <input type="checkbox"/> 100S Fed: <input type="checkbox"/> 990 Fed: <input type="checkbox"/> 990EZ <input type="checkbox"/> 990T <input checked="" type="checkbox"/> 990PF <input type="checkbox"/> 1041 <input type="checkbox"/> 1120H <input type="checkbox"/> 1120	
C If organization is exempt under R&TC Section 23701d and is a school, public charity, religious organization, or is controlled by a religious operation, check box. See General Instruction F. No filing fee is required. @ <input type="checkbox"/>	
D Is this a group filing? See General Instruction M. @ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
E Accounting method used. <u>CASH</u>	
F Type of organization <input checked="" type="checkbox"/> Exemption under Section 23701 <u>D</u> (insert letter) <input type="checkbox"/> IRC Section 4947(a)(1) trust	

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues <small>(Attach check or money order here.)</small>	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8 @	1	61,443.
	2 Gross dues and assessments from members and affiliates @	2	
	3 Gross contributions, gifts, grants, and similar amounts received. See instructions SEE . SCH. . B @	3	1,161,543.
	4 Total gross receipts for filing requirement test. Add line 1 through line 3		
	This line must be completed. If the result is less than \$25,000, see General Instruction C. @		
	5 Cost of goods sold	5	
	6 Cost or other basis, and sales expenses of assets sold	6	61,055.
	7 Total costs. Add line 5 and line 6	7	61,055.
8 Total gross income. Subtract line 7 from line 4	8	1,161,931.	
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	103,782.
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	1,058,149.
Filing Fee	11 Filing fee \$10 or \$25. See General Instruction F	11	10.
	12 Penalty for failure to file on time. See General Instruction L	12	
	13 Balance due. Add line 11 and line 12	13	10.

- 14 If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If 'Yes,' complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations. Yes No
- 15 Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If 'Yes,' complete an explanation and attach copies of revised documents. Yes No
- 16 Is the organization exempt under R&TC Section 23701g? Yes No
If 'Yes,' enter amount of gross receipts from nonmember sources ... \$ _____
- 17 Did the organization file Form 100, Form 100S, or Form 109 to report taxable income? Yes No
If 'Yes,' enter amount of total income reported. \$ _____
- 18 The financial records are in care of. KATHARI NA MOMMSEN Daytime telephone (650) 326-6637
located at 980 PALO ALTO AVE., PALO ALTO, CA 94301-2223

Please 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.		G SECRETARY/CFO	
	G Signature of officer	Date	Title	(650) 326-6637 Daytime telephone
Paid Preparer's Use Only	Preparer's signature G	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours, if self-employed) and address G RICHARD W. WONG CPA 233 SANSOME STREET, SUITE 1008 SAN FRANCISCO, CA 94104			FEIN 94-2523389 Daytime telephone (415) 781-1040

CACA9712L 12/14/01

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts complete Part II or furnish substitute information. See Specific Line Instructions.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	
	2	Interest	2	
	3	Dividends	3	4,585.
	4	Gross rents	4	
	5	Gross royalties	5	
	6	Gross amount received from sale of assets	6	56,858.
	7	Other income. Attach schedule	7	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.	8	61,443.
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	9	92,140.
	10	Disbursements to or for members	10	
	11	Compensation of officers, directors, and trustees. Attach schedule	11	0.
	12	Other salaries and wages	12	
	13	Interest	13	
	14	Taxes	14	21.
	15	Rents	15	
	16	Depreciation and depletion	16	
	17	Other. Attach schedule	17	11,621.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I line 9.	18	103,782.

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		2,930.		30,863.
2	Net accounts receivable				
3	Net notes receivable. Attach schedule				
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds. Attach schedule				
7	Investments in stock. Attach schedule		38,466.		1,071,334.
8	Mortgage loans (number of loans: _____)				
9	Other investments. Attach schedule				
10a	Depreciable assets				
b	Less accumulated depreciation				
11	Land				
12	Other assets. Attach schedule ST. 4.		12,374.		9,722.
13	Total assets		53,770.		1,111,919.
Liabilities and net worth					
14	Accounts payable				
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable. Attach schedule				
17	Mortgages payable				
18	Other liabilities. Attach schedule				
19	Capital stock or principle fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		53,770.		1,111,919.
22	Total liabilities and net worth		53,770.		1,111,919.

Schedule M-1 Reconciliation of income per books with income per return				
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000				
1	Net income per books	1,058,149.	7	Income recorded on books this year not included in this return.
2	Federal income tax			Attach schedule
3	Excess of capital losses over capital gains			
4	Income not recorded on books this year. Attach schedule		8	Deductions in this return not charged against book income this year.
5	Expenses recorded on books this year not deducted in this return. Attach schedule			Attach schedule
6	Total		9	Total. Add line 7 and line 8.
	Add line 1 through line 5	1,058,149.	10	Net income per return.
				Subtract line 9 from line 6
				1,058,149.

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

Department of the Treasury
Internal Revenue Service

CALIFORNIA FORM 199
Schedule of Contributors

Supplementary information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

2001

Name of Organization

THE MOMMSEN FOUNDATION

Employer Identification Number

77-0549283

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 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 box(es) for both the general rule and a special rule - see instructions.)

General Rule

- For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules

- For a Section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a Section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- For a Section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc. purposes, but these contributions did not aggregate to 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. Do not complete any of the Parts unless the general rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) G \$ _____

Caution: Organizations that are not covered by the general rule and/or the special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

Name of Organization

Employer Identification Number

THE MOMMSEN FOUNDATION

77-0549283

Part I Contributors (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	<div style="background-color: black; width: 200px; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 15px; display: inline-block; margin-left: 10px;"></div> <div style="border: 1px solid black; width: 150px; height: 15px; margin-bottom: 5px;"></div>	\$ 1,000,099.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is noncash contribution.)
2	<div style="background-color: black; width: 200px; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 150px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 150px; height: 15px; margin-bottom: 5px;"></div>	\$ 6,185.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is noncash contribution.)
3	<div style="background-color: black; width: 200px; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 150px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 150px; height: 15px; margin-bottom: 5px;"></div>	\$ 48,232.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution.)
4	<div style="background-color: black; width: 200px; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 150px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 150px; height: 15px; margin-bottom: 5px;"></div>	\$ 7,082.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution.)
5	<div style="background-color: black; width: 200px; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 150px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 150px; height: 15px; margin-bottom: 5px;"></div>	\$ 25,683.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is noncash contribution.)
6	<div style="background-color: black; width: 200px; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 150px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 150px; height: 15px; margin-bottom: 5px;"></div>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution.)

Name of Organization

Employer Identification Number

THE MOMMSEN FOUNDATION

77-0549283

Part I Contributors (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	<div style="background-color: black; width: 200px; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 150px; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 150px; height: 15px;"></div>	\$ 8,347.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is noncash contribution.)
8	<div style="background-color: black; width: 200px; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 150px; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 150px; height: 15px;"></div>	\$ 30,347.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is noncash contribution.)
9	<div style="background-color: black; width: 200px; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 150px; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 150px; height: 15px;"></div>	\$ 22,590.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is noncash contribution.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution.)

Name of Organization

Employer Identification Number

THE MOMMSEN FOUNDATION

77-0549283

Part II Noncash Property

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	8526 SHARES OF IBM	\$ 1,000,099.	5/08/01
2	414 SHARES OF AT & T WIRELESS	\$ 6,185.	9/04/01
5	1288 SHARES OF AT & T	\$ 25,683.	11/16/01
7	225 SHARES BELLSOUTH	\$ 8,347.	9/06/01
8	315 SHARES IBM	\$ 30,347.	9/07/01
9	1,500 SHARES MATRIX PHARMACEUTICAL	\$ 22,590.	1/09/01

BAA

Name of Organization

Employer Identification Number

THE MOMMSEN FOUNDATION

77-0549283

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (enter this information once - see instructions)..... G \$

(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

(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

(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

(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

2001 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. FORM 199

Corporation name

California corporation number

THE MOMMSEN FOUNDATION

2081356

Part I Depreciation

Table with 8 columns: (a) Description of property, (b) Date acquired, (c) Cost or other basis, (d) Depreciation allowed or allowable in earlier years, (e) Method of figuring depreciation, (f) Life or rate, (g) Depreciation for this year, (h) Additional first year depreciation. Includes summary rows 2-5.

Part II Amortization

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Cost or other basis, (d) Amortization allowed or allowable in earlier years, (e) R&TC section, (f) Period or percentage, (g) Amortization for this year. Includes summary rows 2-4.

THE MOMMSEN FOUNDATION

77-0549283

STATEMENT 1
 FORM 199, PART II, LINE 9
 CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY: RESEARCH
 DONEE'S NAME: STIFTUNG WEIMARER KLASSIK, EGW
 DONEE'S STREET ADDRESS: D-99423 WEIMAR
 DONEE'S CITY, STATE, ZIP: BURGPLATZ 4, GERMANY
 RELATIONSHIP OF DONEE: NONE
 ORGANIZATIONAL STATUS OF DONEE: SECTION 501(C)(3)
 AMOUNT GIVEN:

TOTAL \$ 92,140.
\$ 92,140.

STATEMENT 2
 FORM 199, PART II, LINE 11
 COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME, ADDRESS AND SOCIAL SECURITY NUMBER	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN-SATION	CONTRI - BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
KATHARINA MOMMSEN 980 PALO ALTO AVE. PALO ALTO, CA 94301-2223 [REDACTED]	SECRETARY/CFO PART TIME	\$ 0.	\$ 0.	\$ 0.
HISAKO MATSUBARA [REDACTED] DIRECTOR	DIRECTOR/PRES. PART TIME	0.	0.	0.
MONIKA HLENFELD [REDACTED] [REDACTED]	DIRECTOR PART TIME	0.	0.	0.
TOTAL		<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

STATEMENT 3
 FORM 199, PART II, LINE 17
 OTHER EXPENSES

AMORTIZATION	\$ 2,652.
BANK CHARGES	50.
LEGAL FEES	7,459.
LICENSE & FEE	45.
OTHER PROFESSIONAL FEES	1,415.
TOTAL	<u>\$ 11,621.</u>

STATEMENT 4
FORM 199, SCHEDULE L, LINE 12
OTHER ASSETS

NET INTANGIBLE ASSETS.....	9,722.
TOTAL \$	<u>9,722.</u>

CS
 MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 Telephone: (916) 445-2021

WEBSITE ADDRESS:
<http://ag.ca.gov/charities/>

2002
 REGISTRATION/RENEWAL FEE REPORT
 TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
 11 CCR Sections 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1.



RRF-1 EXTENSIONS WILL NOT BE GRANTED

Enter State Charity Registration Number, Name, and Address of Organization Below:

State Charity Registration Number 2081356

THE MOMMSEN FOUNDATION
 Name of Organization

980 PALO ALTO AVE.
 Address (Number and Street)

PALO ALTO, CA 94301-2223
 City or Town State ZIP Code

Check if:

- Change of address
- Initial report
- Amended report
- Final report

Corporate or Organization No. 2081356

Federal Employer ID No. 77-0549283

PART A ' ACTIVITIES

1 During your most recent full accounting period did your gross receipts or total assets equal \$100,000 or more?	Yes	No
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a If the answer is yes, you are required by Title 11 of the California Code of Regulations, Sections 311 and 312, to attach a check in the amount of \$25.00 to this report. Make check payable to Department of Justice.		
2 For your most recent full accounting period (beginning <u>1/01/01</u> ending <u>12/31/01</u>) list:		
Gross receipts \$ <u>1,221,145.</u>	Total assets \$ <u>1,111,919.</u>	Actual <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>

PART B ' STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each 'yes' response. Please review RRF-1 Instructions for information required.

1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?	Yes	No
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, did nonprogram expenditures exceed at least 50% of gross revenues?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, were the services of a professional fund-raiser or fund-raising counsel used? If 'yes,' provide an attachment listing the name, address, and telephone number of the service provider.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Organization's area code and telephone number (650) 326-6637

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

KATHARINA MOMMSEN SECRETARY/CFO
 Signature of authorized officer Printed Name Title Date