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SCANNED NOV 3 0 2010

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Form	J	J	v	_		

Department of the Treasury

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

OMB No 1545-0052 2009

inte	mal R	evenue Se	rvice	Note	The foundation	on may I	be able to use a copy of the	ns return to sati	sfy state re	eporting	requirements	<u> </u>
				or ta	x year begin	ning		, 2009,	and endi	ing		, 20
G	Che	ck all ti	nat apply		Initial return		Initial return	of a former pu	blic chari	ty		Final return
_					Amended r	eturn	Addre	ss change		Na	me change	
		_	Name of for	undat	ion					7	Employer identif	ication number
U	se tř	ne IRS										
	lat		VOLKSWA	GEN	-STIFTUNG	3					52-	1690493
C		wise,	Number and	d stre	et (or PO box r	number if	mail is not delivered to street	address)	Room/su	ute E	Telephone number (see	page 10 of the instructions)
	•	int ype.										
S		pecific	KASTANI	ENA	LLEE 35						() –
	•	ctions.	City or town	n, stat	e, and ZIP cod	le				1	If exemption applicat pending, check here	
										l	1 Foreign organizat	► I V I
		_	30519 н	ANN	OVER GE	RMANY		·			2 Foreign organizat	
Η̈́	<u>C</u> he	ck type	of organiza	ation	X Section	on 501(c)(3) exempt private fo	undation			85% test, check h computation	ere and attach
\perp	s	ection 4	947(a)(1) no	nexen	npt charitable t	trust	Other taxable pri	vate foundation	on		If private foundation	
I	Fair	market	value of al	l asse	ets at end	J Acco	ounting method C	ash X Acc	rual	•	under section 507(b)	
	•	•	m Part II, co	٠,,	•		Other (specify)			F	If the foundation is in	a 60-month termination
		_	3,962,3				, column (d) must be or	n cash basis)			under section 507(b)	(1)(B), check here
Ρ	art i				and Expens		(a) Revenue and	(b) Net inve	stment	/^	Admeted not	(d) Disbursements
					nns (b), (c), and al the amounts		expenses per	incom		^(c)	Adjusted net income	for charitable purposes
_		colum	n (a) (see pa	ge 11	of the instruct	ions))	books	ļ	 			(cash basis only)
	1	Contributi	ons, gifts, grants,	etc , re	eceived (attach sche	edule) .		- 07/		<u> </u>		
	2	Check			ation is not requ B		· · ·		50 m			37 62.30
ŀ	3	Interest	on savings and	temp	orary cash invest	tments						I say the say walk to
ļ.	4	Dividen	ds and intere	est fro	m securities		216,783,000.	72	5 , 000.			ATCH 1
}	5 a	Gross r	ents						7 % N. A			
- 1	b Net rental income or (loss) 6 a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a			· · · · · · · · · · · · · · · · · · ·	7.		- ° ¢′ ′		- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
ne			ne 10			- •	•,	10.50 87 V	1. (2.2)			
Revenue			n line 6a				1	- 2.14	(- 38 . (- , ,		
è	7		_		from Part IV, lin	ne 2) .	<u>' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' </u>	- 77:		154 300	11. 18. 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
_	8		ort-term capit	-	n		44.	223 1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3				**************************************
ı,	9 10 a		modification des less return				<u> </u>	6,3,4,3,	· ~ · ·			*
ď		and allow	vances · · ·	• •					** ***********************************	2, 5	· · · · · · · · · · · · · · · · · · ·	5 5 6 6 V
-			ost of goods so		L		,	, ,		<u> </u>	5 × + 1 . 5 . 5	
		-			ch schedule)		10,832,614.	, ,				
	11		ncome (attac				227,615,614.	72	5,000.	-		ATCH-2
\neg	12				111		256,786.	12	3,000.			2. 5 5
	13				ectors, trustees,		10,040,215.				-	
- 1	14	-			and wages .		10,040,213.					
ŌΙ	19	\mathbf{n}	plans, empl		= =		1,787.	_	0.		0.	0
Administrative Expen		Access	respendent for		te) ATCH	.Э н 4	242,597.		0.	 	0.	0
ŭ	[8		ting lees (alt		attach schedule		413,660.		<u> </u>	 	0.	
<u>8</u>	ایدا	Interest		ees (a	101	=)	113,000.		 ;			
ĔΝ	18		/ / /) (0	8					<u> </u>	·	
2	19	hand a	tation (attach	s) (see ;	page 14 of the instr	otions)	39,421,515.	ATTACHMENT	64			. //
ĒΨ	20		.11-11		duet and depl	ellon .	768,086.	ATTACIDADA:	Ů.			<u>'</u>
A	21	Travel	conferences	<u> </u>	meetings		177,068.					
힐	22		and publicat				21.,000.	-				
<u></u>	23				chedule) ATC	CH 6	7,468,988.	<u> </u>	_	 -		
= I	23 24		-		inistrative exp		, 155, 230.			<u> </u>		
<u>ا ۋ</u>			es 13 through		эншиче ехр	enscs.	58,790,702.		0.		0.	0
5	25		utions, gifts, i		s naid		135,102,087.				<u>~</u> .	135,102,087
- 1	26		_	_	ents Add lines 24	and 25	193,892,789.		0.	<u> </u>	0.	135,102,087
\neg	27		t line 26 from			J. 10_EU			-			7, 3, 1981
ď					es and disburseme	ents	33,722,825.		TO PROPERTY OF	, *		
					(if negative, en		6		5,000.	-	 	1. 12 (Table)
	-				nocativo, entor	-	· · · · · ·		*****	 	-0-	1. V 199 44 11 11 11 11 11 11 11 11 11 11 11 11

Ε	art I	Balance Sheets description column should be for end-of-year	Beginning of year	١	End o	f year
	لجعت	amounts only (See instructions)	(a) Book Value	(b) Book Value		(c) Fair Market Value
	1	Cash - non-interest-bearing	198,765,866.	97,463,42	27.	97,463,427
	2	Savings and temporary cash investments				
	3	Accounts receivable 118, 670, 310.	,			
		Less allowance for doubtful accounts	123,898,560.	118,670,31	10.	123,762,624.
	4	Pledges receivable				
		Less allowance for doubtful accounts				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				<u> </u>
		disqualified persons (attach schedule) (see page 16 of the instructions)				
	7	Other notes and loans receivable (attach schedule)				
	'	Less allowance for doubtful accounts				
ţs	8	Inventories for sale or use		46,8	0.5	46 005
Assets	9	Prepaid expenses and deferred charges	/3,316.	46,8	95.	46,895
4		Investments - U S and state government obligations (attach schedule)				
		Investments - corporate stock (attach schedule)				
	11 C	Investments - corporate bonds (attach schedule)				
	"	Investments - land, buildings, and equipment basis Less accumulated depreciation (attach schedule)				÷,
	12	Investments - mortgage loans				
	13	Investments - other (attach schedule) ATCH 7	3,315,002,702.	3,506,875,56	51.	3,729,795,584.
	14	Land, buildings, and 3, 968, 935.	** * * * * * * * * * * * * * * * * * *		-	N 10 10 10
		equipment basis Less accumulated depreciation (attach schedule) ATTACHMENT 6A	5,144,678.	3,968,93	35	11,236,979
	15	Other assets (describe	5,111,5101	3,,,,,,		11,230,313
	16	Total assets (to be completed by all filers - see the		 		
	10	instructions Also, see page 1, item I)	3 642 885 122	3 727 025 12		3,962,305,509.
_	17		1,324,943.	· · · · · · · · · · · · · · · · · · ·	$\overline{}$	- 3, 902, 303, 309.
		Accounts payable and accrued expenses	272 247 677			
	18	Grants payable			$\overline{}$	
Liabilities	19	Deferred revenue	1,734.	4	97.	and the second second
Ħ	20	Loans from officers, directors, trustees, and other disqualified persons			\dashv	The state of the s
ia	21	Mortgages and other notes payable (attach schedule)	01 100 000	00 5 10 15		
_	22	Other liabilities (describe ATCH_8)	21,139,929.	22,543,47	/8.	
_	23	Total liabilities (add lines 17 through 22)	295,814,283.	289,313,90	01.	1.30
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.				
es	24	Unrestricted	3,347,070,839.	3,437,711,22	27.	
Balances	25	Temporanly restricted				, , , , , , ,
ala	26	Permanently restricted				
	20	Foundations that do not follow SFAS 117,				, ·
Š		check here and complete lines 27 through 31.				
or Fund	27	Capital stock, trust principal, or current funds				
	28				\dashv	•
Net Assets	29	Paid-in or capital surplus, or land, bldg , and equipment fund			\dashv	
As		Retained earnings, accumulated income, endowment, or other funds				
et	30	Total net assets or fund balances (see page 17 of the	2 247 070 020	2 427 711 20	,	
Z		instructions)	3,347,070,839.	3,437,711,22	27.	
	31	Total liabilities and net assets/fund balances (see page 17				
_		of the instructions)	3,642,885,122.	3,727,025,12	28.	
_		Analysis of Changes in Net Assets or Fund				
1	Tota	I net assets or fund balances at beginning of year - Part II, co	olumn (a), line 30 (must a	gree with		
	end-	of-year figure reported on prior year's return)			1	3,347,070,839.
2			<u>.</u>		2	33,722,825
		er increases not included in line 2 (itemize) ATTACH	MENT 9	· · · · · · · · ·	3	56,967,491
		lines 1 2 and 3		-	4	3,437,761,155.
		reases not included in line 2 (itemize) ATTACH	MENT 10	· · · · · · · · · ·	5	49,928
		I net assets or fund balances at end of year (line 4 minus line			6	3,437,711,227.
<u>~</u>	, 5,6	The contract of the selections are and of Year filling a Hilling little	, art ii, column (D), i		v	3, 13., 111,221.

(a) List an	s and Losses for Tax on Ir d describe the kind(s) of property sold rick warehouse, or common stock, 200	(e g , real estate,	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr
1a					
b					
С					
<u>d</u>					
e				<u> </u>	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	<u> </u>	(h) Gain or (k (e) plus (f) mini	
a					-
b				-	
С					
d			<u> </u>		
e					
Complete only for assets sho	wing gain in column (h) and owne	d by the foundation on 12/31/69	(1)	Gains (Col (h) g	ain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		(k), but not less t Losses (from co	than -0-) or
a					
b					
c					
d					
е			1		
If gain, also enter in Part I, If (loss), enter -0- in Part I, Part V Qualification Ur For optional use by domestic f section 4940(d)(2) applies, I Vas the foundation liable for t	or (loss) as defined in sections 12: line 8, column (c) (see pages 13 a line 8 nder Section 4940(e) for Redu private foundations subject to the eave this part blank	nd 17 of the instructions) Liced Tax on Net Investment Incisection 4940(a) tax on net investment intable amount of any year in the base	nt income)		Yes 1
	unt in each column for each year,	see page 18 of the instructions befor	e making	any entries	
(a) Base penod years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		(d) Distribution ra (col (b) divided by	
2008					
2007					
2006					
2005					
2004					
	or the 5-year base period - divide lation has been in existence if less				
·	charitable-use assets for 2009 fror	n Dort V. line E			
Multiply line 4 by line 3			5		
			1 1		
		• • • • • • • • • • • • • • • • • • • •			
B Enter qualifying distribution If line 8 is equal to or grant VI instructions on page	eater than line 7, check the box	on Part VI, line 1b, and complete	that part	using a 1% ta	x rate See t
JSA 9E1430 1 000				For	n 990-PF (20

Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the ins	truction	ons)	
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
	Date of ruling or determination letter(attach copy of ruling letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		29,0	00.
	here and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			
3			29,0	00.
4	Subtille A (geometric georges 4047(s)(4) tracts and toughle foundations and (s)			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		29,0	00.
6	Credits/Payments			
	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 6a			
	Exempt foreign organizations-tax withheld at source 6b 29,000.			
c	Tax paid with application for extension of time to file (Form 8868) 6c 0.			
ď	Backup withholding erroneously withheld 6d 6d			
7	Total credits and payments Add lines 6a through 6d		29,0	00.
8	Enter any penalty for underpayment of estimated tax. Check here			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.			
11	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ Refunded ▶ 11			
Раг	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			
	of the instructions for definition)?	1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	المر الم	×.	4. 16. 16.
	published or distributed by the foundation in connection with the activities	5 3.7°	ر پر ع	
С	Did the foundation file Form 1120-POL for this year?	1c	N/	A
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	.`		, "
	(1) On the foundation >\$(2) On foundation managers >\$	% ,~	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	35
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	13.	8 (25g }
	on foundation managers > \$		دئــ ر	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities	-3	`	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of		^	- 3, 3
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
ь	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	N,	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
	If "Yes," attach the statement required by General Instruction T	1		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or	1 }		
	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?	6	N	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	N/	Α
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			
L	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		ļ	
D	(or designate) of each state as required by General Instruction G? If "No," attach explanation	- ·		
9		8ь	N/	~
•	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 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page			-
	27)? If "Yes," complete Part XIV	9		Х
40	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
10	names and addresses	10		х
		لتنا		

3a Did the foundation hold more than a 2% direct or indirect interest in any business

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 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 2009?

. 4b N/A Form 990-PF (2009)

N.

3b

orm	990-PF (2009)		52-169	0493	Page 6
Par	t VII-B Statements Regarding Activities for	r Which Form 47	20 May Be Requi	red (continued)	
	 During the year did the foundation pay or incur any amount (1) Carry on propaganda, or otherwise attempt to influence (2) Influence the outcome of any specific public election (so directly or indirectly, any voter registration drive? (3) Provide a grant to an individual for travel, study, or oth (4) Provide a grant to an organization other than a charitat section 509(a)(1), (2), or (3), or section 4940(d)(2)? (so (5) Provide for any purpose other than religious, charitable purposes, or for the prevention of cruelty to children or If any answer is "Yes" to 5a(1)-(5), did any of the trans 	e legislation (section 4 see section 4955), or to see section 4955), or to see section 4955), or to see similar purposes? ble, etc., organization ee page 22 of the instres, scientific, literary, or animals?	o carry on, N described in uctions) N educational	/A Yes No /A Gescribed in	
	Regulations section 53 4945 or in a current notice regard	•		· —	5b N/A
С	Organizations relying on a current notice regarding disaster If the answer is "Yes" to question 5a(4), does the foundation because it maintained expenditure responsibility for the gradient If "Yes," attach the statement required by Regulations section.	on claim exemption fro	m the tax	▶∐ ⁄A)
6 a	Did the foundation, during the year, receive any funds, dire		NT.	/A T Vos No	
b	on a personal benefit contract?			'A Yes No	1 1
b	Did the foundation, during the year, pay premiums, directly If "Yes" to 6b, file Form 8870	or indirectly, on a per	sonal benefit contract?	• • • • • • • •	6b N/A
7 a	At any time during the tax year, was the foundation a party	to a prohibited tax she	elter transaction? N	/A Yes No	, 154346.
	If yes, did the foundation receive any proceeds or have any	•	•		7b N/A
Par	t VIII Information About Officers, Directors and Contractors	s, Trustees, Four	ndation Managers	, Highly Paid Emp	loyees,
1	List all officers, directors, trustees, foundation man	nagers and their co	mpensation (see pa	ge 22 of the instruct	ions).
	(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
AT	TACHMENT 12		256,786.	0.	0
2	Compensation of five highest-paid employees (other	er than those inclu	ded on line 1 - see p	age 23 of the instruc	ctions)
	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
ATT	ACHMENT 11A				
				W- 10-70	
ota	number of other employees paid over \$50,000 .				▶ 71

3 Five highest-paid independent contractors for professional services (see page 23	of the instructions). If none,	enter "NONE."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
2 mm 2 cuurum 12		
ATTACHMENT 13	· · · · · · · · · · · · · · · · · · ·	1,316,70
otal number of others receiving over \$50,000 for professional services		▶ NONE
Part IX-A Summary of Direct Charitable Activities	-	
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information of organizations and other beneficianes served, conferences convened, research papers produced, etc.	tion such as the number	Expenses
1 NONE		
2		
3		-
4		
Part IX-B Summary of Program-Related Investments (see page 23 of the instr	ructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and		Amount
1 NONE		
2		
All other program-related investments. See page 24 of the instructions		
3 NONE		
otal. Add lines 1 through 3		

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreig see page 24 of the instructions.)	n foun	dations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		NOT APPLICABLE
	purposes	1	
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	
С	Fair market value of all other assets (see page 24 of the instructions)	1c	0.
đ	Total (add lines 1a, b, and c)	1d	0.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	0.
4	Cash deemed held for chantable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25		
	of the instructions)	4	0.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	0.
6	Minimum investment return. Enter 5% of line 5	6	0.
Pa	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private foundations and certain foreign organizations check here ▶ 🗓 and do not complete this page.		ING NOT APPLICABLE
1	Minimum investment return from Part X, line 6	1	
2 a	Tax on investment income for 2009 from Part VI, line 5	8 1	
b	(the death of the text in text in	1 2	
	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,	1	
	line 1	7	
Pa	rt XII Qualifying Distributions(see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	- '''	
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	135,102,087.
b	Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	0.
3	Amounts set aside for specific charitable projects that satisfy the	ر ک ^ک ر عدما ساد م	
а	Suitability test (prior IRS approval required)	3a	0.
b	Cash distribution test (attach the required schedule)	3b	0.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	135, 102, 087.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	135,102,087.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth qualifies for the section 4940(e) reduction of tax in those years	er the	foundation

Form 990-PF (2009)

Pa	rt XIII Undistributed Income (see page	26 of the instruction	ns) NOT	APPLICABLE	
		(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part XI,	Corpus	Years prior to 2008	2008	2009
	fine 7				
2	Undistributed income, if any, as of the end of 2009				
a	Enter amount for 2008 only				
b	Total for pnor years 20,20,20				
3	Excess distributions carryover, if any, to 2009	,			
а	From 2004				
b	From 2005				
С	From 2006	1			
d	From 2007				
е	From 2008				•
f	Total of lines 3a through e			•	,
4	Qualifying distributions for 2009 from Part XII,				
	line 4 > \$,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
а	Applied to 2008, but not more than line 2a	• •		Ī	1.4 (2.4) (1.4
ь	Applied to undistributed income of prior years (Election	••		62 CA	- 48 2000 6 7 - 1 1 2 2
-	required - see page 26 of the instructions)			White mitter	學有公式好多人
С	Treated as distributions out of corpus (Election			7 4 5550	San
	required - see page 26 of the instructions)		- , ,		1 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/
d	Applied to 2009 distributable amount			2. 1	
е	Remaining amount distributed out of corpus		13 1 x 1 1.	1 11 (ME) E.	
5	Excess distributions carryover applied to 2009		1 27 7 1 5	Mir North Bold States	
	(If an amount appears in column (d), the same amount must be shown in column (a))	And the second of the second o	6. 25.00 6.00 1.50		
6	Enter the net total of each column as	10 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m			
	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	48 X 2 X X 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
þ	Prior years' undistributed income Subtract	Sea of the sea of the			7 - X - X - X - X - X - X - X - X - X -
	line 4b from line 2b Enter the amount of prior years' undistributed	· () / "		, , , , , , , , , , , , , , , , , , ,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
·	income for which a notice of deficiency has been	المراشق ليواد المراس			-0. L. & . C. E.
	issued, or on which the section 4942(a) tax has			, 'it', '	
	been previously assessed	* * * * * * * * * * * * * * * * * * * *	· · · · · · · · · · · · · · · · · · ·	·	2 T A C A A A
ď	Subtract line 6c from line 6b Taxable amount - see page 27 of the instructions			, · · · · · · · · · · · · · · · · · · ·	1 64 M 35
е	Undistributed income for 2008 Subtract line				, , , , , ,
	4a from line 2a Taxable amount - see page		,		4, 2
_		, ,	, .	' 3 ·	<u> </u>
f	Undistributed income for 2009 Subtract lines 4d and 5 from line 1. This amount must be				
	distributed in 2010	7		,	
7	Amounts treated as distributions out of corpus			, 4	
	to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the				ţ
	instructions)			, ,	// //* *-
8	Excess distributions carryover from 2004 not			* *	, ,
	applied on line 5 or line 7 (see page 27 of the instructions)	<u> </u>			
9	Excess distributions carryover to 2010.				
	Subtract lines 7 and 8 from line 6a				
	Analysis of line 9				
а	Excess from 2005				
b	Excess from 2006				
C	Excess from 2007				
	Excess from 2008				
е	Excess from 2009				

Pa	rt XIV Private Oper	ating Foundations (see page 27 of the	instructions and Par	t VII-A, question 9)	NOT APPLICABLE
	If the foundation has					
	foundation, and the ruling	is effective for 2009, enter	the date of the ruling		. ▶	
b	Check box to indicate who	ther the foundation is a pr	ivate operating foundation	n described in section	4942()	(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total
	justed net income from Part I or the minimum investment return from Part X for each	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(c) rotal
	year listed			<u></u>		
b	85% of line 2a					
С	Qualifying distributions from Part					
	XII, line 4 for each year listed .					
ď	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	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					
а	"Assets" alternative test - enter					
	(1) Value of all assets (2) Value of assets qualifying under section					
b	4942(j)(3)(B)(i)					
	enter 2/3 of minimum invest-					
	ment return shown in Parl X line 6 for each year listed					
С	"Support" alternative test - enter					
	(1) Total support other than gross investment income					
	(interest dividends, rents,	İ		ļ		
	payments on secunties loans (section 512(a)(5)),					
	or royalties)			<u> </u>		
	public and 5 or more					
	exempt organizations as provided in section 4942					1
	(j)(3)(B)(iii)					
	port from an exempt organization					
	(4) Gross investment income					
Pa					ation had \$5,000	or more in assets
_		during the year - see		structions.)		
1	Information Regarding List any managers of	_		than 20/ of the total	contributions recons	ad by the foundation
а	before the close of any	tax year (but only if th	ey have contributed in	nore than \$5,000) (Se	ee section 507(d)(2))	ed by the loundation
<u>_</u>	List any managers of	the foundation who	own 10% or more of	the stock of a some	rotion (or an equally	large portion of the
U	ownership of a partner					large portion of the
_	N/A					
2	Information Regarding	Contribution, Grant, (Gift, Loan, Scholarshi	p, etc., Programs:		
	Check here ► if t unsolicited requests f organizations under other		lation makes gifts, g	rants, etc (see page	able organizations a 28 of the instructio	nd does not accept ns) to individuals or
	The name, address, an	· · · · · · · · · · · · · · · · · · ·		_	ddroseod	
	N/A	· · · · · · · · · · · · · · · · · · ·				
þ	The form in which appli	cations should be subn	noted and information a	and matenals they sho	uld include	
	N/A					
С	Any submission deadiir	nes				
	N/A					
d	Any restrictions or life factors:	mitations on awards,	such as by geogra	phical areas, chantat	ole fields, kinds of	institutions, or other
	N/A					

	990-PF (2009)			52-1690493	Page 11
Pai	t XV Supplementary Information (co	ontinued)			
3		ng the Year or App	roved for	Future Payment	
	Recipient	If recipient is an individual,	Equadation	T	<u> </u>
_	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
а	Paid during the year				
	NOT APPLICABLE				135,102,087
			}		
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]
	Total	· · · · · · · · · · · · · · ·			135,102,087
b	Approved for future payment				
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			1		
			1		
				1	
					1
			1	1	1

Part XVI-A Analysis of Income-Prod	ucing Act	ivities			
Enter gross amounts unless otherwise indicated	Unrela	ated business income	Excluded by	section 512, 513, or 514	(e) Related or exempt function income
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See page 28 of the instructions)
a					
b					
c		_			
d					
e					
1					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments				·	
4 Dividends and interest from securities			14	216,783,000.	<u></u>
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property .					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events				· · · · · ·	
O Gross profit or (loss) from sales of inventory					
1 Other revenue a					
b MISCELLANEOUS			01	10,503,809.	
c OFFICE INCOME			01	328,805.	
d					
e	75%				
12 Subtotal Add columns (b), (d), and (e)			34 3 6 1		227,615,614.
Explain below how each active the accomplishment of the figure page 29 of the instructions.)					
page 29 of the instructions)					
					
		<u> </u>			· · · · ·

					· · · · · · · · · · · · · · · · · · ·
					
		NOT APPLICAB	TF		
		NOT AFFLICAD			
		-			
		 			
		 -			
					
					
					
					

Form	990-PF ((2009)				52-169049	13		Pa	ge 13
Pa	rt XVII	Information Exempt Orga		Transfers To and	Transaction	s and Relat	ionships With I	Vonc	harit	able
1	in sei	ction 501(c) of the Cizations?	ode (other than	engage in any of the section 501(c)(3) org	anizations) or in				Yes	No
а				chantable exempt organiza				10(1)	İ	x
								1a(1) 1a(2)	 	X
h		transactions		• • • • • • • • • • • • • • • • • • • •				10(2)	<u> </u>	<u> </u>
_			antable exempt of	rganization				1b(1)		Х
				xempt organization						X
				ts						Х
								1b(4)		Х
								1b(5)		X
	(6) Pe	erformance of services or	membership or f	fundraising solicitations				1b(6)		X
		= -	-	er assets, or paid employe					l	<u> </u>
d		-		"Yes," complete the fo	•	• •	•			
		-		vices given by the rep	-					
	value	in any transaction of	r snaring arran	igement, show in colur	nn (d) the valu	ue of the good	s, other assets, or	servici	es rec	eived
(a) i	ine no	(b) Amount involved	(c) Name of	nonchantable exempt organiza	ation (d) E	Description of transfe	rs, transactions, and shar	no arrar	aemen	ts
,		N/A	(3,7,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,		N/A	:				
			-							
		· · · · · · · · · · · · · · · · · · ·								
			ļ							
	-									
			 							
				·						
	section	n 501(c) of the Code (oth	ner than section :	ited with, or related to, 501(c)(3)) or in section 52			ſ	ΧY	es 🗌	No
<u>b</u>	If "Yes	 complete the following (a) Name of organization 		(b) Tupo of orga	nuration.	1	(c) Description of relations	hin		
	/B CO	RPORATION	<u> </u>	(b) Type of organization		WHOLLY OWNED SUBSIDIA				
_				301(0)(2)		WHOBET ON	——————————————————————————————————————			
					-2					
			 -							
	Under belief,	penalties of perjury, I ded it is true, correct, and com	are that I have explete Declaration	camined this return, including of preparer (other than taxp	g accompanying so ayer or fiduciary) is	chedules and staten based on all inform	nents, and to the best of mation of which prepare Secretary	r has a	nowled ny know	wledge //
<u>e</u>	Sign	gnature of officer or trustee			Date		Title /			
Sign Here	Paid Preparer's Use Only	Preparer's signature			Date // - 3- 20	Check if self-employe	Preparer's number (So page 30 of the	ee Signa	ature o	n
	Pal Prepa Use (Firm's name (or yours if	ARGY,	WILTSE & ROBINS			EIN ▶			
	급그	self-employed), address		GREENSBORO DRIVE	E, 7TH FLOO	PR			_	
		and ZIP code	MCLEAR	N, VA	2	22102	Phone no 703-8	93-0	600	
							F	om 99	0-PF	(2009)

PART I - DIVIDENDS AND INTEREST FROM SECURITIES FORM 990PF,

NET INVESTMENT INCOME	725,000.	725,000.
REVENUE AND EXPENSES PER BOOKS	216,058,000. 725,000.	216,783,000.
DESCRIPTION	INCOME ON INVESTMENTS OUTSIDE THE U.S. INCOME ON INVESTMENTS INSIDE THE U.S.	TOTAL

EIN: 52-1690493

FORM 990-PF, PAGE 1, LINE D2

FOR 2009 AND ALL PREVIOUS YEARS OF ITS EXISTENCE, VOLKSWAGEN-STIFTUNG HAS RECEIVED LESS THAN 1% OF ITS SUPPORT FROM SOURCES INSIDE THE UNITED STATES.

FORM 990PF, PART I - OTHER INCOME

REVENUE AND EXPENSES

DESCRIPTION
OTHER INCOME
SUBSIDIES FOR FUNDING PURPOSES
OFFICE INCOME

PER BOOKS 10,085,420. 418,389. 328,805.

TOTALS

10,832,614.

52-1690493

ATTACHMENT 3

	CHARITABLE <u>PURPOSES</u>	0.	0,
	ADJUSTED NET INCOME	.0	0
	NET INVESTMENT INCOME	0.	0.
	REVENUE AND EXPENSES PER BOOKS	1,787.	1,787.
'I - LEGAL FEES			TOTALS
FORM 990PF, PART I - LEGAL FEES	DESCRIPTION	LEGAL FEES	

.

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CHARITABLE <u>PURPOSES</u>		0
ADJUSTED NET INCOME		0
NET INVESTMENT INCOME		0.
REVENUE AND EXPENSES PER BOOKS	242,597.	242,597.
DESCRIPTION	ERNST & YOUNG WIRTSCHAFTSPRUFE	TOTALS

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

REVENUE

AND

EXPENSES

PER BOOKS

DESCRIPTION

45,856.

CONSULTING FEES

367,804.

PUBLIC RELATIONS

TOTALS

413,660.

FORM 990PF, PART I - OTHER EXPENSES

		REVENUE
		AND
		EXPENSES
DESCRIPTION		PER BOOKS
MAINTENANCE		1,616,853.
DATA PROCESSING		618,901.
EXPENSES FOR PROJECT PREP		313,715.
EXPENSES FOR TRUSTEES		225,945.
POST, TELEPHONE		145,550.
OFFICE EQUIP, COPYING		106,153.
EXPENSES FOR CARS		99,977.
BOOKS, JOURNALS		72,746.
STAFF TRAINING		65,263.
EXPENSES OF STAFF CANTEEN		63,696.
INSURANCE PREMIUMS		212,019.
MEMBERSHIP FEES		119,601.
MISCELLANEOUS		3,808,569.
	TOTALS	7,468,988.

39,421,515

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INVESTMEN	
OTHER	
PART II -	
990PF, .	
FORM	ı

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CLAIMS AGAINST LOWER SAXONY INVESTMENTS (REAL ESTATE) CORPORATE STOCKS (EUROPEAN) BONDS (EUROPEAN) ALTERNATIVE INVESTMENTS SHARES OF SPECIAL SECURITIES

TOTALS

7	
ATTACHMENT	

52-1690493

ENDING <u>FMV</u>	99,100,396. 385,904,547. 469,315,330. 1,287,265,956. 221,951,095. 1,266,258,260.
ENDING BOOK VALUE	109,925,198. 239,332,600. 456,706,931. 1,252,682,891. 215,988,364. 1,232,239,577.

3,729,795,584,	
3,506,875,561.	

VO	T.K	SWA	GEN	- СТ	I FTUNG
vV		J 11 L	יוםטי		LLIUNG

52-1690493

FORM 990PF, PART II - OTHER LIABILITIES

ATTACHMENT 8

DESCRIPTION

ENDING BOOK VALUE

PENSION RESERVE PROJECT RELATED RESERVES 21,887,589.

655,889.

TOTALS

22,543,478.

FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION

AMOUNT

GAIN ON FOREIGN EXCHANGE

56,967,491.

TOTAL

56,967,491.

VOLKSWAGEN-STIFTUNG

EIN: 52-1690493

FORM 990-PF, PART VII-A, LINE 8B

VOLKSWAGEN-STIFTUNG IS NOT REQUIRED TO FILE A COPY OF FORM 990-PF WITH A STATE ATTORNEY GENERAL AS IT IS A FOREIGN FOUNDATION, WHICH FROM THE DATE OF CREATION, HAS RECEIVED GREATER THAN 85% OF ITS SUPPORT FROM SOURCES OUTSIDE THE UNITED STATES.

FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION

AMOUNT

UNREALIZED LOSS ON INVESTMENTS

49,928.

TOTAL

49,928.

FORM 990PF, PART VII-A, LINE 14 - LOCATION OF BOOKS

KASTANIENALLEE 35 30519 HANNOVER GERMANY

. . . .

EIN: 52-1690493

FORM 990-PF, PART VIII, LINE 2, COMPENSATION

IT IS A VIOLATION OF GERMAN LAW TO DISCLOSE OR MAKE PUBLICLY AVAILABLE INDIVIDUAL SALARIES. SALARY LEVELS FOR GOVERNMENT MANAGERS IN THE STATE OF LOWER SAXONY RANGE FROM EURO 87,736 (US \$122,360) TO EURO 119,663 (US \$166,886) DEPENDING ON THE AMOUNT OF TIME THE EMPLOYEE HAS WORKED IN HIS/HER POSITION.

THE FIVES HIGHEST PAID EMPLOYEES:

DR. INDRA WILLMS-HOFF (DEPARTMENT HEAD)
PROF. DR. AXEL HORSTMANN (DEPARTMENT HEAD)
HENNING OTTO (DEPARTMENT HEAD)
DIETER LEHMANN (DEPARTMENT HEAD)
CHRISTINA FALLNACKER (HR AND CENTRAL SERVICES)

VOLKSWAGEN-STIFTUNG

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
LUTZ STRATMANN HANNOVER, GERMANY	CHAIR 1.00		.0	·
EDELGARD BULMAHN BERLIN, GERMANY	VICE CHAIR 1.00	. 0	Ö	Ċ
PROF. DR. KLAUS J. BADE OSNABRUCK, GERMANY	TRUSTEE 1.00		Ö	Ö
PROF. DR. HORST BREDEKAMP BERLIN, GERMANY	TRUSTEE 1.00	O	ó	Ö
PROF. DR. FRIEDERIKE HASSAUER VIENNA, AUSTRIA	TRUSTEE 1.00	Ö	o	O
PROF. DR. BRIGITTE JOCKUSCH BRAUNSCHWEIG, GERMANY	TRUSTEE 1.00	· o	Ö	.0

VOLKSWAGEN-STIFTUNG

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

52-1690493

ATTACHMENT 12 (CONT'D)

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
PROF. DR. KATHARINA KOHSE-HOINGHAUS BIELEFELD, GERMANY	TRUSTEE 1.00	ó	0	·
PROF. DR. GERD LITFIN GOTTINGEN, GERMANY	TRUSTEE 1.00	O	Ö	O
PROF. DR. WOLFGANG KOWALSKY BRAUNSCHWEIG, GERMANY	TRUSTEE 1.00	O	ó	Ċ
PROF. DR. WOLF SINGER FRANKFURT, GERMANY	TRUSTEE 1.00	O		Ċ
DR. MARTIN HELLWIG BONN, GERMANY	TRUSTEE 1.00	.0		O
DR. HORST NEUMANN WOLFSBURG, GERMANY	TRUSTEE 1.00	.0	. 0	.0

ATTACHMENT 12 (CONT'D)

EXPENSE ACCT AND OTHER ALLOWANCES	O	.0	O	O	0	. 0	0
CONTRIBUTIONS EXPI TO EMPLOYEE ANI BENEFIT PLANS AL		.0	O	Ö	Ö	Ċ	0.
COMPENSATION		.0	256, 786.	·	·	.0	256,786.
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	TRUSTEE 1.00	VICE CHAIR 1.00	SECRETARY GENERAL 40.00	TRUSTEE 1.00	TRUSTEE 1.00	TRUSTEE 1.00	GRAND TOTALS
NAME AND ADDRESS	DR. ANNETTE SCHAVAN BERLIN, GERMANY	PROF. DR. LUISE SCHORN-SCHUTTE FRANKFURT, GERMANY	DR. WILHELM KRULL HANOVER, GERMANY	MICHAEL SOMMER BERLIN, GERMANY	PROF. DR. URSULA M. STAUDINGER GRONIGEN, GERMANY	PROF. DR. WALTRAUD WENDE VIENNA, AUSTRIA	

VOLKSWAGEN-STIFTUNG

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52-1690493

990PF, PART VIII- COMPENSATION OF THE FIVE HIGHEST PAID PROFESSIONALS

		
	ATTACHMI	ENT 13
NAME AND ADDRESS	TYPE OF SERVICE	COMPENSATION
HAUSTECH GMBH BAUERNPFAD 1 20855 LANGENHAGEN GERMANY	PLANT ENGINEERING	408,264.
STADTWERKE HANNOVER AG IHMEPLATZ 2 30449 HANNOVER GERMANY	PUBLIC UTILITY CO.	241,738.
ERNST & YOUNG WIRTSCHAFTSPRUFE LANDSCHAFTSSTRAßE 8 30159 HANNOVER GERMANY	R AUDITING	234,230.
RUSCH ELEKTROTECHNIK AM SCHAFBRINKE 62 C 30519 HANNOVER GERMANY	ELECTRICIAN	229,757.
ANDERS & RODEWYK GMBH BRUSSELER STR. 3 30539 HANNOVER GERMANY	IT COMPANY	202,715.
TOTAL	COMPENSATION	1,316,704.

Form **8868**

(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury

Internal Revenue S			File a separate application for each return.	<u> </u>					
• If you are f	iling for an Aut	omatic 3-Me	onth Extension, complete only Part I and check this box			• [X]			
• If you are f Do not comple	iling for an Add te Part II unless	ditional (Not s you have a	Automatic) 3-Month Extension, complete only Part II (on page 2 of the Iready been granted an automatic 3-month extension on a previously file	s form) ed Form	8868				
Part I Auto	matic 3-Mon	th Extensi	on of Time. Only submit original (no copies needed).						
			f and requesting an automatic 6-month extension - check this box and co	omplete	,				
Part I only						_ ۱			
All other corp time to file inco			C filers), partnerships, REMICs, and trusts must use Form 7004 to r	equest	an exten	sion of			
one of the re- electronically returns, or a co	turns noted b if (1) you wan omposite or co	elow (6 mo t the addition	can electronically file Form 8868 if you want a 3-month automatic eighths for a corporation required to file Form 990-T). However, you conal (not automatic) 3-month extension or (2) you file Forms 990-BL, From 990-T. Instead, you must submit the fully completed and signed filing of this form, visit www.irs.gov/efile and click on e-file for Chanties &	cannot 6069, page 2	file Form or 8870, (Part II) o	8868 group			
Type or	Name of Exen	npt Organizati	on Employ	er Identi	fication nu	mber			
print	VOLKS	NAGEN-ST	IFTUNG 52-	16904	193				
File by the	Number, street, and room or suite no. If a P.O. box, see instructions								
due date for	KASTAN	ASTANIENALLEE 35							
filing your return See	City, town or p	or post office, state, and ZIP code. For a foreign address, see instructions							
instructions	30519	HANNOVE	R GERMANY						
Check type o	f return to be	filed (file a s	eparate application for each return).						
Form 990	ס	L.	Form 990-T (corporation) Form 4720						
Form 990)-BL	<u> </u> _	Form 990-T (sec 401(a) or 408(a) trust) Form 5227						
Form 990		<u> </u>	Form 990-T (trust other than above) Form 6069						
X Form 990	-PF	L	Form 1041-A Form 8870						
 If the organ If this is for for the whole gnames and Ell 	r a Group Retur group, check th Ns of all memb	not have an orn, enter the his box . Poers the exte	FAX No ► office or place of business in the United States, check this box organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box ► and attachersion will cover.	a list v					
01101	st an autom 08/ ganization's re calendar year tax year begii	eturn for:	th (6 months for a corporation required to file Form 990, to file the exempt organization return for the organization named, and ending	auove	ension of The exter	f time			
2 If this tax	year is for les	s than 12 m	onths, check reason: Initial return Final return Chang	e in ac	counting p	period			
nonrefun	dable credits	See instructi		3a	\$	0.			
			PF or 990-T, enter any refundable credits and estimated tax payments						
			lyment allowed as a credit.	3b	\$	0.			
			n line 3a. Include your payment with this form, or, if required, deposit	20					
		if required	I, by using EFTPS (Electronic Federal Tax Payment System). See	1		_			
instructio				3 <u>c</u>		0.			
Caution. If you	are going to r	nake an ele	ctronic fund withdrawal with this Form 8868, see Form 8453-EO and Fo	rm 8879	9-EO				
for payment in	structions.								
For Privacy A	ct and Paperw	ork Reduct	Ion Act Notice, see Instructions.	Form 8	8868 (Rev	4-2009)			

	868 (Rev 4-2009)			Page 2
 If y 	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box			X
	. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed			
 If y 	ou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)			
Par	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no con	ies	needed).	
Туре	Name of Exempt Organization Employer identifi	catio	number	
print		}3		
File by extend	ed KASTANIENALIEE 35			
due da filing ti	ite for	1.56	3 18 15 3	
return instruc	See Doctor			
Chec	k type of return to be filed (File a separate application for each return)			
	Form 990 X Form 990-PF Form 1041-A	Γ	Form 6	069
	Form 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 4720		Form 8	870
	Form 990-EZ Form 990-T (trust other than above) Form 5227	-	_	
STOP	P! Do not complete Part II if you were not already granted an automatic 3-month extension on a previo	usly	filed Form	8868.
• Th	e books are in the care of VOLKSWAGEN-STIFTUNG			
Te	lephone No ▶ 511 381365 FAX No ▶		_	
• If t	he organization does not have an office or place of business in the United States, check this box		- 	▶ 🔲
• If t	his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	ihis is	6	
for th	ne whole group, check this box	:h a		
list w	th the names and EINs of all members the extension is for		_	
	I request an additional 3-month extension of time until 11/15/2010	_		
5	For calendar year 2009, or other tax year beginning and ending			
6	If this tax year is for less than 12 months, check reason Initial return Final return Chang	e in a	accounting	period
	State in detail why you need the extension ADDITIONAL TIME IS REQUIRED TO GATHER THE	<u>: </u>		
	INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.			
		т—,		
8 a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			_
	nonrefundable credits. See instructions	8a	\$	0.
ь	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated			
	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid	1/47		_
	previously with Form 8868	8b	\$	<u> </u>
С	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit			
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	8c	\$	<u>0.</u>
	Signature and Verification			
	penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best one, correct, and complete, and that I am authorized to prepare this form	f my	knowledge ar	nd belief,
13 (10	o, someon, and complete, and that i am authorized to prepare this total			
	0.10	•	8-11	5
Signati			0 -11-	<u>201</u> 0
	ARGY, WILTSE & ROBINSON, P.C.	Form	8868 (Rev	4-2009)
	8405 GREENSBORO DRIVE, 7TH FLOOR			

JSA

MCLEAN, VA 22102