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## Form 990-PF

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

OMB No 1545-0052 2M10

Dep	artment	t of the Treasury venue Service	Note. The foundation may	be able to use a copy of the	s return to satisfy state re	porting requirements	<u> </u>
_			or tax year beginning		, 2010, and endi		, 20
-		k all that apply	Initial return	Initial return o	of a former public charit	<del></del>	Final return
G	CHEC	all that apply	Amended return		ss change	Name change	_ · <del>.</del>
-		· formed above	Amended return	Addres	S change	A Employer identifi	cation number
Na	me or	foundation				A Employer Identition	
							1600402
		WAGEN-STIFT					1690493
Nu	mber	and street (or PO bo	ox number if mail is not deliver	ed to street address)	Room/su	ite B Telephone number (	see page 10 of the instructions)
K	ASTA	ANIENALLEE 35	5				51183810
Cı	y or to	own, state, and ZIP of	∞de			C If exemption applicat pending, check here	
						D 1. Foreign organizat	► I VI
3	0519	HANNOVER (	GERMANY			2 Foreign organizat	
H	Che	ck type of organiza	ation X Section 50	1(c)(3) exempt private for	undation	85% test, check h computation	ere and attach ATCH 1A ► X
Ϊ	$\neg$		nexempt chantable trust	Other taxable pri		· ·	
亡		market value of all			ash X Accrual	E If private foundation under section 507(b)	<b>►</b> 1
•		ear (from Part II, co	1	Other (specify)			
	•	► \$ 3,706,0		l, column (d) must be or	n cash basıs )	under section 507(b)	a 60-month termination
F	/		enue and Expenses (Ti			1	(d) Disbursements
لله	ar t i	total of amounts in	columns (b), (c), and (d)	(a) Revenue and	(b) Net investment	(c) Adjusted net	for charitable
		may not necessant	ly equal the amounts in	expenses per books	ıncome	ıncome	purposes
-			ge 11 of the instructions))	<del>                                     </del>	Programme of the second		(cash basis only)
1	1		, etc., received (attach schedule) foundation is not required to	•			[10] 16.50 新春年至17世界第四次2000 [10] 16.50 新春年至17世界第四次2000
		Check ► K if the attac	h Sch B	· · · · · · · · · · · · · · · · · · ·	wind the Minds	C. MILLIAND V. JAKAN V	300 (1986)
	3	Interest on savings and	d temporary cash investments	100 000 000	650.000		
	4	Dividends and interes	est from securities	. 180,802,299.	650,000.	0.	MATCHE 1
1	5 a	Gross rents		. (2. 8.57) 6. 90 (0.50) 8.00 (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	C. Date S. L. Service B. Y.	Saburtable school court in the hearth	
	b	Net rental income or (k	oss)	E SK COME OF THE	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		
9			sale of assets not on line 10			SARA PROPERTY.	49,364471.2046
ž	b	Gross sales price for a assets on line 6a	 		13. 1. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	But Signification	· 第888 图 图 图 图 图
Revenue	7		ome (from Part IV, line 2)			21/A 51/2003	
∞	8	Net short-term capit	tal gain				
	9	Income modification	ns	· 46.7.16.78.19.19.4.	\$\$\tau\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		AT THE REAL PROPERTY.
	10 a	Gross sales less return and allowances	ns		" " " " " " " " " " " " " " " " " " "		
	b	Less Cost of goods so	old .	1 2 3 - FA	对 另外 中華成成		,是 <b>然是我们是</b>
	С	Gross profit or (loss	) (attach schedule)		(2)		一年の大学の大学の大学の
	11	Other income (attac		36 695 271			- ATCH 2
	12	Total. Add lines 1 th	nrough 11	217 407 570	650,000.	0	X TO A TABLE THE STATE OF THE
	13		ers, directors, trustees, etc	251,609.	0.	0	
	14	Other employee sale	•	9,434,737.	0.	0	. (
Se	15	Pension plans, emp	-	5,798,742.	0.	0	. (
Š		Legal fees (attaon §		6,587.	0.	0	. (
<b>Operatiog and Administrative Expenses</b>			tach schedule) ATCH 4	226,733.	0.	0	. (
ũ			fees (attach schedule) . *	520,788.	0.	0	. (
2	17		1 4 2011				
ta	18	1 1	e) (see page 14 of the instructions)	•		·	
S	19			604 070	ATCH 6A 0.	0	
Ē	l .		schedule) and depletion	528,593.	AICH OA 0.	0	. (
ğ	20	Occupancy		100 000	0.	0	
2	21		s, and meetings		1	<del>                                 </del>	· · · · · · · · · · · · · · · · · · ·
đ	22	Printing and publica		4 974 941	0.	0	
Š	23		tach schedule) ATCH 6		1	<u> </u>	·
Ĕ	24		d administrative expenses		1	_	,
ዿ		Add lines 13 through		. 22,570,969.	<del>                                     </del>	0	100 207 700
ń	25		grants paid			,	136,397,783
_	26	Total expenses and disb	oursements Add lines 24 and 2	158,968,752.	0.	0	136,397,783
	27	Subtract line 26 from	m line 12			7 2 2 2 1	The second of th
	а	Excess of revenue over	expenses and disbursements	58,528,818.		in sold was the	一
	ь	Net investment inc	ome (if negative, enter -0-	-)	650,000.	, .	* 3 465
	_ ا		ne (if negative enter -0-)			0	1 5.2. 5.2.

D,	الاست		ached schedules and amounts in the scription column should be for end-of-year	Beginning of year		of year
۶	art II		ounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
Т	1	Cash - non-interest-bearing		97,463,427.	71,837,294.	71,837,294.
-			investments			
1		Accounts receivable				<u> </u>
	•	Less allowance for doubtful	accounts >	118,670,310.	184,623,090.	190,484,117.
1	4			the state of the s	white the section	W1224/2 78:27
	7		accounts >			
1						
- {	5				<u> </u>	
-	6		cers, directors, trustees, and other			
		-	schedule) (see page 15 of the instructions)	1. 32 . 4		N 32 (12 52 53
	7		vable (attach schedule)		<u> </u>	**************************************
Ì			accounts >			
য	8			46,895.	65,862.	65,862.
Assets	9		rred charges		03,002.	03,002.
۲	10 a	Investments - U S and state go	vernment obligations (attach schedule)			
Į	b	Investments - corporate sto	ck (attach schedule)			<del></del>
	11 C		ds (attach schedule)			ि स्मिन्द्र के जिल्ला
	"	Investments - land, buildings, and equipment basis Less accumulated depreciation (attach schedule)	<b>-</b>	The state of the s	Little Andrews	Le villa di californi
	12	Investments - mortgage loai	ns			, , , , , , , , , , , , , , , , , , , ,
-	13	Investments - other (attach	schedule) ATCH 7	3,506,875,561.		3,433,447,612.
	14	Lairu, buildings, and	<b>▶</b> 3,868,242.	W/W/SEE STAN		1475/1997 (1997)
		Less accumulated depreciation	► ATCH 6A	3,968,935.	3,868,242.	10,171,836.
	15	Other assets (describe	)			
	16		empleted by all filers - see the			
			1, item I)	3.727.025.128.	3,454,438,196.	3,706,006,721.
٦	17		ued expenses	1,561,609.		
	18			356,042,900.		
ß	19			497.	0.	
abilities						
pii	20		rustees, and other disqualified persons		· · · · · · · · · · · · · · · · · · ·	
Lia	21		payable (attach schedule)	22,543,478.	26,901,577.	
	22	Other liabilities (describe	ATCH_8)	22,343,470.	20,301,377.	
	23	Total liabilities (add lines 1	7 through 22)	380,148,484.	340,837,796.	
			r SFAS 117, check here ► X hrough 26 and lines 30 and 31.			
S	24	•	•	3,346,876,644.	3,113,600,400.	<b>国内的</b>
5	24			3,340,070,044.	3,113,000,400.	
lar	25	Temporarily restricted	• • • • • • • • • • • • • • • • • • • •			
B	26					The state of the state of
or Fund Balances		Foundations that do no check here and comple	• • • • • • • • • • • • • • • • • • • •			
þ	27	Capital stock, trust principal				
ets	28	Paid-in or capital surplus, or lar	nd, bldg , and equipment fund			
188	29	Retained earnings, accumulate	d income, endowment, or other funds			
Net Assets	30	Total net assets or fur	nd balances (see page 17 of the	·		
ž		instructions)		3,346,876,644.	3,113,600,400.	
	31		essets/fund balances (see page 17	l		是 自然 医髓膜
_					3,454,438,196.	To But the Carlot A. W.
_			iges in Net Assets or Fund			· · · · · · · · · · · · · · · · · · ·
1			ances at beginning of year - Part		-	
	end-	of-year figure reported on	рпог year's return)		1	3,346,876,644.
2		er amount from Part I, line	27a			58,528,818
3	Othe	er increases not included i	in line 2 (itemize)		3_	
4	Add	lines 1, 2, and 3			4	3,405,405,462.
5	Dec	reases not included in line	2 (temize) ► ATTACH	IMENT 9	5	291,805,062.
6	Tota	I net assets or fund balan	ces at end of year (line 4 minus line	e 5) - Part II, column (b),	line 30 6	3,113,600,400.
						Form 990-PF (2010)

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

Enter qualifying distributions from Part XII, line 4

Part VI instructions on page 18

Page 4

Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page	18 of	the i	nstructio	ons)	
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1	, ; ].	· species	and water or	1 - 2 -	
	Date of ruling or determination letter (attach copy of ruling letter if necessary - see instructions)	الثاث	· · · · ·	<u> </u>	**	ك
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1			26,0	00.
	here and enter 1% of Part I, line 27b		· · ·			7.3
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of	إنعد	ن شع	87	<u> </u>	لنثث
	Part I, line 12, ∞I (b)	1				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2				
3	Add lines 1 and 2	3			26,0	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4			26.0	0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	_5		'ma r''	26,0	00.
6	Credits/Payments	. i	. / 2 **	74 'Y	,	
а	2010 estimated tax payments and 2009 overpayment credited to 2010 6a	1,14				7
b	Exempt foreign organizations-tax withheld at source 6b 26,000.	1-43	· • • • • • • • • • • • • • • • • • • •		ا المامة المامة المام	
С	Tax paid with application for extension of time to file (Form 8868) 6c 0 .	`	16.	r 2. Zwyddiaidd		\$ ? : \{\bar{\pi} \cdot \tag{\pi} \cdot \
d	Backup withholding erroneously withheld			<del></del>	26,0	الشت
7	Total credits and payments Add lines 6a through 6d	7			20,0	<del>00.</del>
8	Enter any penalty for underpayment of estimated tax. Check here 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	9	-		<u> </u>	—
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
11	Enter the amount of line 10 to be Credited to 2011 estimated tax Refunded	11		<del></del>		
	t VII-A Statements Regarding Activities  Dunng the tax year, did the foundation attempt to influence any national, state, or local legislation or did	.+		1800	Yes	No
1a	_			1a		X
6	participate or intervene in any political campaign?			1		
ь				1b		Х
	of the instructions for definition)?  If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any material.			30.73	344	(2)
	published or distributed by the foundation in connection with the activities					
c	Did the foundation file Form 1120-POL for this year?			1c	N/	Α
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		• • •		11	FT CH
		<u>.                                    </u>				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax important	sed				
	on foundation managers   \$			2	9 - S	
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			1		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, article	es of			142.7	**************************************
	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	27	X /A
b	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	32.0	X
	If "Yes," attach the statement required by General Instruction T				2,7	7
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				S. S. S.	R 74
	By language in the governing instrument, or	414			1. 1.	
	By state legislation that effectively amends the governing instrument so that no mandatory directions  A to the transfer of the programment o	ınat		ككتفنا	كىنگلائىسىة N	Parisal A
_	conflict with the state law remain in the governing instrument?	nd Port	· · · ·	- 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), ar		^v .	7.	42.884	M& - 4
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of	u IC		#. 1. 	1. 18	
	Instructions) ▶	v Ge	neral		. e i "(a)	24
0		-	iciai	. 8b	N,	A
9	(or designate) of each state as required by General Instruction G? If "No," attach explanation		 . or	. 00	0,535	انت
7	4942(i)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV					
	27)? If "Yes," complete Part XIV	- OII	Jugo	. 9		х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule li	stina	their	-	1	
10	names and addresses			10		Х
		•••			90-PF	(2010)

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?

om s	, . 990-PF (2010)				Page 6
Par	t VII-B Statements Regarding Activities for	Which Form 472	20 May Be Requir	ed (continued) NOT	APPLICABLE
Par 5a b	<del></del>	to legislation (section 49 legislation (section 4955), or to resimilar purposes? le, etc., organization de page 22 of the instruscional sections fail to qualifying disaster assistance check her in claim exemption from 153 4945-5(d)	described in actions) educational under the exceptions is (see page 22 of the intermediate).	Yes No	APPLICABLE  5b
7 a b	on a personal benefit contract?  Did the foundation, during the year, pay premiums, directly of "Yes" to 6b, file Form 8870  At any time during the tax year, was the foundation a party to "Yes," did the foundation receive any proceeds or have an and Contractors.	or indirectly, on a pers to a prohibited tax she ny net income attribute	sonal benefit contract? elter transaction? able to the transaction?		. 6b
1	List all officers, directors, trustees, foundation man	agers and their co		ge 22 of the instruction (d) Contributions to	ns). (e) Expense account,
	(a) Name and address	hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred compensation	other allowances
ΑT	TACHMENT 11		251,609.	0.	0
	Compensation of five highest-paid employees (othe If none, enter "NONE."	r than those inclu	ded on line 1 - see p		ons).
(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
AT	TACHMENT 11A				

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Total number of other employees paid over \$50,000

Part VIII	and Contractors (continued)	lagers, Highly Fald Employ	
3 Five hi	ghest-paid independent contractors for professional services (see page (a) Name and address of each person paid more than \$50,000	(b) Type of service	ne, enter "NONE." (c) Compensation
ATTACHI	MENT 12		1,006,836
<del></del>			
otal numbe	r of others receiving over \$50,000 for professional services		8
Part IX-A	Summary of Direct Charitable Activities		
	lation's four largest direct chantable activities during the tax year. Include relevant statistical	information such as the number of	Expenses
1 NONE	and other beneficianes served, conferences convened, research papers produced, etc		
1 NONE			
2			
3			
4			
Part IX-B	Summary of Program-Related Investments (see page 24 of the	nstructions)	
Describe the 1 NONE	two largest program-related investments made by the foundation during the tax year on lines 1 are	nd 2	Amount
1 NONE			
2			
All other prog	ram-related investments. See page 24 of the instructions		
3 NONE	· ·		
	4 4b 2		
i otali Augili	nes 1 through 3		

Form 990-PF (2010) Page 8 Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, Part X see page 24 of the instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes. Average monthly fair market value of securities 1a 1b Average of monthly cash balances Fair market value of all other assets (see page 25 of the instructions) 1c 0. 0. Total (add lines 1a, b, and c) 1d Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 2 0. Acquisition indebtedness applicable to line 1 assets 0. 3 Subtract line 2 from line 1d Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25 of 4 0. Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 0. 5 6 Minimum investment return. Enter 5% of line 5 Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ 🔲 and do not complete this part ) Tax on investment income for 2010 from Part VI, line 5 Income tax for 2010 (This does not include the tax from Part VI.) 2c Add lines 2a and 2b 3 Distributable amount before adjustments Subtract line 2c from line 1 4 Recoveries of amounts treated as qualifying distributions 5 Add lines 3 and 4 Deduction from distributable amount (see page 25 of the instructions) 6 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, Part XII Qualifying Distributions (see page 25 of the instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 1a 136,397,783. Program-related investments - total from Part IX-B 1b 0. Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., 2 0. 2 Amounts set aside for specific charitable projects that satisfy the Suitability test (prior IRS approval required) 3a Cash distribution test (attach the required schedule) 3b 0. Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 136,397,783. 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income N/A Enter 1% of Part I, line 27b (see page 26 of the instructions)

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years

136,397,783.

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Page 9

Par	Part XIII Undistributed Income (see page 26 of the instructions)							
		(a)	(b)	(c)	(d)			
1	Distributable amount for 2010 from Part XI,	Corpus	Years prior to 2009	2009	2010			
	line 7		1 '		<del></del>			
2	Undistributed income, if any, as of the end of 2010	4m ,						
а	Enter amount for 2009 only	the man in	1 1 1 2 2	4 90				
b	Total for prior years 20, 20, 20	. · · · · · · · · · · · · · · · · · · ·						
	Excess distributions carryover, if any, to 2010	8 4 3 3 3 4 3	· John The Marie	Sign market	经 海上的 1.00 1.4			
а	From 2005	,	• • •					
b	From 2006							
C	From 2007	·		The state of the s				
d	From 2008	A	• •					
е	From 2009			3. Mr 28. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4 5 m & 18 W			
f	Total of lines 3a through e							
4	Qualifying distributions for 2010 from Part XII,	m vigit it it je vije	*. * » .* 😤	· 秦 秦 ·				
	line 4 ▶ \$		The way		The water of the other			
а	Applied to 2009, but not more than line 2a		<u> </u>	<del></del>	- 3			
b	Applied to undistributed income of prior years (Election	Marie Carlo		TO THE STATE OF				
	required - see page 26 of the instructions)	方位不多数数数十二 <u>1195年的数数</u>	· The county service (Mark)	AND THE PARTY OF T				
C	Treated as distributions out of corpus (Election							
	required - see page 26 of the instructions)			The same of the sa	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
d	Applied to 2010 distributable amount	<u>**:55 .                                 </u>	The second secon	illah di Tarahan	Cally Enlack to Bear			
е -	Remaining amount distributed out of corpus			Control of the Contro	Pakilo Zunishbi 15 . 58 saw 1			
5	Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same	le Masser de la Comme	Agency of the state of the stat		Sandan State of Allin Market 12.5			
	amount must be shown in column (a) )							
6	Enter the net total of each column as indicated below:				14 70 30 30			
_	Corpus Add lines 3f, 4c, and 4e Subtract line 5	Marine Ma						
	•	** ( ) *** *** ***	7 00		\$1.50 E.			
D	Prior years' undistributed income Subtract line 4b from line 2b	CALLERY OF THE			Contract Military			
С	Enter the amount of prior years' undistributed				建设强"类等国			
	income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has		:	A Print Sugger				
	been previously assessed				是这个人一个一个人。			
d	Subtract line 6c from line 6b Taxable			(2) 10 10 10 10 10 10 10 10 10 10 10 10 10				
	amount - see page 27 of the instructions	1. 19 . 25 Str. 19 14 . 15						
е	Undistributed income for 2009 Subtract line 4a from line 2a Taxable amount - see page		4. 3. 3. 3.		<b>多。孟老为</b> 自			
	27 of the instructions	[ ] . [ ] .	<b>2.34</b> 1.57.25.54.55		RATELLA WAS COME			
f	Undistributed income for 2010 Subtract lines	Be Beach						
•	4d and 5 from line 1 This amount must be	2 18 Miles California Sec.						
_	distributed in 2011		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<b>第 : 中 : 1 : 1 : 1 : 1 : 1</b> : 1 : 1 : 1 : 1 :	8-57 + 102 - 3-57 364 F-3			
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section							
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the		The state of the s	[11] [條件] [13]				
8	instructions)		** 1,	8 4 7 7 4 mg 6 4 6 4 4	1.27 (12.27)			
0	applied on line 5 or line 7 (see page 27 of the							
	instructions)							
9	Excess distributions carryover to 2011.				13 3 3 3 3 4			
40	Subtract lines 7 and 8 from line 6a	<del></del>	1		1 1 1 2			
10	Analysis of line 9 Excess from 2006	ĵ.		1 10				
a b	Excess from 2007	(						
C	Excess from 2007		٠,٨	1 7 7	15 (10) 10 20 1.			
d	Excess from 2009	,		a no services and	The same franchis			
_	Excess from 2010	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	' '		4 17 1			
		<u> </u>		·	· · · · · · · · · · · · · · · · · · ·			

_	990-PF (2010)		A= (		11.01.1	Page 10
Pa	rt XIV   Private Oper	ating Foundations (	see page 27 of the	instructions and Pa	rt VII-A, question 9)	NOT APPLICABLE
1 a	If the foundation has i	received a ruling or de	etermination letter that	at it is a private oper	rating	
	foundation, and the ruling	is effective for 2010, enter	the date of the ruling		, <b>•</b>	
ь	Check box to indicate whe	ther the foundation is a pr	vate operating foundation	on described in section	4942()	)(3) or 4942(J)(5)
_		Tax year		Pnor 3 years		
2 a	Enter the lesser of the ad-	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
	justed net income from Part 1 or the minimum investment	(a) 2010	(5) 2003	(0) 2000	(4) 2001	<del>                                       </del>
	return from Part X for each			}		
	year listed			<del>                                     </del>		<del> </del>
b	85% of line 2a				ļ <u> </u>	
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	İ				P
•	2d from line 2c			<del> </del>	<del> </del>	<del> </del>
3	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test - enter					
	(1) Value of all assets					ļ. —————
	(2) Value of assets qualifying					
	under section 4942(j)(3)(B)(i)					-
b	"Endowment" alternative test-	-				
	enter 2/3 of minimum invest-					
	ment return shown in Part X, line 6 for each year listed					
С	"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)				<u> </u>	
	(2) Support from general public and 5 or more					
	exempt organizations as					
	provided in section 4942 (j)(3)(B)(iii)					<u></u>
	(3) Largest amount of sup-					
	port from an exempt organization					<u> </u>
	(4) Gross investment income					
Pa	rt XV Supplement	ary Information (C	omplete this par	t only if the found	dation had \$5,000	or more in assets
	at any time	during the year - se	e page 28 of the i	nstructions.)		
1	Information Regarding	Foundation Manager	s:	<u> </u>	<del>- • • • • • • • • • • • • • • • • • • •</del>	······································
а	List any managers of	-		re than 2% of the tot	al contributions recei	ved by the foundation
	before the close of any	y tax year (but only if th	ney have contributed	more than \$5,000) (	See section 507(d)(2))	•
	N/A					
_	List any managers of	the foundation who	our 10% or more	of the stock of a corr	poration (or an equal)	v large portion of the
D	ownership of a partner					y large portion of the
	Ownership of a partite	amp or other entry) o	THIN THE IOUNGEO	has a 1070 or greate		
	NY / 7					
2	N/A Information Regarding	Contribution Coast	Giff Loan Scholami	nin etc Programs:		
2	` — `			-		
						and does not accept
					je 28 of the instruction	ons) to individuals or
	organizations under of	mer conditions, comple	ete items za, b, c, an	u u.		
а	The name, address, ar	nd telephone number of	the person to whom	applications should be	addressed	
_	N/A	landana abadalaha ada		and materials that sh	auld politica	
D	The form in which appl	ications should be subl	mueu and miormation	i anu matenais triey SR	odia molade	
	N/A					
C	Any submission deadli	nes				
	N/A					
А	Any restrictions or l	imitations on awards	such as by geogr	raphical areas chant	able fields kinds of	institutions or other
u	factors		, 525 20 2, 9009	araaa, anam		
	N/A					
	11/67					

Grants and Contributions Paid Dur	ing the Year or Appl			
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year OT APPLICABLE				136,397,78
OI APPLICABLE	1	1		130/33///0
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	· I			
Total			D 22	136, 397, 7
Total	<u> </u>		▶ 3a	136,397,78
	<u></u>	<u> </u>	▶ 3a	136,397,78
	<u></u>		▶ 3a	136,397,7
			▶ 3a	136,397,7
				136,397,78
			▶ 3a	136,397,7
			▶ 3a	136,397,7
			≥ 3a	136,397,7
			▶ 3a	136,397,7
			▶ 3a	136,397,7
			▶ 3a	136,397,7
				136,397,7
				136,397,7
				136,397,7
			3a	136,397,7
			3a	136,397,7
Total			3a	136,397,7
			3a	136,397,7

gross amounts unless otherwise indicate	ted Unrela	ted business income	Excluded by	section 512, 513, or 514	(e) Related or exempt function income
-	(a)	(b)	(c)	(d)	function income (See page 28 of
Program service revenue	Business code	Amount	Exclusion code	Amount	(See page 28 of the instructions )
			<del></del>	<del></del> .—————————————————————————————————	
·					
			<del></del>		
	<del></del>				··· · · -
Fees and contracts from government ag					<del></del>
Membership dues and assessments	l l				
nterest on savings and temporary cash investr	i '		14	180,802,299.	
	ite single-control	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	14		11. 11. 12. 13. 13. 13. 13. 13. 13. 13. 13. 13. 13
Net rental income or (loss) from real esta		***			Prison to Secretary
Debt-financed property					
Not debt-financed property	1	<del></del>			
let rental income or (loss) from personal prope			<del></del>		
Other investment income			<del> </del>		
Sain or (loss) from sales of assets other than II					
Net income or (loss) from special events	I		<del></del>		-
Gross profit or (loss) from sales of invent	tory				
Other revenue a			01	36,401,234.	
MISCELLANEOUS	<del> </del>		01	294,037.	
OFFICE INCOME	<del> </del>		101	294,037.	
d					
Subtotal Add columns (b), (d), and (e)					<del></del>
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and e worksheet in line 13 instructions on pagert XVI-B Relationship of Act	(e)	ations)	xempt Pur	13	217,497,5
Subtotal Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and e worksheet in line 13 instructions on page  TXVI-B Relationship of Act  Explain below how each accomplishment of the fo	(e)	ations) ccomplishment of E	xempt Pur	poses e) of Part XVI-A contrib	217,497,57
Subtotal Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and e worksheet in line 13 instructions on page  rt XVI-B Relationship of Act  be No. Explain below how each accomplishment of the fo	(e)	ations) ccomplishment of E	xempt Pur	poses e) of Part XVI-A contrib	217,497,57
Subtotal Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and e worksheet in line 13 instructions on page  TXVI-B Relationship of Act  Explain below how each accomplishment of the fo	(e)	ations) ccomplishment of E	xempt Pur	poses e) of Part XVI-A contrib	217,497,57
Subtotal Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and e worksheet in line 13 instructions on page  TXVI-B Relationship of Act  Explain below how each accomplishment of the fo	(e)	ations) ccomplishment of E	xempt Pur	poses e) of Part XVI-A contrib	217,497,57
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and e worksheet in line 13 instructions on page rt XVI-B Relationship of Act ne No. Explain below how each accomplishment of the fo	(e)	ations) ccomplishment of E	xempt Pur	poses e) of Part XVI-A contrib	217,497,57
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and e worksheet in line 13 instructions on page rt XVI-B Relationship of Act  Explain below how each accomplishment of the fo	(e)	ations) ccomplishment of E	xempt Pur	poses e) of Part XVI-A contrib	217,497,57
Subtotal Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and e worksheet in line 13 instructions on page  TXVI-B Relationship of Act  Explain below how each accomplishment of the fo	(e)	ations) ccomplishment of E	xempt Pur	poses e) of Part XVI-A contrib	217,497,57
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and e worksheet in line 13 instructions on page rt XVI-B Relationship of Act  Explain below how each accomplishment of the fo	(e)	ations) ccomplishment of E	xempt Pur	poses e) of Part XVI-A contrib	217,497,57
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and e worksheet in line 13 instructions on page rt XVI-B Relationship of Act ne No. Explain below how each accomplishment of the fo	(e)	ations) ccomplishment of E	xempt Pur	poses e) of Part XVI-A contrib	217,497,57
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and worksheet in line 13 instructions on page  T XVI-B Relationship of Act  Explain below how each accomplishment of the fo	(e)	ations) ccomplishment of E	in column (n by providin	poses e) of Part XVI-A contrib	217,497,57
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and worksheet in line 13 instructions on page  TXVI-B Relationship of Act  Explain below how each accomplishment of the fo	(e)	ations ) ccomplishment of E n income is reported to purposes (other tha	in column (n by providin	poses e) of Part XVI-A contrib	217,497,57
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and worksheet in line 13 instructions on page  TXVI-B Relationship of Act  Explain below how each accomplishment of the fo	(e)	ations ) ccomplishment of E n income is reported to purposes (other tha	in column (n by providin	poses e) of Part XVI-A contrib	217,497,57
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Subtotal Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and e worksheet in line 13 instructions on page  TXVI-B Relationship of Act  Explain below how each accomplishment of the fo	(e)	ations ) ccomplishment of E n income is reported to purposes (other tha	in column (n by providin	poses e) of Part XVI-A contrib	217,497,57

orm 990-			Danardina T	ranafara Ta and	d Transac	tions s	and Relationships With I	Vonc	Page 1	
Part X		Exempt Orga	nizations		<del></del>			1011CI		_
		-					ny other organization described		Yes No	-
ın	section	n 501(c) of the C	ode (other than	section 501(c)(3) o	rganizations)	or in se	ection 527, relating to political	3.70		
org	ganızat	ons?							11.0	:
a Tra	ansfers	from the reporting fou	indation to a nonc	hantable exempt organ	ization of			-1. 213	المشدد عمك	
(1)	Cast							1a(1)	X	_
								1a(2)	X	
		nsactions						الأسطاء		
			antable exempt on	ganization				1b(1)	X	
								1 1	Х	
٠.	•							1	Х	
								1	Х	_
		-							Х	_
				indraising solicitations					Х	_
	-			er assets, or paid emplo				1 -	X	_
							Column (b) should always show		fair mark	et
							If the foundation received less			
							of the goods, other assets, or			
		(b) Amount involved		onchantable exempt organ			cription of transfers, transactions, and shar			<u></u>
(a) Line	110	N/A	(c) rearrie or r	ond landable exempt organ	in the state of th	N/A			,	_
		N/A				11/11				
-						<del></del>				_
				_						—
	-									—
		···-								
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		<del> </del>								_
			<u> </u>							
2a Is	the	foundation directly	or indirectly a	ffiliated with, or rel	lated to, or	ne or mo	ore tax-exempt organizations	_		
de	escnbe	d in section 501(c) of	the Code (other t	han section 501(c)(3))	or in section	527?		X Y	es 🔲 N	0
b If	"Yes,"	complete the following	schedule							
		(a) Name of organizatio	n .	(b) Type of o	rganization		(c) Description of relation	ship		
IVB	COR	PORATION		501(C)(2)		7	WHOLLY OWNED SUBSIDIAL	RY		_
										_
		-								
						į				
	Unde	penalties of perjury, I o	leclare that I have	examined this return, inc	luding accomp	anying sch	edules and statements, and to the best of on all information of which preparer ha	of my k	nowledge a	ind
Sign	belief,	it is true, correct, and do	mater Declaration	of treparer (other than ta	xpayer or fiduci	ary) is base	of on all information of which preparer ha	s any kn	owleage	
Here		NVV	WW)	muc	M	ーメール	1	zen	eraL	
	<b>P</b> S₁	gnature of officer or truste	e	<del></del>	Date		Trile			_
	1	Print/Type preparer's	name	Preparer's signati	ure		Date	PTIN		_
		7 -		1						
Paid		Vanil	rimae	2			9-26-// Check if self-employed			
Prepa	arer	Firm's name AI		& ROBINSON,	P.C		Firm's EIN ▶			_
Use C	Only			BORO DRIVE, 7T			I IIII S EIN			_
•	• ••• •	, address > 0'	MCLEA		I TOOK	20.	102 Phone no 703-8	193-0	600	
		<u> </u>	MCLEA	1, VA			102   Phone no 703-8	55-0	000 m	_

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

ADJUSTED NET INCOME		0
NET INVESTMENT INCOME	.0 .000,000	650,000.
REVENUE AND EXPENSES PER BOOKS	180,152,299. 650,000.	180,802,299.
DESCRIPTION	INCOME ON INVESTMENTS OUTSIDE THE U.S. INCOME ON INVESTMENTS INSIDE THE U.S.	TOTAL

VOLKSWAGEN-STIFTUNG EIN: 52-1690493

FORM 990-PF, PAGE 1, LINE D2

FOR 2010 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 PER BOOKS

DESCRIPTION
OTHER INCOME
SUBSIDIES FOR FUNDING PURPOSES
OFFICE INCOME

35,271,797. 1,129,437. 294,037.

TOTALS

36,695,271.

3		CHARITABLE	PURPOSES	.0	0
ATTACHMENT 3		ADJUSTED NET	INCOME	.0	0
		NET INVESTMENT	INCOME	0.	0
		REVENUE AND EXPENSES	PER BOOKS	6,587.	6,587.
	FORM 990PF, PART I - LEGAL FEES				TOTALS
	FORM 990PF, PAF		DESCRIPTION	LEGAL FEES	

FEES
ACCOUNTING
1 H
_
PART ]

CHARITABLE PURPOSES	.0	0.	
ADJUSTED NET INCOME	.0	0.	
NET INVESTMENT INCOME	.0	0	
REVENUE AND EXPENSES PER BOOKS	226,733.	226,733.	
DESCRIPTION	ERNST & YOUNG WIRTSCHAFTSPRUFE	TOTALS	

FEES
PROFESSIONAL
OTHER
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Н
PART
990PF,
FORM

CHARITABLE <u>PURPOSES</u>		0.
ADJUSTED NET INCOME		0
NET INVESTMENT INCOME		0
REVENUE AND EXPENSES PER BOOKS	102,610. 418,178.	520,788.
		TOTALS
DESCRIPTION	CONSULTING FEES PUBLIC RELATIONS	

EXPENSES
OTHER
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PART
990PF,
9
FORM

CHARITABLE <u>PURPOSES</u>		.0	.0	.0		. 0	.00	· ·		.0	.0	.0	.0	0
ADJUSTED NET INCOME		.0	.0	.0	.0	.0	.0	.0	.0	0.	0.	.0	.0	0
NET INVESTMENT INCOME		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	0
EVENUE AND ENSES BOOKS	1,134,911.	487,987.	213,769.	144,782.	84,146.	106,812.	74,282.	71,439.	62,941.	200,063.	113,798.	319,622.	1,317,639.	4,974,941.
DESCRIPTION	MAINTENANCE DATA PROCESSING	EXPENSES FOR PROJECT PREP	EXPENSES FOR TRUSTEES	POST, TELEPHONE	OFFICE EQUIP, COPYING	EXPENSES FOR CARS	BOOKS, JOURNALS	STAFF TRAINING	EXPENSES OF STAFF CANTEEN	INSURANCE PREMIUMS	MEMBERSHIP FEES	MISCELLANEOUS	OPERATIVE ACTIVITY EXPENSES	TOTALS

VOLKSWAGEN-STIFTUNG .	EIN:	52-1690493
FORM 990-PF, PART I, LINE 19 AND PART II, LINE 14	=====	22222222
PART II, LINE 14 - FIXED ASSETS - COST BASIS		
SOFTWARE DEVELOPED LAND OFFICE EQUIPMENT		758,808 2,177,685 931,749
TOTAL LAND, BUILDING, & EQUIPMENT COST		3,868,242
PART I, LINE 19 DEPRECIATION AND AMORTIZATION DEPRECIATION FOR LET REAL ESTATE		2,781
AMORTIZATION AND DEPRECIATION		632,198
		634,979

INVESTMENTS
· OTHER
- II
PART
990PF,
ORM

TOTALS

ENDING <u>FMV</u>	,344,69	621,598,502. 139,140,619.	,741,68	1,053,	131,040,788. 573,995,404.	3,433,447,612.
ENDING BOOK VALUE	,878,23	76,204 28,979	,159,33	17,722,80	24,4/8,92 46,464,40	3,194,043,708.

## FORM 990PF, PART II - OTHER LIABILITIES

DESCRIPTION

ENDING BOOK VALUE

PENSION RESERVE
PROJECT RELATED RESERVES

26,191,755. 709,822.

TOTALS

26,901,577.

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

DESCRIPTION	AMOUNT
UNREALIZED LOSS ON FINANCIAL ASSETS UNREALIZED LOSS ON MARKETABLE SECURITIES LOSS ON FOREIGN EXCHANGE	39,309,370. 39,825. 252,455,867.
TOTAL	291,805,062.

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.

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

KASTANIENALLEE 35 30519 HANNOVER GERMANY

FORM 990PF, PART VIII - LIST OF OFFICERS,	ERS, DIRECTORS, AND TRUSTEES		ATTACH	ATTACHMENT 11
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	.0	Ö
PROF. DR. KLAUS J. BADE OSNABRUCK, GERMANY	TRUSTEE 1.00		.0	Ö
PROF. DR. HORST BREDEKAMP BERLIN, GERMANY	TRUSTEE 1.00	.0	Ö	·
PROF. DR. BRIGITTE JOCKUSCH BRAUNSCHWEIG, GERMANY	TRUSTEE 1.00	.0	Ö	
PROF. DR. KATHARINA KOHSE-HOINGHAUS BIELEFELD, GERMANY	TRUSTEE 1.00	Ö	0	.0
PROF. DR. GERD LITFIN GOTTINGEN, GERMANY	TRUSTEE 1.00	0	.0	.0

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. WOLFGANG KOWALSKY BRAUNSCHWEIG, GERMANY	TRUSTEE 1.00	.0	.0	Ö
PROF. DR. MARTIN HELLWIG BONN, GERMANY	TRUSTEE 1.00	.0	Ö	Ö
PROF. DR. HORST NEUMANN WOLFSBURG, GERMANY	TRUSTEE 1.00	o	O	
DR. ANNETTE SCHAVAN BERLIN, GERMANY	VICE CHAIRPERSON 1.00	Ö	Ö	.0
DR. WILHELM KRULL HANOVER, GERMANY	SECRETARY GENERAL 40.00	251,609.	Ö	. 0
MICHAEL SOMMER BERLIN, GERMANY	TRUSTEE 1.00	Ö	Ö	.0

ATTACHMENT 11 (CONT'D)

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

EXPENSE ACCT AND OTHER ALLOWANCES	0	.0	0	0.
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	.0	· o	.0	0
COMPENSATION	.0	ó	.0	251,609.
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	TRUSTEE 1.00	TRUSTEE 1.00	VICE CHAIRPERSON 1.00	GRAND TOTALS
NAME AND ADDRESS	PROF. DR. URSULA M. STAUDINGER GRONIGEN, GERMANY	PROF. DR. WALTRAUD WENDE VIENNA, AUSTRIA	PROF. DR. WOLF SINGER FRANKFURT, GERMANY	

ATTACHMENT 11 (CONT'D)

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

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 88,408 (US \$117,361) TO EURO 122,484 (US \$162,598) 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)

HENNING OTTO (DEPARTMENT HEAD)

DIETER LEHMANN (DEPARTMENT HEAD)

DR. WOLFGANG LEVERMANN (PROGRAMME MANAGER)

CHRISTINA FALLNACKER (HR AND CENTRAL SERVICES)

ATTACHMENT 11A

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

		ATTAC	HMENT 12
NAME AND ADDRESS		TYPE OF SERVICE	COMPENSATION
GIS MBH EXPO PLAZA 11 30539 HANNOVER GERMANY		IT COMPANY	182,757.
HEINZ MANS GMBH SURE WISCH 8 30625 HANNOVER GERMANY		UTILITY SUPPLIER	215,874.
ERNST & YOUNG GMBH LANDSCHAFTSSTRAßE 8 30159 HANNOVER GERMANY		AUDITING	165,258.
RUSCH ELEKTROTECHNIK AM SCHAFBRINKE 62 C 30519 HANNOVER GERMANY		ELECTRICIAN	189,426.
ANDERS & RODEWYK GMBH BRUSSELER STR. 3 30539 HANNOVER GERMANY		IT COMPANY	253,521.
	TOTAL COMPENSATI	CON	1,006,836.

## Form 8868

(Rev. January 2011)

Department of the Treasury

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

nternal Reveni				plication for each return.				
If you are	e filing for ar	n Automatic 3-Month Extension, c	omplete o	nly Part I and check this box	<i>.</i> .			▶ X
				sion, complete only Part II (on page				
Do not com	plete Part II	unless vou have already been gran	ited an aut	omatic 3-month extension on a pre-	viously filed	Form	1 8868	<b>).</b>
Electronic (a corporation 18868 to re Return for instructions Part I A	filing (e-file). on required equest an extransfers // i). For more utomatic 3	You can electronically file Form 8 to file Form 990-T), or an addition tension of time to file any of the Associated With Certain Personal details on the electronic filing of the Month Extension of Time. On	8868 if you al (not auto forms listed Benefit C is form, vis ly submit	uneed a 3-month automatic extensionatic) 3-month extension of time. d in Part I or Part II with the except contracts, which must be sent to it www.irs.gov/efile and click on e-fi	sion of time You can election of Fore the IRS in the IR	to filectro m 88 n pa	ile (6 r onicall 370, li per fo Nonp	months for ly file Form Information ormat (see
•								▶□
All other co	omorations	(including 1120-C filers) partnersh	ins REMIC	s, and trusts must use Form 7004 to	request an	exter	ision c	of time
	me tax returr		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>0, 4 4.0.0 4.</b>	104000			
		exempt organization			Employer i	denti	ication	number
Type or		, =			1 ' '		0493	
print	Number street and room or suite no. If a P.O. hox see instructions.							
File by the	y me							
due date for filing your								
return. See	the City, town or post office, state, and zir code. For a foreign address, see instructions.							
Instructions	30519	HANNOVER GERMANY						
Enter the F	Return code	for the return that this application	is for (file a	separate application for each return	b)		• • •	. 04
Application	n		Return	Application				Return
ls For			Code	is For				Code
Form 990			01	Form 990-T (corporation)				07
							08	
Form 990-			03	Form 4720				09
Form 990-I	<del></del>		04	Form 5227				10
		(a) as 400(a) trust)	<del></del>	Form 6069	<del></del>			11
		(a) or 408(a) trust)	05					
<u> Form 990-</u>	I (trust otne	er than above)	06	Form 8870				12
Telepho If the or If this is for the what a list with 1 I request the for the X  X	one No. paganization of for a Group ole group, cothe names a uest an auto calendar tax year to tax year en	Return, enter the organization's fo heck this box	business ir ur digit Gro f it is for pa ion is for. poration re exempt org		▶ n of time on named al	a cove.	. If the	tach
3a If thi	s applicatio	n is for Form 990-BL, 990-PF, 99	90-T, 4720	), or 6069, enter the tentative ta	x, less any			
		redits. See instructions.	•		•	3a	5	0.
			4720, or	r 6069, enter any refundable c	redits and			
		yments made. Include any prior yea				3b	\$	0.
		<del>`. `                                  </del>		nent with this form, if required, by u	sing EFTPS	$\Box$		
(Elec	tronic Feder	ral Tax Payment System). See instru	ictions.			3c		0.
Caution	f you are g	oing to make an electronic fund	withdrawa	with this Form 8868, see Form	8453-EO a	nd F	orm 8	879-EO for
payment is	nstructions.							

Form 88	868 (Rev.	1-2011)				Page 2
• If y	ou are	filing for an Additional (Not Automatic) 3-Mon	th Extensi	on, complete only Part II and che	ck this box	▶ [X]
		omplete Part II if you have already been grante			sly filed Form 8868.	
• If y	ou are	filing for an Automatic 3-Month Extension, co	mplete on	ly Part I (on page 1).		
Part	II	Additional (Not Automatic) 3-Month Ext	ension o	f Time. Only file the original (no	copies needed).	
Туре	or	Name of exempt organization			Employer identification	number
print		VOLKSWAGEN-STIFTUNG			52-1690493	
File by 1		Number, street, and room or suite no. If a P.O. box,	see instruc	tions.		
extende due dat		KASTANIENALLEE 35				
filing yo	our	City, town or post office, state, and ZIP code For a	foreign add	ress, see instructions.		
return :		30519 HANNOVER GERMANY				
Enter	the Re	turn code for the return that this application is fo	or (file a se	parate application for each return)		. 04
Appli	cation		Return	Application		Return
Is Fo	r		Code	ls For		Code
Form	990		01			
	990-BI	L	02	Form 1041-A		08
	990-E		03	Form 4720		09
Form	990-PI	F	04	Form 5227		10
Form 990-T (sec. 401(a) or 408(a) trust)				Form 6069		11
		(trust other than above)	06	Form 8870		12
STOF	Pl Do n	ot complete Part II if you were not already gra	inted an ai	utomatic 3-month extension on a pr	reviously filed Form 88	68.
• Th	e book	s are in the care of VOLKSWAGEN-STI	TUNG			
Te	lephon	e No. ► 49051183810	_	FAX No. ▶		
• If t	the orga	anization does not have an office or place of bu	siness in 1	the United States, check this box		▶∐
• If t	this is fo	or a Group Return, enter the organizatio <u>n's</u> four	digit Grou	p Exemption Number (GEN)	If th	is is
for the	e whole	group, check this box ▶ 🛄 . If	it is for pa	rt of the group, check this box	▶ L and att	ach a
list w	ith the	names and EINs of all members the extension i	s for.			
4	I reque	est an additional 3-month extension of time until		11/15_,	20 <u>11</u> .	
5	For ca	lendar year $2010$ , or other tax year beginnin	g	, <u>2</u> 0 , and ending	L,	20
6	$\overline{}$	ax year entered in line 5 is for less than 12 mon Change in accounting period	ths, check	reason: Initial return	Final return	
7	State i	n detail why you need the extension ADDIT	IONAL T	IME IS REQUIRED TO GATHE	ER THE	
	INFO	RMATION NECESSARY TO FILE A COM	PLETE A	ND ACCURATE RETURN.		
8a	If this	application is for Form 990-BL, 990-PF, 99	10-T, 4720	l, or 6069, enter the tentative ta	x, less any	
		undable credits. See instructions.			8a \$	0.
b	If this	application is for Form 990-PF, 990-T,	4720, o	r 6069, enter any refundab <del>le</del> c	credits and	
	estima	ted tax payments made. Include any pri	ог уваг с	overpayment allowed as a credit	t and any	
	amour	nt paid previously with Form 8868.			8b \$	0.
C	Baland	se Due. Subtract line 8b from line 8a. Include	your paym	nent with this form, if required, by u	sing EFTPS	
	(Electr	onic Federal Tax Payment System). See instru	ctions.		8c \$	0.
		Sign s of perjury, I declare that I have examined this form, t, and complete, and that I am authorized to prepare this for	including ac	nd Verification  companying schedules and statements, and	to the best of my knowled	ige and belief,
		7/2			C	11. 5
Signat	ure 🕨	Val /		Title ▶ PAID PREPARER	Date ▶ 0 -	11-20/1
					Cam 9869	(Dev. 1-2011)