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Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

F	or cal	endar year 2011 or tax year beginning		, 2011,	and ending	g	, 20
	Name	of foundation				A Employer Iden	tification number
	VOL	KSWAGEN-STIFTUNG				52-16904	193
_		er and street (or P O box number if mail is not deliv	ered to street address)		Room/suite	B Telephone nu	mber (see instructions)
	KAST	FANIENALLEE 35				49051183	3810
	City o	r town, state, and ZIP code					
						C if exemption appending, check it	
	3051	19 HANNOVER GERMANY			<u> </u>		
G	Che	ck all that apply Initial return	Initial return	of a former p	ublic charity	y D 1. Foreign organ	nizations, check here . • X
		Final return	Amended re	turn			nizations meeting the
		Address change	Name chang	е		85% test, che	ATCH 1A
H	Che	ck type of organization X Section 501	(c)(3) exempt private f	oundation		l.	
ſ	s	ection 4947(a)(1) nonexempt charitable trust	Other taxable pr		tion	· ·	ation status was terminated 07(b)(1)(A), check here .
ī			ounting method C	ash X Acc	crual		n is in a 60-month termination
	of ve	m	Other (specify)				07(b)(1)(B), check here . 🕨
			, column (d) must be on	cash basis)			
G	art l	Analysis of Revenue and Expenses (The	(a) Davison and				(d) Disbursements
		total of amounts in columns (b), (c), and (d)	(a) Revenue and expenses per	(b) Net inve incom	l l	(c) Adjusted net income	for charitable purposes
		may not necessarily equal the amounts in column (a) (see instructions))	books				(cash basis only)
_	1			3. 41 ,41 ,41 ,45°	写集 无法	4 . · .	14
	2	Contributions, gifts, grants, etc. received (attach schedule). Check X if the foundation is not required to attach Sch B		i	,		The second of th
	3	Interest on savings and temporary cash investments					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	4	Dividends and interest from securities	213,968,827.	70	0,000.		ATCH#1" MA
	1 -	Gross rents					三 神管部 新
	1	Net rental income or (loss)	1,000 - 100	\$ 1 10 thm	, 5, 1	7 * * * * * * * * * * * * * * * * * * *	- 1 the 3 har har 3 h
ø.	1 _	Net gain or (loss) from sale of assets not on line 10		a 1,00 (-)	** * # T	n , "	The state of the s
Revenue	b	Gross sales price for all assets on line 6a	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1		' " ' .	
e ve	7	Capital gain net income (from Part IV, line 2) .			,	1 34 Sept. 1 24 Sept. 2 25 Sept.	5 17 1 TEV TO
æ	8	Net short-term capital gain		- 1 3 B . 1 . 1 . 1 . 1 . 1 . 1 . 1	,, ,, ,, ,,		The fellow from the state of
	9	Income modifications · · · · · · · · · · · ·	The state of the s	711 9 1 9			A A CAREER
	10 a	Gross sales less returns and allowances	The second second		My Sarah 1	34. 万年,至是	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Ь	Less Cost of goods sold .	يدرو محرا الرفي وعق الرواي اليوا	المراج المراجع المراجع المراجع	Alt North	i yer site.	1、「海」は、一年、日本
	C	Gross profit or (loss) (attach schedule)		* () \$68° g	CONTRACTOR		1 5 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	11	Other income (attach schedule)	13,586,124.				ATCH#2"
_	12	Total, Add lines 1 through 11	227,554,951.	70	0,000.		
	13	Compensation of officers, directors, trustees, etc					
4 10	14	Other employee salaries and wages	10,534,582.				
Sec	15	Pension plans, employee benefits					
ğ		Legal fees (attach schedule) ATCH 3	100,572.				
) <u>~</u>		Accounting fees (attach schedule)ATCH 4	227,000.	 - 	RECE	IVEN T	
	C	Other professional fees (attach schedule) . *	599,356.				
NO. Strati	17	Interest		<u> @</u>	11011	2012	
ist	18	Taxes (attach schedule) (see instructions)		8	NOV 1 8		
Administrative	19	Depreciation (attach schedule) and depletion		 		- S	
발형	20	Occupancy		c	GDEN		
SCANNED ting and Admi		Travel, conferences, and meetings			A D C I	<u>v, U </u>	
<u> </u>		Printing and publications					
ا ا	23	Other expenses (attach schedule) ATCH 6	5,724,566.	 			
SC. Operating	24	Total operating and administrative expenses					1
ğ	-	Add lines 13 through 23	19,032,495.	S 1			150 007 070
J	25	Contributions, gifts, grants paid	158,087,072.	\$ 75	····	- +	158,087,072
_	26	Total expenses and disbursements Add lines 24 and 25	177,119,567.	L + 1 2. 75	U U		d 158,087,072
	27	Subtract line 26 from line 12			<u></u>		
	1	Excess of revenue over expenses and disbursements .	50,435,384.	, * `, ', ', ', ', ', ', ', ', ', ', ', ', ',	0 000	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
		Net investment income (If negative, enter -0-)				The second secon	
_	C	Adjusted net income (if negative, enter -0-).			`. `		0 点外线系统有

For Paperwork Reduction Act Notice, see instructions. 1E1410 1 000

*ATCH 5 JSA

Form 990-PF (2011

Part II		Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End of year		
_	,		amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	1	Cash - non-interest-bearing	g	71,837,294.	144,450,056.	144,450,056.	
			ash investments				
	3	Accounts receivable	182,114,578.	北京	国内的人民主义	等型及基金課金工業	
			tful accounts ►	184,623,090.	182,114,578.	188,098,246.	
				是10年10月 17日	李元成。李子子的是一次此次	The transfer of the transfer o	
			iful accounts >		The state of the s	BECOME TRANSPORT OF THE PARTY O	
	5				· · · · · · · · · · · · · · · · ·		
	6		fficers, directors, trustees, and other				
	1		ch schedule) (see instructions)				
	7	Other notes and loans ro	ceivable (attach schedule)	3-7-3 E 1973 4, 48 25. 4, 57 6. 3	 - 発売で確認さけ取じたとの間	\$7 "POT" 198 "\$1.5" \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
	'	Lace allowance for doubt	ful accounts	more and diese attributed Wines below.	لا يايالىلىدىدا دادا دەرائىلىدىلىلىدىلىلىدىدىدىدا مەركىدىدىدىدىدىدىدىدىدىدىدىدىدىدىدىدىدىدىد	was the state of a same	
ssets	I -	Inventories for sale or use		65 963	00 020	00.000	
SS			ferred charges		98,829.	98,829.	
⋖.			government obligations (attach schedule).				
į			tock (attach schedule)				
	11 ^C	Investments - land, buildings, and equipment basis Less accumulated depreciation			ELECTRICATED (La Barante de la companya de la comp	
		(attach schedule)					
	12 13	Investments - mortgage io	ans ATCH 7	3,194,043,708.	3,036,895,687.	3,263,794,085.	
	14	Land, buildings, and	► 3,673,619.			3,203,734,003.	
		equipment basis Less accumulated depreciation	ATCH 6A				
	4.5	(attach schedule)	AICH OA	3,868,242.	3,673,619.	9,700,950.	
	15	Other assets (describe	·)		 .		
			completed by all filers - see the	2 454 420 106	2 265 020 560		
_			ge 1, item I)			3,606,142,166.	
			crued expenses	1,417,214.	1,195,913.		
	ĺ	Grants payable		312,519,005.	319,816,435.		
Liabilities	19				2,954,594.		
Ħ	20		trustees, and other disqualified persons			TOTAL MANAGEMENT TO	
iat	21		es payable (attach schedule)			· · · · · · · · · · · · · · · · · · ·	
_	22	Other liabilities (describe	►ATCH_8)	26,901,577.	26,770,117.		
\perp			17 through 22)	340,837,796.	350,737,059.		
			w SFAS 117, check here ► X			1. 1 在 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
		and complete lines 24	through 26 and lines 30 and 31.			医氯化铂银金 氯實子	
lances	24	Unrestricted		3,113,600,400.	3,016,495,710.	等 经 特别	
a	25	Temporarily restricted					
Ba	26	Permanently restricted				1100 出版新聞出	
2		Foundations that do n				[] 数字记述 之际。	
교			lete lines 27 through 31. ▶			是你是自然的 · · · · · · · · · · · · · · · · · · ·	
5	27	Capital stock, trust princip	pal, or current funds				
ş			and, bldg, and equipment fund				
SS	29	Retained earnings, accumula	ited income, endowment, or other funds				
Ž	30	=	palances (see instructions)	3,113,600,400.	3,016,495,710.		
Ž	31		net assets/fund balances (see	<u> </u>			
- 1		instructions)	· · · · · · · · · · · · · · · · · · ·	3,454,438,196.	3,367,232,769.		
ΓP	art III	Analysis of Chan	iges in Net Assets or Fund			77.4.2 1. 1 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
			ances at beginning of year - Part		must agree with		
٠		f-year figure reported of		• •		3,113,600,400.	
2		amount from Part I, Im	07	· · · · · · · · · · · · · · · · · · ·	1	50,435,384.	
		increases not included				30,435,384.	
						2 164 025 501	
4	Doors	nes 1, 2, and 3	ne 2 (itemize) ► ATTACHI	MINTE	4	3,164,035,784.	
						147,540,074.	
<u>o</u>	rotal	riet assets or tung bala	ances at end of year (line 4 minus	iine 5) - Part II, column (b), line 30 6	3,016,495,710.	

Part IV Capital Gain	s and Losses for Tax on Inv	restment Income		_	
	nd describe the kind(s) of property sold brick warehouse, or common stock, 200	-	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a					
b					
С					
d					
е					J <u></u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) min	
а					
b				···	
С					. <u> </u>
d				·	
е					· - · · · · · · · · · · · · · · · · · ·
Complete only for asset	s showing gain in column (h) and own	ed by the foundation on 12/31/69		Gains (Col (h) g	
(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	col	(k), but not less Losses (from co	
a					
b					
С					
d					
e					
2 Capital gain net income of		f gain, also enter in Part I, line 7 f (loss), enter -0- in Part I, line 7	2		
3 Net short-term capital da	ا ا 1 n or (loss) as defined in sections	• •			
If gain, also enter in P	art I, line 8, column (c) (see ins	structions) If (loss), enter -0- in $\}$			
	Hardan Santian 4040(a) for De	educed Tax on Net Investment I	3		
		he section 4940(a) tax on net investi			
	or the section 4942 tax on the distri	ibutable amount of any year in the b	ase perio	d? [Yes No
	s not qualify under section 4940(e)		a ony onte	105	
		ar, see the instructions before making	any enu	(d)	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		Distribution i (col (b) divided b	
2010					
2009					 -
2008			ļ		
2007					
2006	J		ļ		
2 Total of line 1, column (d)	de the test or long 2 by E as by the	2		
=		ss than 5 years	3		
4 Enter the net value of n	oncharitable-use assets for 2011 fr	rom Part X, line 5	4		
5 Multiply line 4 by line 3			5		
6 Enter 1% of net investm	nent income (1% of Part I, line 27b)		6		
7 Add lines 5 and 6			7		
8 Enter qualifying distribution if line 8 is equal to or quartyl instructions	tions from Part XII, line 4	on Part VI, line 1b, and complete	8 that part	using a 1% ta	ax rate See th

Form	990-PF (2011)	Page 4
Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see in	nstructions)
1 a	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 letter if necessary - see Instructions)	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	28,000.
	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	Add lines 1 and 2	28,000.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4	0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0	28,000.
6	Credits/Payments	1.00
а	2011 estimated tax payments and 2010 overpayment credited to 2011 6a	
b	Exempt foreign organizations - tax withheld at source 6b 28,000.	
C	Tax paid with application for extension of time to file (Form 8868).	· 经设施的证据
d	Backup withholding erroneously withheld	
7	Total credits and payments Add lines 6a through 6d	28,000.
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	
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 2012 estimated tax ▶ Refunded ▶ 11	
	t VII-A Statements Regarding Activities	w 200
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate	Yes No
	or intervene in any political campaign?	1a X
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 X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	
	distributed by the foundation in connection with the activities	
	Did the foundation file Form 1120-POL for this year?	SASSE CARREST WAY
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation \$\Bar{\sigma}\$\$\$\$ 0 (2) On foundation managers \$\Bar{\sigma}\$\$\$\$\$\$	一种
	(1) On the localisation The contraction in the co	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	子家教育
	on foundation managers \$0 Has the foundation engaged in any activities that have not previously been reported to the IRS?	2 X
2	If "Yes," attach a detailed description of the activities	71 15 15 1
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	
3	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3 X
42	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a X
7ª h	If "Yes," has it filed a tax return on Form 990-T for this year?	4b
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5 X
•	If "Yes," attach the statement required by General Instruction T	1 th 1 th 1 th 1
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	上對陸周夏為
-	By language in the governing instrument, or	1、当堂,河潭村
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	The second secon
	conflict with the state law remain in the governing instrument?	6
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
8 a	Enter the states to which the foundation reports or with which it is registered (see instructions)	· ""
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b
9	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 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete	
	Part XIV	9 X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names	
	and addresses	10 X
	F	form 990-PF (2011)

	•	
Form	990-PF	(2011)

Page 5

Par	rt VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within t	he		
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)		, l	X
12				
	·		_]	x
	person had advisory privileges? If "Yes," attach statement (see instructions)			 ^
13	THE TOT WATER CONTINUE OF	[1	3	<u> </u>
	Website address WWW.VOLKSWAGENSTIFTUNG.DE			
14	The books are in care of ► VOLKSWAGEN-STIFTUNG Telephone no ► 4905	11838	10	
	Located at ►ATTACHMENT 10 ZIP+4 ►			
15	Located at ►ATTACHMENT 10 ZIP+4 ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		Ν∖̈Ϋ́ ▶	· []
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other author		Yes	No
	over a bank, securities, or other financial account in a foreign country?		6	}
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name		1.8.18	1 1 1
	the foreign country		18	
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required NOT APPLIC			1 ***
· a		22000	. H .	Ma
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	3.5	Yes	No
1 a	During the year did the foundation (either directly or indirectly)	100		E. 14
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes		· · · · · · · · · · · · · · · · · · ·	新 名。
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			3000
	disqualified person?) ()		32
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes No	1 2	24 34 34	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	, .		1 74
	(5) Transfer any income or assets to a disqualified person (or make any of either available for		33 830	\$
	the benefit or use of a disqualified person)?	,	3 T	1,,,,,
	(6) Agree to pay money or property to a government official? (Exception, Check "No" if the	{· `		5 · · · ,
	foundation agreed to make a grant to or to employ the official for a period after	,	in Sant	425
	termination of government service, if terminating within 90 days)	, ,		
ь	of any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	440		Charles I
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1	h	المحت عماد
				e:Ac 1
	Organizations relying on a current notice regarding disaster assistance check here	17%	보기 생기	
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		عمانته عصا	المُتُكِسِينِيةً ا
	were not corrected before the first day of the tax year beginning in 2011?	l a	C	77. 1
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	*		
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))	. 4	, a 2 '	lin"
а	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and			4 , 1
	6e, Part XIII) for tax year(s) beginning before 2011? Yes No) <u> -</u>	4	
	If "Yes," list the years	[£ -	ء (ا	· `.,
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)) 📜	2 3	1 24
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	,	<u> </u>	الأالا
	all years listed, answer "No" and attach statement - see instructions)	2	b	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		- 3 :	
	>	1		1/2
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise		- " .c	
-	at any time during the year?	.		
ь.	of "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation of		2 2 4	
J	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the		"走"	
				1
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of	. v ≀]
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	7		['
	foundation had excess business holdings in 2011)			
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	3	: <u>:</u> ::	3
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?			L
		Form	990-PF	(2011)

Form	990-PF (2011)				Page 6			
Pai	t VII-B Statements Regarding Activities f	or Which Form 4	720 May Be Requ	ired (continued) NOT	APPLICABLE			
	During the year did the foundation pay or incur any amou							
	(1) Carry on propaganda, or otherwise attempt to influe	nce legislation (section	1 4945(e))?	Yes No				
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on,							
	directly or indirectly, any voter registration drive?	•	• • • • • • • • • • • • • • • • • • • •					
	(3) Provide a grant to an individual for travel, study, or of							
	•	• •		- —				
	(4) Provide a grant to an organization other than a							
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (
	(5) Provide for any purpose other than religious, ch	•	•					
	purposes, or for the prevention of cruelty to children							
b	If any answer is "Yes" to 5a(1)-(5), did any of the	transactions fail to	qualify under the ex	xceptions described in				
	Regulations section 53 4945 or in a current notice regard	ding disaster assistand	ce (see instructions)?	<i></i> <u></u>	. 5b			
	Organizations relying on a current notice regarding disas	iter assistance check h	nere	▶ 🛄	338 367 3			
С	If the answer is "Yes" to question 5a(4), does the							
_	because it maintained expenditure responsibility for the g							
	If "Yes," attach the statement required by Regulations sec		• • • • • • • • • • • • •					
e -	Did the foundation, during the year, receive any fun	, ,		_				
o a		•						
L	on a personal benefit contract?				3320 3220 3254			
D	Did the foundation, during the year, pay premiums, dire	ctly or indirectly, on a	personal benefit contrac	xt?	. 6b			
	If "Yes" to 6b, file Form 8870							
7 a	At any time during the tax year, was the foundation a pa	•	•					
<u> </u>	If "Yes," did the foundation receive any proceeds or have				. 76			
Pai	t VIII Information About Officers, Directors and Contractors	s, Trustees, Foun	idation Managers,	Highly Paid Employe	es,			
1	List all officers, directors, trustees, foundation	managers and thei	r compensation (see	instructions).				
1	List all officers, directors, trustees, foundation	(b) Title, and average	(c) Compensation	(d) Contributions to	e) Expense account,			
1	List all officers, directors, trustees, foundation (a) Name and address				e) Expense account, other allowances			
1	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans				
		(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans				
	(a) Name and address FACHMENT 11	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans	other allowances			
	(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	other allowances			
	(a) Name and address FACHMENT 11	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans	other allowances			
	(a) Name and address FACHMENT 11	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans	other allowances			
	(a) Name and address FACHMENT 11	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans	other allowances			
	(a) Name and address FACHMENT 11	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans	other allowances			
	(a) Name and address FACHMENT 11	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter 0-) 265,798.	(d) Contributions to employee benefit plans and deferred compensation	other allowances			
	(a) Name and address FACHMENT 11 Compensation of five highest-paid employees	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter 0-) 265,798.	(d) Contributions to employee benefit plans and deferred compensation	other allowances			
	(a) Name and address FACHMENT 11	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter 0-) 265,798.	(d) Contributions to employee benefit plans and deferred compensation C 1 - see instructions (d) Contributions to	other allowances 0			
AT'	(a) Name and address FACHMENT 11 Compensation of five highest-paid employees	(b) Title, and average hours per week devoted to position (other than those hours per week hour	(c) Compensation (if not paid, enter 0-) 265,798.	(d) Contributions to employee benefit plans and deferred compensation O 1 - see instructions (d) Contributions to employee benefit (in the complete compensation)	other allowances			
AT'	(a) Name and address FACHMENT 11 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position (other than those (b) Title, and average	(c) Compensation (if not paid, enter 0-) 265,798.	(d) Contributions to employee benefit plans and deferred compensation C 1 - see instructions (d) Contributions to	other allowances 0 i). If none, enter e) Expense account,			
AT"	(a) Name and address FACHMENT 11 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position (other than those hours per week hour	(c) Compensation (if not paid, enter 0-) 265,798.	(d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred	other allowances 0 i). If none, enter e) Expense account,			
AT"	(a) Name and address FACHMENT 11 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those hours per week hour	(c) Compensation (if not paid, enter 0-) 265,798.	(d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred	other allowances 0 i). If none, enter e) Expense account,			
AT"	(a) Name and address FACHMENT 11 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those hours per week hour	(c) Compensation (if not paid, enter 0-) 265,798.	(d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred	e). If none, enter			
AT"	(a) Name and address FACHMENT 11 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those hours per week hour	(c) Compensation (if not paid, enter 0-) 265,798.	(d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred	e). If none, enter			
AT"	(a) Name and address FACHMENT 11 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those hours per week hour	(c) Compensation (if not paid, enter 0-) 265,798.	(d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred	e). If none, enter			
AT"	(a) Name and address FACHMENT 11 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those hours per week hour	(c) Compensation (if not paid, enter 0-) 265,798.	(d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred	e). If none, enter			
AT"	(a) Name and address FACHMENT 11 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those hours per week hour	(c) Compensation (if not paid, enter 0-) 265,798.	(d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred	e). If none, enter			
AT"	(a) Name and address FACHMENT 11 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those hours per week hour	(c) Compensation (if not paid, enter 0-) 265,798.	(d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred	e). If none, enter			
AT"	(a) Name and address FACHMENT 11 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those hours per week hour	(c) Compensation (if not paid, enter 0-) 265,798.	(d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred	e). If none, enter			

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

Total. Add lines 1 through 3.

Pa	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign found	ations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	70.2	
	purposes	21 pm 250	
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 instructions)	1c	
d	Total (add lines 1a, b, and c) Reduction claimed for blockage or other factors reported on lines 1a and	1 d	0
е	Reduction claimed for blockage or other factors reported on lines 1a and	意識	-
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3			
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
		4	
5	Instructions) 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	The provided HTML representation of the provided HTML representat	part)	
1	Minimum investment return from Part X, line 6	1	
2 a	Tax on investment income for 2011 from Part VI, line 5		
b	Income tax for 2011 (This does not include the tax from Part VI) 2b		
C	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 instructions) Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	
Pa	rt XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	13.27 - 	
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	158,087,072.
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.,	1 b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the	1 (i.a.	
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3 b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	158,087,072.
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 instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	158,087,072.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when ca qualifies for the section 4940(e) reduction of tax in those years	liculating	whether the foundation

Form 990-PF (2011)

Рa	rt XIII Undistributed Income (see instru	uctions)			
1	Distributable amount for 2011 from Part XI,	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
	•	こうに、さらではいいから こう	ENTRY BANGERY	· 1. 2年 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
2	Undistributed income, if any, as of the end of 2011			The section of the se	
a	Enter amount for 2010 only	AND THE PROPERTY OF THE PROPER	The State of the S	ACT CT - BOOK BEEN DELITED	nage for a part of the part
b		The state of the s	Serve Constituted & Charles	STATE OF THE OR CONTRA	E. Charlette Francis to Charlet A.
3	Excess distributions carryover, if any, to 2011				
а	From 2006		《沙龙》,"阿拉斯斯		では、これには、ないは、
b	From 2007			1. 12. 12. 12. 12. 13. 13. 13. 13. 13. 13. 13. 13. 13. 13	
С	From 2008				
d	From 2009				
e	From 2010		在一个人的人的		
f	Total of lines 3a through e	S. P. S. 1862 S. 1862	1945年	· · · · · · · · · · · · · · · · · · ·	ランター からまでん ギングラング
4	Qualifying distributions for 2011 from Part XII,	· 李 · · · · · · · · · · · · · · · · · ·		But But But I file	
•	line 4 > \$	跨越建門上屬於	世界第二次 動作者		
_				Cartica della Cattana della	
a	Applied to 2010, but not more than line 2a	12 - 18 18 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1	20 12 4 1 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1	IN THE PROPERTY LOVE THE RESERVE	Age of the state o
b	Applied to undistributed income of prior years (Election required - see instructions)		PITT A LINE W BANK AND RE		A STATE OF THE PROPERTY OF THE
С	Treated as distributions out of corpus (Election required - see instructions)				
đ	Applied to 2011 distributable amount	数ない。	· 对象下进编出的	"粉"的"发"的"皮"。	
	Remaining amount distributed out of corpus				i in the state
5	Excess distributions carryover applied to 2011		· 1480 1480 1470	() () () () () () () () () ()	
	(If an amount appears in column (d), the same	· · · · · · · · · · · · · · · · · · ·	TO THE PARTY OF TH	会够严重的 一门	1 - 1 - 50 - 50 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
_	amount must be shown in column (a))			是"是这个人的是一个人	The state of the s
6	Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	a Thilliade din all End Townshi		**************************************	
þ	Prior years' undistributed income Subtract	Si - Thair			
	line 4b from line 2b	manifest games & Co.			А Н
С	Enter the amount of prior years' undistributed			Park Charles	
	income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has				[1] · 大流 · 大流 [2] [1
	been previously assessed	京 後に はまた		The strength of the strength of	1.31 商 1625(1 元
d	Subtract line 6c from line 6b Taxable	医毛统法 法		B. 子类型型 外接	からりをない
	amount - see instructions	一部 中 美野山			
е	Undistributed income for 2010 Subtract line	原外語 運気でき	11 1500 30 30 30 30 30 30 30 30 30 30 30 30 3		· " " " " " " " " " " " " " " " " " " "
	4a from line 2a Taxable amount - see instructions				[위기계 조텔 중
_			[1] "是一个是是是是一个。"	and 1985年 1985年 1985	
T	Undistributed income for 2011 Subtract lines 4d and 5 from line 1. This amount must be		The state of the state of the		•
	distributed in 2012			· 经营售额的支票公司。	
7	Amounts treated as distributions out of corpus		T. S. P. 18 18 18	子子 持续性 新沙克	
•	to satisfy requirements imposed by section		[1] (1) [2] [2] [2] [2] [2] [2] [2] [2] [2] [2]		
	170(b)(1)(F) or 4942(g)(3) (see instructions)			The state of the s	
8	Excess distributions carryover from 2006 not		4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.1. 1.	
•	applied on line 5 or line 7 (see instructions)		15 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
9	Excess distributions carryover to 2012.		- 1.57 / F. Jr. 5 7/1.		·我才说了。好点
J	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9		2 12 2	1997 Je	4, 1, 1 N 4, 1, 140 H
a	Excess from 2007			医原形成 學學	
				[[]] [] [] [] [] [] [] [] []	1. 中国大路外国
b			医多数定式的		Past 2012 1 新潟 1
C	Excess from 2009		トレンとは、発展学派		The state of the state of
d	Excess from 2010		Protographic		學學學學學
e	Excess from 2011	The second of the second of the second	1 53 5 4 3 4 4	A CONTROL OF THE STATE OF	

Form 990-PF (2011)				Page 11
Part XV Supplementary Information (continued)			
3 Grants and Contributions Paid Duri	ng the Year or Appl	roved for F		T
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business) a Paid during the year	or substantial contributor	recipient		
NOT APPLICABLE				158,087,072
			1	
		Ì		
Total	· <u>· · · · · · · · · · · · · · · · · · </u>		▶ 3a	158,087,072
b Approved for future payment				
			1	
Total			▶ 3b	

Form 990-PF Part XVI	· · · · · · · · · · · · · · · · · · ·	ıcina Activ				Page 12
	amounts unless otherwise indicated		ated business income	Excluded by	y section 512, 513, or 514	(e)
	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
a	T Set vice Teveride					(Occ motiocions)
. —						
			· · · · · · · · · · · · · · · · · · ·			
. —						
е						
f						
g Fees	and contracts from government agencies					
2 Member	ship dues and assessments					
3 Interest o	on savings and temporary cash investments					
4 Dividend	ds and interest from securities			14	213,968,827.	1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
5 Net rent	al income or (loss) from real estate	· Partie	引捧的证据 不为行動	学學、學學	自治、武學自己的問題	() 有效的 () 经现代 ()
a Debt	-financed property					
b Not o	debt-financed property					
	al income or (loss) from personal property .					
	loss) from sales of assets other than inventory	,				
	ome or (loss) from special events					
	rofit or (loss) from sales of inventory					
•	evenue a					
b MIS	SCELLANEOUS			01	13,154,728.	
c OFF	FICE INCOME			01	431,396.	
d						
e				h et mat		
2 Subtota	Add columns (b), (d), and (e)	4.3* - ***		. x (10 7 35)	227,554,951.	227,554,951.
Part XVI Line No. ▼	-B Relationship of Activities Explain below how each activity accomplishment of the foundations.	ty for whic	h income is reported ii	n column (e) of Part XVI-A contrib	
-			1000			
-						
		. –	NOT APPLICA	\DT.E		
			NOT ATTHICK			
		 				

Form 990	U-PF (2								age 13	
Part 2		Exempt Organ	nizations	·		nd Relationships With Non	charit	able	,	
1 D	id the	organization direct	ly or indirectly	engage in any of the followin	g with a	any other organization described	1. 沙漠	Yes	No	
in	secti		section 527, relating to political							
a Tı	a Transfers from the reporting foundation to a noncharitable exempt organization of									
							1a(1)		X	
							1a(2)	المعط عجتب	X mth viriation	
		ransactions						EU.		
(1) Sal	es of assets to a no	ncharitable exer	mpt organization			1b(1)		X	
(2	?) Pur	chases of assets fro	om a noncharita	ble exempt organization			1b(2)		X	
							1b(3)		_X_	
(4	l) Rei	mbursement arrange	ements				1b(4)		X	
(5	i) Loa	ns or loan guarantee	s				1b(5)		X	
							1b(6)		X	
							1c		X	
						Column (b) should always show				
						If the foundation received less				
			·		T	e of the goods, other assets, or s				
(a) Line	no	(b) Amount involved	(c) Name of n	oncharitable exempt organization	 ''-	escription of transfers, transactions, and sha	inng arran	ngeme	nts	
		N/A			N/A					
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2a le	the	foundation directly	or indirectly aff	filiated with, or related to, or	e or mo	ore tax-exempt organizations				
						on 527?	X Ye	s T	No	
		" complete the follo	•					_		
		(a) Name of organization		(b) Type of organization	Ĩ	(c) Description of relation	ship			
IVB	COR	PORATION		501(C)(2)		WHOLLY OWNED SUBSIDIAR	·Υ Y			
								-		
—– Sign	Under	penalties of perjury, I declarate of perjury, I declarate of the complete Declaration of	ire that I have examin f preparer (other than to	ned this return, including accompanying s axplyer) is based on all information of which	chedules an	nd statements, and to the best of my knowleds any knowledge				
Here		NHUN	, mu	111-08-2012	> >	ecretary May the IR with the p	S discuss reparer s		retum below	
	Sign	ature of officer or trustee		Date	Title 0	nevieral (see instruction		Yes	No	
——— Paid	! -	Print/Type preparer's		Preparer's signature	<u>.</u>		PTIN			
Prena	rer	DAVID J. TRIMI	NER	ya C		10 - 2 4-202 self-employed	P0044	1482		

Firm's EIN ▶ 54 - 1586993

Phone no 703-893-0600

22102

Preparer

Firm's name ► ARGY, WILTSE & ROBINSON, P.C.

Use Only Firm's address ▶ 8405 GREENSBORO DRIVE, 7TH FLOOR

MCLEAN, VA

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

ADJUSTED NET	INCOME		
NET INVESTMENT	INCOME	700,000.	700,000.
REVENUE AND EXPENSES	PER BOOKS	213,268,827. 700,000.	213,968,827.
	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 2011 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

ATTACHMENT 2

FUNDING PURPOSES
FUNDING
DESCRIPTION OTHER INCOME SUBSIDIES FOR OFFICE INCOME

	ADJUSTED	NET	INCOME				
	NET	INVESTMENT	INCOME				
KU V F N O F	AND	EXPENSES	PER BOOKS	13,092,418.	62,310.	431,396.	

13,586,124.

TOTALS

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CHARITABLE <u>PURPOSES</u>		
ADJUSTED NET INCOME		
NET INVESTMENT INCOME		
REVENUE AND EXPENSES PER BOOKS	100,572.	100,572.
		TOTALS
DESCRIPTION	LEGAL FEES	

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CHARITABLE PURPOSES		
ADJUSTED NET INCOME		
NET INVESTMENT INCOME		
REVENUE AND EXPENSES PER_BOOKS	227,000.	227,000.
DESCRIPTION	ERNST & YOUNG WIRTSCHAFTSPRUFE	TOTALS

FEES
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- OTHER
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CHARITABLE PURPOSES		
ADJUSTED NET INCOME		
NET INVESTMENT <u>INCOME</u>		
REVENUE AND EXPENSES PER BOOKS	76,962. 522,394.	599,356.
		TOTALS
DESCRIPTION	CONSULTING FEES PUBLIC RELATIONS	

EXPENSES
- OTHER
' -
PART
990PF,
ORM

		CHARITABLE	PURPOSES															
	ADJUSTED	NET	INCOME															
	NET	INVESTMENT	INCOME															
REVENUE	AND	EXPENSES	PER BOOKS	934,192.		284,899.	229,422.	138,435.	87,110.	114,461.	75,557.	67,277.	69,250.	187,140.	119,607.	1,294,007.	1,467,925.	5 724 566
			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	2.14TOT

VOLKSWAGEN-STIFTUNG

FORM 990-PF, PART I, LINE 19 AND PART II, LINE 14

PART II, LINE 14 - FIXED ASSETS - COST BASIS

SOFTWARE

DEVELOPED LAND
OFFICE EQUIPMENT

TOTAL LAND, BUILDING, & EQUIPMENT COST

EIN: 52-1690493

456,798

2,260,029

956,792

PART I, LINE 19 DEPRECIATION AND AMORTIZATION

AMORTIZATION AND DEPRECIATION

824,219

FORM 990PF, PART II - OTHER INVESTMENTS

ATTACHMENT 7

DESCRIPTION CORPORATE STOCK CORPORATE BONDS
~
FRIVAIE EQUIII INVESIMENI SPECIAL FUNDS UNDER GERMAN LAW
CLAIMS AGAINST LOWER SAXONY
INVESTMENTS (REAL ESTATE)
SECURITY LENDING
MARKETABLE SECURITIES

TOTALS

ENDING <u>FMV</u>	413,429,416. 27,211,392. 632,077,805. 127,133,973.	,362,70	146,518,810. 413,843,073.	3,263,794,085.
ENDING BOOK VALUE	385,256,023. 25,357,056. 589,004,488. 118,470,353.	311,310,	874, 458,	3,036,895,687.

FORM 990PF, PART II - OTHER LIABILITIES

DESCRIPTION

ENDING BOOK VALUE

PENSION RESERVE
PROJECT RELATED RESERVES

26,105,747. 664,370.

TOTALS

26,770,117.

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

DESCRIPTION	AMOUNT
UNREALIZED LOSS ON FINANCIAL ASSETS	77,377,431.
UNREALIZED LOSS ON MARKETABLE SECURITIES	923,005.
LOSS ON FOREIGN EXCHANGE	69,239,638.
TOTAL	147,540,074.

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

CONTRIBUTIONS

0 0 BENEFIT PLANS TO EMPLOYEE 0 0 COMPENSATION TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION CHAIRPERSON 1.00 1.00 TRUSTEE PROF. DR. KLAUS J. BADE HANNOVER, GERMANY NAME AND ADDRESS BERLIN, GERMANY LUTZ STRATMANN

0 0 TRUSTEE PROF. DR. HORST BREDEKAM? BERLIN, GERMANY

0 1.00 TRUSTEE PROF. DR. BRIGITTE JOCKUSCH

BRAUNSCHWEIG, GERMANY

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TRUSTEE PROF. DR. KATHARINA KOHSE-HOINGHAUS BIELEFELD, GERMANY

0 0 1.00 TRUSTEE PROF. DR. GERD LITFIN

GOTTINGEN, GERMANY

ACCT ER CES	0	0	0	0	0	0
EXPENSE ACCT AND OTHER ALLOWANCES						
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	0	0	0	0	0	0
COMPENSATION	0	0	0	0	265,798.	0
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	TRUSTEE 1.00	TRUSTEE 1.00	TRUSTEE 1.00	VICE CHAIRPERSON 1.00	SECRETARY GENERAL 40.00	TRUSTEE 1.00
NAME AND ADDRESS	PROF. DR. WOLFGANG KOWALSKY BRAUNSCHWEIG, GERMANY	PROF. DR. MARTIN HELLWIG BONN, GERMANY	PROF. DR. HORST NEUMANN WOLFSBURG, GERMANY	DR. ANNETTE SCHAVAN BERLIN, GERMANY	DR. WILHELM KRULL HANNOVER, GERMANY	MICHAEL SOMMER BERLIN, GERMANY

ATTACHMENT 11 (CONT'D)

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

ATTACHMENT 11 (CONT'D)	CONTRIBUTIONS EXPENSE ACCT TO EMPLOYEE AND OTHER COMPENSATION BENEFIT PLANS ALLOWANCES	0 0	0	0 0	265,798.
ICERS, DIRECTORS, AND TRUSTEES	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	TRUSTEE 1.00	TRUSTEE 1.00	VICE CHAIRPERSON 1.00	GRAND TOTALS
FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES	NAME AND ADDRESS	PROF. DR. URSULA M. STAUDINGER GRONIGEN, GERMANY	PROF. DR. WALTRAUD WENDE VIENNA, AUSTRIA	PROF. DR. WOLF SINGER FRANKFURT, 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 90,041 (US \$125,373) TO EURO 124,449 (US \$173,283) DEPENDING ON THE AMOUNT OF TIME THE EMPLOYEE HAS WORKED IN HIS/HER POSITION.

THE FIVE HIGHEST PAID EMPLOYEES:

DR. INDRA WILLMS-HOFF (DEPARTMENT HEAD)
HENNING OTTO (DEPARTMENT HEAD)
DIETER LEHMANN (DEPARTMENT HEAD)
JENS REHLANDER (COMMUNICATION MANAGER)
DR. WOLFGANG LEVERMANN (PROGRAMME MANAGER)

CERTAIN INDIVIDUALS LISTED ON ATTACHMENT 11 RECEIVE GENERAL ALLOWANCES FROM THE VOLKSWAGENSTIFTUNG. THE ALLOWANCES RANGE FROM EUR 9,120 PER YEAR FOR TRUSTEES TO EUR 17,280 PER YEAR FOR THE CHAIRMEN. IN ADDITION, TRUSTEES ARE REIMBURSED FOR THEIR ACTUAL TRAVEL COSTS. THE STIFTUNG DOES NOT CONTRIBUTE TO ANY PENSION PLAN OR BENEFIT PLAN FOR THEIR TRUSTEES.

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

	ATTACHME	NT 12
NAME AND ADDRESS	TYPE OF SERVICE	COMPENSATION
ANDERS & RODEWYK GMBH BRUSSELER STR. 3 30539 HANNOVER GERMANY	IT COMPANY	456,572.
THOMSON REUTERS POSTFACH 11 14 43 60049 FRANKFURT/MAIN	BUSINESS INFO CO.	155,452.
RUSCH ELEKTROTECHNIK AM SCHAFBRINKE 62C 30159 HANNOVER GERMANY	ELECTRICIAN	195,952.
STIBBE KALTE-KLIMA-TECHIK GMB AUF DER WORTH 8 31515 WUNSTORF	H AIR CONDITIONING SUP	144,280.
ERNST & YOUNG GMBH LANDSCHAFTSSTRABE 8 30519 HANNOVER GERMANY	AUDITING COMPANY	236,946.
TOTA	L COMPENSATION	1,189,202.

Form **8868**

(Rev January 2012)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Internal Revenue		► File a s	separate app	olication for each return			
		Automatic 3-Month Extension, co			s box		▶ X
•	•	Additional (Not Automatic) 3-Mor	•	•			لننا ،
-	•	unlessou have already been grant				· ·	
•		,			•		
a corporation 8868 to req Return for T instructions)	required t uest an ext Fransfers A For more o	You can electronically file Form 8 of file Form 990-T), or an additional ension of time to file any of the ssociated With Certain Personal letails on the electronic filing of the	al (not aut forms liste l Benefit (is form, vis	omatic) 3-month extend in Part I or Part II w Contracts, which must alt www.irs.gov/efile and	sion of time. You can earth the exception of Fo t be sent to the IRS d click on e-file for Chan	electronically orm 8870, Ir in paper fo	file Form nformation ormat (see
Part Aut	tomatic 3-	Month Extension of Time. On	ly submit	onginal (no copies ne	∍ed ed).		
A corporation	required to	file Form 990-T and requesting an	automatic	6-month extension - che	eck this box and complet	e	
Part I only							▶ 🔲
All other corp	orations (in	cluding 1120-C filers), partnerships	, REMICs,	and trusts must use For	m 7004 to request an ex	tension of til	me
to file income	lax returns				Enter filer's identifyin	ng number, see	instructions
		empt organization or other filer, see inst	ructions		Employer identificati		
Type or							,
print	VOLKSWA	AGEN-STIFTUNG			X 52-169049	3	
File by the		eet and room or suite no, If a P O box.	see instruct	ions	Social security numi		
due date for		ENALLEE 35			500ai socarty rain	061 (0014)	
filing your return See		r post office, state, and ZIP code. For a	foreign addi	ess see instructions	<u> </u>		
instructions		•	ioroigii saa	C33, 3CC 11/31/3C1/0/13			
Calar Na Dal	<u> </u>	IANNOVER GERMANY					7 6 4
Enter the Rei	urn coae 10	r the return that this application is fo	or (me a se	parate application for ea	ach return)		0 4
A			5	, , , , , , , , , , , , , , , , , , , 			
Application			Return	Application		ł	Return
Is For			Code	Is For			Code
Form 990			01	Form 990-T (corporation	on)	07	
Form 990-BL			02	Form 1041-A			80
Form 990-EZ	· ·		01	Form 4720			09
Form 990-PF			04	Form 5227			10
Form 990-T (sec 401(a)	or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other t	han above)	06	Form 8870			12
Telephone If the orga	No ► <u>4</u>	eare of ► VOLKSWAGEN-STLE 9051183810 es not have an office or place of but of the organization's four				 	▶ □
for the whole	group, che	ck this box ▶ 🔙 If	it is for par	t of the group, check thi	s box ▶	and atta	ch
a list with the	names and	EINs of all members the extension	is for				
1 I reque	st an autom	atic 3-month (6 months for a corpor	ration requi	red to file Form 990-T) e	extension of time		
until		08/15 , 20 12 , to file the e	xempt orga	anization return for the o	organization named abov	e The exter	ision is
for the	organization	's return for			-		
		ar 20 11 or					
			. 20	, and ending		20	
2 If the ta	x year ente	red in line 1 is for less than 12 mon counting period				1	
3a If this	application	is for Form 990-BL, 990-PF, 99	D-T 4720	or 6069 enter the	tentative tay less any		
nonrefu	indable cre	dits See instructions			·	3a \$	00
		is for Form 990-PF, 990-T,					-
		nents made Include any prior yea				3b \$	0
c Balanc	e due. Subl	ract line 3b from line 3a Include	your paym	ent with this form, if re	quired, by using EFTPS	4	
		Tax Payment System) See instruc				3c \$	0
Caution. If y	ou are go	ng to make an electronic fund v	vithdrawal	with this Form 8868,	see Form 8453-EO ar	nd Form 88	79-EO for
payment inst	ructions						

Form 8868 (R			- <u>-</u> -		Page 2
 If you are 	e filing for an Additional (Not Automatic) 3	-Month Exter	nsion, complete only Part II	and check this box	▶ <u>X</u>
Note. Only	complete Part II if you have already been	granted an au	tomatic 3-month extension	on a previously filed Form 886	8
• If you ar	e filing for an Automatic 3-Month Extensio				
Part II	Additional (Not Automatic) 3-Month	Extension of	of Time. Only file the orig	inal (no copies needed).	
			Er	nter filer's identifying number, se	e instructions
	Name of exempt organization or other filer, se	e instructions		Employer identification num	ber (EIN) or
Type or			ĺ		
print	VOLKSWAGEN-STIFTUNG	VOLKSWAGEN-STIFTUNG			
•	Number, street, and room or suite no. If a P.O.	nd room or suite no. If a P.O. box, see instructions			1)
File by the due date for	KASTANIENALLEE 35	CANIENALLEE 35			
filing your	City, town or post office, state, and ZIP code	For a foreign ad	dress, see instructions		
return See instructions	30519 HANNOVER GERMANY				
	eturn code for the return that this applicati	on is for (file :	a senarate application for ea	ch return)	. 04
Application		Return	Application	on tetuny	Return
Is For	•	Code	Is For		Code
Form 990		01			
Form 990-E	21	02	Form 1041-A	A DESCRIPTION OF THE PROPERTY	08
Form 990-E		01	Form 4720		09
Form 990-F		04			10
		05	Form 5227		11
	(sec 401(a) or 408(a) trust)	06	Form 6069 Form 8870		12
	(trust other than above) not complete Part II if you were not alrea			sian an a previously filed For	
			Tautomatic 3-month exten	stort of a previously fried For	111 8000.
	ks are in the care of VOLKSWAGEN-S		FAV. 11		
	ne No ► <u>49051183810</u>		FAX No ▶		, [7
	janization does not have an office or place				
	for a Group Return, enter the organization's				his is
	le group, check this box ▶ 🔲		art of the group, check this b	oox▶ 🔲 and at	tach a
	names and EINs of all members the exten				
•	est an additional 3-month extension of time			<u>1/15_, 20_12_</u>	
	elendar year 2011 , or other tax year beg		 ' '	_ 	20
	tax year entered in line 5 is for less than 12	2 months, ched	ck reason Initial ret	urn Final return	
	Change in accounting period				
7 State	in detail why you need the extension ADD	ITIONAL T	IME IS REQUIRED TO	GATHER THE	
INFO	RMATION NECESSARY TO FILE A CO	OMPLETE AL	ND ACCURATE RETURN.		
	· · · · · · · · · · · · · · · · · · ·				
	application is for Form 990-BL, 990-PF,	990-T, 4720), or 6069, enter the tent	ative tax, less any	
nonre	fundable credits. See instructions			8a \$	0
b If this	application is for Form 990-PF, 990-	-T, 4720, or	6069, enter any refund	dable credits and	
estima	ated tax payments made include any	prior year o	verpayment allowed as	a credit and any 🔣	
amou	nt paid previously with Form 8868			8b \$	0
c Balan	ce Due. Subtract line 8b from line 8a. Inclu	de your paym	ent with this form, if require	ed, by using EFTPS	
(Elect	ronic Federal Tax Payment System) See ins	tructions		8c\$	0
	Signature and Verif	ication mu	st be completed for Pa	art II only.	
	s of perjury, I declare that I have examined this for ct, and complete, and that I am authorized to prepare thi	m, including acc	•	•	dge and belief,
	7000				
Signature >	Wel		Title ► PAID PREPARE	CR Date > 8 -/	5-2017
					(Rev 1-2012)