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Form **990-PF**

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

Department of the Treasury Internal Revenue Service

For	aler	dar year 2011 or tax year beginning JUN	2, 2011	, and ending	DEC 31, 2011		
Nar	ne of	foundation		A Employer identification number			
Т	ΗE	LILLIAN SARA HAHN FOUN		45-6398630			
		nd street (or P O box number if mail is not delivered to street		Room/suite	B Telephone number		
С	/0	BESSEMER TRUST COMPANY	,630 FIFTH A	V	212 708-92	16	
		own, state, and ZIP code YORK, NY 10111			C If exemption application is p	ending, check here	
		all that apply X Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organizations	check here	
•		Final return	Amended return	on the second on	Tri vorongiri organizazione	,, 0.10011 11010	
		Address change	Name change		2. check here and attach co	eting the 85% test,	
H C	heck	type of organization X Section 501(c)(3) ex		P	E If private foundation sta		
	_		Other taxable private founda	ation	under section 507(b)(1)	~ 1 1	
l Fa		arket value of all assets at end of year J Accounts		Accrual	F If the foundation is in a		
		· —	her (specify)		under section 507(b)(1)		
, <u>, , , , , , , , , , , , , , , , , , </u>			mn (d) must be on cash i	basis.)		(-), 6.10011 11010	
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(t) Disbursements for charitable purposes (cash basis only)	
	1	Contributions, gifts, grants, etc , received			N/A		
	2	Check X if the foundation is not required to attach Sch B			111 ==		
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities					
	5a	Gross rents	-				
	b	Net rental income or (loss)					
•	6a	Net gain or (loss) from sale of assets not on line 10					
Revenue	b	Gross sales price for all assets on line 6a					
ě	7	Capital gain net income (from Part IV, line 2)		0.			
ď	8	Net short-term capital gain				· · · ·	
	9	Income modifications			000		
	10a	Gross sales less returns and allowances					
	b	Less Cost of goods sold					
	C	Gross profit or (loss)					
	11	Other Income					
	12	Total Add lines 1 through 11	0.	0.			
	13	Compensation of officers, directors, trustees, etc	0.	0.		0.	
	14	Other employee salaries and wages					
'n		Pension plans, employee benefits					
ses	16a	Legal fees		-			
Expense		Accounting fees					
Ä		Other professional fees					
ž.	្នាំ 7 ភ្នាំ 8 ភ្នាំ 9	Interest					
5	j18	Taxes					
į	119	Depreciation and depletion					
j a d∯j	20	Occupancy					
Ø.	1	Travel, conferences, and meetings					
BP.	22	Printing and publications					
e En	23	Other expenses					
AMPERIO	24	Total operating and administrative		^		^	
6		expenses. Add lines 13 through 23	0.	0.		0.	
Ž		Contributions, gifts, grants paid	U •			<u> </u>	
ပ္က	26	Total expenses and disbursements.	0.	0.		0.	
<u> </u>		Add lines 24 and 25	V •	<u> </u>		<u>U•</u>	
		Subtract line 26 from line 12	0.				
		Excess of revenue over expenses and disbursements	0.	0.			
		Net investment income (if negative, enter -0-)		0.	N/A		
	نا	Adjusted net income (if negative, enter -0-)	L	L	1 11/17	L	

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Add lines 1, 2, and 3

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4

5

Decreases not included in line 2 (itemize)

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

Page 3	
e sold ay, yr)	
	
-	

Part IV. Capital Gains	and Lo	sses for Tax on Ir	rvestmen	t Income					,-	
(a) List and desc 2-story brick wa	ribe the k irehouse,	ind(s) of property sold (e g or common stock, 200 sh	, real estate, s MLC Co)		(b) 	How acq - Purch: - Donat	uired ase ion	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)	
a								_		
b NONE										
C					<u> </u>			<u> </u>		
d					<u> </u>					
е					<u></u>					
(e) Gross sales price (f) Depreciation allowed (or allowable) (g) Cost or other basis plus expense of sale						(h) Gain or (loss (e) plus (f) minus				
a										
b										
C										
d										
e		· · · · · · · · · · · · · · · · · · ·								
Complete only for assets shown	ig gain in	column (h) and owned by	the foundation	n on 12/31/69			(1)	Gains (Col (h) gain	minus	
(i) F BA V on of 10/21/60		(j) Adjusted basis		cess of col (i)			COI	(k), but not less that Losses (from col		
(i) F M V as of 12/31/69		as of 12/31/69	ovei	col (j), if any				200000 (110111 001	···//	
a										
b										
C										
d										
e	<u> </u>	<u> </u>								
. Capital gain net income or (net ca	ipital loss	If gain, also ente If (loss), enter -0	r in Part I, line)- in Part I, line	7 :7	}	2				
	-									
Net short-term capital gain or (lo	column (110 (6)		}					
If (loss), enter -0- in Part I, line 8 Part V Qualification U	Inder 9	Section 4940(e) for	Reduced	Tax on Net	Inv	estm	ent Inc	ome		
section 4940(d)(2) applies, leave t Vas the foundation liable for the sec "Yes," the foundation does not qua	tion 4942 lify under	tax on the distributable an section 4940(e). Do not co	omplete this p	art					Yes N	
Enter the appropriate amount in	each colu	imn for each year, see insti	ructions before	e making any entri	es				(d)	
(a) Base period years Calendar year (or lax year beginn	ng In)	(b) Adjusted qualifying dis	stributions	Net value of no	(c) oncha		ise assets	Distribution ratio		
2010										
2009			_							
2008										
2007				-						
2006				l						
Total of loss of column (d)								2		
? Total of line 1, column (d)	E	oo namad . daada tha takii	on line O his F	ar hu tha number	, af	2250		 		
Average distribution ratio for the the foundation has been in existe			on line 2 by 5	, or by the number	r or ye	ears		3		
4 Enter the net value of noncharitable-use assets for 2011 from Part X, line 5			4							
			5							
6 Multiply line 4 by line 3										
6 Enter 1% of net investment incor	me (1% o	f Part I, line 27b)						6		
7 Add lines 5 and 6								7		
B Enter qualifying distributions from								8		
If line 8 is equal to or greater tha See the Part VI instructions	n line 7, c	heck the box in Part VI, line	e 1b, and com	plete that part usir	ng a 1	1% tax ra	ate			
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	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49)48 -	· see i	nstru	ctior	ıs)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1					
•	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)	-				0.
b	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ and enter 1% ☐					
	of Part I, line 27b					
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)					0.
2	2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)					
3	Add lines 1 and 2	3				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			_	0.
5	Tax based on investment income Subtract line 4 from line 3 If zero or less, enter -0-	5				0.
6	Credits/Payments					
а	2011 estimated tax payments and 2010 overpayment credited to 2011 6a 6a					
b	Exempt foreign organizations - tax withheld at source 6b	-				
C	Tax paid with application for extension of time to file (Form 8868)					
d	Backup withholding erroneously withheld 6d					_
7	Total credits and payments Add lines 6a through 6d	7				0.
8	Enter any penalty for underpayment of estimated tax. Check here 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				0.
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 2012 estimated tax ▶ Refunded ▶	11				
Pa	rt VII-A Statements Regarding Activities			······		
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene i	n			Yes	
	any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?			1b		X
	If the answer is "Yes" to 1aor 1b, attach a detailed description of the activities and copies of any materials published	d or				
	distributed by the foundation in connection with the activities.				i	
	c Did the foundation file Form 1120-POL for this year?					X
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
	(1) On the foundation \blacktriangleright \$ (2) On foundation managers \blacktriangleright \$					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers ► \$O.					.,
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or	1		3		Х
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes					
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	NT	/7	4a 4b		X
	b If "Yes," has it filed a tax return on Form 990-T for this year?					X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?					
	If "Yes," attach the statement required by General Instruction T					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
	By language in the governing instrument, or	1				
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	iaw			Х	
_	remain in the governing instrument?			7		Х
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					
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
u	of each state as required by General Instruction G? If "No," attach explanation N/A					
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for caler			8b		
•	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV			g		Х
10						X
			For	m 990	-PF	2011)

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

All other program-related investments. See instructions

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, see instruction	ns.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	_{1a}	0.
	Average of monthly cash balances	1b	
C	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	0.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	0.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	0.
6	Minimum investment return Enter 5% of line 5	6	0.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	0.
2a	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)		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	0.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	0.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	0.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	· ·	
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	0.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	0.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies for the section	
	4940(e) reduction of tax in those years	-	

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Part XIII Undistributed Income (see instructions)

THE LILLIAN SARA HAHN FOUNDATION

	(a)	(b)	(a)	(4)
	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI,				
line 7				0.
2 Undistributed income, if any, as of the end of 2011			_	
a Enter amount for 2010 only			0.	
b Total for prior years				
	:	0.		
3 Excess distributions carryover, if any, to 2011				
a From 2006				
b From 2007				
c From 2008 d From 2009	-			
e From 2010				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2011 from				
Part XII, line 4 ►\$ 0.				
a Applied to 2010, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2011 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as				
indicated below.	,			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income Subtract		0.		
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of				
deficiency has been issued, or on which				
the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2010 Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2011 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2012				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2006	0			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2012	0.			
Subtract lines 7 and 8 from line 6a	U •			
10 Analysis of line 9				L - -
a Excess from 2007 b Excess from 2008				
c Excess from 2009				
d Excess from 2010				•
e Excess from 2011				

		AHN FOUNDAT			398630 Page 10
Part XIV Private Operating F	oundations (see in	structions and Part VI	I-A, question 9)	N/A	
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective fo	r 2011, enter the date of	the ruling	▶		
b Check box to indicate whether the found	lation is a private operati	ng foundation described	ın section	4942(j)(3) or 4	1942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not				•	
used directly for active conduct of		1			
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test - enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter	-				
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(III)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info			if the foundation	n had \$5,000 or m	ore in assets
at any time during t	he year-see insti	ructions.)	N/A		
1 Information Regarding Foundatio	n Managers:				
a List any managers of the foundation who			ributions received by the	foundation before the clo	ose of any tax
year (but only if they have contributed m	nore than \$5,000) (See s	ection 507(d)(2))			
b List any managers of the foundation who			(or an equally large porti	on of the ownership of a p	partnership or
other entity) of which the foundation has	s a 10% or greater interes	st			
2 Information Regarding Contributi					
Check here 🕨 🔀 if the foundation o	nly makes contributions	to preselected charitable	organizations and does	not accept unsolicited req	uests for funds If
the foundation makes gifts, grants, etc	(see instructions) to indiv	viduals or organizations u	inder other conditions, c	omplete items 2a, b, c, an	d d
a The name, address, and telephone number	ber of the person to who	n applications should be	addressed		
b The form in which applications should b	e submitted and informat	tion and materials they st	hould include		
			····		
c Any submission deadlines					
d Any restrictions or limitations on awards	s, such as by geographica	ai areas, charitable fields,	kinds of institutions, or	other factors	
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If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Foundation

status of

recipient

Purpose

Supplementary Information (continued)

Name and address (home or business)

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

a Paid during the year

NONE

Part XV

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rpose of grant or contribution	Amount

Total			▶ 3a	
Approved for future payment				
NONE			-	
				Ì
Total	<u> </u>	<u></u>	▶ 3b	

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Part XVI-A	Analysis of Income-Prod	
- 1.3		Unrelated by

Enter gross amounts unless otherwise indicated	Unrelated I	ousiness income		ded by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue	code	Amount	code	Amount	- Idilication income
a	_ 	_ _		·	
b	- 			:	
C					
d					
e	_				
g Fees and contracts from government agencies	_				
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					-
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events				<u> </u>	
O Gross profit or (loss) from sales of inventory					
1 Other revenue					
a	_ _	·			
b	_				
C	_				
d	_				
e	_		, 		
12 Subtotal Add columns (b), (d), and (e)).	0.	(
13 Total Add line 12, columns (b), (d), and (e)				13	
(See worksheet in line 13 instructions to verify calculations)		_		

Relationship of Activities to the Accomplishment of Exempt Purposes

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes)

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Form 990)-PF (2	011) THE L	ILLIAN SA	ARA HAH	N FOUNDATIO)N		45-6	<u> 398630</u>	Pa	ige 13
Part 2	XVII			isfers To a	and Transactions	and	Relations	hips With Non	charitable	Э	
1 ` Did	the er	Exempt Organ		of the fellower	a with any other arganize	ation do	accribed in cost	uon EO1/a) of		Yes	No
		ganization directly or indi- other than section 501/c						1011 50 1(0) 01		162	INO
	the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of								ĺ		
	Cash	nom the reporting round	ation to a noncilant	abio oxompt on	gamzation of				1a(1)	Ìi	х
	Other	assets							1a(2)		X
		sactions							1.50.57		
		of assets to a noncharital	ble exempt organiza	ation					1b(1)		Х
		ases of assets from a no	· -						1b(2)		Х
٠,		I of facilities, equipment,	•	. 3 .					1b(3)		Х
(4)		oursement arrangements							1b(4)		Х
(5)		or loan guarantees							1b(5)		Х
(6)	Perfo	rmance of services or me	mbership or fundra	ising solicitatio	ns				1b(6)		Х
c Sha	aring of	facilities, equipment, ma	ılıng lısts, other ass	ets, or paid em	ployees				10		X
d If th	ne ansv	ver to any of the above is	"Yes," complete the	following sche	dule Column (b) should	always	show the fair r	narket value of the go	ods, other ass	ets,	
ors	services	s given by the reporting fo	oundation. If the fou	indation receiv	ed less than fair market v	alue in	any transaction	or sharing arrangem	ent, show in		
col	umn (d) the value of the goods,	other assets, or ser	vices received						<u>-</u>	
(a) Line n	o	(b) Amount involved	exempt organization	of transfers, transactions	, and sharing ar	rangeme	nts				
	<u> </u>		N/A								
	<u> </u>						· · · · · · · · · · · · · · · · · · ·				
					· · · · · · · · · · · · · · · · · · ·						
	-										
	_					-					
						_					
2a is t	he four	idation directly or indirect	lly affiliated with or	related to, one	or more tax-exempt orga	anizatio	ns described				
		501(c) of the Code (other	•		• •				Yes	X	No
		mplete the following sch									-
(a) Name of organization (b) Type of organization					(c) Description of rela	tionship					
		N/A									
		··									
				<u> </u>							
		penalties of perjury, I declare lief, it is true, correct, and con							May the IRS	discuss 1	lhis
Sign		1/2	Λ.		Mach		_	1	return with th	e prepar (see ins	er tr)?
Here		amedh	/hus	_	0/27/12		m	, ter	X Yes	L	J No
	Sign	ature of officer or trustee		та .	Date .		Title	05-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			
		Print/Type preparer's na	ıme	Preparer's s	gnature	Dat	te .		TIN		
De:-		Kevin Ba		K	mBa.	7 C	51-85-12	self- employed	DAAAA	004	
Paid				y xvv		<u>/_°</u>			P00369		
Prepa		·								CO	
Use (JIIIY	Firm's address - 62	О Біби	VENILE	34TH FLOOR			 			
			W YORK, 1					Phone no 21	2-708-	910	٥
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Form **990-PF** (2011)

Form **8868**

(Rev. January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

● If you	ı are filing for an Automatic 3-Month Extension, comple	te only Pa	ort I and check this box			► X	
• If you	ı are filing for an Additional (Not Automatic) 3-Month Ex	ctension, c	complete only Part II (on page 2 of	this form).			
Do not	complete Part II unless you have already been granted	an automa	itic 3-month extension on a previous	sly filed Fo	rm 8868.		
Electro	nic filing (e-file). You can electronically file Form 8868 if	you need a	a 3-month automatic extension of tin	ne to file (6	6 months for a co	rporation	
	d to file Form 990-T), or an additional (not automatic) 3-mo	-		•		•	
•	to file any of the forms listed in Part I or Part II with the ex		•		•		
	al Benefit Contracts, which must be sent to the IRS in par	•					
	w irs.gov/efile and click on e-file for Charities & Nonprofits		(eee meneenene). For more detaile t	011 1110 0100	on one ming or an	,	
Part			submit original (no copies ne	eded)			
	pration required to file Form 990-T and requesting an autor		*				
Part I o		mano o me	one of the second of the secon	oompioto		▶ □	
	, r corporations (including 1120-C filers), partnerships, REN	IICs and t	rusts must use Form 7004 to reques	st an exten	sion of time		
	come tax returns.	,, a,, a,, a,		or arr exteri			
print	Marine of exempt organization of other filer, see institu	Name of exempt organization or other filer, see instructions.					
Pillit	THE LILLIAN SARA HAHN FOUN	X	X 45-6398630				
File by the	North an atreat and reason arounts as If a D.O. have				· · · · · · · · · · · · · · · · · · ·		
due date f filing your		Social se	Social security number (SSN)				
return Se	·						
nstruction	Signification or post office, state, and ZIP code. For a form NEW YORK, NY 10111	oreign add	ress, see instructions.				
	INEW TORK, NI TOTTI						
	D. I		to a self-refine for a self-refine X			0 4	
Enter tr	e Return code for the return that this application is for (file	e a separa	te application for each return)		•	0 4	
		1	T				
Applica	ition	Return	Application			Return	
ls For		Code	ls For	Code 07			
Form 99		01	Form 990-T (corporation)				
Form 99	90-BL	02	Form 1041-A	08			
Form 99	90-EZ	01	Form 4720	09			
Form 99	90-PF	04	Form 5227	10			
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11			
Form 99	90-T (trust other than above)	06	Form 8870		12		
The	books are in the care of 🕨						
Tele	ohone No. >		FAX No. ▶				
If the	organization does not have an office or place of busines	s in the Ur	nited States, check this box			▶ □	
If the	s is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) I	lf this is fo	r the whole group	, check this	
box ►	. If it is for part of the group, check this box	and atta	ch a list with the names and EINs of	f all memb	ers the extension	ıs for.	
1 1	request an automatic 3-month (6 months for a corporation	required	to file Form 990-T) extension of time	untıl	-		
	August 15, 2012 , to file the exemp	t organiza	tion return for the organization name	ed above.	The extension		
IS	for the organization's return for:						
•	calendar year or						
	X tax year beginning JUN 2, 2011	, an	dending DEC 31, 2011				
			-		_		
2 If	the tax year entered in line 1 is for less than 12 months, o	heck reas	on: X Initial return	Final retur	'n		
[Change in accounting period						
_							
3a If	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069. e	nter the tentative tax. less any			-	
	onrefundable credits. See instructions.		The state of the s	3a	\$	0.	
_	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and	<u> </u>			
	stimated tax payments made. Include any prior year over			3ь	\$	0.	
	alance due. Subtract line 3b from line 3a. Include your pa			- 55	 		
		-	•	20	s	0.	
	y using EFTPS (Electronic Federal Tax Payment System).			3c			
	 If you are going to make an electronic fund withdrawal view of the privacy Act and Paperwork Reduction Act Notice. 			oiii 00/9-		(Rev. 1-2012)	
⊸IIA	TO FINACY ACLAND FAPELWOLK DEGUCTION ACLINOTICE.	See misif	uvuviio.		1701111 0000	11167. IZUIZI	

Form 8868 (Rev. 1-2012)					Page 2			
 If you are filing for an Additional (Not Automatic) 3-Month Ex 	tension, d	complete only Part II and check this	s box		\triangleright X			
Note: Only complete Part II if you have already been granted an a	automatic	3-month extension on a previously fi	led Form	8868.				
 If you are filing for an Automatic 3-Month Extension, comple 								
Part II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	nal (no c	opies nee	eded)			
		Enter filer's	identifyi	ng number,	see instructions			
Type or Name of exempt organization or other filer, see instru-	e or Name of exempt organization or other filer, see instructions Employee							
print					_			
. 110 0 / 110					<u>986</u> 30			
	C/O DECEMBED MODICE COMDANY 620 ETEMP AVENUE							
City, town or post office, state, and ZIP code For a for NEW YORK, NY 10111	oreign add	fress, see instructions						
Enter the Return code for the return that this application is for (file	e a separa	te application for each return)			0 4			
Application	Return	Application		Return				
ls For	Code	ls For			Code			
Form 990	01	-						
Form 990-BL	· 02	Form 1041-A			08			
Form 990-EZ	01	Form 4720	09					
Form 990-PF	04	Form 5227						
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11					
Form 990-T (trust other than above)	06	Form 8870						
STOP! Do not complete Part II if you were not already granted	an auton	natic 3-month extension on a prev	iously file	d Form 886	8			
BESSEMER TRUST		NEU VODY NV 10111						
• The books are in the care of • 630 FIFTH AVENU	JE - 1							
Telephone No. ► 212 708–9216		FAX No. >			. —			
If the organization does not have an office or place of business					P			
If this is for a Group Return, enter the organization's four digit				-				
box . If it is for part of the group, check this box		ach a list with the names and EINs of BER 15, 2012.	all memb	ers the exter	nsion is for.			
			- הבר	31, 2	011			
, <u></u> , , , , , , , , , , , , , , , , , ,			Final					
6 If the tax year entered in line 5 is for less than 12 months, c Change in accounting period	neck reas		riilas i	etum				
	State in detail why you need the extension							
ACCURATE RETURN.								
								
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069. e	nter the tentative tax, less any						
nonrefundable credits. See instructions.								
	f this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated							
	ex payments made. Include any prior year overpayment allowed as a credit and any amount paid							
	previously with Form 8868.				0.			
	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using							
EFTPS (Electronic Federal Tax Payment System). See instru	FTPS (Electronic Federal Tax Payment System). See instructions.							
		st be completed for Part II o	nly.					
Under penalties of perjury, I declare that I have examined this form, includi it is true, correct, and complete, and that I am authorized to prepare this fo		panying schedules and statements, and to		•	•			
Signature of months Title	1	A	Date	▶ 8-1	5-15			
	J			Form 8	868 (Rev. 1·2012)			
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