

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

**2012**

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2012 calendar year, or tax year beginning and ending**

|   |   |   |
|---|---|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C Name of organization</b><br><b>HAZON, INC.</b><br>Doing Business As<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>125 MAIDEN LANE 8B</b><br>City, town, or post office, state, and ZIP code<br><b>NEW YORK, NY 10038</b><br><b>F Name and address of principal officer: NIGEL SAVAGE</b><br><b>125 MAIDEN LANE, #8B, NEW YORK, NY 10038</b> | <b>D Employer identification number</b><br><b>13-4087102</b><br><b>E Telephone number</b><br><b>212-644-2332</b><br><b>G Gross receipts \$</b> <b>2,982,969.</b><br><b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions)<br><b>H(c) Group exemption number</b> ▶ |
| <b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527  |   |   |
| <b>J Website:</b> ▶ <b>WWW.HAZON.ORG</b>  |   |   |
| <b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶   |   | <b>L Year of formation:</b> <b>2000</b>   |
| <b>M State of legal domicile:</b> <b>NY</b>   |   |   |

**Part I Summary**

|                             |  |                                  |                     |
|-----------------------------|--|----------------------------------|---------------------|
|                             | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>                                       |                                  |                     |
| Activities & Governance     | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. |                                  |                     |
|                             | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>                         | <b>25</b>           |
|                             | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>                         | <b>23</b>           |
|                             | <b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a)  | <b>5</b>                         | <b>33</b>           |
|                             | <b>6</b> Total number of volunteers (estimate if necessary)  | <b>6</b>                         | <b>520</b>          |
|                             | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b>                        | <b>0.</b>           |
|                             | <b>b</b> Net unrelated business taxable income from Form 990-T, line 34  | <b>7b</b>                        | <b>0.</b>           |
| Revenue                     |  | <b>Prior Year</b>                | <b>Current Year</b> |
|                             | <b>8</b> Contributions and grants (Part VIII, line 1h)   | 990,064.                         | 1,754,856.          |
|                             | <b>9</b> Program service revenue (Part VIII, line 2g)  | 2,137,361.                       | 1,216,635.          |
|                             | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | 1,001.                           | 547.                |
|                             | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | 0.                               | -22,080.            |
|                             | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | 3,128,426.                       | 2,949,958.          |
| Expenses                    |  | <b>Prior Year</b>                | <b>Current Year</b> |
|                             | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)   | 1,047,628.                       | 798,514.            |
|                             | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)  | 0.                               | 0.                  |
|                             | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | 1,336,001.                       | 1,416,892.          |
|                             | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)   | 0.                               | 0.                  |
|                             | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>304,635.</b>   |                                  |                     |
|                             | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   | 850,511.                         | 747,955.            |
|                             | <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  | 3,234,140.                       | 2,963,361.          |
|                             | <b>19</b> Revenue less expenses. Subtract line 18 from line 12   | -105,714.                        | -13,403.            |
| Net Assets or Fund Balances |  | <b>Beginning of Current Year</b> | <b>End of Year</b>  |
|                             | <b>20</b> Total assets (Part X, line 16)   | 817,183.                         | 851,331.            |
|                             | <b>21</b> Total liabilities (Part X, line 26)  | 158,756.                         | 206,307.            |
|                             | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20   | 658,427.                         | 645,024.            |

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

|                               |   |   |
|-------------------------------|---|---|
| <b>Sign Here</b>              | Signature of officer<br><b>NIGEL SAVAGE, EXECUTIVE DIRECTOR</b><br>Type or print name and title                         | Date  |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>YUSSIE STEIER</b>  | Preparer's signature<br>Date<br><b>06/17/13</b>   |
|                               | Firm's name ▶ <b>BILLET, FEIT &amp; PREIS P.C.</b><br>Firm's address ▶ <b>42 BROADWAY SUITE 1815 NEW YORK, NY 10004</b> | Check <input type="checkbox"/> if self-employed<br>PTIN <b>P00178538</b><br>Firm's EIN ▶ <b>13-2839033</b><br>Phone no. <b>212-425-3300</b> |

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: HAZON WORKS TO CREATE A HEALTHIER AND MORE SUSTAINABLE JEWISH COMMUNITY AND A HEALTHIER AND MORE SUSTAINABLE WORLD FOR ALL. HAZON EFFECTS CHANGE IN THE WORLD IN THREE WAYS; (1) TRANSFORMATIVE EXPERIENCES FOR INDIVIDUALS AND COMMUNITIES, (2) THOUGHT LEADERSHIP IN

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 373,901. including grants of \$ 45,065. ) (Revenue \$ 453,050. ) OUTDOOR ADVENTURE - A SERIES OF BIKE RIDES IN THE UNITED STATES AND ISRAEL AND YEAR-ROUND RELATED OUTDOOR ACTIVITIES WHICH TOUCH PEOPLE'S LIVES, STRENGTHEN COMMUNITIES AND MAKE THE WORLD A BETTER PLACE FOR ALL.

4b (Code: ) (Expenses \$ 957,558. including grants of \$ 31,555. ) (Revenue \$ 198,083. ) REGIONAL AND OTHER PROGRAMS: EDUCATIONAL AND EXPERIENTIAL PROGRAMS IN COLORADO AND CALIFORNIA AS WELL AS MINI-GRANTS TO ORGANIZATIONS THAT ARE ENGAGED IN ACTIVITIES RELATED TO HAZON'S MISSION.

4c (Code: ) (Expenses \$ 721,894. including grants of \$ 721,894. ) (Revenue \$ 576,433. ) FISCAL SPONSORSHIPS: SUPPORTING THE JEWISH ENVIRONMENTAL MOVEMENT - HAZON IS FISCAL SPONSOR FOR JEWISH FARM SCHOOL, WILDERNESS TORAH, STORAHTELLING, GREEN MOVEMENT ASSOCIATION AND PUSHING THE ENVELOPE FARM.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 2,053,353.

**Part IV Checklist of Required Schedules**

|     |  | Yes | No |
|-----|--|-----|----|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i>  | X   |    |
| 2   | Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?   | X   |    |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>  |     | X  |
| 4   | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>   |     | X  |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>   |     | X  |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>  |     | X  |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>  |     | X  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>   |     | X  |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>            |     | X  |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>  |     | X  |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.  |     |    |
| a   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>   | X   |    |
| b   | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>   | X   |    |
| c   | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>   |     | X  |
| d   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>  |     | X  |
| e   | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>   | X   |    |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>  |     | X  |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>  | X   |    |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>  |     | X  |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>   |     | X  |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?  |     | X  |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | X   |    |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>   |     | X  |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>   |     | X  |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>  |     | X  |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>  | X   |    |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>  |     | X  |
| 20a | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>   |     | X  |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   |     |    |

**Part IV Checklist of Required Schedules** (continued)

|  | Yes | No |
|--|-----|----|
| <b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....   | X   |    |
| <b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....   |     | X  |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....  | X   |    |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....                            |     | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....   |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....  |     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....   |     |    |
| <b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....  |     | X  |
| <b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....  |     | X  |
| <b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....   |     | X  |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> ..... |     | X  |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  |     |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....  |     | X  |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....  |     | X  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....  |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....  |     | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....  |     | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....  |     | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....  |     | X  |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....   |     | X  |
| <b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....  |     |    |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....  |     | X  |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....   |     | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....   | X   |    |

**Note.** All Form 990 filers are required to complete Schedule O .....

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Main form area containing questions 1a through 14b with Yes/No columns and input fields.

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year .....<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. |     |    |
|           | 25   |     |    |
| <b>1b</b> | Enter the number of voting members included in line 1a, above, who are independent .....   |     |    |
|           | 23   |     |    |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....  |     | X  |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .....   |     | X  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....   |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets? .....   |     | X  |
| <b>6</b>  | Did the organization have members or stockholders? .....   |     | X  |
| <b>7a</b> | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....   |     | X  |
| <b>7b</b> | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....  |     | X  |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| <b>8a</b> | The governing body? .....  | X   |    |
| <b>8b</b> | Each committee with authority to act on behalf of the governing body? .....  | X   |    |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .....   |     | X  |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|            |  | Yes | No |
|------------|--|-----|----|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates? .....   |     | X  |
| <b>10b</b> | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .....   |     |    |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....  | X   |    |
| <b>11b</b> | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |     |    |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13 .....  | X   |    |
| <b>12b</b> | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....  | X   |    |
| <b>12c</b> | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .....   | X   |    |
| <b>13</b>  | Did the organization have a written whistleblower policy? .....  | X   |    |
| <b>14</b>  | Did the organization have a written document retention and destruction policy? .....   | X   |    |
| <b>15</b>  | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |     |    |
| <b>15a</b> | The organization's CEO, Executive Director, or top management official .....   | X   |    |
| <b>15b</b> | Other officers or key employees of the organization .....  | X   |    |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  |     |    |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....  |     | X  |
| <b>16b</b> | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ..... |     |    |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NY**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **LISA SACKS - 212-644-2332**  
**125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A)<br>Name and Title                                  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |   | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) ADINA ABRAMOWITZ<br>TREASURER                      | 2.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (2) RICHARD DALE<br>CHAIRMAN OF THE BOARD              | 4.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (3) JONATHAN DRILL<br>MEMBER-AT-LARGE                  | 0.50  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (4) RUTH MESSINGER<br>MEMBER-AT-LARGE                  | 0.50  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (5) HOWARD RODENSTEIN<br>MEMBER-AT-LARGE               | 2.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (6) ELLEN GOODMAN<br>MEMBER-AT-LARGE                   | 0.50  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (7) JAY MOSES<br>MEMBER-AT-LARGE                       | 0.50  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (8) ANNA OSTROVSKY<br>MEMBER-AT-LARGE                  | 1.50  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (9) MAYA SHETREAT-KLEIN<br>MEMBER-AT-LARGE             | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (10) MANDY PATINKIN<br>MEMBER-AT-LARGE                 | 0.20  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (11) DAVID WOLFE<br>MEMBER-AT-LARGE                    | 0.50  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (12) CLARE GOLDWATER<br>MEMBER-AT-LARGE                | 0.50  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (13) TRISHA MARGULIES<br>EXECUTIVE COMMITTEE MEMBER    | 2.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (14) RABBI RACHEL KAHN-TROSTER<br>MEMBER-AT-LARGE      | 0.50  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (15) SHULAMITH PASSOW<br>MEMBER-AT-LARGE               | 0.50  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (16) SASHA LANSKY<br>MEMBER-AT-LARGE                   | 0.50  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (17) RABBI DAVID TEUTSCH<br>EXECUTIVE COMMITTEE MEMBER | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A)<br>Name and title  | (B)<br>Average hours per week<br>(list any hours for related organizations below line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
|  |  | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |  |   |   |
| (18) HOWARD METZENBERG<br>MEMBER-AT-LARGE                      | 0.50   | X  |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (19) NATASHA ARONSON<br>MEMBER-AT-LARGE                        | 0.50   | X  |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (20) SHARON LESLIE<br>MEMBER-AT-LARGE                          | 0.50   | X  |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (21) SANDRA ROCKS<br>MEMBER-AT-LARGE                           | 1.00   | X  |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (22) RABBI MARC SOLOWAY<br>MEMBER-AT-LARGE                     | 0.50   | X  |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (23) CHERYL COOK<br>COO  | 40.00  |  |                       | X       |              |                              | 111,904. | 0.   | 6,195.  |   |
| (24) NIGEL SAVAGE<br>EXECUTIVE DIRECTOR                        | 40.00  |  |                       | X       |              |                              | 150,000. | 0.   | 5,744.  |   |
| (25) LISA SACKS<br>CFO   | 24.00  |  |                       | X       |              |                              | 77,212.  | 0.   | 6,166.  |   |
| <b>1b Sub-total</b>  |  |  |                       |         |              |                              | 339,116. | 0.   | 18,105.   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |  |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |  |                       |         |              |                              | 339,116. | 0.   | 18,105.   |   |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **2**

|   | Yes | No |
|---|-----|----|
| 3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>                                       |     | X  |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | X   |    |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     | X  |

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE                             |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**



**Part VIII Statement of Revenue**

Check if Schedule O contains a response to any question in this Part VIII

|  |   |  | (A)                        | (B)                                | (C)                        | (D)   |      |          |
|--|---|--|----------------------------|------------------------------------|----------------------------|---|------|----------|
|  |   |  | Total revenue              | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512, 513, or 514 |      |          |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a   | Federated campaigns  | 1a                         |                                    |                            |   |      |          |
|  | b   | Membership dues  | 1b                         |                                    |                            |   |      |          |
|  | c   | Fundraising events   | 1c                         | 43,554.                            |                            |   |      |          |
|  | d   | Related organizations  | 1d                         |                                    |                            |   |      |          |
|  | e   | Government grants (contributions)  | 1e                         |                                    |                            |   |      |          |
|  | f   | All other contributions, gifts, grants, and similar amounts not included above   | 1f                         | 1,711,302.                         |                            |   |      |          |
|  | g   | Noncash contributions included in lines 1a-1f: \$  |                            |                                    |                            |   |      |          |
|  | h   | <b>Total.</b> Add lines 1a-1f  |                            | 1,754,856.                         |                            |   |      |          |
|  | Program Service Revenue                               | 2 a  | <b>FISCAL SPONSORSHIPS</b> | Business Code<br>611710            | 576,433.                   | 576,433.  |      |          |
| b  |   | <b>OUTDOOR ADVENTURE</b>   | 611710                     | 453,050.                           | 453,050.                   |   |      |          |
| c  |   | <b>OTHER PROGRAMS</b>  | 611710                     | 187,152.                           | 187,152.                   |   |      |          |
| d  |   |  |                            |                                    |                            |   |      |          |
| e  |   |  |                            |                                    |                            |   |      |          |
| f  |   | All other program service revenue  |                            |                                    |                            |   |      |          |
| g  |   | <b>Total.</b> Add lines 2a-2f  |                            | 1,216,635.                         |                            |   |      |          |
| Other Revenue  | 3   | Investment income (including dividends, interest, and other similar amounts)   |                            | 547.                               |                            |   | 547. |          |
|  | 4   | Income from investment of tax-exempt bond proceeds   |                            |                                    |                            |   |      |          |
|  | 5   | Royalties  |                            |                                    |                            |   |      |          |
|  | 6 a   | Gross rents  | (i) Real                   | (ii) Personal                      |                            |   |      |          |
|  |   | Less: rental expenses  |                            |                                    |                            |   |      |          |
|  |   | Rental income or (loss)  |                            |                                    |                            |   |      |          |
|  |   | Net rental income or (loss)  |                            |                                    |                            |   |      |          |
|  | 7 a   | Gross amount from sales of assets other than inventory   | (i) Securities             | (ii) Other                         |                            |   |      |          |
|  |   | Less: cost or other basis and sales expenses   |                            |                                    |                            |   |      |          |
|  |   | Gain or (loss)   |                            |                                    |                            |   |      |          |
|  |   | Net gain or (loss)   |                            |                                    |                            |   |      |          |
|  | 8 a   | Gross income from fundraising events (not including \$ 43,554. of contributions reported on line 1c). See Part IV, line 18 | a                          | 0.                                 |                            |   |      |          |
|  |   | Less: direct expenses  | b                          | 33,011.                            |                            |   |      |          |
|  |   | Net income or (loss) from fundraising events   |                            |                                    | -33,011.                   |   |      | -33,011. |
|  | 9 a   | Gross income from gaming activities. See Part IV, line 19  | a                          |                                    |                            |   |      |          |
| Less: direct expenses                                  |   | b  |                            |                                    |                            |   |      |          |
| Net income or (loss) from gaming activities            |   |  |                            |                                    |                            |   |      |          |
| 10 a   | Gross sales of inventory, less returns and allowances | a  |                            |                                    |                            |   |      |          |
|  | Less: cost of goods sold                              | b  |                            |                                    |                            |   |      |          |
|  | Net income or (loss) from sales of inventory          |  |                            |                                    |                            |   |      |          |
| Miscellaneous Revenue                                  |   |  | Business Code              |                                    |                            |   |      |          |
| 11 a   | <b>OTHER INCOME</b>                                   | 611710   | 10,931.                    | 10,931.                            |                            |   |      |          |
| b  |   |  |                            |                                    |                            |   |      |          |
| c  |   |  |                            |                                    |                            |   |      |          |
| d  | All other revenue                                     |  |                            |                                    |                            |   |      |          |
| e  | <b>Total.</b> Add lines 11a-11d                       |  | 10,931.                    |                                    |                            |   |      |          |
| 12   | <b>Total revenue.</b> See instructions.               |  | 2,949,958.                 | 1,227,566.                         | 0.                         | -32,464.  |      |          |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21   | 798,514.              | 798,514.                        |  |                             |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22   |                       |                                 |  |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16  |                       |                                 |  |                             |
| 4 Benefits paid to or for members   |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees  | 339,116.              | 101,735.                        | 152,602.                               | 84,779.                     |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                       |                                 |  |                             |
| 7 Other salaries and wages  | 907,776.              | 590,054.                        | 181,556.                               | 136,166.                    |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  |                       |                                 |  |                             |
| 9 Other employee benefits   | 73,270.               | 40,651.                         | 19,636.                                | 12,983.                     |
| 10 Payroll taxes  | 96,730.               | 53,667.                         | 25,923.                                | 17,140.                     |
| 11 Fees for services (non-employees):   |                       |                                 |  |                             |
| a Management  | 67,965.               | 67,965.                         |  |                             |
| b Legal   | 2,671.                |                                 | 2,671.                                 |                             |
| c Accounting  | 10,000.               |                                 | 10,000.                                |                             |
| d Lobbying  |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17   |                       |                                 |  |                             |
| f Investment management fees  |                       |                                 |  |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)   |                       |                                 |  |                             |
| 12 Advertising and promotion  | 16,348.               | 13,078.                         | 3,270.                                 |                             |
| 13 Office expenses  | 28,386.               | 2,839.                          | 22,708.                                | 2,839.                      |
| 14 Information technology   | 21,858.               | 9,836.                          | 12,022.                                |                             |
| 15 Royalties  |                       |                                 |  |                             |
| 16 Occupancy  | 147,755.              | 29,551.                         | 103,428.                               | 14,776.                     |
| 17 Travel   | 77,957.               | 54,570.                         | 15,591.                                | 7,796.                      |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings   |                       |                                 |  |                             |
| 20 Interest   |                       |                                 |  |                             |
| 21 Payments to affiliates   |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization  | 21,321.               | 21,321.                         |  |                             |
| 23 Insurance  | 21,742.               | 8,697.                          | 13,045.                                |                             |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) |                       |                                 |  |                             |
| a <b>CONFERENCES, FOOD &amp; LODG</b>   | 183,455.              | 161,808.                        |  | 21,647.                     |
| b <b>OTHER PROGRAM EXPENSES</b>   | 63,561.               | 63,561.                         |  |                             |
| c <b>ON-LINE PROCESSING FEES</b>  | 32,543.               | 22,780.                         | 3,254.                                 | 6,509.                      |
| d <b>TELEPHONE</b>  | 31,182.               | 6,236.                          | 24,946.                                |                             |
| e All other expenses  | 21,211.               | 6,490.                          | 14,721.                                |                             |
| 25 <b>Total functional expenses.</b> Add lines 1 through 24e  | 2,963,361.            | 2,053,353.                      | 605,373.                               | 304,635.                    |
| 26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.                              |                       |                                 |  |                             |

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

Check if Schedule O contains a response to any question in this Part X

|   |  | (A)<br>Beginning of year |          | (B)<br>End of year |  |
|---|--|--------------------------|----------|--------------------|--|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 296,557.                 | 1        | 289,515.           |  |
|   | <b>2</b> Savings and temporary cash investments .....  | 279,855.                 | 2        | 258,356.           |  |
|   | <b>3</b> Pledges and grants receivable, net .....  | 90,250.                  | 3        | 163,578.           |  |
|   | <b>4</b> Accounts receivable, net .....  | 42,525.                  | 4        | 36,447.            |  |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....   |                          | 5        |                    |  |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L ..... |                          | 6        |                    |  |
|   | <b>7</b> Notes and loans receivable, net .....   |                          | 7        |                    |  |
|   | <b>8</b> Inventories for sale or use .....   |                          | 8        |                    |  |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 16,078.                  | 9        | 32,838.            |  |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 63,962.       |          |                    |  |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 53,302.       | 31,981.  | <b>10c</b> 10,660. |  |
|   | <b>11</b> Investments - publicly traded securities .....   |                          | 11       |                    |  |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   | 49,920.                  | 12       | 49,920.            |  |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                          | 13       |                    |  |
|   | <b>14</b> Intangible assets .....  |                          | 14       |                    |  |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   | 10,017.                  | 15       | 10,017.            |  |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) ..... | 817,183.   | 16                       | 851,331. |                    |  |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 117,280.                 | 17       | 144,212.           |  |
|   | <b>18</b> Grants payable .....   | 33,676.                  | 18       | 46,970.            |  |
|   | <b>19</b> Deferred revenue .....   |                          | 19       |                    |  |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                          | 20       |                    |  |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | 21       |                    |  |
|   | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....   |                          | 22       |                    |  |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                          | 23       |                    |  |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                          | 24       |                    |  |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....  | 7,800.                   | 25       | 15,125.            |  |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 158,756.                 | 26       | 206,307.           |  |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>  |                          |          |                    |  |
|   | <b>27</b> Unrestricted net assets .....  | 268,315.                 | 27       | 281,899.           |  |
|   | <b>28</b> Temporarily restricted net assets .....  | 390,112.                 | 28       | 363,125.           |  |
|   | <b>29</b> Permanently restricted net assets .....  |                          | 29       |                    |  |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>   |                          |          |                    |  |
|   | <b>30</b> Capital stock or trust principal, or current funds .....   |                          | 30       |                    |  |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | 31       |                    |  |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | 32       |                    |  |
|   | <b>33</b> Total net assets or fund balances .....  | 658,427.                 | 33       | 645,024.           |  |
| <b>34</b> Total liabilities and net assets/fund balances .....            | 817,183.   | 34                       | 851,331. |                    |  |

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

|    |  |    |            |
|----|--|----|------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 2,949,958. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 2,963,361. |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | -13,403.   |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4  | 658,427.   |
| 5  | Net unrealized gains (losses) on investments   | 5  |            |
| 6  | Donated services and use of facilities   | 6  |            |
| 7  | Investment expenses  | 7  |            |
| 8  | Prior period adjustments   | 8  |            |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)   | 9  | 0.         |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 645,024.   |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

|    |   | Yes | No |
|----|---|-----|----|
| 1  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   |     |    |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| 2b | Were the organization's financial statements audited by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | X   |    |
| 2c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   | X   |    |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  |     | X  |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits  |     |    |

Form 990 (2012)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public Inspection

Name of the organization **HAZON, INC.** Employer identification number **13-4087102**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

|  | Yes             | No |
|--|-----------------|----|
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ..... | <b>11g(i)</b>   |    |
| (ii) A family member of a person described in (i) above? .....   | <b>11g(ii)</b>  |    |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....  | <b>11g(iii)</b> |    |
- h Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? |    | (v) Did you notify the organization in col. (i) of your support? |    | (vi) Is the organization in col. (i) organized in the U.S.? |    | (vii) Amount of monetary support |
|------------------------------------|----------|---|---|----|--|----|---|----|----------------------------------|
|                                    |          |   | Yes   | No | Yes  | No | Yes   | No |                                  |
|                                    |          |   |   |    |  |    |   |    |                                  |
|                                    |          |   |   |    |  |    |   |    |                                  |
|                                    |          |   |   |    |  |    |   |    |                                  |
|                                    |          |   |   |    |  |    |   |    |                                  |
|                                    |          |   |   |    |  |    |   |    |                                  |
|                                    |          |   |   |    |  |    |   |    |                                  |
|                                    |          |   |   |    |  |    |   |    |                                  |
|                                    |          |   |   |    |  |    |   |    |                                  |
| <b>Total</b>                       |          |   |   |    |  |    |   |    |                                  |

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 1030279. | 1174268. | 2695242. | 2744982. | 2636454. | 10281225. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 .....  | 1030279. | 1174268. | 2695242. | 2744982. | 2636454. | 10281225. |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..... |          |          |          |          |          | 1646543.  |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |          |          |          |          | 8634682.  |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total                |
|--|----------|----------|----------|----------|----------|--------------------------|
| <b>7</b> Amounts from line 4 .....   | 1030279. | 1174268. | 2695242. | 2744982. | 2636454. | 10281225.                |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....  | -289.    | 1,048.   | 1,201.   | 1,001.   | 547.     | 3,508.                   |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....  |          |          |          |          |          |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....  |          |          |          |          |          |                          |
| <b>11 Total support.</b> Add lines 7 through 10  |          |          |          |          |          | 10284733.                |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....  |          |          |          |          | 12       | 3,044,896.               |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |          |          |          |          |          | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |                                     |       |   |
|---|-------------------------------------|-------|---|
| <b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) .....  | <b>14</b>                           | 83.96 | % |
| <b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14 .....  | <b>15</b>                           | 85.66 | % |
| <b>16a 33 1/3% support test - 2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  | <input checked="" type="checkbox"/> |       |   |
| <b>b 33 1/3% support test - 2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....   | <input type="checkbox"/>            |       |   |
| <b>17a 10% -facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    | <input type="checkbox"/>            |       |   |
| <b>b 10% -facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... | <input type="checkbox"/>            |       |   |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  | <input type="checkbox"/>            |       |   |

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....                                 |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)  |          |          |          |          |          |           |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

|  |           |   |
|--|-----------|---|
| <b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 .....                      | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17 .....                        | <b>18</b> | % |

**19a 33 1/3% support tests - 2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Schedule A Identification of Excess Contributions Included on Part II, Line 5 2012**

**\*\* Do Not File \*\***

**\*\*\* Not Open to Public Inspection \*\*\***

| Contributor's Name  | Total Contributions | Excess Contributions |
|---|---------------------|----------------------|
| NATHAN CUMMINGS FOUNDATION                                      | 315,000.            | 109,305.             |
| RICHARD AND RHODA GOLDMAN FUND                                  | 417,500.            | 211,805.             |
| DOROT FOUNDATION  | 385,000.            | 179,305.             |
| LIPPMAN KANFER FAMILY FOUNDATION                                | 368,750.            | 163,055.             |
| UJA FEDERATION OF NY  | 761,767.            | 556,072.             |
| ROSE COMMUNITY FOUNDATION                                       | 445,942.            | 240,247.             |
| HOWARD METZENBERG   | 348,144.            | 142,449.             |
| JOYCE & IRVING GOLDMAN FAMILY FOUNDATION                        | 250,000.            | 44,305.              |
|   |                     |                      |
|   |                     |                      |
|   |                     |                      |
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|   |                     |                      |
|   |                     |                      |
|   |                     |                      |
|   |                     |                      |
|   |                     |                      |
| Total Excess Contributions to Schedule A, Part II, Line 5 ..... |                     | 1,646,543.           |



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

**2012**

**Name of the organization**

HAZON, INC.

**Employer identification number**

13-4087102

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

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

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

|  |   |
|--|---|
| Name of organization<br><b>HAZON, INC.</b> | Employer identification number<br><b>13-4087102</b> |
|--|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|---|----------------------------|--|
| 1          | DOROT FOUNDATION<br>401 ELMGROVE AVE<br>PROVIDENCE, RI 02906                                  | \$ 50,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 2          | DOUG & LISA GOLDMAN FUND<br>1 MONTGOMERY STREET, SUITE 3440<br>SAN FRANCISCO, CA 94104        | \$ 70,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 3          | ROSE COMMUNITY FOUNDATION<br>600 SOUTH CHERRY STREET, SUITE 1200<br>DENVER, CO 80246          | \$ 297,057.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 4          | UJA FEDERATION OF NY<br>130 EAST 59TH STREET<br>NEW YORK, NY 10022                            | \$ 179,536.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 5          | HOWARD METZENBERG<br>4616 25TH AVENUE NE 707<br>SEATTLE, WA 98105                             | \$ 108,144.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 6          | JOYCE & IRVING GOLDMAN FAMILY FOUNDATION<br>417 FIFTH AVENUE, SUITE 400<br>NEW YORK, NY 10016 | \$ 110,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |

|  |   |
|--|---|
| Name of organization<br><b>HAZON, INC.</b> | Employer identification number<br><b>13-4087102</b> |
|--|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|---|----------------------------|--|
| 7          | BLAUSTEIN FOUNDATION<br>10 EAST BALTIMORE ST, SUITE 1111<br>BALTIMORE, MD 21202                   | \$ 90,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 8          | FRIENDS OF THE ARAVA INSTITUTE<br>896 BEACON STREET<br>BOSTON, MA 02215                           | \$ 51,686.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 9          | HESCHEL CENTER<br>85 NACHALAT BINYAMIN ST<br>TEL-AVIV, ISRAEL                                     | \$ 54,278.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 10         | JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO<br>121 STEUART STREET, #7<br>SAN FRANCISCO, CA 94105 | \$ 160,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 11         | JIM JOSEPH FOUNDATION<br>343 SANSOME STREET, SUITE 550<br>SAN FRANCISCO, CA 94104                 | \$ 57,500.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 12         | LIPPMAN KANFER FAMILY FOUNDATION<br>ONE GOJO PLAZA, SUITE 350<br>AKRON, OH 44311                  | \$ 87,500.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |

|  |   |
|--|---|
| Name of organization<br><b>HAZON, INC.</b> | Employer identification number<br><b>13-4087102</b> |
|--|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|---|----------------------------|--|
| 13         | <u>NATAN</u><br><br><u>1501 BROADWAY</u><br><br><u>NEW YORK, NY 10036</u>   | \$ <u>73,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 14         | <u>OPALINE FUND</u><br><br><u>121 STEUART STREET</u><br><br><u>SAN FRANCISCO, CA 94105</u>                            | \$ <u>56,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 15         | <u>WALTER &amp; ELISE HAAS FUND</u><br><br><u>ONE LOMBARD STREET, SUITE 305</u><br><br><u>SAN FRANCISCO, CA 94111</u> | \$ <u>55,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| _____      | _____<br><br>_____<br><br>_____   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| _____      | _____<br><br>_____<br><br>_____   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| _____      | _____<br><br>_____<br><br>_____   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |

|  |   |
|--|---|
| Name of organization<br><br><b>HAZON, INC.</b> | Employer identification number<br><br><b>13-4087102</b> |
|--|---|

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|------------------------------|--|--|----------------------|
| _____                        | _____<br>_____<br>_____<br>_____             | \$ _____                                       | _____                |
| _____                        | _____<br>_____<br>_____<br>_____             | \$ _____                                       | _____                |
| _____                        | _____<br>_____<br>_____<br>_____             | \$ _____                                       | _____                |
| _____                        | _____<br>_____<br>_____<br>_____             | \$ _____                                       | _____                |
| _____                        | _____<br>_____<br>_____<br>_____             | \$ _____                                       | _____                |
| _____                        | _____<br>_____<br>_____<br>_____             | \$ _____                                       | _____                |
| _____                        | _____<br>_____<br>_____<br>_____             | \$ _____                                       | _____                |

|  |   |
|--|---|
| Name of organization<br><b>HAZON, INC.</b> | Employer identification number<br><b>13-4087102</b> |
|--|---|

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

|   |                         |  |                                     |
|---|-------------------------|--|-------------------------------------|
| (a) No.<br>from<br>Part I               | (b) Purpose of gift     | (c) Use of gift                          | (d) Description of how gift is held |
| _____                                   | _____<br>_____<br>_____ | _____<br>_____<br>_____                  | _____<br>_____<br>_____             |
| (e) Transfer of gift                    |                         |  |                                     |
| Transferee's name, address, and ZIP + 4 |                         | Relationship of transferor to transferee |                                     |
| _____<br>_____<br>_____                 |                         | _____<br>_____<br>_____                  |                                     |
| _____                                   | _____<br>_____<br>_____ | _____<br>_____<br>_____                  | _____<br>_____<br>_____             |
| (e) Transfer of gift                    |                         |  |                                     |
| Transferee's name, address, and ZIP + 4 |                         | Relationship of transferor to transferee |                                     |
| _____<br>_____<br>_____                 |                         | _____<br>_____<br>_____                  |                                     |
| _____                                   | _____<br>_____<br>_____ | _____<br>_____<br>_____                  | _____<br>_____<br>_____             |
| (e) Transfer of gift                    |                         |  |                                     |
| Transferee's name, address, and ZIP + 4 |                         | Relationship of transferor to transferee |                                     |
| _____<br>_____<br>_____                 |                         | _____<br>_____<br>_____                  |                                     |
| _____                                   | _____<br>_____<br>_____ | _____<br>_____<br>_____                  | _____<br>_____<br>_____             |
| (e) Transfer of gift                    |                         |  |                                     |
| Transferee's name, address, and ZIP + 4 |                         | Relationship of transferor to transferee |                                     |
| _____<br>_____<br>_____                 |                         | _____<br>_____<br>_____                  |                                     |
| _____                                   | _____<br>_____<br>_____ | _____<br>_____<br>_____                  | _____<br>_____<br>_____             |
| (e) Transfer of gift                    |                         |  |                                     |
| Transferee's name, address, and ZIP + 4 |                         | Relationship of transferor to transferee |                                     |
| _____<br>_____<br>_____                 |                         | _____<br>_____<br>_____                  |                                     |
| _____                                   | _____<br>_____<br>_____ | _____<br>_____<br>_____                  | _____<br>_____<br>_____             |
| (e) Transfer of gift                    |                         |  |                                     |
| Transferee's name, address, and ZIP + 4 |                         | Relationship of transferor to transferee |                                     |
| _____<br>_____<br>_____                 |                         | _____<br>_____<br>_____                  |                                     |

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

HAZON, INC.

Employer identification number

13-4087102

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

|   | (a) Donor advised funds | (b) Funds and other accounts                             |
|---|-------------------------|--|
| 1 Total number at end of year .....   |                         |  |
| 2 Aggregate contributions to (during year) .....  |                         |  |
| 3 Aggregate grants from (during year) .....   |                         |  |
| 4 Aggregate value at end of year .....  |                         |  |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....  |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ..... |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

|  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements .....   | 2a                              |
| b Total acreage restricted by conservation easements .....   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) .....   | 2c                              |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register ..... | 2d                              |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            |                  |                |                    |                      |                     |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Temporarily restricted endowment  \_\_\_\_\_ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes    | No |
|---|--------|----|
| (i) unrelated organizations   | 3a(i)  |    |
| (ii) related organizations  | 3a(ii) |    |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  |                                      |                                 |                              |                |
| b Buildings  |                                      |                                 |                              |                |
| c Leasehold improvements   |                                      |                                 |                              |                |
| d Equipment  |                                      | 63,962.                         | 53,302.                      | 10,660.        |
| e Other  |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) |                                      |                                 |                              | 10,660.        |



Part VII Investments - Other Securities. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Includes entries for 192 UNITS GLOBAL SUN and PARTNERS LP with a total book value of 49,920.

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation. All cells are currently empty.

Part IX Other Assets. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. All cells are currently empty.

Part X Other Liabilities. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Includes entry for MEMBER DEPOSITS with a book value of 15,125.

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII [X]

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

|          |  |           |            |
|----------|--|-----------|------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements                       | <b>1</b>  | 3,147,261. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                            |           |            |
| <b>a</b> | Net unrealized gains on investments  | <b>2a</b> |            |
| <b>b</b> | Donated services and use of facilities   | <b>2b</b> | 14,548.    |
| <b>c</b> | Recoveries of prior year grants  | <b>2c</b> |            |
| <b>d</b> | Other (Describe in Part XIII.)   | <b>2d</b> | 182,755.   |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>  | <b>2e</b> | 197,303.   |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>   | <b>3</b>  | 2,949,958. |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                           |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                               | <b>4a</b> |            |
| <b>b</b> | Other (Describe in Part XIII.)   | <b>4b</b> |            |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>  | <b>4c</b> | 0.         |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) | <b>5</b>  | 2,949,958. |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

|          |   |           |            |
|----------|---|-----------|------------|
| <b>1</b> | Total expenses and losses per audited financial statements                                      | <b>1</b>  | 3,160,664. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                               |           |            |
| <b>a</b> | Donated services and use of facilities  | <b>2a</b> | 14,548.    |
| <b>b</b> | Prior year adjustments  | <b>2b</b> |            |
| <b>c</b> | Other losses  | <b>2c</b> |            |
| <b>d</b> | Other (Describe in Part XIII.)  | <b>2d</b> | 182,755.   |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>   | <b>2e</b> | 197,303.   |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>  | <b>3</b>  | 2,963,361. |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                              |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                                | <b>4a</b> |            |
| <b>b</b> | Other (Describe in Part XIII.)  | <b>4b</b> |            |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>   | <b>4c</b> | 0.         |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) | <b>5</b>  | 2,963,361. |

**Part XIII Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2: NOT APPLICABLE**

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

|   |          |
|---|----------|
| INCOME RELEASED FROM RESTRICTIONS                   | 149,744. |
| DIRECT FUNDRAISING EXPENSES NETTED AGAINST REVENUES | 33,011.  |
| TOTAL TO SCHEDULE D, PART XI, LINE 2D               | 182,755. |

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

Schedule D (Form 990) 2012



**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization: **HAZON, INC.** Employer identification number: **13-4087102**

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region  | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|---|-------------------------------------|--|---|--|--|
| ISRAEL  | 0                                   | 0  | PROGRAM SERVICES  | ISRAEL BIKE RIDE   | 0.   |
|   |                                     |  |   |  |  |
|   |                                     |  |   |  |  |
|   |                                     |  |   |  |  |
|   |                                     |  |   |  |  |
|   |                                     |  |   |  |  |
|   |                                     |  |   |  |  |
|   |                                     |  |   |  |  |
|   |                                     |  |   |  |  |
|   |                                     |  |   |  |  |
| <b>3 a</b> Sub-total .....                              | 0                                   | 0  |   |  | 0.   |
| <b>b</b> Total from continuation sheets to Part I ..... | 0                                   | 0  |   |  | 0.   |
| <b>c Totals</b> (add lines 3a and 3b) .....             | 0                                   | 0  |   |  | 0.   |





Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* .....  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* .....  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* .....  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* .....  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)* .....  Yes  No

Schedule F (Form 990) 2012

**Part V** Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

**SCHEDULE F, PART I, LINE 3: ORGANIZATION'S BOOKKEEPING SYSTEM.**

Multiple horizontal lines for supplemental information.





**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                 |   | (a) Event #1                 | (b) Event #2 | (c) Other events       | (d) Total events<br>(add col. (a) through<br>col. (c)) |
|-----------------|---|------------------------------|--------------|------------------------|--|
|                 |   | PHILADELPHIA<br>(event type) | (event type) | NONE<br>(total number) |  |
| Revenue         | <b>1</b> Gross receipts .....   | 43,554.                      |              |                        | 43,554.  |
|                 | <b>2</b> Less: Contributions .....  | 43,554.                      |              |                        | 43,554.  |
|                 | <b>3</b> Gross income (line 1 minus line 2) .....                           |                              |              |                        |  |
| Direct Expenses | <b>4</b> Cash prizes .....  |                              |              |                        |  |
|                 | <b>5</b> Noncash prizes .....   |                              |              |                        |  |
|                 | <b>6</b> Rent/facility costs .....  | 4,290.                       |              |                        | 4,290.   |
|                 | <b>7</b> Food and beverages .....   | 23,480.                      |              |                        | 23,480.  |
|                 | <b>8</b> Entertainment .....  | 800.                         |              |                        | 800.   |
|                 | <b>9</b> Other direct expenses .....  | 4,441.                       |              |                        | 4,441.   |
|                 | <b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) ..... |                              |              |                        | ( 33,011 )   |
|                 | <b>11</b> Net income summary. Combine line 3, column (d), and line 10 ..... |                              |              |                        | -33,011.   |

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|  |                                      | (a) Bingo   | (b) Pull tabs/instant<br>bingo/progressive bingo                    | (c) Other gaming  | (d) Total gaming (add<br>col. (a) through col. (c)) |
|--|--------------------------------------|---|---|---|---|
|  |                                      | <b>1</b> Gross revenue .....  |   |   |   |
| Direct Expenses  | <b>2</b> Cash prizes .....           |   |   |   |   |
|  | <b>3</b> Noncash prizes .....        |   |   |   |   |
|  | <b>4</b> Rent/facility costs .....   |   |   |   |   |
|  | <b>5</b> Other direct expenses ..... |   |   |   |   |
|  | <b>6</b> Volunteer labor .....       | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |   |
| <b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....     |                                      |   |   | ( _____ )   |   |
| <b>8</b> Net gaming income summary. Combine line 1, column d, and line 7 ..... |                                      |   |   |   |   |

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization **HAZON, INC.** Employer identification number **13-4087102**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| <b>1 (a)</b> Name and address of organization or government                          | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| URBAN ADAMAH<br>1050 PARKER STREET<br>BERKLEY, CA 94710                              | 27-4349643     |                                      | 7,005.                          | 0.                                       |  |   | GRANTEE SHARES SIMILAR GOALS              |
| ISABELLA FREEDMAN JEWISH RETREAT CENTER - 116 JOHNSON ROAD - FALLS VILLAGE, CT 06031 | 13-1623922     |                                      | 11,280.                         | 0.                                       |  |   | GRANTEE SHARES SIMILAR GOALS              |
| JEWISH FARM SCHOOL<br>25 BROADWAY, 17TH FLOOR<br>NEW YORK, NY 10004                  | 13-4087102     |                                      | 196,844.                        | 0.                                       |  |   | GRANTEE SHARES SIMILAR GOALS              |
| WILDERNESS TORAH<br>2150 ALLSTON WAY #210<br>BERKLEY, CA 94704                       | 45-4437061     |                                      | 218,181.                        | 0.                                       |  |   | GRANTEE SHARES SIMILAR GOALS              |
| STORAHTELLING<br>125 MAIDEN LANE, SUITE 8B<br>NEW YORK, NY 10038                     | 51-0444205     |                                      | 326,489.                        | 0.                                       |  |   | GRANTEE SHARES SIMILAR GOALS              |
|  |                |                                      |                                 |  |  |   |   |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ \_\_\_\_\_
- 3** Enter total number of other organizations listed in the line 1 table ▶ \_\_\_\_\_

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2012)

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2: GRANT RECIPIENTS MUST SUBMIT A FINAL PROGRESS REPORT DETAILING THE PROGRESS MADE IN ACCOMPLISHING THE GOALS AND OBJECTIVES OF THE GRANT.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public Inspection

Name of the organization

**HAZON, INC.**

Employer identification number

**13-4087102**

**Part I Questions Regarding Compensation**

|   | Yes   | No   |  |  |  |   |   |  |  |  |
|---|---|--|--|--|--|---|---|--|--|--|
| <p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table> | <input type="checkbox"/> First-class or charter travel                              | <input type="checkbox"/> Housing allowance or residence for personal use | <input type="checkbox"/> Travel for companions               | <input type="checkbox"/> Payments for business use of personal residence | <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees              | <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |  |  |
| <input type="checkbox"/> First-class or charter travel  | <input type="checkbox"/> Housing allowance or residence for personal use            |  |  |  |  |   |   |  |  |  |
| <input type="checkbox"/> Travel for companions  | <input type="checkbox"/> Payments for business use of personal residence            |  |  |  |  |   |   |  |  |  |
| <input type="checkbox"/> Tax indemnification and gross-up payments  | <input type="checkbox"/> Health or social club dues or initiation fees              |  |  |  |  |   |   |  |  |  |
| <input type="checkbox"/> Discretionary spending account   | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)            |  |  |  |  |   |   |  |  |  |
| <p><b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....</p>  | <b>1b</b>   |  |  |  |  |   |   |  |  |  |
| <p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .....</p>  | <b>2</b>  |  |  |  |  |   |   |  |  |  |
| <p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>   | <input type="checkbox"/> Compensation committee                                     | <input type="checkbox"/> Written employment contract                     | <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    | <input type="checkbox"/> Form 990 of other organizations           | <input checked="" type="checkbox"/> Approval by the board or compensation committee |   |  |  |  |
| <input type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                                |  |  |  |  |   |   |  |  |  |
| <input type="checkbox"/> Independent compensation consultant  | <input type="checkbox"/> Compensation survey or study                               |  |  |  |  |   |   |  |  |  |
| <input type="checkbox"/> Form 990 of other organizations  | <input checked="" type="checkbox"/> Approval by the board or compensation committee |  |  |  |  |   |   |  |  |  |
| <p><b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment? .....</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>  | <b>4a</b>   | <b>X</b>   |  |  |  |   |   |  |  |  |
|   | <b>4b</b>   | <b>X</b>   |  |  |  |   |   |  |  |  |
|   | <b>4c</b>   | <b>X</b>   |  |  |  |   |   |  |  |  |
| <p><b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b></p> <p><b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization? .....</p> <p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>  | <b>5a</b>   | <b>X</b>   |  |  |  |   |   |  |  |  |
|   | <b>5b</b>   | <b>X</b>   |  |  |  |   |   |  |  |  |
| <p><b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization? .....</p> <p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>  | <b>6a</b>   | <b>X</b>   |  |  |  |   |   |  |  |  |
|   | <b>6b</b>   | <b>X</b>   |  |  |  |   |   |  |  |  |
| <p><b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....</p>  | <b>7</b>  | <b>X</b>   |  |  |  |   |   |  |  |  |
| <p><b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....</p>   | <b>8</b>  | <b>X</b>   |  |  |  |   |   |  |  |  |
| <p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....</p>  | <b>9</b>  |  |  |  |  |   |   |  |  |  |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2012

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title                     |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported as deferred in prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|  |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| (1) NIGEL SAVAGE<br>EXECUTIVE DIRECTOR | (i)  | 150,000.   | 0.                                  | 0.                                  | 0.   | 5,744.                  | 155,744.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

HAZON, INC.

Employer identification number

13-4087102

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HAZON WORKS TO CREATE A HEALTHIER AND MORE SUSTAINABLE JEWISH COMMUNITY  
AND A HEALTHIER AND MORE SUSTAINABLE WORLD FOR ALL. HAZON EFFECTS  
CHANGE IN THE WORLD IN THREE WAYS; (1) TRANSFORMATIVE EXPERIENCES FOR  
INDIVIDUALS AND COMMUNITIES, (2) THOUGHT LEADERSHIP IN THE FIELDS OF  
JEWISH AND ENVIRONMENTAL KNOWLEDGE AND (3) SUPPORT OF THE JEWISH  
ENVIRONMENTAL MOVEMENT IN NORTH AMERICA AND ISRAEL.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE FIELDS OF JEWISH AND ENVIRONMENTAL KNOWLEDGE AND (3) SUPPORT OF THE  
JEWISH ENVIRONMENTAL MOVEMENT IN NORTH AMERICA AND ISRAEL.

FORM 990, PART VI, SECTION B, LINE 11: THE DESIGNATED OFFICERS AND BOARD  
MEMBERS REVIEW THE 990 AND COMMUNICATE WITH THE PREPARER VIA PHONE  
CONFERENCE AND E-MAIL, AS NECESSARY.

FORM 990, PART VI, SECTION B, LINE 12C: CERTIFICATION FORM CIRCULATED TO  
ALL BOARD MEMBERS ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE DIRECTOR'S SALARY IS  
RECOMMENDED AND APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD EACH YEAR.  
LIKewise, THE EXECUTIVE DIRECTOR UNDERGOES AN ANNUAL REVIEW WHICH IS  
DISCUSSED AND APPROVED BY THE BOARD.

FORM 990, PART VI, SECTION C, LINE 18: DOCUMENTS ARE AVAILABLE UPON  
REQUEST AT THE ORGANIZATION'S PLACE OF BUSINESS DURING REGULAR BUSINESS



|   |  |
|---|--|
| Name of the organization<br>HAZON, INC. | Employer identification number<br>13-4087102 |
|---|--|

HOURS.

FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS ARE AVAILABLE UPON  
REQUEST AT THE ORGANIZATION'S PLACE OF BUSINESS DURING REGULAR BUSINESS  
HOURS.

FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:

CHERYL COOK - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038

ADINA ABRAMOWITZ - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038

NIGEL SAVAGE - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038

RICHARD DALE - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038

JONATHAN DRILL - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038

RUTH MESSINGER - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038

HOWARD RODENSTEIN - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038

ELLEN GOODMAN - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038

JAY MOSES - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038

ANNA OSTROVSKY - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038

MAYA SHETREAT-KLEIN - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038

MANDY PATINKIN - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038

DAVID WOLFE - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038

CLARE GOLDWATER - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038

TRISHA MARGULIES - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038

RABBI RACHEL KAHN-TROSTER - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038

SHULAMITH PASSOW - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038

SASHA LANSKY - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038

RABBI DAVID TEUTSCH - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038

HOWARD METZENBERG - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038

NATASHA ARONSON - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038

|  |   |
|--|---|
| Name of the organization<br><b>HAZON, INC.</b> | Employer identification number<br><b>13-4087102</b> |
|--|---|

SHARON LESLIE - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038

SANDRA ROCKS - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038

RABBI MARC SOLOWAY - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038

LISA SACKS - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038

THERE HAS BEEN NO CHANGE IN THE OVERSIGHT OR SELECTION PROCESS SINCE THE PRIOR YEAR.

2012 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

| Asset No. | Description                            | Date Acquired | Method | Life | Line No. | Unadjusted Cost Or Basis | Bus % Excl | * Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Current Year Deduction |
|-----------|--|---------------|--------|------|----------|--------------------------|------------|----------------------|------------------------|--------------------------|-----------------|------------------------|
|           | MACHINERY & EQUIPMENT                  |               |        |      |          |                          |            |                      |                        |                          |                 |                        |
| 1         | (D) COMPUTER                           | 010100        | 200DB  | 3.00 | 17       | 5,532.                   |            |                      | 5,532.                 | 5,532.                   |                 | 0.                     |
| 2         | (D) COMPUTER                           | 060605        | 200DB  | 3.00 | 17       | 2,198.                   |            |                      | 2,198.                 | 2,198.                   |                 | 0.                     |
| 3         | (D) COMPUTER                           | 020906        | 200DB  | 3.00 | 17       | 1,802.                   |            |                      | 1,802.                 | 1,802.                   |                 | 0.                     |
| 4         | (D) COMPUTER                           | 050506        | 200DB  | 3.00 | 17       | 1,257.                   |            |                      | 1,257.                 | 1,257.                   |                 | 0.                     |
| 5         | (D) COMPUTER                           | 081407        | 200DB  | 3.00 | 17       | 2,500.                   |            |                      | 2,500.                 | 2,500.                   |                 | 0.                     |
| 7         | MAKOM HADASH F&F                       | 063010        | 200DB  | 3.00 | 17       | 63,962.                  |            |                      | 63,962.                | 31,981.                  |                 | 21,321.                |
|           | * 990 PAGE 10 TOTAL MACHINERY & EQUIPM |               |        |      |          | 77,251.                  |            | 0.                   | 77,251.                | 45,270.                  | 0.              | 21,321.                |
|           | * GRAND TOTAL 990 PAGE 10 DEPR         |               |        |      |          | 77,251.                  |            | 0.                   | 77,251.                | 45,270.                  | 0.              | 21,321.                |

Depreciation and Amortization 990 (Including Information on Listed Property)

See separate instructions. Attach to your tax return.

Name(s) shown on return: HAZON, INC. Business or activity to which this form relates: FORM 990 PAGE 10 Identifying number: 13-4087102

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 rows for Section 179 election. Line 1: 500,000. Line 3: 2,000,000.

Table with 3 columns: (a) Description of property, (b) Cost (business use only), (c) Elected cost. Rows 6-7.

Table with 13 rows for Section 179 calculation. Line 7: 7. Line 8: 8. Line 9: 9. Line 10: 10. Line 11: 11. Line 12: 12. Line 13: 13.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

Table with 3 rows for Special Depreciation Allowance. Line 14: 14. Line 15: 15. Line 16: 16.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

Table with 2 rows for Section A. Line 17: 21,321. Line 18: 18.

Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 19a-19g, h, i.

Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

Table with 3 rows for Section C. Line 20a: 20a. Line 20b: 20b. Line 20c: 20c.

Part IV Summary (See instructions.)

Table with 3 rows for Summary. Line 21: 21. Line 22: 21,321. Line 23: 23.

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. 26 Property used more than 50% in a qualified business use. 27 Property used 50% or less in a qualified business use. 28 Add amounts in column (h), lines 25 through 27. 29 Add amounts in column (i), line 26.

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use?

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

42 Amortization of costs that begins during your 2012 tax year: 43 Amortization of costs that began before your 2012 tax year 44 Total. Add amounts in column (f). See the instructions for where to report

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

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

*Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.*

**Electronic filing (e-file)** - You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).**

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

|  |   |  |
|--|---|--|
| <b>Type or print</b>   | Name of exempt organization or other filer, see instructions.<br><b>HAZON, INC.</b>                                   | Employer identification number (EIN) or<br><b>13-4087102</b> |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>125 MAIDEN LANE, NO. 8B</b>              | Social security number (SSN)                                 |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>NEW YORK, NY 10038</b> |  |

Enter the Return code for the return that this application is for (file a separate application for each return) 01

| Application Is For                       | Return Code | Application Is For       | Return Code |
|--|-------------|--------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 990-T (corporation) | 07          |
| Form 990-BL                              | 02          | Form 1041-A              | 08          |
| Form 4720 (individual)                   | 03          | 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 than above)      | 06          | Form 8870                | 12          |

**LISA SACKS**

- The books are in the care of ▶ 125 MAIDEN LANE, SUITE 8B - NEW YORK, NY 10038  
 Telephone No. ▶ 212-644-2332 FAX No. ▶ 212-644-7993
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2013**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year 2012 or  
 ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

|  |           |    |    |
|--|-----------|----|----|
| <b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | <b>3a</b> | \$ | 0. |
| <b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ | 0. |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.             | <b>3c</b> | \$ | 0. |

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Form **8879-EO**

**IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2012, or fiscal year beginning \_\_\_\_\_, 2012, and ending \_\_\_\_\_, 20\_\_\_\_

**2012**

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

Name of exempt organization

Employer identification number

**HAZON, INC.**

**13-4087102**

Name and title of officer

**NIGEL SAVAGE**

**EXECUTIVE DIRECTOR**

**Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

|   |  |                          |
|---|--|--------------------------|
| <b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/> | <b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) ..... | <b>1b</b> <u>2949958</u> |
| <b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>         | <b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....                      | <b>2b</b> _____          |
| <b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>       | <b>b Total tax</b> (Form 1120-POL, line 22) .....                                | <b>3b</b> _____          |
| <b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>         | <b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....     | <b>4b</b> _____          |
| <b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>           | <b>b Balance Due</b> (Form 8868, Part I, line 3c or Part II, line 8c) .....      | <b>5b</b> _____          |

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **BILLET, FEIT & PREIS P.C.** to enter my PIN **54321**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ **\*\*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*** Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**13513254321**  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ **06/17/13**

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

California Exempt Organization  
Annual Information Return

Calendar Year 2012 or fiscal year beginning month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_, and ending month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_.

|   |                    |   |
|---|--------------------|---|
| Corporation/Organization Name<br><b>HAZON, INC.</b>                 |                    | California corporation number<br><b>3263949</b> |
| Address (suite, room, or PMB no.)<br><b>125 MAIDEN LANE, NO. 8B</b> |                    | FEIN<br><b>13-4087102</b>                       |
| City<br><b>NEW YORK</b>   | State<br><b>NY</b> | ZIP Code<br><b>10038</b>                        |

|  |  |
|--|--|
| <p><b>A</b> First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>B</b> Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>C</b> IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>D</b> Final Return?<br/> <input type="checkbox"/> Dissolved    <input type="checkbox"/> Surrendered (Withdrawn)<br/> <input type="checkbox"/> Merged/Reorganized    Enter date: _____</p> <p><b>E</b> Check accounting method:<br/>         (1) <input type="checkbox"/> Cash    (2) <input checked="" type="checkbox"/> Accrual    (3) <input type="checkbox"/> Other</p> <p><b>F</b> Federal return filed?<br/>         (1) <input type="checkbox"/> 990T    (2) <input type="checkbox"/> 990(PF)    (3) <input type="checkbox"/> Sch H (990)</p> <p><b>G</b> Is this a group filing for the subordinates/affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br/>         If "Yes," attach a roster. See instructions</p> <p><b>H</b> Is this organization in a group exemption? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br/>         If "Yes," what is the parent's name? _____</p> <p><b>I</b> Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br/>         If "Yes," explain, and attach copies of revised documents.</p> | <p><b>J</b> If exempt under R&amp;TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&amp;TC Section 23704.5 (relating to lobbying by public charities)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br/>         If "Yes," complete and attach form FTB 3509.</p> <p><b>K</b> Is the organization exempt under R&amp;TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br/>         If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p><b>L</b> If organization is exempt under R&amp;TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required. <input type="checkbox"/></p> <p><b>M</b> Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>N</b> Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>O</b> Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> |
|--|--|

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

|                              |  |    |              |
|------------------------------|--|----|--------------|
| <b>Receipts and Revenues</b> | 1 Gross sales or receipts from other sources. From Side 2, Part II, line 8   | 1  | 1,228,113.00 |
|                              | 2 Gross dues and assessments from members and affiliates   | 2  | 00           |
|                              | 3 Gross contributions, gifts, grants, and similar amounts received <b>STMT 1</b>   | 3  | 1,754,856.00 |
|                              | 4 Total gross receipts for filing requirement test. Add line 1 through line 3.<br><b>This line must be completed.</b> If the result is less than \$50,000, see General Instruction B | 4  | 2,982,969.00 |
|                              | 5 Cost of goods sold   | 5  | 00           |
|                              | 6 Cost or other basis, and sales expenses of assets sold   | 6  | 00           |
|                              | 7 Total costs. Add line 5 and line 6   | 7  | 00           |
|                              | 8 Total gross income. Subtract line 7 from line 4  | 8  | 2,982,969.00 |
| <b>Expenses</b>              | 9 Total expenses and disbursements. From Side 2, Part II, line 18  | 9  | 2,996,372.00 |
|                              | 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8   | 10 | -13,403.00   |
| <b>Filing Fee</b>            | 11 Filing fee \$10 or \$25. See General Instruction F  | 11 | 10.00        |
|                              | 12 Total payments  | 12 | 00           |
|                              | 13 Penalties and Interest. See General Instruction J   | 13 | 00           |
|                              | 14 Use tax. See General Instruction K  | 14 | 00           |
|                              | 15 <b>Balance due.</b> Add line 11, line 13, and line 14. Then subtract line 12 from the result  | 15 | 10.00        |

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

|                                 |   |                           |   |                                  |
|---------------------------------|---|---------------------------|---|----------------------------------|
| <b>Sign Here</b>                | Signature of officer <b>EXECUTIVE DIRE</b>  | Title                     | Date  | Telephone<br><b>212-644-2332</b> |
| <b>Paid Preparer's Use Only</b> | Preparer's signature  | Date<br><b>06/17/13</b>   | Check if self-employed <input type="checkbox"/> | PTIN<br><b>P00178538</b>         |
|                                 | Firm's name (or yours, if self-employed) and address<br><b>BILLET, FEIT &amp; PREIS P.C.<br/>42 BROADWAY SUITE 1815<br/>NEW YORK, NY 10004</b>      | FEIN<br><b>13-2839033</b> |   |                                  |
|                                 | May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                           |   | Telephone<br><b>212-425-3300</b> |





| FORM 199   | CASH CONTRIBUTIONS OF \$5000 OR MORE<br>INCLUDED ON PART I, LINE 3 | STATEMENT       | 1                 |
|--|--|-----------------|-------------------|
| CONTRIBUTOR'S NAME                                 | CONTRIBUTOR'S ADDRESS  | DATE OF<br>GIFT | AMOUNT            |
| DOROT FOUNDATION                                   | 401 ELMGROVE AVE PROVIDENCE,<br>RI 02906                           | 12/31/12        | 50,000.           |
| DOUG & LISA GOLDMAN FUND                           | 1 MONTGOMERY STREET, SUITE<br>3440 SAN FRANCISCO, CA 94104         | 12/31/12        | 70,000.           |
| ROSE COMMUNITY FOUNDATION                          | 600 SOUTH CHERRY STREET, SUITE<br>1200 DENVER, CO 80246            | 12/31/12        | 297,057.          |
| UJA FEDERATION OF NY                               | 130 EAST 59TH STREET NEW YORK,<br>NY 10022                         | 12/31/12        | 179,536.          |
| HOWARD METZENBERG                                  | 4616 25TH AVENUE NE 707<br>SEATTLE, WA 98105                       | 12/31/12        | 108,144.          |
| JOYCE & IRVING GOLDMAN<br>FAMILY FOUNDATION        | 417 FIFTH AVENUE, SUITE 400<br>NEW YORK, NY 10016                  | 12/31/12        | 110,000.          |
| BLAUSTEIN FOUNDATION                               | 10 EAST BALTIMORE ST, SUITE<br>1111 BALTIMORE, MD 21202            | 12/31/12        | 90,000.           |
| FRIENDS OF THE ARAVA<br>INSTITUTE                  | 896 BEACON STREET BOSTON, MA<br>02215                              | 12/31/12        | 51,686.           |
| HESCHEL CENTER                                     | 85 NACHALAT BINYAMIN ST<br>TEL-AVIV ISRAEL                         | 12/31/12        | 54,278.           |
| JEWISH COMMUNITY<br>FEDERATION OF SAN<br>FRANCISCO | 121 STEUART STREET, #7 SAN<br>FRANCISCO, CA 94105                  | 12/31/12        | 160,000.          |
| JIM JOSEPH FOUNDATION                              | 343 SANSOME STREET, SUITE 550<br>SAN FRANCISCO, CA 94104           | 12/31/12        | 57,500.           |
| LIPPMAN KANFER FAMILY<br>FOUNDATION                | ONE GOJO PLAZA, SUITE 350<br>AKRON, OH 44311                       | 12/31/12        | 87,500.           |
| NATAN  | 1501 BROADWAY NEW YORK, NY<br>10036                                | 12/31/12        | 73,000.           |
| OPALINE FUND                                       | 121 STEUART STREET SAN<br>FRANCISCO, CA 94105                      | 12/31/12        | 56,000.           |
| WALTER & ELISE HAAS FUND                           | ONE LOMBARD STREET, SUITE 305<br>SAN FRANCISCO, CA 94111           | 12/31/12        | 55,000.           |
| TOTAL INCLUDED ON LINE 3                           |  |                 | <u>1,499,701.</u> |

| FORM 199                           | OTHER INCOME | STATEMENT  | 2 |
|------------------------------------|--------------|------------|---|
| DESCRIPTION                        |              | AMOUNT     |   |
| OTHER INCOME                       |              | 10,931.    |   |
| OUTDOOR ADVENTURE                  |              | 453,050.   |   |
| OTHER PROGRAMS                     |              | 187,152.   |   |
| FISCAL SPONSORSHIPS                |              | 576,433.   |   |
| TOTAL TO FORM 199, PART II, LINE 7 |              | 1,227,566. |   |

| FORM 199 | CASH CONTRIBUTIONS, GIFTS, GRANTS<br>AND SIMILAR AMOUNTS PAID | STATEMENT | 3 |
|----------|---|-----------|---|
|----------|---|-----------|---|

## ACTIVITY CLASSIFICATION: GRANTS TO ORGANIZATIONS

| DONEES NAME                                 | DONEES ADDRESS | RELATIONSHIP | AMOUNT   |
|---|----------------|--------------|----------|
| VARIOUS                                     | VARIOUS        | NONE         | 798,514. |
| TOTAL FOR THIS ACTIVITY                     |                |              | 798,514. |
| TOTAL INCLUDED ON FORM 199, PART II, LINE 9 |                |              | 798,514. |

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FORM 199                      COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES                      STATEMENT                      4

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| NAME AND ADDRESS   | TITLE AND<br>AVERAGE HRS WORKED/WK | COMPENSATION |
|--|------------------------------------|--------------|
| ADINA ABRAMOWITZ<br>125 MAIDEN LANE, SUITE 8B<br>NEW YORK, NY 10038    | TREASURER<br>2.00                  | 0.           |
| RICHARD DALE<br>125 MAIDEN LANE, SUITE 8B<br>NEW YORK, NY 10038        | CHAIRMAN OF THE BOARD<br>4.00      | 0.           |
| JONATHAN DRILL<br>125 MAIDEN LANE, SUITE 8B<br>NEW YORK, NY 10038      | MEMBER-AT-LARGE<br>0.50            | 0.           |
| RUTH MESSINGER<br>125 MAIDEN LANE, SUITE 8B<br>NEW YORK, NY 10038      | MEMBER-AT-LARGE<br>0.50            | 0.           |
| HOWARD RODENSTEIN<br>125 MAIDEN LANE, SUITE 8B<br>NEW YORK, NY 10038   | MEMBER-AT-LARGE<br>2.00            | 0.           |
| ELLEN GOODMAN<br>125 MAIDEN LANE, SUITE 8B<br>NEW YORK, NY 10038       | MEMBER-AT-LARGE<br>0.50            | 0.           |
| JAY MOSES<br>125 MAIDEN LANE, SUITE 8B<br>NEW YORK, NY 10038           | MEMBER-AT-LARGE<br>0.50            | 0.           |
| ANNA OSTROVSKY<br>125 MAIDEN LANE, SUITE 8B<br>NEW YORK, NY 10038      | MEMBER-AT-LARGE<br>1.50            | 0.           |
| MAYA SHETREAT-KLEIN<br>125 MAIDEN LANE, SUITE 8B<br>NEW YORK, NY 10038 | MEMBER-AT-LARGE<br>1.00            | 0.           |
| MANDY PATINKIN<br>125 MAIDEN LANE, SUITE 8B<br>NEW YORK, NY 10038      | MEMBER-AT-LARGE<br>0.20            | 0.           |
| DAVID WOLFE<br>125 MAIDEN LANE, SUITE 8B<br>NEW YORK, NY 10038         | MEMBER-AT-LARGE<br>0.50            | 0.           |

|  |                                    |          |
|--|------------------------------------|----------|
| CLARE GOLDWATER<br>125 MAIDEN LANE, SUITE 8B<br>NEW YORK, NY 10038           | MEMBER-AT-LARGE<br>0.50            | 0.       |
| TRISHA MARGULIES<br>125 MAIDEN LANE, SUITE 8B<br>NEW YORK, NY 10038          | EXECUTIVE COMMITTEE MEMBER<br>2.00 | 0.       |
| RABBI RACHEL KAHN-TROSTER<br>125 MAIDEN LANE, SUITE 8B<br>NEW YORK, NY 10038 | MEMBER-AT-LARGE<br>0.50            | 0.       |
| SHULAMITH PASSOW<br>125 MAIDEN LANE, SUITE 8B<br>NEW YORK, NY 10038          | MEMBER-AT-LARGE<br>0.50            | 0.       |
| SASHA LANSKY<br>125 MAIDEN LANE, SUITE 8B<br>NEW YORK, NY 10038              | MEMBER-AT-LARGE<br>0.50            | 0.       |
| RABBI DAVID TEUTSCH<br>125 MAIDEN LANE, SUITE 8B<br>NEW YORK, NY 10038       | EXECUTIVE COMMITTEE MEMBER<br>1.00 | 0.       |
| HOWARD METZENBERG<br>125 MAIDEN LANE, SUITE 8B<br>NEW YORK, NY 10038         | MEMBER-AT-LARGE<br>0.50            | 0.       |
| NATASHA ARONSON<br>125 MAIDEN LANE, SUITE 8B<br>NEW YORK, NY 10038           | MEMBER-AT-LARGE<br>0.50            | 0.       |
| SHARON LESLIE<br>125 MAIDEN LANE, SUITE 8B<br>NEW YORK, NY 10038             | MEMBER-AT-LARGE<br>0.50            | 0.       |
| SANDRA ROCKS<br>125 MAIDEN LANE, SUITE 8B<br>NEW YORK, NY 10038              | MEMBER-AT-LARGE<br>1.00            | 0.       |
| RABBI MARC SOLOWAY<br>125 MAIDEN LANE, SUITE 8B<br>NEW YORK, NY 10038        | MEMBER-AT-LARGE<br>0.50            | 0.       |
| CHERYL COOK<br>125 MAIDEN LANE, SUITE 8B<br>NEW YORK, NY 10038               | COO<br>40.00                       | 111,904. |
| NIGEL SAVAGE<br>125 MAIDEN LANE, SUITE 8B<br>NEW YORK, NY 10038              | EXECUTIVE DIRECTOR<br>40.00        | 150,000. |

HAZON, INC.

13-4087102

LISA SACKS  
125 MAIDEN LANE, SUITE 8B  
NEW YORK, NY 10038

CFO

24.00

77,212.

TOTAL TO FORM 199, PART II, LINE 11

339,116.

FORM 199 OTHER EXPENSES STATEMENT 5

| DESCRIPTION                           | AMOUNT   |
|---------------------------------------|----------|
| CONFERENCES, FOOD & LODG              | 183,455. |
| OTHER PROGRAM EXPENSES                | 63,561.  |
| ON-LINE PROCESSING FEES               | 32,543.  |
| TELEPHONE                             | 31,182.  |
| DIRECT EXPENSES OF FUNDRAISING EVENTS | 33,011.  |
| OTHER EMPLOYEE BENEFITS               | 73,270.  |
| MANAGEMENT FEES                       | 67,965.  |
| LEGAL FEES                            | 2,671.   |
| ACCOUNTING FEES                       | 10,000.  |
| ADVERTISING AND PROMOTION             | 16,348.  |
| OFFICE EXPENSES                       | 28,386.  |
| INFORMATION TECHNOLOGY                | 21,858.  |
| TRAVEL                                | 77,957.  |
| INSURANCE                             | 21,742.  |
| ALL OTHER EXPENSES                    | 21,211.  |
| TOTAL TO FORM 199, PART II, LINE 17   | 685,160. |

FORM 199 OTHER INVESTMENTS STATEMENT 6

| DESCRIPTION                           | BEG. OF YEAR | END OF YEAR |
|---------------------------------------|--------------|-------------|
| 192 UNITS GLOBAL SUN PARTNERS LP      | 49,920.      | 49,920.     |
| TOTAL TO FORM 199, SCHEDULE L, LINE 9 | 49,920.      | 49,920.     |

| FORM 199                               | OTHER ASSETS | STATEMENT   | 7 |
|--|--------------|-------------|---|
| DESCRIPTION                            | BEG. OF YEAR | END OF YEAR |   |
| PREPAID EXPENSES                       | 0.           | 0.          |   |
| SECURITY DEPOSITS                      | 10,017.      | 10,017.     |   |
| PLEDGES AND GRANTS RECEIVABLE          | 90,250.      | 163,578.    |   |
| PREPAID EXPENSES AND DEFERRED CHARGES  | 16,078.      | 32,838.     |   |
| TOTAL TO FORM 199, SCHEDULE L, LINE 12 | 116,345.     | 206,433.    |   |

| FORM 199                               | OTHER LIABILITIES | STATEMENT   | 8 |
|--|-------------------|-------------|---|
| DESCRIPTION                            | BEG. OF YEAR      | END OF YEAR |   |
| MEMBER DEPOSITS                        | 7,800.            | 15,125.     |   |
| TOTAL TO FORM 199, SCHEDULE L, LINE 18 | 7,800.            | 15,125.     |   |

| FORM 199                               | FUND BALANCES | STATEMENT   | 9 |
|--|---------------|-------------|---|
| DESCRIPTION                            | BEG. OF YEAR  | END OF YEAR |   |
| UNRESTRICTED ASSETS                    | 268,315.      | 281,899.    |   |
| TEMPORARILY RESTRICTED ASSETS          | 390,112.      | 363,125.    |   |
| TOTAL TO FORM 199, SCHEDULE L, LINE 21 | 658,427.      | 645,024.    |   |

| FORM 199                          | DEPRECIABLE ASSETS  | STATEMENT                | 10                     |
|-----------------------------------|---------------------|--------------------------|------------------------|
| DESCRIPTION                       | COST OR OTHER BASIS | ACCUMULATED DEPRECIATION | END OF YEAR BOOK VALUE |
| MAKOM HADASH F&F                  | 63,962.             | 53,302.                  | 10,660.                |
| TOTAL TO FORM 199, SCH L, LINE 10 | 63,962.             | 53,302.                  | 10,660.                |

# Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W.

**FORM 199**

**FEIN 13-4087102**

Corporation name

California corporation number

**HAZON, INC.**

**3263949**

**Part I Election To Expense Certain Property Under IRC Section 179**

|    |   |                              |                  |
|----|---|------------------------------|------------------|
| 1  | Maximum deduction under IRC Section 179 for California  | 1                            | \$25,000         |
| 2  | Total cost of IRC Section 179 property placed in service  | 2                            |                  |
| 3  | Threshold cost of IRC Section 179 property before reduction in limitation                       | 3                            | \$200,000        |
| 4  | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-                | 4                            |                  |
| 5  | Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-     | 5                            |                  |
| 6  | (a) Description of property   | (b) Cost (business use only) | (c) Elected cost |
| 7  | Listed property (elected IRC Section 179 cost)  | 7                            |                  |
| 8  | Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7    | 8                            |                  |
| 9  | Tentative deduction. Enter the smaller of line 5 or line 8                                      | 9                            |                  |
| 10 | Carryover of disallowed deduction from prior taxable years                                      | 10                           |                  |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 | 11                           |                  |
| 12 | IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11   | 12                           |                  |
| 13 | Carryover of disallowed deduction to 2013. Add line 9 and line 10, less line 12                 | 13                           |                  |

**Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356**

| (a)<br>Description property | (b)<br>Date acquired  | (c)<br>Cost or other basis | (d)<br>Depreciation allowed or allowable in earlier years | (e)<br>Depreciation Method | (f)<br>Life or rate | (g)<br>Depreciation for this year | (h)<br>Additional first year depreciation |
|-----------------------------|---|----------------------------|---|----------------------------|---------------------|-----------------------------------|---|
| 14                          |   |                            |   |                            |                     |                                   |   |
| SEE STATEMENT               | 11  | 77,251.                    | 45,270.   |                            |                     |                                   |   |
| 15                          | Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000.<br>See instructions for line 14, column (h) |                            |   |                            |                     | 15                                | 21,321.                                   |

**Part III Summary**

|    |  |    |         |
|----|--|----|---------|
| 16 | Total: If the corporation is electing:<br>IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or<br>Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or<br>Depreciation (if no election is made), enter the amount from line 15, column (g)   | 16 | 21,321. |
| 17 | Total depreciation claimed for federal purposes from federal Form 4562, line 22  | 17 | 21,321. |
| 18 | Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6.<br>If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) | 18 | 0.      |

**Part IV Amortization**

| (a)<br>Description of property | (b)<br>Date acquired  | (c)<br>Cost or other basis | (d)<br>Amortization allowed or allowable in earlier years | (e)<br>R&TC section (see instructions) | (f)<br>Period or percentage | (g)<br>Amortization for this year |  |
|--------------------------------|---|----------------------------|---|--|-----------------------------|-----------------------------------|--|
| 19                             |   |                            |   |  |                             |                                   |  |
| 20                             | Total. Add the amounts in column (g)  |                            |   |  |                             | 20                                |  |
| 21                             | Total amortization claimed for federal purposes from federal Form 4562, line 44   |                            |   |  |                             | 21                                |  |
| 22                             | Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12 |                            |   |  |                             | 22                                |  |



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CA 3885 DEPRECIATION STATEMENT 11


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| ASSET NO./<br>DESCRIPTION | DATE IN<br>SERVICE | COST OR<br>BASIS | PRIOR<br>DEPR | METHOD | LIFE | DEPRE-<br>CIATION | BONUS |
|---------------------------|--------------------|------------------|---------------|--------|------|-------------------|-------|
| 1 COMPUTER                | 01/01/00           | 5,532.           | 5,532.        | 200DB  | 3.00 | 0.                |       |
| 2 COMPUTER                | 06/06/05           | 2,198.           | 2,198.        | 200DB  | 3.00 | 0.                |       |
| 3 COMPUTER                | 02/09/06           | 1,802.           | 1,802.        | 200DB  | 3.00 | 0.                |       |
| 4 COMPUTER                | 05/05/06           | 1,257.           | 1,257.        | 200DB  | 3.00 | 0.                |       |
| 5 COMPUTER                | 08/14/07           | 2,500.           | 2,500.        | 200DB  | 3.00 | 0.                |       |
| 7 MAKOM HADASH F&F        | 06/30/10           | 63,962.          | 31,981.       | 200DB  | 3.00 | 21,321.           |       |
| TOTAL DEPR TO FORM 3885   |                    | 77,251.          | 45,270.       |        |      | 21,321.           |       |

|   |  |                                  |
|---|--|----------------------------------|
| Form <b>CHAR500</b>   | <b>Annual Filing for Charitable Organizations</b><br>New York State Department of Law (Office of the Attorney General)<br>Charities Bureau - Registration Section<br>120 Broadway<br>New York, NY 10271<br>http://www.charitiesnys.com | <b>2012</b>                      |
| This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006) |  | <b>Open to Public Inspection</b> |

|   |   |                         |
|---|---|-------------------------|
| <b>1. General Information</b>   |   |                         |
| a. For the fiscal year beginning (mm/dd/yyyy) <b>01/01/2012</b> and ending (mm/dd/yyyy) <b>12/31/2012</b>   |   |                         |
| b. Check if applicable for NYS:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial filing<br><input type="checkbox"/> Final filing<br><input type="checkbox"/> Amended filing<br><input type="checkbox"/> NY registration pending | c. Name of organization<br><b>HAZON, INC.</b>   |                         |
|   | d. Fed. employer ID no. (EIN)<br><b>13-4087102</b>  |                         |
|   | e. NY State registration no.<br><b>06-62-42</b>   |                         |
|   | Number and street (or P.O. box if mail not delivered to street address)<br><b>125 MAIDEN LANE</b> | Room/suite<br><b>8B</b> |
|   | f. Telephone number<br><b>646 695-2700</b>  |                         |
|   | g. Email<br><b>INFO@HAZON.ORG</b>   |                         |
|   | City or town, state or country and ZIP + 4<br><b>NEW YORK, NY 10038</b>                           |                         |

|   |           |                                     |                                    |
|---|-----------|-------------------------------------|------------------------------------|
| <b>2. Certification - Two Signatures Required</b>   |           |                                     |                                    |
| We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report. |           |                                     |                                    |
| a. President or Authorized Officer  | Signature | <b>NIGEL SAVAGE</b><br>Printed Name | <b>EXECUTIVE DIRECTOR</b><br>Title |
|   |           |                                     | Date                               |
| b. Chief Financial Officer or Treas.  | Signature | <b>LISA SACKS</b><br>Printed Name   | <b>CFO</b><br>Title                |
|   |           |                                     | Date                               |

|   |  |
|---|--|
| <b>3. Annual Report Exemption Information</b>   |  |
| a. <b>Article 7-A</b> annual report exemption (Article 7-A registrants and dual registrants)<br>Check <input type="checkbox"/> if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 <b>and</b> the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year.<br><br><b>NOTE:</b> An organization may claim this exemption if no PFR or FRC was used <b>and</b> either: 1) it received an allocation from a federated fund, United Way or incorporated community appeal <b>and</b> contributions from other sources did not exceed \$25,000 <b>or</b> 2) it received all or substantially all of its contributions from one government agency to which it submitted an annual report similar to that required by Article 7-A. |  |
| b. <b>EPTL</b> annual report exemption (EPTL registrants and dual registrants)<br>Check <input type="checkbox"/> if gross receipts did not exceed \$25,000 <b>and</b> assets (market value) did not exceed \$25,000 at any time during this fiscal year.  |  |
| For EPTL or Article 7-A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above.<br><i>Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form.</i>  |  |

|   |  |
|---|--|
| <b>4. Article 7-A Schedules</b>   |  |
| If you did <b>not</b> check the Article 7-A annual report exemption above, complete the following for this fiscal year:                           |  |
| a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? ... | <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No |
| * If "Yes", complete Schedule 4a.   |  |
| b. Did the organization receive government contributions (grants)?  | <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No |
| * If "Yes", complete Schedule 4b.   |  |

|   |                |  |
|---|----------------|--|
| <b>5. Fee Submitted:</b> See last page for summary of fee requirements. |                |  |
| Indicate the filing fee(s) you are submitting along with this form:     |                |  |
| a. Article 7-A filing fee   | \$ <u>25.</u>  | Submit only one check or money order for the total fee, payable to "NYS Department of Law" |
| b. EPTL filing fee  | \$ <u>100.</u> |  |
| c. Total fee  | \$ <u>125.</u> |  |

|   |
|---|
| <b>6. Attachments</b> - For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments <b>▶▶▶</b> |
|---|

