Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

CLIENT'S COPY

JULY 16, 2012

HAZON, INC. 125 MAIDEN LANE NO. 8B NEW YORK, NY 10038

STATEMENT

PREPARATION OF 2011 EXEMPT ORGANIZATION TAX RETURN(S)

JULY 16, 2012

HAZON, INC. 125 MAIDEN LANE NO. 8B NEW YORK, NY 10038

HAZON, INC.:

ENCLOSED IS THE ORGANIZATION'S 2011 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

JULY 16, 2012

HAZON, INC. 125 MAIDEN LANE NO. 8B NEW YORK, NY 10038

HAZON, INC.:

ENCLOSED IS THE ORGANIZATION'S 2011 CALIFORNIA RETURN. THE RETURN SHOULD BE SIGNED, DATED, AND MAILED.

CALIFORNIA FORM 199 RETURN:

MAIL TO - FRANCHISE TAX BOARD P.O. BOX 942857 SACRAMENTO, CA 94257-0701

PLEASE SIGN AND MAIL FORM 199 ON OR BEFORE DECEMBER 17, 2012.

ENCLOSE A CHECK FOR \$10.

MAKE CHECK PAYABLE TO FRANCHISE TAX BOARD.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

JULY 16, 2012

HAZON, INC. 125 MAIDEN LANE NO. 8B NEW YORK, NY 10038

HAZON, INC.:

ENCLOSED IS THE ORGANIZATION'S 2011 NEW YORK FORM CHAR500, ANNUAL FILING REPORT. THE REPORT SHOULD BE SIGNED, DATED, AND MAILED AS INDICATED.

NEW YORK ANNUAL FILING FOR CHARITABLE ORGANIZATIONS:

PLEASE SIGN AND MAIL FORM CHAR500 ON OR BEFORE AUGUST 15, 2012.

MAIL TO - NEW YORK STATE DEPARTMENT OF LAW CHARITIES BUREAU - REGISTRATION SECTION 120 BROADWAY NEW YORK, NY 10271

ENCLOSE A CHECK FOR \$125 MADE PAYABLE TO NYS DEPARTMENT OF LAW. INCLUDE THE ORGANIZATION'S STATE REGISTRATION NUMBER(S) ON THE REMITTANCE.

NEW YORK FORM CHAR500 MUST BE SIGNED AND DATED BY BOTH OF THE AUTHORIZED INDIVIDUALS. ALSO BE SURE THAT THE ATTACHED COPY OF FEDERAL FORM 990 HAS BEEN PROPERLY SIGNED AND DATED.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

JULY 16, 2012

HAZON, INC. 125 MAIDEN LANE NO. 8B NEW YORK, NY 10038

HAZON, INC.:

ENCLOSED ARE THE 2011 EXEMPT ORGANIZATION RETURNS, AS FOLLOWS...

2011 FORM 990

2011 CALIFORNIA FORM 199

2011 NEW YORK ANNUAL FILING FOR CHARITABLE ORGANIZATIONS

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

Prepared for:	Prepared by:
HAZON, INC.	BILLET, FEIT & PREIS P.C.
125 MAIDEN LANE NO. 8B	42 BROADWAY SUITE 1815
NEW YORK, NY 10038	NEW YORK, NY 10004

2011 FORM 990

ELECTRONIC FILING:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

2011 CALIFORNIA FORM 199

FORM 199 HAS A BALANCE DUE OF\$

10

THE RETURN SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL. INCLUDE THE ORGANIZATION'S CALIFORNIA CORPORATION/ORGANIZATION NUMBER AND INCOME YEAR ON THE REMITTANCE.

PLEASE MAIL ON OR BEFORE DECEMBER 17, 2012.

MAIL TO - FRANCHISE TAX BOARD P.O. BOX 942857 SACRAMENTO, CA 94257-0701

Filing Instructions

Prepared for:	Prepared by:				
HAZON, INC.	BTLLET. F				

HAZON, INC.BILLET, FEIT & PREIS P.C.125 MAIDEN LANE NO. 8B42 BROADWAY SUITE 1815NEW YORK, NY 10038NEW YORK, NY 10004

2011 NEW YORK ANNUAL FILING FOR CHARITABLE ORGANIZATIONS

NEW YORK FORM CHAR500 MUST BE SIGNED AND DATED BY BOTH OF THE AUTHORIZED INDIVIDUALS. ALSO BE SURE THAT THE ATTACHED COPY OF FEDERAL FORM 990 HAS BEEN PROPERLY SIGNED AND DATED.

PLEASE SIGN AND MAIL ON OR BEFORE AUGUST 15, 2012.

MAIL TO - NEW YORK STATE DEPARTMENT OF LAW CHARITIES BUREAU - REGISTRATION SECTION 120 BROADWAY NEW YORK, NY 10271

ENCLOSE A CHECK FOR \$125 MADE PAYABLE TO NYS DEPARTMENT OF LAW. INCLUDE THE ORGANIZATION'S STATE REGISTRATION NUMBER(S) ON THE REMITTANCE.

Form 990
Department of the Treasury Internal Revenue Service

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)

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



ΑI	For th	e 2011 calendar year, or tax year beginning and	l ending		
B	Check if applicab	e: C Name of organization		D Employer identific	ation number
	Addre	HAZON, INC.			
	Name	e Doing Business As		13-4	087102
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Termi ated	125 MAIDEN DANE	8B	212-	644-2332
	Amer	City or town, state or country, and ZIP + 4		G Gross receipts \$	3,128,426.
	Appli	NEW IORK, NI 10056		H(a) Is this a group re	
	pend	F Name and address of principal officer: NIGEL SAVAGE		for affiliates?	Yes X No
			038	H(b) Are all affiliates inc	uded? Yes No
		empt status: 🛛 501(c)(3) 🛄 501(c) () 🗨 (insert no.) 🛄 4947(a)(1)) or 📃 527	If "No," attach a	list. (see instructions)
		te: WWW.HAZON.ORG		H(c) Group exemption	
K	Form o	forganization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 2000 N	State of legal domicile: NY
Pá	art I	Summary			
ø	1	Briefly describe the organization's mission or most significant activities:	SCHEDU	JLE O	
anc					
sr në	2	Check this box 🕨 📖 if the organization discontinued its operations or dispo	osed of mor	e than 25% of its net as	
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)		3	22
യ യ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	20
es	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		39	
viti	6	Total number of volunteers (estimate if necessary)			525
∖cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
4		Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)		1,338,432.	990,064.
Revenue	9	Program service revenue (Part VIII, line 2g)		1,792,934.	2,137,361.
ev.	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,201.	1,001.
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,132,567.	3,128,426.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		550,254.	1,047,628.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,161,394.	1,336,001.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
- dx	b	Total fundraising expenses (Part IX, column (D), line 25) 246,5	599.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		958,213.	850,511.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,669,861.	3,234,140.
	19	Revenue less expenses. Subtract line 18 from line 12		462,706.	-105,714.
Net Assets or Fund Balances			B	eginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		979,762.	817,183.
t AS: d B;	21	Total liabilities (Part X, line 26)		240,541.	158,756.
Fun	22	Net assets or fund balances. Subtract line 21 from line 20		739,221.	658,427.
Pá	art II	Signature Block	•		
Und	ler pen	Ities of perjury, I declare that I have examined this return, including accompanying schedul	es and staten	nents, and to the best of my	v knowledge and belief, it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of w			

Sign Here	Signature of officer NIGEL SAVAGE, EXECUTIVE DIRECTOR Type or print name and title	Date
Paid Preparer	Print/Type preparer's name Preparer's signature YUSSIE STEIER Firm's name ▶ BILLET, FEIT & PREIS P.C.	Date Check PTIN 07/16/12 if self-employed ₽00178538 Firm's EIN ► 13-2839033
Use Only	Firm's address 42 BROADWAY SUITE 1815 NEW YORK, NY 10004	Phone no. 212-425-3300
May the II	RS discuss this return with the preparer shown above? (see instructions)	X Yes No Form 990 (2011)

	n 990 (2011) HAZON, INC.	13-40	87102	Pag
Pa	rt III Statement of Program Service Accomplishments			
_	Check if Schedule O contains a response to any question in this Part III			[
1	Briefly describe the organization's mission: HAZON WORKS TO CREATE A HEALTHIER AND MORE SU	STATNABLE JEWISH		
	COMMUNITY AND A HEALTHIER AND MORE SUSTAINABLE		HAZO	N
	EFFECTS CHANGE IN THE WORLD IN THREE WAYS; (1			
		(2) THOUGHT LEAD	ERSHIP	II
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
	If "Yes," describe these new services on Schedule O.			37
3	Did the organization cease conducting, or make significant changes in how it conducts, any	<pre>/ program services?</pre>	Yes	Ă
4	If "Yes," describe these changes on Schedule O.	rearem convision on monoured	hu avaanaa	
4	Describe the organization's program service accomplishments for each of its three largest p Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to re	-	•	
	others, the total expenses, and revenue, if any, for each program service reported.	sport the amount of grants and	anocations	0
4a	020 000) (Revenue \$	659,	56
	OUTDOOR ADVENTURE - A SERIES OF BIKE RIDES IN	THE UNITED STAT		
	ISRAEL AND YEAR-ROUND RELATED OUTDOOR ACTIVIT			
	LIVES, STRENGTHEN COMMUNITIES AND MAKE THE WO	RLD A BETTER PLA	CE FOR	
	ALL.			
4c) (Revenue \$	426,	
	FOOD PROGRAMS: A SERIES OF FOOD-RELATED PROGRA			PL
	TO EAT IN A WAY THAT IS HEALTHY FOR THEM AND '	THE WORLD AROUND	THEM.	
	Other program services (Describe in Schedule O.)			
4d			•	
	(Expenses \$ 889,254 · including grants of \$ 175,093 ·) (Re	venue \$ 923,15	2 .)	
		venue \$ 923,15	,	
4e	(Expenses \$ 889,254 • including grants of \$ 175,093 •) (Re Total program service expenses ► 2,685,062 • 02	venue \$ 923,15	2 .) Form 9 9	90 (2
4e	(Expenses \$ 889,254 • including grants of \$ 175,093 •) (Re Total program service expenses ► 2,685,062 • 02	venue \$ 923,15	,	90 (2

2011.04000 HAZON, INC.

HAZON_ 4 Form 990 (2011)

HAZON, INC. 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)?			
•	If "Yes," complete Schedule A	1	X X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
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</i> " <i>Yes</i> ," <i>complete Schedule C, Part I</i>	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		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? If "Yes," complete Schedule C, Part III	5		Х
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? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		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>	8		x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		x	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	- 72	
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	x	
с	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? If "Yes," complete Schedule D, Part VIII	11c		х
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</i> "Yes," <i>complete Schedule D, Part IX</i>	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		- 23
D.	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	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? If "Yes," complete Schedule F, Parts II and IV	15	Х	
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? If "Yes," complete Schedule F, Parts III and IV	16		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</i> "Yes," <i>complete Schedule G, Part I</i>	17		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? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	<u> </u>		
	complete Schedule G, Part III	19		x
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form **990** (2011)

132003 01-23-12

Form 990 (HAZON,	
Part IV	Check	list of Required Sc	hedules (continued)

HAZON, INC.

	13-4087102 Page	4
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21 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, output May, line 21 * Was: how propries Schedule / Parts I and II 21 X 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, oclum MA, Jine 21 * Was: homples Schedule / Parts I and II 22 X 23 Did the organization navwer 'Ves' to Part VII. Section A, Jine 3, 4, or 5 about compensation of the organization sourcent and former officers, directors, trustees, key employees, and highest compensation of the organization sourcent and former officers, directors, trustees, key employees, and highest compensation of the organization invest any sourcends of tax exempt bonds buyend a temporary period exception? 23 X 24 Did the organization invest any proceeds of tax exempt bonds buyend a temporary period exception? 24a X 25 Section S01(c)(3) and S01(c)(4) organizations. Did the organization invase in a excess benefit transaction with a disqualified person in a prory ear and tax exempt bonds buyend a tarry time during the year? 24d 25a 26 Section S01(c)(3) and S01(c)(4) organizations. Did the organization invase in a excess benefit transaction with a disqualified person in a prory ear and tax with the organization invase in a excess benefit transaction with a disqualified person and in give ear and tax ear and the organization invase in a excess benefit transaction with a disqualified person during mey ear and tax ear earce that englise for the				Yes	No
column (Å), ine 27 If Yes," complete Schedule I, Perts 1 and III 22 X 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's ourrent and former officers, directors, trustees, key employees, and highest compensation and the organization's current and former officers, directors, trustees, key employees, and highest compensation of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If 'No', go to line 25. 24a X b Ub the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 24d X c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d X d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d X d Did the organization and the it engaged in a excess benefit transaction with a disqualified person in a prior year, and that the transaction and the it engaged in a excess benefit transaction with a disqualified person in a prior year, and that the transaction on prior the organization's prior Forms 990 or 90-E27 If "Yes," complete Schedule L, Part I 28 X 28 Was a loan to or by a current of former officer, director, trustee, key employee, substantial contributor or employee thereof, agrant selection committee member, or to a 35% controlied entity or family member of any of these persons 0," If "Yes," complete Schedule L, Part I/ 28a	21		21	x	
and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes, "complete Schedule J. 23 X 24a 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? If 'Yes, "answer lines 24b through 24d and complete Schedule J. If 'No's, or to line 25. 24a X 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a X 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d X 25a Section 501(e)(3) and 501(e)(4) organizations. Did the organization engage 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 spring process benefit transaction with a disqualified person outstanding as of the organization's prior Form 599 or 90-E27 If 'Yes,' complete Schedule L, Part I 25a X 26 Was a loan to or by a current or former officer, director, tustee, key employee, substantial contributor or employee thered, a grant selection committee member, or to a 35% controlled entity or family member of a current or former officer, director, tustee, or key employee (or family member of a current or former officer, director, tustee, or key employee (or family member of a current or former officer, director, tustee, or key employee (or family member of a current or former officer, director, tustee, or key employee (or family member of a current or former officer, director, tustee, or key employee (or family member of a current or former officer, director	22		22		x
Schedule J 23 X 24a 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? If 'Yes,'' answer lines 2/b through 2/d and complete Schedule K. If 'No', go to line 25 24a X 24b Did the organization investant an encore account other than a refunding escrew at any time during the year to defease any tax-evempt bonds? 24b X 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization investant the any and the year? 24d 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization senses benefit transaction with a disqualified person during the year? If 'Yes,'' complete Schedule L, Part I 25a X 25a Was a ban to orby a current or former officer, functer, trustee, key employee, highly compansated employee, or disqualified person outstanding as of the organization route a grant or other assistance to an officer, functer, key employee, highly compansated employee, or disqualified person outstanding as of the organization is tax year? If 'Yes,'' complete Schedule L, Part I 26a X 27 Did the organization investes a prostice Schedule L, Part II 27a X 28 Was the organization investes contrommet member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,'' complete Schedule L, Part II 28a X 29 Did the organization receive controbutions of the tollowing parties (see Schedule L, Part IV instructions or applicable ling thresholds, conditions, and exceptions? 27a X	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
is tay of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete 24a X 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? 24b 24d c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 24d 24d d Did the organization maintain an escrow account other than a refunding stary time during the year to defease any tax exempt bonds? 24d 24d 25a Section 501(c(A) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not bey a current or former officer, director, trustee, key employee, highly complemented employee, or disqualified person oung and the organization's tax year? If "Yes," complete Schedule L, Part I 25b X 27 Did the organization any of the organization's prior Forms 990 or 908/E27 If "Yes," complete Schedule L, Part II 26 X 28 Was a loan to by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person any of these persons? If "Yes," complete Schedule L, Part III 26b X 29 Uth the organization a part to abuinses transaction with no of tha following parties (see Schedule L, Part IV 28a X 29 Did the organization and the organization's part to abuinses transaction with no or oth following parties (see Schedule L, Part IV 28b			23	х	
b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization ergage 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 900 or 900-E27 II "Yes," complete Schedule L, Part I 25b X 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization s tax year? II "Yes," complete Schedule L, Part II 26b X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributors of rapy of these persons? II "Yes," complete Schedule L, Part II 27 X 28 Was the organization or party to a business transaction with one of the following parties (see Schedule L, Part IV instructions of a current or former officer, director, trustee, or key employee? II "Yes," complete Schedule L, Part IV 28b X 29 Did the organization receive contributions of art, historical treasures, or orber toraling member do a current or former officer, director,	24a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		x
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Note. All Form 990 filers are required to complete Schedule O	57		37		Х
	38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
		Note. All Form 990 filers are required to complete Schedule O			2011)

132004 01-23-12

Form	990 (2011) HAZON, INC. 13-4087	102	Р	age 5
Pa				
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 40			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 39			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			37
	any contributions that were not tax deductible?	6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6b		
_	were not tax deductible?			
7				
a L				
	 b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required 			<u> </u>
C	to file Form 8282?	7c		x
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
10	amounts due or received from them.)	40		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.	134		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
U	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
			990	(2011)

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HAZON, INC.

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.

ponse to any question in this Part VI

X

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 22			
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 20			
2	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?	2		Х
3	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?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	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?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	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	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	<u> </u>
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37	
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X X	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14	Λ	
15	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?	45	v	
	The organization's CEO, Executive Director, or top management official	15a	X X	<u> </u>
D	Other officers or key employees of the organization	15b	л	
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable antituduring the year?	16-		x
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	<u>16a</u>		
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
Sec	exempt status with respect to such arrangements?			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright NY$			
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)	availah	le	
10	for public inspection. Indicate how you made these available. Check all that apply.	avanac		
	Own website Another's website I upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, ar	d finar	ncial	
	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 of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	tion: 🖿	•	
	LISA SACKS - 212-644-2332			
	125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038			
132000 01-23-		Form	990	(2011)
	6			. ,

^{2011.04000} HAZON, INC.

• 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. T

(A)	(B)	<u></u>		(0	C)			(D)	(E)	(F)
Name and Title	Average hours per week	box	not c , unle	Posi heck ss per nd a di	more rson	than is bot	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ADINA ABRAMOWITZ										
TREASURER	2.00	X						0.	0.	0.
(2) RICHARD DALE									•	<u> </u>
CHAIRMAN OF THE BOARD	4.00	X						0.	0.	0.
(3) JONATHAN DRILL										
MEMBER-AT-LARGE	0.70	X						0.	0.	0.
(4) RUTH MESSINGER									0	
MEMBER-AT-LARGE	0.70	X						0.	0.	0.
(5) HOWARD RODENSTEIN									0	0
MEMBER-AT-LARGE	2.00	X						0.	0.	0.
(6) ELLEN GOODMAN									0	
MEMBER-AT-LARGE	0.70	X						0.	0.	0.
(7) JAY MOSES	0 70	37						0	0	
MEMBER-AT-LARGE	0.70	X					<u> </u>	0.	0.	0.
(8) ANNA OSTROVSKY	2.00	x						0.	0.	0.
MEMBER-AT-LARGE (9) MAYA SHETREAT-KLEIN	2.00							0.	0.	0.
(9) MAIA SHETKEAT-KLEIN MEMBER-AT-LARGE	1.00	x						0.	0.	0.
(10) MANDY PATINKIN	1.00						<u> </u>	0.	0.	0.
MEMBER-AT-LARGE	0.20	x						0.	0.	0.
(11) DAVID WOLFE	0.20						-	0.	0.	<u>0.</u>
MEMBER-AT-LARGE	1.50	x						0.	0.	0.
(12) CLARE GOLDWATER										
EXECUTIVE COMMITTEE MEMBER	2.00	x						0.	0.	0.
(13) TRISHA MARGULIES								•••		
EXECUTIVE COMMITTEE MEMBER	2.00	x						0.	0.	0.
(14) RABBI RACHEL KAHN-TROSTER										
MEMBER-AT-LARGE	1.00	x						0.	0.	0.
(15) SHULAMITH PASSOW										
MEMBER-AT-LARGE	1.00	x						0.	Ο.	0.
(16) DIANE TRODERMAN										
MEMBER-AT-LARGE	0.70	x						0.	Ο.	0.
(17) STUART KURTZ										
EXECUTIVE COMMITTEE MEMBER	2.00	X						0.	0.	0.
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Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	oyee	s, a	nd	High	est	Compensated Employ	ees (continued)				
(A)	(B)			•	C)			(D)	(E)			(F)	
Name and title	Average	(do			itior more	ו than	one	Reportable	Reportable			timat	
	hours per week	box	, unles	ss pe	rson	is bot or/trus	h an	compensation	compensation			nount	
	(describe					T		from the	from related			othe	
	hours for	directo				-			organizations (W-2/1099-MISC	3		pens om tł	
	related	e or c	stee			nsated		(W-2/1099-MISC)	(11 2/1000 10100	′		aniza	
	organizations	truste	al tru:		yee	mpe		(•	d rela	
	in Schedule	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ner				orga	anizat	tions
	O)	lndi	Insti	Officer	Key	High	Forr			\rightarrow			
(18) SASHA LANSKY	0.70	x						0.		0.			0.
MEMBER-AT-LARGE (19) RABBI DAVID TEUTSCH	0.70	<u> </u>			-			0.		<u>-</u> +			0.
EXECUTIVE COMMITTEE MEMBER	2.00	x						0.		0.			0.
(20) HOWARD METZENBERG													
MEMBER-AT-LARGE	5.00	х						0.	(0.			0.
(21) CHERYL COOK													•
C00	40.00			Х				112,098.		0.			0.
(22) NIGEL SAVAGE EXECUTIVE DIRECTOR	40.00			х				149 456		0.	1	6 7	05
(23) JONATHAN FISH	40.00			Λ	-			148,456.		<u>-</u> +		0,2	295.
CFO	40.00			х				65,409.		0.		4.2	217.
										-		<u>,</u>	
										\rightarrow			
1b Sub-total								325,963.	(0.	2	0,5	512.
c Total from continuation sheets to Part VI	I, Section A					•		0.		0.			0.
d Total (add lines 1b and 1c)								325,963.		0.	2	0,5	512.
2 Total number of individuals (including but n	ot limited to th	iose	liste	ed a	bov	e) wł	no r	eceived more than \$100	,000 of reportable				
compensation from the organization 🕨												V	2
	-1				1-					П		Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su	,		·				,	nignest compensated e	1 5	1	3		x
4 For any individual listed on line 1a, is the su											-		
and related organizations greater than \$150	-		-							[4	Х	
5 Did any person listed on line 1a receive or a	ccrue compe	nsat	ion f	rom	any	y unr	elat	ted organization or indiv	idual for services				
rendered to the organization? If "Yes," com	olete Schedul	e J f	or sı	ıch	pers	son .					5		X
Section B. Independent Contractors									<u> </u>				
1 Complete this table for your five highest con the organization. Report compensation for t										ensa	Ition 1	rom	
(A)	ne oalendar y		orran	ig v	vicii			(B)			(0)	
Name and business	address	N	ONE	2				Description of s	ervices	Co	ompe	nsatio	on
							_						
2 Total number of independent contractors (ii	ncluding but p	ot li	miter	d to	tho	se li	ster	above) who received n	ore than				
\$100,000 of compensation from the organiz				0		0							
· · · · · · · · · · · · · · · · ·										F	Form	990	(2011)

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Pa	rt VII	Statement of Reven	lue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1 a	Federated campaigns	1a					
ar ar		Membership dues						
کې کې		Fundraising events						
Ξ.		Related organizations						
s, i		Government grants (contributi						
Sio		All other contributions, gifts, grant						
hei	•	similar amounts not included abov		990,064.				
ĒĐ	a	Noncash contributions included in lines						
Contributions, Gifts, Grants and Other Similar Amounts	-	Total. Add lines 1a-1f			990,064.			
<u> </u>				Business Code				
ø	2 a	FISCAL SPONSORS	HTPS	611710	923,152.	923,152.		
ś	b			611710	659,568.			
Ser	c c			611710	426,372.			
E S	-	MAKOM HADASH		611710	128,269.			
Be				011/10	120,209.	120,205.		
Program Service Revenue	e f	All other program service rever	<u></u>					
		Total. Add lines 2a-2f			2,137,361.			
	3	Investment income (including of						
	-	other similar amounts)			1,001.			1,001.
	4	Income from investment of tax						
	5	Royalties		-				
	Ŭ		(i) Real	(ii) Personal				
	6 a	Gross rents	(i) Hour					
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
	<i>'</i> u	assets other than inventory						
	h	Less: cost or other basis						
		and sales expenses						
	~	Gain or (loss)						
		Net gain or (loss)						
		Gross income from fundraising						
Other Revenue	0 4	including \$						
Nel I		contributions reported on line						
۳,		•	-					
her	Ь	Part IV, line 18 Less: direct expenses						
đ		Net income or (loss) from fund						
				>				
	9 a	Gross income from gaming ac						
	h	Part IV, line 19						
		Less: direct expenses Net income or (loss) from gam						
		Gross sales of inventory, less						
	10 a	and allowances						
	h	Less: cost of goods sold						
		Net income or (loss) from sales						
t		Miscellaneous Revenue		Business Code				
	11 a							
	b							
	c							
		All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			3,128,426.	2,137,361.	0.	1
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HAZON, INC.

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HAZON, INC.

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) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respon	se to any question in th			L
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1,047,628.	1,047,628.		
0					
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	325,963.	148,136.	134,022.	43,805.
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	840,369.	668,297.	17,601.	154,471.
8	Pension plan accruals and contributions (include	,	,		,
5	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	67,600.	47,320.	8,788.	11,492.
9 10		102,069.	71,448.	13,269.	17,352.
11	Payroll taxes Fees for services (non-employees):	102,005	, 1, 440 •		1,,552.
	Management				
		9,000.		9,000.	
	Accounting	5,000.		5,000.	
	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees	80,840.	47,860.	32,526.	454.
g	Other	38,978.	34,646.	4,122.	210.
12	Advertising and promotion	28,009.	25,222.	2,787.	210.
13	Office expenses	5,489.	1,227.	4,262.	
14	Information technology	J,409.	1,227•	4,202.	
15	Royalties	145,316.	126,836.	18,480.	
16		55,511.	42,185.	9,828.	3,498.
17	Travel	JJ, JII.	42,103.	9,020.	5,490.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	21,758.	18,086.	1,392.	2,280.
19	Conferences, conventions, and meetings	21,730.	10,000.	1,392.	2,200.
20	Interest				
21	Payments to affiliates	21,321.	21,321.		
22	Depreciation, depletion, and amortization	17,709.	4,675.	13,034.	
23	Insurance Other expenses. Itemize expenses not covered	±1,109.	±,0/J.	T2,024.	
24	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.)				
а	LODGING	193,167.	190,592.	300.	2,275.
b	FOOD	89,428.	84,906.	3,293.	1,229.
c	TELEPHONE	33,620.	21,243.	12,377.	
d	ON-LINE PROCESSING FEES	32,431.	17,817.	13,604.	1,010.
е	All other expenses	77,934.	65,617.	3,794.	8,523.
25	Total functional expenses. Add lines 1 through 24e	3,234,140.	2,685,062.	302,479.	246,599.
26	Joint costs. 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)				
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							-
	1	Cash - non-interest-bearing			495,795.	1	296,557.
	2	Savings and temporary cash investments			171,396.	2	279,855.
	3	Pledges and grants receivable, net			101,650.	з	90,250.
	4	Accounts receivable, net			99,228.	4	42,525.
	5	Receivables from current and former officers, dir					
		employees, and highest compensated employee	es. Cor	nplete Part II			
		of Schedule L				5	
	6	Receivables from other disqualified persons (as	defined	d under section			
		4958(f)(1)), persons described in section 4958(c))(3)(B),	and contributing			
		employers and sponsoring organizations of sect	ion 50 [.]	I (c)(9) voluntary			
<i>"</i>		employees' beneficiary organizations (see instru	ctions)			6	
Assets	7	Notes and loans receivable, net				7	
Ast	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			23,374.	9	16,078.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	77,251.			
	b	Less: accumulated depreciation	10b	45,270.	53,302.	10c	31,981.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1	1		25,000.	12	49,920.
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			10,017.	15	10,017.
	16	Total assets. Add lines 1 through 15 (must equa	al line 3	34)	979,762.	16	817,183.
	17	Accounts payable and accrued expenses			195,541.	17	117,280.
	18	Grants payable			39,900.	18	33,676.
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
es	21	Escrow or custodial account liability. Complete F	of Schedule D		21		
iifi	22	Payables to current and former officers, director					
Liabilities		highest compensated employees, and disqualified	ed pers	sons. Complete Part II			
-		of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, page	-				
		parties, and other liabilities not included on lines	17-24)	. Complete Part X of	F 100		
		Schedule D			5,100.	25	7,800.
	26	Total liabilities. Add lines 17 through 25			240,541.	26	158,756.
		Organizations that follow SFAS 117, check he	ere 🕨	A and complete			
Sec		lines 27 through 29, and lines 33 and 34.			224 050		260 215
and	27	Unrestricted net assets			234,950.	27	268,315.
Ba	28	Temporarily restricted net assets			504,271.	28	390,112.
pu	29					29	
Ë		Organizations that do not follow SFAS 117, cl	heck h	ere 🕨 📖 and			
Net Assets or Fund Balances		complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds			30		
As	31	Paid-in or capital surplus, or land, building, or eq			31		
Net	32	Retained earnings, endowment, accumulated in			739,221.	32	650 107
-	33	Total net assets or fund balances			979,762.	33	658,427. 817,183.
	34	Total liabilities and net assets/fund balances			515,102.	34	
							Form 990 (2011)

(B) End of year

(A) Beginning of year

Form 990 (2011)
Part X Balance Sheet

Form	1990 (2011) HAZON, INC.	13-408	37102	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,128		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,234		
3	Revenue less expenses. Subtract line 2 from line 1	3	-105		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			21.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			20.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	658	3,4	27.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII	<u></u>			X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				X
b	Were the organization's financial statements audited by an independent accountant?		. 2b	Х	
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		. 3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.				
			- (~ ~ ~ ~

Form **990** (2011)

Department of the Treasury

(Form 990 or 990-EZ)

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. .

Internal Reve	enue Service	► At	tach to Form 990 or Fo	orm 990-E	Z. 🕨 See	separate	instructio	ons.		Inspe	ction	
Name of	the organizati	on						E	mployer i	dentificati	on nu	mber
		HAZON,							13	<u> 4087 </u>	102	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this par	t.) See inst	ructions.				
The organ	nization is not a	a private foundation	because it is: (For lines 1	1 through	11, check	only one b	ox.)					
1 🖳	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ection 170	(b)(1)(A)(i)	•				
2 🔛	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
3 🖳	•		tal service organization of									
4 📖			operated in conjunction	with a hos	pital desc	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter th	ne hospital	's nam	ıe,
	city, and stat											
5 📖			benefit of a college or ur	niversity o	wned or op	perated by	a governr	mental unr	t describe	ed in		
•		(b)(1)(A)(iv). (Comple				1700 10						
6 🗆 7 X			ent or governmental unit									
7 🔟			eives a substantial part	of its supp	ort from a	governme	ental unit o	or from the	general p	oublic desc	ribed i	'n
8		b)(1)(A)(vi). (Comple		Complete	Dort II.)							
9 🗆			ection 170(b)(1)(A)(vi). (eives: (1) more than 33 1			rom contri	butions m	omborshi	n foos an	d gross ro	ointe	from
3 🗆												
	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.											
		509(a)(2). (Complete					loqui ou b	y the ergu	. neation a		.0, 101	0.
10			perated exclusively to te	st for publ	ic safetv. S	See sectio	n 509(a)(4	H).				
11			perated exclusively for th						y out the p	purposes c	of one	or
	more publicly	supported organiza	ations described in section	on 509(a)([.]	1) or section	on 509(a)(2	2). See sec	tion 509(a	a)(3). Che	ck the box	that	
	describes the	e type of supporting	organization and comple	ete lines 1	1e through	n 11h.						
	а 🗔 Туре I	b	Type II c	; 🗔 Тур	e III - Fund	tionally int	egrated		d 🗌	Type III - C	Other	
е 🗌	By checking	this box, I certify tha	at the organization is not	controllec	l directly o	r indirectly	by one or	r more disc	qualified p	persons oth	ner tha	เท
	foundation m	anagers and other t	han one or more publicly	y supporte	d organiza	ations des	cribed in s	ection 509	9(a)(1) or s	section 509	(a)(2).	
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	ре I, Туре	II, or Type	e III				
	supporting o	rganization, check th	nis box									. 📖
g	Since August	t 17, 2006, has the c	organization accepted ar	ny gift or c	ontributior	n from any	of the follo	owing pers	sons?			
			lirectly controls, either al								Yes	No
			upported organization?									
			n described in (i) above?									<u> </u>
			person described in (i) o							. 11g(iii)		
h	Provide the f	ollowing information	about the supported or	ganization	(s).							
			(iii) Type of	() .)		(.) D'		(vi) le	tho			
.,	e of supported	(ii) EIN	organization	(iv) Is the c in col. (i) lis	organization	organizat	ion in col	Tordanizatio	on in col. I	(vii) An		ſ
org	anization		(described on lines 1-9	governing	document?	(i) of your	support?	(i) organize (i) U.S.	ed in the	sup	port	
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
				103		105		163				

Schedule A (Form 990 or 990-EZ) 2011

132021 01-24-12

Total

Form 990 or 990-EZ.

22220716 781772 HAZON

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OMB No. 1545-0047

Open to Public

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Schedule A	A (Form 990 or 990-EZ) 2011 HAZON, INC.	13-4087102 Page 2					
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 org	anization failed to qualify under Part III. If the organization					
	fails to qualify under the tests listed below, please complete Part III.)						

Calendar year (or fiscal year beginning in) (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total 7 Amounts from line 4 1234632. 1030279. 1174268. 2695242. 2744982. 8879403. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 519. -289. 1,048. 1,201. 1,001. 3,480. 9 Net income from unrelated business activities, whether or not the business is regularly carried on 519. -289. 1,048. 1,201. 1,001. 3,480. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 88822883. 8882883. 12 Gross receipts from related activities, etc. (see instructions) 12 2,879,931. 13 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	Sec	tion A. Public Support						
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and stop here. The organization qualifies as a publicly supported organization > 17a 10% -facts-and-circumstances test - 2011. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization > b 10% -facts-and-circumstances test - 2010. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		stop here. The organization qualifies	as a publicly supp	orted organizatior				
 17a 10% -facts-and-circumstances test - 2011. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	b	33 1/3% support test - 2010. If the c	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		and stop here. The organization qual	ifies as a publicly s	supported organiz	ation			▶∟
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2010. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	17a	10% -facts-and-circumstances tes	t - 2011. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
 b 10% -facts-and-circumstances test - 2010. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 		and if the organization meets the "fac	ts-and-circumstan	ces" test, check tl	nis box and stop h	ere. Explain in Pa	t IV how the organ	ization
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		
organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization	b	10% -facts-and-circumstances tes	t - 2010. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
		more, and if the organization meets the	ne "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explain	in Part IV how the	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶∐]
	18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	nd see instruction	s ►

Schedule A (Form 990 or 990-EZ) 2011

132022 01-24-12

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.)

	ction A. Public Support			·	-i	-	,
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1							
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
•	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
b	3 received from disqualified persons 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						
с	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		-				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
с	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth	tax year as a secti	on 501(c)(3) organi	zation,
	check this box and stop here	-	<u></u>	·····	-	···	>
Sec	ction C. Computation of Publ						
15	Public support percentage for 2011 (line 8, column (f) d	ivided by line 13,	column (f))		15	%
	Public support percentage from 2010					16	%
Sec	ction D. Computation of Inve	stment Incom	e Percentage			-i - i	
	Investment income percentage for 20					17	%
	Investment income percentage from						%
19a	33 1/3% support tests - 2011. If the	-					
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2010. If the						
•	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check			
13202	23 01-24-12			15	Sc	nedule A (Form 99	0 or 990-EZ) 2011

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2011.04000 HAZON, INC.

Schedule A

123171 05-01-11

Identification of Excess Contributions Included on Part II, Line 5

2011

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
NATHAN CUMMINGS FOUNDATION	395,000.	217,342.
RICHARD AND RHODA GOLDMAN FUND	427,500.	249,842.
DOROT FOUNDATION	410,000.	232,342.
LIPPMAN KANFER FAMILY FOUNDATION	281,250.	103,592.
UJA FEDERATION OF NY	582,231.	404,573.
HOWARD METZENBERG	240,000.	62,342.
Total Excess Contributions to Schedule A, Part II, Line 5		1,270,033.

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

2011

Employer identification number

13-4087102

Ν	ame	of	the	orga	niza	ti	0	n
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HAZON, INC.

Organi	zation	type (c	heck	: one)	:	

Filers of:	Section:
Form 990 or 990-EZ	X 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

X 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.

J 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) (2011)

Schedule B	(Form	990,	990-EZ,	or 990	-PF)	(2011)
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Employer identification number

HAZON, INC.

13-4087102

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DOROT FOUNDATION 401 ELMGROVE AVE PROVIDENCE, RI 02906	\$90,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	RICHARD & RHODA GOLDMAN FUND 160 PACIFIC AVENUE, SUITE 200 SAN FRANCISCO, CA 94111	\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ROSE COMMUNITY FOUNDATION 600 SOUTH CHERRY STREET, SUITE 1200 DENVER, CO 80246	\$119,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	UJA FEDERATION OF NY 130 EAST 59TH STREET NEW YORK, NY 10022	\$217,005.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	HOWARD METZENBERG 4616 25TH AVENUE NE 707 SEATTLE, WA 98105	\$ <u>140,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	JOYCE & IRVING GOLDMAN FAMILY FOUNDATION 417 FIFTH AVENUE, SUITE 400	\$85,000.	Person X Payroll Noncash
	NEW YORK, NY 10016		(Complete Part II if there is a noncash contribution.)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

Employer identification number

HAZON, INC.

13-4087102

putors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
R THE WORLD TH AVENUE, SUITE 1703 ORK, NY 10018	\$83,025.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
N CUMMINGS FOUNDATION ENTH AVEUE, 14TH FLOOR ORK, NY 10018	\$90,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

2011.04000 HAZON, INC.

HAZON,	, INC.		13-4087102
Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	Data recoived
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	
123453 01-23		\$Schedule B	

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

19 2011.04000 HAZON, INC. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

hazon_2

Page 3 Employer identification number

Name of orga	anization		Employer identification number
HAZON,	INC.		13-4087102
Part III	Exclusively religious, charitable, etc., ind year. Complete columns (a) through (e) and the total of exclusively religious, charitable, e Use duplicate copies of Part III if addition	tc., contributions of \$1,000 or less for t	(7), (8), or (10) organizations that total more than \$1,000 for the scompleting Part III, enter the year. (Enter this information once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
 		(e) Transfer of gift	
-	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
_	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift and ZIP + 4	Relationship of transferor to transferee
123454 01-23-	12		Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

^{2011.04000} HAZON, INC.

SCHEDULE I	D
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(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.

Nam	e of the organization HAZON , INC .				Employer identification number 13-4087102
Pa		sed Funds o	r Other Similar Fund	ls or A	
	organization answered "Yes" to Form 990, Part IV, I				
			onor 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 i		e assets held in donor adv	ised fun	ds
	are the organization's property, subject to the organization	-			
6	Did the organization inform all grantees, donors, and donor				
	for charitable purposes and not for the benefit of the dono				
	impermissible private benefit?				
Pai	t II Conservation Easements. Complete if the of	organization and	swered "Yes" to Form 990,	Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organiz	ation (check all	that apply).		
	Preservation of land for public use (e.g., recreation o	r education)	Preservation of an h	istoricall	y important land area
	Protection of natural habitat		Preservation of a ce	rtified his	storic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qua	alified conserva	tion contribution in the forr	n of a co	nservation easement on the last
	day of the tax year.				
					Held at the End of the Tax Year
а	Total number of conservation easements				2a
b	Total acreage restricted by conservation easements				2b
С	Number of conservation easements on a certified historic s				2c
d	Number of conservation easements included in (c) acquire			cture	
	listed in the National Register				2d
3	Number of conservation easements modified, transferred,	released, exting	guished, or terminated by t	he organ	ization during the tax
-	year				
4	Number of states where property subject to conservation				
5	Does the organization have a written policy regarding the p				Yes No
~	violations, and enforcement of the conservation easements		a concernation concernante		
6 7	Staff and volunteer hours devoted to monitoring, inspectin Amount of expenses incurred in monitoring, inspecting, an				
7 8	Does each conservation easement reported on line 2(d) ab				
0					
9	and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conserv				
5	include, if applicable, the text of the footnote to the organiz				
	conservation easements.				anzatori e acceanting for
Pa		of Art, Hist	orical Treasures, or	Other S	Similar Assets.
	Complete if the organization answered "Yes" to For				
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not t	o report in its revenue state	ement ar	nd balance sheet works of art,
	historical treasures, or other similar assets held for public e	-	-		
	the text of the footnote to its financial statements that des				
b	If the organization elected, as permitted under SFAS 116 (a	ASC 958), to re	port in its revenue stateme	nt and b	alance sheet works of art, historical
	treasures, or other similar assets held for public exhibition,	education, or r	esearch in furtherance of p	ublic ser	vice, 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 t	reasures, or oth	ner similar assets for financ	ial gain,	provide
	the following amounts required to be reported under SFAS				
а	Revenues included in Form 990, Part VIII, line 1				
b	Assets included in Form 990, Part X				▶ \$
	For Paperwork Reduction Act Notice, see the Instruction	ons for Form 99	90.		Schedule D (Form 990) 2011
13205 01-23-	2				

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2011.04000	HAZON,	INC.

OMB No. 1545-0047

Open to Public

Inspection

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Ζ

	dule D (Form 990) 2011 HAZON,							L3-40			
Pa	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures, o	or Othe	r Simila	ar Asse	ts (cont	inued)	
3	Using the organization's acquisition, accessi	ion, and other record	ds, chec	k any of the	following that	t are a si	gnificant ı	use of its	collectio	n item	s
	(check all that apply):										
а	Public exhibition	c	I []	Loan or exc	hange progra	ims					
b	Scholarly research	e		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	hey further tl	he organizatio	on's exer	npt purpc	se in Par	t XIV.		
5	During the year, did the organization solicit of	or receive donations	of art, hi	istorical trea	sures, or othe	er similar	assets		_		-
	to be sold to raise funds rather than to be m							L	Yes		No
Pa	t IV Escrow and Custodial Arran		ete if the	e organizatio	n answered "	'Yes" to l	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	is or other as	sets not	included		-		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table:							
									Amoun	t	
с	Beginning balance						. 1c				
d	Additions during the year						. 1d				
е	Distributions during the year						. 1e				
f	Ending balance										
	Did the organization include an amount on F		21?					∟	Yes		No
	If "Yes," explain the arrangement in Part XIV										
Pai	rt V Endowment Funds. Complete i		nswered	"Yes" to Fo							
		(a) Current year	(b) F	Prior year	(c) Two years	s back 🛛 🌔	d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Temporarily restricted endowment	%									
	The percentages in lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should										
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administer	red for th	ne organiz	ation	r		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organization								3b		
4	Describe in Part XIV the intended uses of the	<u>u</u>									
Pai	t VI Land, Buildings, and Equipm				i						
	Description of property	(a) Cost or o basis (investr		(b) Cost basis	or other (other)	• •	cumulate reciation	d	(d) Boo	k value	Ð
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment			7	7,251.		45,21	70.	3	1,9	81.
	Other										
	I. Add lines 1a through 1e. (Column (d) must e		X, colur	mn (B), line 1	0(c).)	<u></u>	<u></u>		3	1,9	81.
								Sobodulo		000	0044

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011 HAZON, INC.			13	-4087102 Page 3
Part VII Investments - Other Securities. Se	e Form 990, Part X, li	ne 12.		
(a) Description of security or category (including name of security)	(b) Book value	Co	(c) Method of valua ost or end-of-year mar	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A) 192 UNITS GLOBAL SUN				
(B) PARTNERS LP	49,92	20. END-OF-Y	EAR MARKET	VALUE
(C)				
(D)				
(E)				
(F)(G)				
<u>(H)</u>				
(I) Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ►	49,92	20		
Part VIII Investments - Program Related. Se				
Fait vin investments - Program Related. Se	e Form 990, Part X, I	line 13.	(c) Method of valua	
(a) Description of investment type	(b) Book value	Co	ost or end-of-year mar	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line	15.	L		
	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) line	15)			
Part X Other Liabilities. See Form 990, Part X,			·····	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes		(-)	-	
(2) MEMBER DEPOSITS		7,800.		
		,,		
(3)			-	
(4)				
(5)				
(6)			-	
(7)			-	
(8)			-	
(9)			-	
(10)			-	
(11) 	05)	7 000		
Total. (Column (b) must equal Form 990, Part X, col (B) line Filv 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to 2. FIN 48 (ASC 740).	e 23.) Dithe organization's financial	I, OUU • statements that reports the organ	Ization's liability for uncerta	in tax positions under
2. FIN 48 (ASC 740). 132053		-		
132053 01-23-12			Sch	edule D (Form 990) 2011

Sche	dule D (Form 990) 2011 HAZON, INC.					4087102	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 t	o Audited	Financial S	Stater	nent	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1			3,128,	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			3,234,	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3			-105,	
4	Net unrealized gains (losses) on investments					24,	,920.
5	Donated services and use of facilities						
6	Investment expenses						
7	Prior period adjustments						
8	Other (Describe in Part XIV.)						
9	Total adjustments (net). Add lines 4 through 8						<u>,920.</u>
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 a						,794.
Par	t XII Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue p	er Re	eturn		
1	Total revenue, gains, and other support per audited financial statements			L	1	3,154,	,546.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains on investments	. 2a					
b	Donated services and use of facilities	. 2b	1,2	00.			
с	Recoveries of prior year grants	. 2c					
d	Other (Describe in Part XIV.)	. 2d	24,9	20.			
е	Add lines 2a through 2d				2e		,120.
3	Subtract line 2e from line 1			L	3	3,128,	,426.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4 a		_			
b	Other (Describe in Part XIV.)	4b		_			
С	Add lines 4a and 4b				4c		0.
5			<u></u>		5	3,128,	,426.
Pa	rt XIII Reconciliation of Expenses per Audited Financial Staten		-	-	Retu		
1	Total expenses and losses per audited financial statements				1	3,235,	,340.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		1 0	~~			
а	Donated services and use of facilities		1,2	00.			
b	Prior year adjustments			_			
С	Other losses						
d	Other (Describe in Part XIV.)			_		1	200
е	Add lines 2a through 2d				2e	<u> </u>	,200.
3	Subtract line 2e from line 1				3	3,234,	,140.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1					
	Investment expenses not included on Form 990, Part VIII, line 7b						
	Other (Describe in Part XIV.)	4b		_			0
	Add lines 4a and 4b				4c	2 2 2 4	0.
5					5	3,234,	,140.
	rt XIV Supplemental Information						
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part	III, lines 1a a	nd 4; Part IV, li	nes 1b	and 2	2b; Part V, line	4; Part

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 a and 4; Part IV, lines 1 b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information. **PART X, LINE 2: NOT APPLICALBE**

PART XII, LINE 2D: UNRECOGNIZED INCREASE IN FAIR VALUE OF INVESTMENT

132054 01-23-12 Schedule D (Form 990) 2011

SCHEDULE	F
(Form 990)	

Department of the Treasury

Statement of Activities Outside the United States

Complete if the organization answered "Yes" to Form 990, Part IV line 14b 15 or 16

Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► See separate instructions.

Internal Rever	nue Service		•	F - 1			Inspection
Name of the	he organization					Employer identi	fication number
HAZON	, INC.					13-40871	02
Part I	General Info	rmation on A	Activities Out	tside the United States. Compl	ete if the orgar	nization answered	"Yes"
	to Form 990, Par						
				ds to substantiate the amount of its gr the selection criteria used to award the			Yes 🗌 No
		ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistance ou	tside the
	ed States. vities per Region, (Tl	he following Parl	t I, line 3 table ca	an be duplicated if additional space is	needed.)		
	(a) Region	(b) Number of offices in the region		(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If acti is a pro describe	vity listed in (d) gram service, e specific type ce(s) in region	(f) Total expenditures for and investments in region
						DD TOUR AND	
ISRAEL		0	0	PROGRAM SERVICES	ISRAEL BIKE	E RIDE	13,800.
3 a Sub	-total	0	0				13,800.
b Tota	al from continuation ets to Part I	0	0				0.
c Tota and	als (add lines 3a 3b)	0	0				13,800.

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

Schedule F (Form 990) 2011

132071 01-23-12

22220716 781772 HAZON

OMB No. 1545-0047

Open to Public

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			recognized as charities by the					<u> </u>
the IRS, or for which t 3 Enter total number of			n 501(c)(3) equivalency letter					

recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000

Schedule	e F (Form 990) 2011	HAZON,	INC.	13-4087102
Part II	Grants and Other As	ssistance to Orgar	nizations or Enti	ities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any

HAZON, INC.

Part II can be duplicated if additional space is needed.

Page 2

► X

(d) Amount of

cash grant

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

(c) Number of

recipients

Part III can be duplicated if additional space is needed.

HAZON, INC.

(b) Region

(a) Type of grant or assistance

(g) Description of

non-cash assistance

(f) Amount of

non-cash

assistance

(e) Manner of

cash disbursement

(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2011

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X 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	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form</i> 5471, <i>Information Return of U.S. Persons With Respect To Certain Foreign Corporations.</i> (see Instructions for Form 5471)	Yes	X 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? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund.</i> (see Instructions for Form 8621)	Yes	X 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	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form</i> 5713, <i>International Boycott Report (see Instructions for Form</i> 5713)	Yes	X No

Schedule F (Form 990) 2011

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.

SCHEDULE I								I	OMB No. 1	545-0047	
(Form 990)				Other Assistance s, and Individuals	-	-			20	11	
Department of the Treasury Internal Revenue Service	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.										
Name of the organization Employer ident											
HAZON, INC. 13-4087102											
	formation on Grants a										
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?											
ч ч											
	IV the organization's pro					· · · · · · · · · · · · · · · · · · ·	(N/ 15 - 01 fr			
	d Other Assistance to		-						-		
	nat received more than Idress of organization	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of		urpose of o	arant	
	vernment		if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance		assistanc		
URBAN ADAMAH											
125 MAIDEN LANE #								GRANTEE S	HARES SI	MILAR	
NEW YORK, NY 1003	8	27-4349643		5,000.	0.			GOALS			
ISABELLA FREEDMAN	ТЕМТСН ВЕТВЕАТ										
CENTER - 116 JOHN								GRANTEE SI	HARES SI	MILAR	
VILLAGE, CT 06031		13-1623922		11,000.	0.			GOALS			
JEWISH FARM SCHOO	L										
25 BROADWAY, 17TH								GRANTEE S	HARES SI	MILAR	
NEW YORK, NY 1000	4	13-4087102		5,000.	0.			GOALS			
WILDERNESS TORAH											
2150 ALLSTON WAY	#210							GRANTEE SI	HADEG GT	MTT.AP	
BERKLEY, CA 94704		45-4437061		5,966.	0.			GOALS			
,					•						
EDEN VILLAGE CAMP											
392 DENNYTOWN								GRANTEE S	HARES SI	MILAR	
PUTNAM VALLEY, NY	10579	26-4373931		6,000.	0.			GOALS			
0 Esta 1 1 1				l line of the lat							
	er of section 501(c)(3) a							🕻 .			
	er of other organization							·····			

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Schedule I (Form 990) (2011)

HAZON, INC.

Page 2

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, 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 Compensation Information Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" to Form 990,							
	partment of the Treasury Part IV, line 23.							
_	Attach to Form 990. See separate instructions. ame of the organization Employer iden							
main	HAZON, INC.	E	13-408710		71			
Pa	art I Questions Regarding Compensation		13 400/10	2	—			
1 4	arti duestions negarang compensation			Yes N	_			
	Travel for companions Pay Tax indemnification and gross-up payments Hea	•	ll use dence		<u>,</u>			
h	If any of the boxes on line 1a are checked, did the organization follow a v	ritten policy regarding payment or						
	reimbursement or provision of all of the expenses described above? If "N		1b					
					—			
	trustees, and the CEO/Executive Director, regarding the items checked in							
	CEO/Executive Director. Check all that apply. Do not check any boxes for establish compensation of the CEO/Executive Director. Explain in Part III Compensation committee	r methods used by a related organization	n to					
	During the year, did any person listed in Form 990, Part VII, Section A, lin organization or a related organization:	e 1a, with respect to the filing						
а	a Receive a severance payment or change-of-control payment?		4a	X	_			
				X				
с	Participate in, or receive payment from, an equity-based compensation a	rrangement?	4c	X	_			
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable a	mounts for each item in Part III.						
5	Only section 501(c)(3) and 501(c)(4) organizations must complete line For persons listed in Form 990, Part VII, Section A, line 1a, did the organi contingent on the revenues of: The organization?	zation pay or accrue any compensation	5a	X				
	Any related organization?			X	_			
	If "Yes" to line 5a or 5b, describe in Part III.							
6		zation pay or accrue any compensation						
а	a The organization?		6a	X				
	Any related organization?			X				
	If "Yes" to line 6a or 6b, describe in Part III.							
	not described in lines 5 and 6? If "Yes," describe in Part III			х				
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursu	ant 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		X	<u> </u>			
	If "Yes" to line 8, did the organization also follow the rebuttable presump Regulations section 53.4958-6(c)?	-						
	A For Paperwork Reduction Act Notice, see the Instructions for Form		Schedule J (Form	990) 201	11			

Schedule J (Form 990) 2011

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

HAZON, INC.

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.

13-4087102

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		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C)	(D) Nontaxable	(E) Total of columns	(F)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	benefits	(B)(i)-(D)	Compensation reported as deferred in prior Form 990
	(i)	148,456.	0.	0.	0.	16,295.	164,751.	0.
1 NIGEL SAVAGE	(ii)	0.	0.	0.	0.	0.	0.	0.
2	(i) (ii)							
	(i)							
3	(ii)							
	(i)							
_4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
9	(i) (ii)							
	(i)							
10	(i) (ii)							
10	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
_13	(ii)							
	(i)							
14	(ii)							
	(i)							
_15	(ii)							
	(i)							
16	(ii)							

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Page 2

Schedule J (Form 990) 2011

SCH	EDUL	ΕO	
(Form	990 or	990	-EZ

•

Department of the Treasury Internal Revenue Service

Name of the organization

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

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 III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAMS: GRANTS TO OTHER ORGANIZATIONS THAT SHARE SIMILAR

MISSION STATEMENTS AND EDUCATIONAL PROGRAMS.

FISCAL SPONSORSHIPS: SUPPORTING THE JEWISH ENVIRONMENTAL MOVEMENT -

HAZON BECAME FISCAL SPONSORS URBAN ADAMAH AND CONTINUED THEIR

SPONSORSHIP OF THE JEWISH FARM SCHOOL AND WILDERNESS TORAH.

EXPENSES \$ 889,254. INCLUDING GRANTS OF \$ 175,093. REVENUE \$ 923,152.

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.

Name of the organization

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 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 132212 01-23-12 Schedule O (Form 990 or 990-EZ) (2011) 35 22220716 781772 HAZON 2011.04000 HAZON, INC. HAZON 2

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization HAZON, INC.	Employer identification number 13-4087102
CLARE GOLDWATER - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY	10038
JONATHAN FISH - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 1	0038
TRISHA MARGULIES - 125 MAIDEN LANE, SUITE 8B, NEW YORK, N	Y 10038
RABBI RACHEL KAHN-TROSTER - 125 MAIDEN LANE, SUITE 8B, NE	W YORK, NY 10038
SHULAMITH PASSOW - 125 MAIDEN LANE, SUITE 8B, NEW YORK, N	Y 10038
DIANE TRODERMAN - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY	10038
STUART KURTZ - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10	038
SASHA LANSKY - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10	038
RABBI DAVID TEUTSCH - 125 MAIDEN LANE, SUITE 8B, NEW YORK	, NY 10038
HOWARD METZENBERG - 125 MAIDEN LANE, SUITE 8B, NEW YORK,	NY 10038
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS: NET UNREALIZED GAINS ON INVESTMENTS:	24,920.
THERE HAS BEEN NO CHANGE IN THE OVERSIGHT OR SELECTION PR THE PRIOR YEAR.	OCESS SINCE

2011 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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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	COMPUTER	010100	200DB	3.00	17	5,532.			5,532.	5,532.		0.
2	COMPUTER	060605	200DB	3.00	17	2,198.			2,198.	2,198.		0.
3	COMPUTER	020906	200DB	3.00	17	1,802.			1,802.	1,802.		0.
4	COMPUTER	050506	200DB	3.00	17	1,257.			1,257.	1,257.		Ο.
5	COMPUTER	081407	200DB	3.00	17	2,500.			2,500.	2,500.		0.
7		063010	200DB	3.00	17	63,962.			63,962.	10,660.		21,321.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM					77,251.		0.	77,251.	23,949.	0.	21,321.
	* GRAND TOTAL 990 PAGE 10 DEPR					77,251.		0.	77,251.	23,949.	0.	21,321.

(D) - Asset disposed

Form	4562
Departr	ment of the Treasury

Depreciation and Amortization (Including Information on Listed Property) 990

OMB No.	1545-0172
00	

Attachm

Internal F	Revenue Service (99)	► Se	ee separate instru	uctions.	Attack	n to your tax	return.		Sequence No. 179
Name(s)	shown on return				Busine	ess or activity to v	vhich this form relate	s	Identifying number
HAZ	ON, INC.						PAGE 10		13-4087102
Part	Election To Exp	ense Certain Proper	ty Under Section 17	9 Note: If yo	ou have any lis	ted property,	complete Part	V before y	ou complete Part I.
	aximum amount (se	, ,							500,000.
		179 property place							
		ction 179 property							2,000,000.
4 Re	eduction in limitatio	n. Subtract line 3 f	rom line 2. If zero	or less, ente	er -0-				
5 Dol	lar limitation for tax year.	Subtract line 4 from line		0 If married fil					
6		(a) Description of pro	operty		(b) Cost (busin	ess use only)	(c) Elected	l cost	
		er the amount from							
		section 179 prope							
		Enter the smaller							
		ed deduction from							
		itation. Enter the sr							
		e deduction. Add lir						12	
		red deduction to 20 or Part III below for				▶ 13			
Part		preciation Allowa				do listod pror			
		allowance for qual		-	-				
			1 1 , (1 1 3/1		0	14	
		action 169(f)(1) ala							
	her depreciation (ii	ection 168(f)(1) ele						15	
Part		preciation (Do no	t include listed pro						
					ection A	/			
17 M	ACRS deductions	for assets placed ir	n service in tax ve	ars beginnir	na before 201	1		17	21,321.
		any assets placed in serv							, -
		ection B - Assets						ation Syste	em
	(a) Classification of	of property	(b) Month and year placed in service	(búsiness/ir	r depreciation nvestment use instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property								
b	5-year property		1 1						
с	7-year property		1 1						
d	10-year property		1 1						
е	15-year property		1 [
f	20-year property		1 [
g	25-year property		1 [25 yrs.		S/L	
	Desidential meta	Lawara and a	/			27.5 yrs.	MM	S/L	
h	Residential renta	l property	/			27.5 yrs.	MM	S/L	
	Newweidentielus	al muan autor	/			39 yrs.	MM	S/L	
i	Nonresidential re	ai property	/				MM	S/L	
	See	ction C - Assets P	laced in Service I	During 201	1 Tax Year U	sing the Alte	rnative Depred	iation Sys	stem
20a	Class life							S/L	
b	12-year					12 yrs.		S/L	
c	40-year		/			40 yrs.	MM	S/L	
Part	IV Summary (See instructions.)							
21 Lis	sted property. Ente	er amount from line	28					21	
		from line 12, lines ⁻	-			-			~ ~ ~ ~ ~
		e appropriate lines				tions - <u>see ins</u>	str	22	21,321.
23 Fo	r assets shown ab	ove and placed in	service during the	current yea	ar, enter the				
		attributable to secti				23			
116251 11-21-1	LHA For Pape	erwork Reduction	Act Notice, see s	separate in	structions.				Form 4562 (2011)

37 2011.04000 HAZON, INC.

Foi	rm 4562 (2011)	HAZ	ON, INC	•								13-	4087	102	Page 2
P	art V Listed Proper	ty (Include a	utomobiles, ce	ertain otł	ner vehic	cles, cei	tain com	nputers	s, and prop	perty use	d for er	ntertainn	nent, rec	reation,	or
	amusement.) Note: For any through (c) of S	vehicle for w	hich you are u Lof Section B	sing the	standard	d mileag	ge rate oi able	r dedu	cting lease	expense	e, comp	olete onl	y 24a, 24	4b, colun	nns (a)
			on and Other					instruc	tions for li	mits for p	asseng	er autor	nobiles.)		
24:	a Do you have evidence to s						′es		24b If "Y					Yes	No
	(a)	(b)	(c)		(d)		(e)		(f)			1	(h)	1	10
	Type of property (list vehicles first)	Date placed in service	Business/ investment use percenta	ot	Cost or her basis	(hi	sis for depro usiness/inve use only	estment	Recovery period	Meth Conve	nod/	Depre	eciation uction	Elec sectio cc	n 179
25	Special depreciation all		•	• • •	•			•							
	used more than 50% in										25				
26	Property used more that		1	-					i					1	
		: :		%											
		: :		%											
~=	Duranti contra di 500/ and	<u> </u>		%											
27	Property used 50% or le	· · ·	1	_					1	0/					
		: :		%						S/L ·				•	
		: :		%						S/L ·				-	
		: : (h) line of 05								S/L -	00				
	Add amounts in column										_	I			
29	Add amounts in column	i (i), ilhe 26. E					on Use						. 29		
<u> </u>							-					_			
f y	mplete this section for ve rou provided vehicles to y ose vehicles.										•		ing this s	section fo	or
				(a)		(b)		(c)	(d)	(e)	(f)
30	Total business/investment	miles driven d	luring the	Veł	nicle	Ve	hicle	V	/ehicle	Vehi	cle	Vel	hicle	Veh	icle
	year (do not include com	muting miles)													
31	Total commuting miles	driven during	g the year												
32	Total other personal (no driven														
33	Total miles driven during Add lines 30 through 32	g the year.											•		
34	Was the vehicle availab during off-duty hours?			Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
35	Was the vehicle used p														
	than 5% owner or relate														
36	Is another vehicle availa	able for perso	onal												
			- Questions	for Empl	lovers W	/ho Prc	vide Vel	hicles	for Use b	v Their E	mplove	ees	1		
	swer these questions to ners or related persons.			-	-					-			re not m	ore than	5%
	Do you maintain a writte employees?		-						-	-				Yes	No
38	Do you maintain a writte employees? See the ins	en policy sta	tement that pr	ohibits p	personal	use of	vehicles,	excep	ot commut	ing, by yo	our				
30	Do you treat all use of v														
	Do you provide more th													·	
-0	the use of the vehicles,														
41	Do you meet the require														
	Note: If your answer to														
P	art VI Amortization		-,	-,											
-	(a) Description o	f costs	Date	(b) amortization		(c) Amortiza amour	ble		(d) Code section		(e) Amortiza	tion	Ar	(f) mortization or this year	
42	Amortization of costs th	nat begins du	uring your 201	begins 1 tax yea	ar:					h	eriod or per	oonidyt		,	
		<u> </u>		: :											
43	Amortization of costs th	at began be	fore your 201	1 tax yea	ar					•		43			
	Total. Add amounts in o											44			
116	252 11-18-11			_		_	38	_		_	_		F	orm 4562	2 (2011)

38 2011.04000 HAZON, INC.

	***** THIS IS NOT A FILEABLE COPY *****	*	
	IRS e-file Signature Authorization	OMB No. 1545-	1878
Form 8879-EO	for an Exempt Organization		
	For calendar year 2011, or fiscal year beginning, 2011, and ending	- ^{,20} — 201 '	1
Department of the Treasury Internal Revenue Service	 Do not send to the IRS. Keep for your records. See instructions. 	201	
Name of exempt organization		Employer identification num	ber
HAZON, INC.		13-4087102	
Name and title of officer NIGEL SAVAGE EXECUTIVE DIR	ECHOD		
	Return and Return Information (Whole Dollars Only)		
Check the box for the retu	rn for which you are using this Form 8879-EO and enter the applicable amount, if any,	, from the return. If you check t	the box
	a, below, and the amount on that line for the return being filed with this form was blanl ank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applica		
1a Form 990 check here	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 312	28426
2a Form 990-EZ check he		2b	
3a Form 1120-POL check			
4a Form 990-PF check he	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)		
Part II Declarat	ion and Signature Authorization of Officer		
	I declare that I am an officer of the above organization and that I have examined a co		
return, and the financial in 1-888-353-4537 no later th processing of the electron payment. I have selected organization's consent to	I institution account indicated in the tax preparation software for payment of the organ stitution to debit the entry to this account. To revoke a payment, I must contact the U. an 2 business days prior to the payment (settlement) date. I also authorize the financia ic payment of taxes to receive confidential information necessary to answer inquiries a a personal identification number (PIN) as my signature for the organization's electronic electronic funds withdrawal.	I.S. Treasury Financial Agent at ial institutions involved in the and resolve issues related to th	t
Officer's PIN: check one			<u>.</u>
X I authorize B	LLET, FEIT & PREIS P.C.	to enter my PIN 5432	
	ERO firm name	Enter five nu do not enter	
is being filed wit	on the organization's tax year 2011 electronically filed return. If I have indicated within h a state agency(ies) regulating charities as part of the IRS Fed/State program, I also a the return's disclosure consent screen.		
indicated within	he organization, I will enter my PIN as my signature on the organization's tax year 201 this return that a copy of the return is being filed with a state agency(ies) regulating ch nter my PIN on the return's disclosure consent screen.	2	
Officer's signature 🕨 🔭	*** THIS IS NOT A FILEABLE COPY *** Date		
Part III Certifica	tion and Authentication		
ERO's EFIN/PIN. Enter vo	ur six-digit electronic filing identification		
	your five-digit self-selected PIN. 1351325432 do not enter all zero		
	neric entry is my PIN, which is my signature on the 2011 electronically filed return for t ng this return in accordance with the requirements of Pub. 4163, Modernized e-File (Me as Returns.		
ERO's signature 🕨	Date 🕨 07	7/16/12	
	ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To D	Do So	
	luction Act Notice, see instructions.	Form 8879-EC	(2011)
123051 12-01-11			- (2011)

39 2011.04000 HAZON, INC.

HAZON_2

TAXABLE YEAR

California Exempt Organization Annual Information Return

128941 12-15-11 FORM

201	Annual Information Return			199
Calendar Yea	2011 or fiscal year beginning month day year , and ending month		day	year .
Corporation/O	janization name	California corpo	ration number	
HAZON,		32639	949	
,	room, or PMB no.)	FEIN		
-	IDEN LANE, NO. 8B	13-40	087102	
City	State ZIP Code			
NEW YO				-
A First Retu B Amendee		-	•	n
	Return			Ire
D Final Ret		•		10,
	Dissolved • Surrendered (Withdrawn) (relating to lobbying by public			• Yes X No
	Aerged/Reorganized Enter date: ● If "Yes," complete and attach fo			
	ounting method: K Is the organization exempt und		on 23701g?	• Yes X No
(1)	Cash (2) 🗶 Accrual (3) 🗌 Other If "Yes," enter the gross receip			
	turn filed? sources			\$
	990T (2) ● 990(PF) (3) ● Sch H (990) L If organization is exempt unde	r R&TC Section	23701d and	is
	roup filing for the subordinates/affiliates? • Yes X No exclusively religious, education			
	tach a roster. See instructions supported primarily (50% or n			,
	anization in a group exemption? Yes X No check box. No filing fee is requ			
IT "Yes," V	hat is the parent's name? M Is the organization a Limited L			• Yes X No
I Did the o	ganization have any changes in its activities, governing N Did the organization file Form report taxable income?			
	t, articles of incorporation, or bylaws that have 0 Is the organization under audit			
	eported to the Franchise Tax Board?			• Yes X No
	cplain, and attach copies of revised documents.			
	omplete Part I unless not required to file this form. See General Instructions B and C.			
	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	•	1 2	,138,362. ₀₀
	2 Gross dues and assessments from members and affiliates		2	00
	3 Gross contributions, gifts, grants, and similar amounts receivedST	MT 1•	3	990,064. ₀₀
Receipts	4 Total gross receipts for filing requirement test. Add line 1 through line 3.	_		100 100
and	This line must be completed. If the result is less than \$25,000, see General Instruction B		4 3	,128,426. ₀₀
Revenues	5 Cost of goods sold 5 6 Cost or other basis and sales expenses of assets sold 6	00		
		00	7	
	 7 Total costs. Add line 5 and line 6 8 Total gross income. Subtract line 7 from line 4 	•	-	00 ,128,426.00
	 9 Total expenses and disbursements. From Side 2, Part II, line 18 			,234,140.00
Expenses	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8		10 -	-105,714.00
	11 Filing fee \$10 or \$25. See General Instruction F		11	10.00
Ellin e	12 Total payments		12	00
Filing Fee	13 Penalties and Interest. See General Instruction J		13	00
ree	14 Use tax. See General Instruction K	•	14	00
	15 Balance due. 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, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer	and to the best of has any knowledg	my knowledge a je.	and belief,
Sign	Title	Date	• Telep	phone
Here	Signatura			
	Date			-644-2332
	Prenarer's	Check if self-employed		178538
Paid	· · ·		₽ 0 0 . ● FEIN	
Preparer's	Firm's name (or yours, BILLET, FEIT & PREIS P.C.		13-3	2839033
Use Only	employed 42 BROADWAY SUITE 1815		Telep	
	and address NEW YORK, NY 10004		212	-425-3300
	May the FTB discuss this return with the preparer shown above? See instructions	• X	Yes	No

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13-4087102

Part II	Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts - complete	128951 12-08-11
	Part II or furnish substitute information. See Specific Line Instructions.	

	1 1	Gross sales or receipts from all bus	iness activities See instructions		•	1	(
		Interest				2	1,001.0
		Dividends				3	
Receipts		Gross rents				4	(
rom		Gross royalties				5	(
Other	6	Gross amount received from sale of	assets (See Instructions)		•	6	(
Sources		Other income		SEE STAT	TEMENT 2 •	7 2	2,137,361.0
	8	Total gross sales or receipts from o	ther sources. Add line 1 throug	h line 7.		•	
		Enter here and on Side 1, Part I, line					2,138,362.0
	9	Contributions, gifts, grants, and sim	ilar amounts paid		•	9 1	L,047,628. (
	10	Disbursements to or for members			•	10	
		Compensation of officers, directors,				11	325,963.
Expenses		Other salaries and wages				12	840,369.
and		Interest				13	(
Disburse-		Taxes				14	102,069.0
ments		Rents				15	145,316.
	16	Depreciation and depletion (See ins	tructions)			16	21,321.
		Other Expenses and Disbursements	Add Bas Othersen Bas 47 Eat	SEE STAT		17	751,474.
Schedu		Total expenses and disbursements. Balance Sheets	Beginning of taxa			18 3 of taxable	3,234,140.
Assets			(a)	(b)	(C)		(d)
			(-)	667,191.	(-)	•	576,412
		receivable		200,878.		•	42,525
		eivable		,		•	· ·
						•	
		tate government obligations				•	
	ments ir	n other bonds				•	
6 Investr		n ataal(•	
		n stock					
7 Investn 8 Mortga	ments ir age loar	ns				•	
7 Investn8 Mortga9 Other in	ments ir age loar investm	ns STMT 5		25,000.		•	49,920
 7 Investn 8 Mortga 9 Other in 10 a Depr 	ments ir age loar investm reciable	ns ients 5 e assets	77,251.		77,25	•	
 7 Investn 8 Mortga 9 Other in 10 a Depr b Less 	ments ir age loar investm reciable s accum	ns STMT 5 ents STMT 5 e assets Inulated depreciation (77,251. 23,949.)	25,000. 53,302.	77,25 (45,270	• 1. •)	
 7 Investn 8 Mortga 9 Other in 10 a Depr b Less 11 Land 	ments ir age loar investm reciable s accum	ns STMT 5 e assets Inulated depreciation (53,302.	77,25 (45,270	• 1. •)	31,981
 7 Investm 8 Mortga 9 Other in 10 a Depr b Less 11 Land 12 Other a 	ments ir age loar investm reciable s accum assets	ns STMT 5		53,302.	77,25 (45,270	• 1. •)	49,920 31,981 106,328
 7 Investm 8 Mortga 9 Other in 10 a Depr b Less 11 Land 12 Other a 13 Total as 	ments ir age loar investm reciable s accum assets assets	ns STMT 5		53,302.	77,25 (45,270	• 1. •)	31,981
 7 Investn 8 Mortga 9 Other in 10 a Depr b Less 11 Land 12 Other a 13 Total as Liabilities a 	ments ir age loar investm reciable s accum assets assets and ne t	ns STMT 5		53,302. 33,391. 979,762.	77,25 (45,270	• 1 • •) • •	31,981 106,328 807,166
 7 Investin 8 Mortga 9 Other in 10 a Depr b Less 11 Land 12 Other a 13 Total as Liabilities a 14 Accourt 	ments ir age loar investm reciable s accum assets assets and ne t nts paya	ns STMT 5		53,302. 33,391. 979,762. 195,541.	77,25	• 1 • • • •	31,981 106,328 807,166 117,280
 7 Investn 8 Mortga 9 Other in 10 a Depr b Less 11 Land 12 Other a 13 Total as Liabilities a 14 Accour 15 Contrib 	ments ir age loar investm reciable s accum assets assets and ne nts paya butions,	ns STMT 5		53,302. 33,391. 979,762.	77,25	• 1 • • • • •	31,981 106,328 807,166
 7 Investin 8 Mortga 9 Other in 10 a Depr b Less 11 Land 12 Other a 13 Total as Liabilities a 14 Accourtis 15 Contrib 16 Bonds 	ments ir age loar investm reciable s accum assets assets and ne hts paya butions, and no	ns STMT 5		53,302. 33,391. 979,762. 195,541.	77,25	• 1. • • • • • • • • • •	31,981 106,328 807,166 117,280
 7 Investn 8 Mortga 9 Other in 10 a Depr b Less 11 Land 12 Other a 13 Total as Liabilities a 14 Accour 15 Contrib 16 Bonds 17 Mortga 	ments ir age loar investm reciable s accum assets assets and ne t nts paya butions, and no ages pay	ns STMT 5		53,302. 33,391. 979,762. 195,541. 39,900.	77,25	• 1 • • • • •	31,981 106,328 807,166 117,280 33,676
 7 Investn 8 Mortga 9 Other in 10 a Depr b Less 11 Land 12 Other a 13 Total as Liabilities a 14 Accour 15 Contrib 16 Bonds 17 Mortga 18 Other li 	ments ir age loar investm reciable s accum assets assets and ne hts paya butions, and no ages pa liabilities	ns STMT 5		53,302. 33,391. 979,762. 195,541.	77,25	• 1. • • • • • • • • • •	31,981 106,328 807,166 117,280 33,676
 7 Investn 8 Mortga 9 Other in 10 a Depr b Less 11 Land 12 Other a 13 Total as Liabilities a 14 Accourtist 15 Contribite 16 Bonds 17 Mortga 18 Other li 19 Capital 	ments ir age loar investm reciable s accum assets and net nts paya butions, and no ages pay liabilities I stock o	ns STMT 5		53,302. 33,391. 979,762. 195,541. 39,900.	77,25	• 1. •) • • • • • • • • • • • •	31,981 106,328 807,166 117,280 33,676
 7 Investin 8 Mortga 9 Other in 10 a Depr b Less 11 Land 12 Other a 13 Total as Liabilities a 14 Accourtion 15 Contribine 16 Bonds 17 Mortga 18 Other lii 19 Capital 20 Paid-in of 	ments ir age loar investm reciable s accum assets assets and nei nts paya butions, and no ages pay liabilities l stock o or capita	ns STMT 5		53,302. 33,391. 979,762. 195,541. 39,900.	77,25		31,981 106,328 807,166 117,280

1 Net income per books	 -105,714. 					
2 Federal income tax	•	7 Income recorded on books this year				
3 Excess of capital losses over capital gains	•	not included in this return	•			
4 Income not recorded on books this						
year	•	8 Deductions in this return not charged				
5 Expenses recorded on books this year not		against book income this year	•			
deducted in this return	•	9 Total. Add line 7 and line 8				
6 Total.		10 Net income per return.				
Add line 1 through line 5	-105,714.	Subtract line 9 from line 6	-105,714.			
deducted in this return 6 Total.	• • -105,714.	against book income this year 9 Total. Add line 7 and line 8 10 Net income per return.	• -105,714			

Side 2 Form 199 C1 2011

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3652114

FORM 199 CASH	CONTRIBUTIONS OF \$5000 OR MORE INCLUDED ON PART I, LINE 3	S	FATEMENT 1
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
DOROT FOUNDATION	401 ELMGROVE AVE PROVIDENCE, RI, 02906		90,000.
RICHARD & RHODA GOLDMAN FUND	160 PACIFIC AVENUE, SUITE 200 SAN FRANCISCO, CA, 94111		100,000.
ROSE COMMUNITY FOUNDATION	600 SOUTH CHERRY STREET, SUITE 1200 DENVER, CO, 80246		119,000.
UJA FEDERATION OF NY	130 EAST 59TH STREET NEW YORK, NY, 10022		217,005.
HOWARD METZENBERG	4616 25TH AVENUE NE 707 SEATTLE, WA, 98105		140,000.
JOYCE & IRVING GOLDMAN FAMILY FOUNDATION	417 FIFTH AVENUE, SUITE 400 NEW YORK, NY, 10016		85,000.
REPAIR THE WORLD	555 8TH AVENUE, SUITE 1703 NEW YORK, NY, 10018		83,025.
NATHAN CUMMINGS FOUNDATION	475 TENTH AVEUE, 14TH FLOOR NEW YORK, NY, 10018		90,000.
TOTAL INCLUDED ON LINE 3			924,030.

FORM 199	OTHER INCOME	STATEMENT 2
DESCRIPTION		AMOUNT
OUTDOOR ADVENTURE FOOD & OTHER PROGRAMS FISCAL SPONSORSHIPS MAKOM HADASH		659,568. 426,372. 923,152. 128,269.
TOTAL TO FORM 199, PART II, LIN	VE 7	2,137,361.

13-4087102

FORM 199 COMPENSATION OF OFFICERS	, DIRECTORS AND TRUSTEES	STATEMENT 3
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
ADINA ABRAMOWITZ 125 MAIDEN LANE, SUITE 8B NEW YORK, NY 10038	TREASURER 2.00	0.
RICHARD DALE 125 MAIDEN LANE, SUITE 8B NEW YORK, NY 10038	CHAIRMAN OF THE BOARD 4.00	0.
JONATHAN DRILL 125 MAIDEN LANE, SUITE 8B NEW YORK, NY 10038	MEMBER-AT-LARGE 0.70	0.
RUTH MESSINGER 125 MAIDEN LANE, SUITE 8B NEW YORK, NY 10038	MEMBER-AT-LARGE 0.70	0.
HOWARD RODENSTEIN 125 MAIDEN LANE, SUITE 8B NEW YORK, NY 10038	MEMBER-AT-LARGE 2.00	0.
ELLEN GOODMAN 125 MAIDEN LANE, SUITE 8B NEW YORK, NY 10038	MEMBER-AT-LARGE 0.70	0.
JAY MOSES 125 MAIDEN LANE, SUITE 8B NEW YORK, NY 10038	MEMBER-AT-LARGE 0.70	0.
ANNA OSTROVSKY 125 MAIDEN LANE, SUITE 8B NEW YORK, NY 10038	MEMBER-AT-LARGE 2.00	0.
MAYA SHETREAT-KLEIN 125 MAIDEN LANE, SUITE 8B NEW YORK, NY 10038	MEMBER-AT-LARGE 1.00	0.
MANDY PATINKIN 125 MAIDEN LANE, SUITE 8B NEW YORK, NY 10038	MEMBER-AT-LARGE 0.20	0.
DAVID WOLFE 125 MAIDEN LANE, SUITE 8B NEW YORK, NY 10038	MEMBER-AT-LARGE 1.50	0.

HAZON, INC.		13-4087102
CLARE GOLDWATER 125 MAIDEN LANE, SUITE 8B NEW YORK, NY 10038	EXECUTIVE COMMITTEE MEMBER 2.00	0.
TRISHA MARGULIES 125 MAIDEN LANE, SUITE 8B NEW YORK, NY 10038	EXECUTIVE COMMITTEE MEMBER 2.00	0.
RABBI RACHEL KAHN-TROSTER 125 MAIDEN LANE, SUITE 8B NEW YORK, NY 10038	MEMBER-AT-LARGE 1.00	0.
SHULAMITH PASSOW 125 MAIDEN LANE, SUITE 8B NEW YORK, NY 10038	MEMBER-AT-LARGE 1.00	0.
DIANE TRODERMAN 125 MAIDEN LANE, SUITE 8B NEW YORK, NY 10038	MEMBER-AT-LARGE 0.70	0.
STUART KURTZ 125 MAIDEN LANE, SUITE 8B NEW YORK, NY 10038	EXECUTIVE COMMITTEE MEMBER 2.00	0.
SASHA LANSKY 125 MAIDEN LANE, SUITE 8B NEW YORK, NY 10038	MEMBER-AT-LARGE 0.70	0.
RABBI DAVID TEUTSCH 125 MAIDEN LANE, SUITE 8B NEW YORK, NY 10038	EXECUTIVE COMMITTEE MEMBER 2.00	0.
HOWARD METZENBERG 125 MAIDEN LANE, SUITE 8B NEW YORK, NY 10038	MEMBER-AT-LARGE 5.00	0.
CHERYL COOK 125 MAIDEN LANE, SUITE 8B NEW YORK, NY 10038	COO 40.00	112,098.
NIGEL SAVAGE 125 MAIDEN LANE, SUITE 8B NEW YORK, NY 10038	EXECUTIVE DIRECTOR 40.00	148,456.
JONATHAN FISH 125 MAIDEN LANE, SUITE 8B NEW YORK, NY 10038	CFO 40.00	65,409.
TOTAL TO FORM 199, PART II, LINE 11	-	325,963.

HAZON,	INC.
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FORM 199	OTHER EXPENSES	STATEMENT 4
DESCRIPTION		ΔΜΟΙΙΝ Ψ

DESCRIPTION	AMOUNT
LODGING	193,167.
FOOD	89,428.
TELEPHONE	33,620.
ON-LINE PROCESSING FEES	32,431.
OTHER EMPLOYEE BENEFITS	67,600.
ACCOUNTING FEES	9,000.
OTHER PROFESSIONAL FEES	80,840.
ADVERTISING AND PROMOTION	38,978.
OFFICE EXPENSES	28,009.
INFORMATION TECHNOLOGY	5,489.
TRAVEL	55,511.
CONFERENCES AND CONVENTIONS	21,758.
INSURANCE	17,709.
ALL OTHER EXPENSES	77,934.
TOTAL TO FORM 199, PART II, LINE 17	751,474.

FORM 199	OTHER INVESTMENTS		STATEMENT 5
DESCRIPTION		BEG. OF YEAR	END OF YEAR
192 UNITS GLOBAL SUN PARTNE	RS LP	25,000.	49,920.
TOTAL TO FORM 199, SCHEDULE	L, LINE 9	25,000.	49,920.
FORM 199	OTHER ASSETS		STATEMENT 6
FORM 199 DESCRIPTION	OTHER ASSETS	BEG. OF YEAR	
	OTHER ASSETS	BEG. OF YEAR 23,374. 10,017.	

13-4087102

FORM 199 OTHER LIABILITI	ES	STATEMENT	7
DESCRIPTION	BEG. OF YEAR	END OF YEA	AR
MEMBER DEPOSITS	5,100.	7,80	00.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	5,100.	7,80	00.
FORM 199 FUND BALANCES		STATEMENT	8
DESCRIPTION	BEG. OF YEAR	END OF YEA	AR
UNRESTRICTED ASSETS TEMPORARILY RESTRICTED ASSETS	234,950. 504,271.	268,33 390,1	
TOTAL TO FORM 199, SCHEDULE L, LINE 21	739,221.	658,42	27.

2011	Со	rporatio	n Depre	eciatior	n and A	mortiz	zatior				<u>CALIFORN</u> 38	
Attach to Form 100 or Form 1	00W.			FORM	199				FEI	N	13-40	
Corporation name											nia corporatio	
HAZON, INC.											326394	9
Part I Election To Expense												
1 Maximum deduction unde	r IRC Sectio	on 179 for Californ	ia							1		\$25,000
2 Total cost of IRC Section										2		
	ection 179 property before reduction in limitation							3		\$200,000		
4 Reduction in limitation. Su										4		
5 Dollar limitation for taxable			e 1. If zero or							5		
	escription o	or property		(b) Cost (b	usiness use o	liy)	(c) Elected	COSL	-			
0									-			
7 Listed property (elected IF	C Section 1	79 cost)				7	1		-			
8 Total elected cost of IRC S				ın (c). line 6 and						8		
9 Tentative deduction. Enter										9		
10 Carryover of disallowed de	eduction from	m prior taxable yea	ars							10		
11 Business income limitation										11		
12 IRC Section 179 expense	deduction. A	Add line 9 and line	10, but do not	t enter more tha	an line 11 📖					12		
13 Carryover of disallowed de	eduction to 2	2012. Add line 9 ai	nd line 10, less	s line 12		13						
Part II Depreciation and Ele	ction of Ad	ditional First Year	Expense Ded	luction Under F	R&TC Section	24356	_					
(a)	(b)		(C)	(d		(e)	(f))	g)	(h)
Description property	Date acqu	ureo i	st or r basis	Depreciation allowable in e		Depreciatior Method	Life				ciation is year	Additional first year depreciation
					j	Method	_				,	depreciation
14							_					
							_					
							-					
SEE STATEMENT	9	7	7,251.	2	3,949.							
15 Add the amounts in colum												
See instructions for line 14	4, column (h	ı)	·····					15		2	1,321.	
Part III Summary	· · · ·	/										
16 Total: If the corporation is	electing:											
IRC Section 179 expense, Additional first year depres					e 15. columns	(a) and (b)	or					
Depreciation (if no election	n is made), e	enter the amount f	rom line 15, co	1 ()		(2)				16	2	<u>1,321.</u>
17 Total depreciation claimed				· · · · · ·						17	2	1,321.
18 Depreciation adjustment.	-	•					-		6.			
If line 17 is less than line 1							•					0
amounts are used to deter	mine net ind	come before state	adjustments o	on Form 100 or	Form 100W, n	o adjustmer	it is necessa	ary.)		18		0.
Part IV Amortization		(b)		(a)		1/	(e)		(4)		1.	-\
(a) Description of prope	rtv	(b) Date acquired		(C) Ist or	() Amortization		(e) R&TC		(f) Period	or)) Amorti	
	5			r basis	allowable in		Sectior (see instruction	ן י	percent		for this	
19							(300 1131 001	,113)		_		
								+				
20 Total. Add the amounts in	(=)									20		
21 Total amortization claimed									·····	21		
22 Amortization adjustment.		-										
Side 1, line 6. If line 21 is	less than lin	e 20, enter the diff	erence here ar	nd on Form 100) or Form 100\	v, Side 1, lin	e 12		L	22		

139281 / 11-28-11	139281
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TAXABLE YEAR

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CALIFORNIA FORM

CA 3885	DEPRE	STATEMENT S					
ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
1 COMPUTER							
2 COMPUTER	01/01/00	5,532.	5,532.	200DB	3.00	0.	
Z COMPUTER	06/06/05	2,198.	2,198.	200DB	3.00	0.	
3 COMPUTER						_	
4 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							
7 MAKOM HADA	08/14/07 SH F&F	2,500.	2,500.	200DB	3.00	0.	
/ HARON HADA	06/30/10	63,962.	10,660.	200DB	3.00	21,321.	
TOTAL DEPR TO FO	- RM 3885	77,251.	23,949.			21,321.	

Form CHAR500	Annual Filing for Charitable Organiza New York State Department of Law (Office of the Attorn Charities Bureau - Registration Section	2 01 1		
This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)	120 Broadway New York, NY 10271 http://www.charitiesnys.com			Open to Public Inspection
1. General Information	(mm/ddhaan) = 0.1/0.1/0.011 and an disc $(mm/ddhaan)$	10/01/0	011	
a. For the fiscal year beginni	ng (mm/dd/yyyy) 01/01/2011 and ending (mm/dd/yyyy)	12/31/20		
b. Check if applicable for NYS:				employer ID no. (EIN)
Address change	HAZON, INC.		13	-4087102
Name change			e. NY S	State registration no.
Initial filing		•	06-6	2-4Ž
Final filing	Number and street (or P.O. box if mail not delivered to street address)	Room/suite	f. Tele	ohone number
			695-2700	
NY registration pending City or town, state or country and ZIP + 4 g. Ema NEW YORK, NY 10038 INFC				i I OGHAZON.ORG
2 Certification - Two Sign	atures Required			

2. Certification - Two Signatures Rec				
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 accordan	ce with the laws of the State of New York appl	icable to this report.	EXECUTIVE	
a. President or Authorized Officer	NIGEL SA	VAGE	DIRECTOR	
a. Tresident of Authorized Officer	Signature Printed N	ame	Title	Date
b. Chief Financial Officer or Treas.	LISA SAC		CFO	
D. Shiel Hilanolal Shield of Hoas.	Signature Printed N	ame	Title	Date

3. Annual Report E	Exemption Information							
a. Article 7-A ann Check D	 a. Article 7-A annual report exemption (Article 7-A registrants and dual registrants) Check if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year. 							
	NOTE: An organization may claim this exemption if no PFR or FRC was used and either: 1) it received an allocation from a federated fund, United Way or incorporated community appeal and contributions from other sources did not exceed \$25,000 or 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. EPTL annual re Check ▶	port exemption (EPTL registrants and dual registrants) if gross receipts did not exceed \$25,000 <u>and</u> assets (market value) did not exceed \$25,000 at any time during this fiscal year.							
report exemptions	A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above. <u>Do not</u> submit a fee, <u>do not</u> complete the following schedules and <u>do not</u> submit any attachments to this form.							
4. Article 7-A Sche	edules							
a. Did the organization * If "Yes", complete	the Article 7-A annual report exemption above, complete the following for this fiscal year: on use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? Yes* X No ete Schedule 4a. on receive government contributions (grants)?							
* If "Yes", comple	0 (0 /							
5. Fee Submitted:	See last page for summary of fee requirements .							
a. Article 7-A filing b. EPTL filing fee	e(s) you are submitting along with this form: fee\$ 25. \$\$ L25. \$ ubmit only one check or money order for the total fee, payable to "NYS Department of Law"							
6. Attachments - F	For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments 📦 📦 📦							
168451 1 12-22-11 1019	CHAR500 - 2011							

HAZON, INC. 5. Fee Instructions

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

0	ganization's Registration Type	Fee Instructions
•	Article 7-A	Calculate the Article 7-A filing fee using the table in part a below. The EPTL filing fee is \$0.
•	EPTL	Calculate the EPTL filing fee using the table in part b below. The Article 7-A filing fee is \$0.
٠	Dual	Calculate both the Article 7-A and EPTL filing fees using the tables in parts a and b below. Add the Article 7-A and EPTL filing fees together to calculate the total fee.

a) Article 7-A filing fee

Total Support & Revenue	Article 7-A Fee
more than \$250,000	\$25
up to \$250,000 *	\$10

Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue.

b) EPTL filing fee

Net Worth at End of Year	EPTL Fee
Less than \$50,000	\$25
\$50,000 or more, but less than \$250,000	\$50
\$250,000 or more, but less than \$1,000,000	\$100
\$1,000,000 or more, but less than \$10,000,000	\$250
\$10,000,000 or more, but less than \$50,000,000	\$750
\$50,000,000 or more	\$1500

6. Attachments - Document Attachment Check-List

Check the boxes for the documents you are attaching.

For All Filers		
Filing Fee X Single check or money order payable to "N	NYS Department of Law"	
Copies of Internal Revenue Service Forms IRS Form 990 All required schedules (including Schedule B) IRS Form 990-T	IRS Form 990-EZ All required schedules (including Schedule B) IRS Form 990-T	IRS Form 990-PF All required schedules (including Schedule B) IRS Form 990-T

Independent Accountant's Report X Audit Report (total support & revenue more than \$250,000)
X Audit Papert (total support & revenue more than \$250,000)
Addit Report total support a revenue more than \$250,000
Review Report (total support & revenue \$100,001 to \$250,000)
No Accountant's Report Required (total support & revenue not more than \$100,000)

4 168481 12-22-11 **CHAR500 - 2011**