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.



MAY 21, 2013

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

STATEMENT

PREPARATION OF 2012 EXEMPT ORGANIZATION TAX RETURN(S)

MAY 21, 2013

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

HAZON, INC.:

ENCLOSED IS THE ORGANIZATION'S 2012 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,

MAY 21, 2013

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

HAZON, INC.:

THE 2012 CALIFORNIA EXEMPT ORGANIZATION RETURN HAS BEEN AUTOMATICALLY EXTENDED AS INDICATED.

CALIFORNIA FORM 199 RETURN:

THE FILING DATE OF FORM 199 IS AUTOMATICALLY EXTENDED UNTIL DECEMBER 16, 2013.

NO PAYMENT IS REQUIRED.

WE WILL NOTIFY YOU UPON COMPLETION OF THE ORGANIZATION'S TAX RETURN. IF INFORMATION PERTINENT TO THE RETURN BECOMES AVAILABLE, PLEASE FORWARD IT TO US AS SOON AS POSSIBLE. IF YOU HAVE QUESTIONS, PLEASE DO NOT HESITATE TO CONTACT OUR OFFICE.

VERY TRULY YOURS,

MAY 21, 2013

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

HAZON, INC.:

ENCLOSED IS THE ORGANIZATION'S 2012 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, 2013.

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,

MAY 21, 2013

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

HAZON, INC.:

ENCLOSED ARE THE 2012 EXEMPT ORGANIZATION RETURNS, AS FOLLOWS...

2012 FORM 990

2012 CALIFORNIA FORM 199

2012 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,

Filing Instructions

Prepared for:

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

Prepared by:

BILLET, FEIT & PREIS P.C. 42 BROADWAY SUITE 1815 NEW YORK, NY 10004

2012 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.



FORM 199 HAS A BALANCE DUE OF\$

10

THE FORM 199 RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE , PLEASE CONTACT OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE . DO NOT MAIL A PAPER COPY OF THE RETURN TO THE .

Filing Instructions

Prepared for:

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

Prepared by:

BILLET, FEIT & PREIS P.C. 42 BROADWAY SUITE 1815 NEW YORK, NY 10004

2012 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, 2013.

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.

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. OMB No. 1545-0047 Open to Public Inspection

Α	For the	e 2012 calendar year, or tax year beginning and e	ending		
	Check if applicabl	C Name of organization		D Employer identific	cation number
	Addre chang	HAZON, INC.			
	Name chang			13-4	087102
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Termir ated		BB		644-2332
	Ameno return	City, fown, or post office, state, and ZIP code		G Gross receipts \$	2,982,969.
	Application	NEW TORK, NI 10036		H(a) Is this a group re	
	pendir	F Name and address of principal officer: NIGLL SAVAGE		for affiliates?	Yes X No
		125 MAIDEN LANE, #8B, NEW YORK, NY 100		H(b) Are all affiliates inc	
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) 0	r 527		list. (see instructions)
		te: WWW.HAZON.ORG	1	H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	of formation: 2000 N	State of legal domicile: NY
		Summary Briefly describe the organization's mission or most significant activities: SEE S	CHEDII	T.F O	
Governance	1	Briefly describe the organization's mission or most significant activities.	СППО		
rna		Check this box if the organization discontinued its operations or dispos			ssets.
ove.	3	Number of voting members of the governing body (Part VI, line 1a)		3	25
ত ত		Number of independent voting members of the governing body (Part VI, line 1b)			23
Activities &	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	33
ΞΞ		Total number of volunteers (estimate if necessary)			520
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 34	······		0.
		Oordelle Higgs and sweets (Dod VIIII line 41s)		Prior Year 990,064.	Current Year 1,754,856.
ne		Contributions and grants (Part VIII, line 1h)		2,137,361.	1,216,635.
Revenue		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,001.	547.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	-22,080.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,128,426.	2,949,958.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,047,628.	798,514.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,336,001.	1,416,892.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
x	b	Total fundraising expenses (Part IX, column (D), line 25) 304,63	35.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		850,511.	747,955.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,234,140.	2,963,361.
	19	Revenue less expenses. Subtract line 18 from line 12		-105,714.	-13,403.
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year
SSE	20	Total assets (Part X, line 16)		817,183. 158,756.	851,331. 206,307.
let /	21	Total liabilities (Part X, line 26)		658,427.	645,024.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		030,427.	045,024.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my	v knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of whi			,,
Sig	ın	Signature of officer		Date	
He	re	NIGEL SAVAGE, EXECUTIVE DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN POLICE
Pai		YUSSIE STEIER		5/21/13 if self-employe	P00178538
	parer	Firm's name BILLET, FEIT & PREIS P.C.		Firm's EIN ▶	13-2839033
USE	Only	Firm's address 42 BROADWAY SUITE 1815		Dh 3	10 405 2200
		NEW YORK, NY 10004		Phone no. 2	12-425-3300
Ma	y the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

4d	Other program services (Describe in Sc	hedule O.)		
	(Expenses \$	including grants of \$) (Revenue \$)
4e	Total program service expenses	2,053,353.		

232002 12-10-12

Total program service expenses

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	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
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		Х
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
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,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11b	x	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
·	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	1.0		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	, , , , , , , , , , , , , , , , , , , ,	14a		Х
b	3 3 3 7			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	11h	x	
15	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
13	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		Х
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? If "Yes," complete Schedule G, Part I	17		Х
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? If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		_	000	(

Form **990** (2012)

			Yes	No
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, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23	Х	
242	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
2-10	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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			Х
07	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		-22
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Λ
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	-00		
٠.	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		37	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2012)

13-4087102

Form 990 (2012) HAZON, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

	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	23			
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 r	eporta	ıble 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	33			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other $\frac{1}{2}$					
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		Х
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	Accou	nts.			37
				5a	\vdash	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction.			5b	\vdash	Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с	\vdash	-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			0-		х
L	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions.			6a	\vdash	
D	were not tax deductible?		-	6b		
7	Organizations that may receive deductible contributions under section 170(c).			OD		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and sel	rvices i	provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		ct?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	ract?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file February	orm 88	399 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D					
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any tin	ne during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?			9a	\vdash	-
10	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a	I			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a				
11	Section 501(c)(12) organizations. Enter:	100				
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ı	ı			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c		4.4		v
				14a	\vdash	Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	⊌∪		14b	990	(2012)

13-4087102 Form 990 (2012) 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. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 25 1a Enter the number of voting members of the governing body at the end of the tax year 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. 23 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section 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 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 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х in Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 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? Х The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 16b exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed $\overline{\triangleright NY}$ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. **X** Upon request Other (explain in Schedule O) Own website Another's website Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

125 MAIDEN LANE, SUITE 8B, NEW YORK. 12-10-12

LISA SACKS - 212-644-2332

Form **990** (2012)

NY

10038

Form 990 (2012) HAZON, INC. 13-4087102 Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(i) adina abramowitz	(A) Name and Title	(B) Average hours per week	box,	Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
TREASURER		(list any hours for related organizations below line)	onal truste		Former	the organization	organizations	compensation from the organization and related			
C1 RICHARD DALE		2.00							0	0	0
CHAIRMAN OF THE BOARD		4 00	^						0.	0.	· ·
(3) JONATHAN DRILL		4.00	v						0	0	0
MEMBER-AT-LARGE		0.50	77			7			0.	0.	
(4) RUTH MESSINGER	, . ,	0.30	$ \mathbf{x} $			L			0.	0.	0.
MEMBER-AT-LARGE		0.504							•	•	
S	, - ,		x	М					0.	0.	0.
MEMBER-AT-LARGE	(5) HOWARD RODENSTEIN	2.00									
Color	MEMBER-AT-LARGE		х						0.	0.	0.
MEMBER-AT-LARGE	(6) ELLEN GOODMAN	0.50									
MEMBER-AT-LARGE	MEMBER-AT-LARGE		X						0.	0.	0.
(8) ANNA OSTROVSKY	(7) JAY MOSES	0.50									
MEMBER-AT-LARGE	MEMBER-AT-LARGE		Х						0.	0.	0.
MAYA SHETREAT-KLEIN	(8) ANNA OSTROVSKY	1.50									
MEMBER-AT-LARGE X 0. 0. 0. (10) MANDY PATINKIN 0.20 0. 0. 0. MEMBER-AT-LARGE X 0. 0. 0. (11) DAVID WOLFE 0.50 0. 0. 0. MEMBER-AT-LARGE X 0. 0. 0. (12) CLARE GOLDWATER X 0. 0. 0. MEMBER-AT-LARGE X 0. 0. 0. (13) TRISHA MARGULIES 2.00 0. 0. 0. EXECUTIVE COMMITTEE MEMBER X 0. 0. 0. (14) RABBI RACHEL KAHN-TROSTER 0.50 0. 0. 0. MEMBER-AT-LARGE X 0. 0. 0. (15) SHULAMITH PASSOW 0.50 0. 0. 0. MEMBER-AT-LARGE X 0. 0. 0. (16) SASHA LANSKY 0. 0. 0. 0. MEMBER-AT-LARGE X 0. 0. 0.	MEMBER-AT-LARGE		X						0.	0.	0.
MANDY PATINKIN 0.20	(9) MAYA SHETREAT-KLEIN	1.00							_	_	_
MEMBER-AT-LARGE			Х						0.	0.	0.
MEMBER-AT-LARGE		0.20								_	_
MEMBER-AT-LARGE			X						0.	0.	0.
MEMBER-AT-LARGE		0.50									
MEMBER-AT-LARGE X 0. 0. 0. (13) TRISHA MARGULIES 2.00 0. 0. 0. 0. EXECUTIVE COMMITTEE MEMBER X 0. 0. 0. 0. (14) RABBI RACHEL KAHN-TROSTER 0.50 0. 0. 0. 0. MEMBER-AT-LARGE X 0. 0. 0. 0. (15) SHULAMITH PASSOW 0.50 0. 0. 0. 0. MEMBER-AT-LARGE X 0.50 0. 0. 0. 0. MEMBER-AT-LARGE X 0. 0. 0. 0. 0. 0. (17) RABBI DAVID TEUTSCH 1.00 1.00 0.		0.50	Х						0.	0.	0.
(13) TRISHA MARGULIES 2.00 X	,,	0.50	,,						0		0
X 0. 0. 0.		2 00	X						0.	0.	0.
(14) RABBI RACHEL KAHN-TROSTER 0.50 MEMBER-AT-LARGE X 0.0.0.0.0. (15) SHULAMITH PASSOW 0.50 0.0.0.0. MEMBER-AT-LARGE X 0.0.0.0. (16) SASHA LANSKY 0.50 0.0.0.0. MEMBER-AT-LARGE X 0.0.0.0.0. (17) RABBI DAVID TEUTSCH 1.00 0.0.0.0.0.0.0.		2.00	,,						0	_	0
MEMBER-AT-LARGE X 0. 0. 0. (15) SHULAMITH PASSOW 0.50 0. 0. 0. MEMBER-AT-LARGE X 0. 0. 0. (16) SASHA LANSKY 0.50 0. 0. 0. MEMBER-AT-LARGE X 0. 0. 0. (17) RABBI DAVID TEUTSCH 1.00 0. 0. 0.		0 50	A						0.	0.	0.
(15) SHULAMITH PASSOW 0.50 MEMBER-AT-LARGE X 0.0.0.0. (16) SASHA LANSKY 0.50 MEMBER-AT-LARGE X 0.0.0.0. (17) RABBI DAVID TEUTSCH 1.00 0.0.0.0.		0.50							0	_	0
MEMBER-AT-LARGE X 0. 0. 0. (16) SASHA LANSKY 0.50 0. 0. 0. MEMBER-AT-LARGE X 0. 0. 0. (17) RABBI DAVID TEUTSCH 1.00 0. 0. 0.		0.50	Λ						0.	0.	0.
(16) SASHA LANSKY 0.50 MEMBER-AT-LARGE X 0.00 0.00 (17) RABBI DAVID TEUTSCH 1.00 0.00 <td>, - · , - · · · · · · · · · · · · · · ·</td> <td>0.30</td> <td>v</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>n</td> <td>n</td> <td>0</td>	, - · , - · · · · · · · · · · · · · · ·	0.30	v						n	n	0
MEMBER-AT-LARGE X 0. 0. 0. (17) RABBI DAVID TEUTSCH 1.00		0.50	<u> </u>		\vdash	\vdash		\vdash	0.	0.	0.
(17) RABBI DAVID TEUTSCH 1.00		0.50	$ \mathbf{x} $						٥.	n .	0.
		1.00							•	•	3.
			x						0.	0.	0.

232007 12-10-12

Form 990 (2012) HAZON, II	NC.								13-408	710	<u>2</u>	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)			
(A) Name and title	(B) Average hours per week	box offi	not c , unle	Pos check ess pe nd a d	itior more rson	than	h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estima amour othe	ated nt of er
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	0	ompeni from forganized from forganized from from from from from from from from	the ation ated
(18) HOWARD METZENBERG MEMBER-AT-LARGE	0.50	X	_	0	×	1 0		0.	0			0.
(19) NATASHA ARONSON	0.50	┢▔					H		•	Ť		
MEMBER-AT-LARGE		x						0.	l 0			0.
(20) SHARON LESLIE	0.50	┢▔					H			Ť		
MEMBER-AT-LARGE		x						0.	l 0			0.
(21) SANDRA ROCKS	1.00	 				 		 		'		
MEMBER-AT-LARGE	1.00	x						0.	0			0.
(22) RABBI MARC SOLOWAY	0.50	12	\vdash			 		0.		+		· ·
,,	0.30	X						0.	0			0.
MEMBER-AT-LARGE (23) CHERYL COOK	40.00	₽			\vdash	-	\vdash	0.	U	•		0.
, ,	40.00	-		77				111 004	١ ,		c	105
C00	40.00	_		Х		Н		111,904.	0	•	<u>o,</u>	<u> 195.</u>
(24) NIGEL SAVAGE EXECUTIVE DIRECTOR	40.00			х				150,000.	0		5,	744.
(25) LISA SACKS	24.00										_	
CFO				X				77,212.	0	•	6,	166.
1b Sub-total		_			7	K	_	339,116.	0		18,	105.
c Total from continuation sheets to Part VI							·	0.				0.
d Total (add lines 1b and 1c)						X		339,116.			18.	105.
Total number of individuals (including but n						6) W	ho r	<u> </u>	000 of reportable		_ ,	
compensation from the organization		1000			,	o,					Yes	2 s No
3 Did the organization list any former officer,	director, or tru	ıste	e. ke	ev en	nplo	ovee	. or	highest compensated e	mplovee on		+	1
line 1a? If "Yes," complete Schedule J for s				•	•	•				3		Х
4 For any individual listed on line 1a, is the su	_											
and related organizations greater than \$150	-							· · · · · · · · · · · · · · · · · · ·	and organization	4	х	
5 Did any person listed on line 1a receive or a									idual for services			
rendered to the organization? If "Yes," com	•				-			_		. 5		Х
Section B. Independent Contractors	prote corredur		0. 0.		00.0					<u>. U</u>		
Complete this table for your five highest co	mnensated in	dene	ande	ent c	onti	racti	are t	hat received more than	\$100,000 of compe	neatio	n from	
the organization. Report compensation for	•	-							· · · · · · · · · · · · · · · · · · ·	ioutio	1110111	'
(A)	the daleridar y	cui	ona	ng v	VICII	O1 V1		(B)	your.		(C)	
Name and business	address	N	INC	E				Description of s	services		oensat	ion
							_					
2 Total number of independent contractors (i \$100,000 of compensation from the organi.		not li	mite	d to		se li 0	stec	d above) who received n	nore than			

Form **990** (2012)

\$100,000 of compensation from the organization

		Check if Schedule O contai	ns a resnonse	to any question	in this Part VIII			
		Check if Schedule O contai	ns a response	to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
ts s	1 a	Federated campaigns	1a					Í
ız al		Membership dues						
ا ۾ ي		Fundraising events	·····	43,554.				
a ji		Related organizations		· · · · · · · · · · · · · · · · · · ·				
S, G		Government grants (contributio						
Sig		All other contributions, gifts, grants	′ 					
le E	•	similar amounts not included above		711,302.				
	~	Noncash contributions included in lines 1a		71173021				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f			1,754,856.			
<u> </u>		Total. Add lines 12 11		Business Code				
o	2 a	FISCAL SPONSORSH	HIPS	611710	576,433.	576,433.		
Ş		OUTDOOR ADVENTUE		611710	453,050.	453,050.		
Ser		OTHER PROGRAMS		611710	187,152.	187,152.		
Program Service Revenue	d	-				, -		
ğ	e							
<u>ہ</u>		All other program service reven	ue					
		Total. Add lines 2a-2f			1,216,635.			
	3	Investment income (including d						
		other similar amounts)			547.			547.
	4	Income from investment of tax-						
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)		<u></u>				
<u>o</u>	8 a	Gross income from fundraising						
Other Revenu		including \$ 43,55	4 • of					
Ş		contributions reported on line 1	c). See	_				
e		Part IV, line 18		0.				
됐		Less: direct expenses		33,011.				
	С	Net income or (loss) from fundra	aising events	>	-33,011.			-33,011.
	9 a	Gross income from gaming acti						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gamin	•					
	10 a	Gross sales of inventory, less re						
		and allowances			-			
		Less: cost of goods sold						
	С	c Net income or (loss) from sales of inventory						
		Miscellaneous Revenue OTHER INCOME		Business Code 611710	10,931.	10,931.		
	11 a	OTHER THOUSE		011/10	10,931.	10,331.		+
	b							+
	C C	All other revenue						+
		All other revenue			10,931.			
	е 12	Total. Add lines 11a-11d Total revenue. See instructions.		.	2,949,958.	1 227 566	Ω	32,464.
232009 12-10-				<u></u>	_ , , , , , , , , , , , , ,	_,,,,,,,,,		Form 990 (2012)

Form 990 (2012) HAZON, INC. Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A).	
	Check if Schedule O contains a responnot include amounts reported on lines 6b,	(A)	s Part IX (B) Program service	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundráising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	798,514.	798,514.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	339,116.	101,735.	152,602.	84,779.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	907,776.	590,054.	181,556.	136,166.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	73,270.	40,651.	19,636.	12,983
10	Payroll taxes	96,730.	53,667.	25,923.	17,140.
11	Fees for services (non-employees):				
а	Management	67,965.	67,965.		
b	Legal	2,671.		2,671.	
С	Accounting	10,000.		10,000.	
d	Lobbying				
е	· •				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	16,348.	13,078.	3,270.	
13	Office expenses	28,386.	2,839.	22,708.	2,839
14	Information technology	21,858.	9,836.	12,022.	
15	Royalties	445 555	00 554	100 100	4 4 556
16	Occupancy	147,755.	29,551.	103,428.	14,776
17	Travel	77,957.	54,570.	15,591.	7,796.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	21,321.	21,321.		
23	Insurance	21,742.	8,697.	13,045.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	CONFERENES, FOOD & LODG	183,455.	161,808.		21,647
b	OTHER PROGRAM EXPENSES	63,561.	63,561.		
С	ON-LINE PROCESSING FEES	32,543.	22,780.	3,254.	6,509
d	TELEPHONE	31,182.	6,236.	24,946.	
е	All other expenses	21,211.	6,490.	14,721.	
25	Total functional expenses. Add lines 1 through 24e	2,963,361.	2,053,353.	605,373.	304,635
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)				Form QQ ((2012)

Form 990 (2012)
Part X Balance Sheet

Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response to any question in this Part X				
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		296,557.	1	289,515.
	2	Savings and temporary cash investments		279,855.	2	258,356.
	3	Pledges and grants receivable, net		90,250.	3	163,578.
	4	Accounts receivable, net		42,525.	4	36,447.
	5	Loans and other receivables from current and former officers, directors,				
		trustees, key employees, and highest compensated employees. Comple	ete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined				
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and cont	ributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary				
		employees' beneficiary organizations (see instr). Complete Part II of Sch	, L		6	
ets	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
`	9	Prepaid expenses and deferred charges		16,078.	9	32,838.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a 63,	962.			
	b		302.	31,981.	10c	10,660.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11		49,920.	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 equal line 34)		817,183.	16	851,331.
	17	Accounts payable and accrued expenses		117,280.	17	144,212.
	18	Grants payable	33,676.	18	46,970.	
	19	Deferred revenue			19	
	20	The appropriate and the 1944 and	[20	
Se	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
Liabilities	22	Loans and other payables to current and former officers, directors, trust	tees,			
jabi		key employees, highest compensated employees, and disqualified pers	ons.			
_		Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third				
		parties, and other liabilities not included on lines 17-24). Complete Part 2	X of			
		Schedule D		7,800.	25	15,125.
	26	Total liabilities. Add lines 17 through 25		158,756.	26	206,307.
		Organizations that follow SFAS 117 (ASC 958), check here	and			
Ses		complete lines 27 through 29, and lines 33 and 34.		060 215		001 000
anc	27	Unrestricted net assets		268,315.	27	281,899.
Bal	28	Temporarily restricted net assets		390,112.	28	363,125.
pu	29	Permanently restricted net assets			29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here	▶└─			
s or	1.	and 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 equipment fund			31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		650 107	32	645 004
_	33	Total net assets or fund balances		658,427. 817,183.	33	645,024. 851,331.
	34	Total liabilities and net assets/fund balances		01/,103.	34	Form 990 (2012)

Form **990** (2012)

Pa	rt XI Reconciliation of Net Assets			•	
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,94		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,96		
3	Revenue less expenses. Subtract line 2 from line 1	3			03.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		65	8,4	27.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	64	5,0	24.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				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 Schedul	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	ed on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa				
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t	he audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sc				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S				
	Act and OMB Circular A-133?	-	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the req				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2012)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number 13-4087102 HAZON, INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name. 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. d Type III - Non-functionally integrated c Type III - Functionally integrated **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below. Yes Nο the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (vi) Is the (iv) Is the organization (v) Did you notify the (vii) Amount of monetary (i) Name of supported (ii) EIN (iii) Type of organization organization in col. in col. (i) listed in your organization in col. (described on lines 1-9 organization support (i) organized in the aovernina document? (i) of your support? above or IRC section U.S.? (see instructions)) Yes No Yes Yes No

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

Schedule A (Form 990 or 990-EZ) 2012

Total

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	, ,	`,
	membership fees received. (Do not						
	include any "unusual grants.")	1030279.	1174268.	2695242.	2744982.	2636454.	10281225.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1030279.	1174268.	2695242.	2744982.	2636454.	10281225.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1646543.
6	Public support. Subtract line 5 from line 4.						8634682.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	1030279.	1174268.	2695242.	2744982.	2636454.	10281225.
8	Gross income from interest,		-				
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	-289.	1,048.	1,201.	1,001.	547.	3,508.
9	Net income from unrelated business			7			
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						10284733.
	Gross receipts from related activities,	etc. (see instruction	ons)			12 3	,044,896.
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2012 (line 6, column (f) di	ivided by line 11, o	olumn (f))		14	83.96 %
15	Public support percentage from 2011	Schedule A, Part	II, line 14			15	85.66 %
16a	33 1/3% support test - 2012. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				> X
b	33 1/3% support test - 2011. If the	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check t	nis box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances tes	t - 2011. If the org	anization did not d	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization		•	•	,		
						dule A (Form 990	

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

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

Section A. Public Support	ow, picage comp	oloto i dit ii.j					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
1 Gifts, grants, contributions, and	, ,	, ,	, ,	` ,	, ,	,,	
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							
6 Total. Add lines 1 through 5							
7a Amounts included on lines 1, 2, and							
3 received from disqualified persons							
b Amounts included on lines 2 and 3 received							
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the							
amount on line 13 for the year							
c Add lines 7a and 7b							
8 Public support (Subtract line 7c from line 6.)							
Section B. Total Support							
Calendar year (or fiscal year beginning in) ► 🔼	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
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							
c Add lines 10a and 10b							
11 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.)							
14 First five years. If the Form 990 is for t	ho organization'	L first seeped this	d fourth or fifth to	V voor oo o oostio	n 501(a)(2) argani	ration	
check this box and stop here	•		•	•	. , . ,		
Section C. Computation of Public							
15 Public support percentage for 2012 (lir			column (f))		15		
16 Public support percentage from 2011 \$					16		
Section D. Computation of Invest					1 .0	70	
17 Investment income percentage for 201			ne 13 column (f)		17		
18 Investment income percentage for 201					18	——————————————————————————————————————	
Pa 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not							
	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and						
• •	•			•	•		
line 18 is not more than 33 1/3%, chec			•		ŭ		
20 Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check th	ns box and see in	structions	<u></u> ▶□	

HAZON, INC. 13-4087102

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2012

** Do Not File **

*** Not Open to Public Inspection ***

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

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

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

Organization type (check 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			
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
General	Rule				
	For an organization contributor. Comple	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one ete Parts I and II.			
Special l	Rules				
For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use <i>exclusively</i> 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 <i>exclusively</i> religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year				

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

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

Employer identification number

HAZON, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I 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	\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DOUG & LISA GOLDMAN FUND 1 MONTGOMERY STREET, SUITE 3440 SAN FRANCISCO, CA 94104	\$ 70,000.	Person X Payroll
(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	\$ <u>297,057.</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
4	UJA FEDERATION OF NY 130 EAST 59TH STREET NEW YORK, NY 10022	\$179,536 .	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	\$ 108,144.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4 JOYCE & IRVING GOLDMAN FAMILY	(c) Total contributions	(d) Type of contribution
6	FOUNDATION 417 FIFTH AVENUE, SUITE 400 NEW YORK, NY 10016	\$ 110,000.	Person X Payroll

Employer identification number

HAZON, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	BLAUSTEIN FOUNDATION 10 EAST BALTIMORE ST, SUITE 1111 BALTIMORE, MD 21202	\$ 90,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	FRIENDS OF THE ARAVA INSTITUTE 896 BEACON STREET BOSTON, MA 02215	\$ 51,686.	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
9	HESCHEL CENTER 85 NACHALAT BINYAMIN ST TEL-AVIV, ISRAEL	\$ 54,278.	Person X Payroll
(a)	(b)	(c) Total contributions	(d)
No10	Name, address, and ZIP + 4 JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO 121 STEUART STREET, #7 SAN FRANCISCO, CA 94105	\$ 160,000.	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
11	JIM JOSEPH FOUNDATION 343 SANSOME STREET, SUITE 550 SAN FRANCISCO, CA 94104	\$ 57,500.	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
12	LIPPMAN KANFER FAMILY FOUNDATION ONE GOJO PLAZA, SUITE 350 AKRON, OH 44311	\$ 87,500.	Person X Payroll

Employer identification number

HAZON, INC

IIAZON	, 1110.	13	-400/102
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	NATAN 1501 BROADWAY NEW YORK, NY 10036	\$ 73,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	OPALINE FUND 121 STEUART STREET SAN FRANCISCO, CA 94105	\$ 56,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	WALTER & ELISE HAAS FUND ONE LOMBARD STREET, SUITE 305 SAN FRANCISCO, CA 94111	\$ 55,000.	Person X Payroll
(a) No.	(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.)
(a) No.	(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.)
(a) No.	(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.)

Employer identification number

HAZON, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				

Name of organization Employer identification number HAZON INC. 13-4087102 religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(1), (8), or (10) organizations year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (c) Use of gift (b) Purpose of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, 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 (e) Transfer of gift Transferee's name, address, 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 (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2012
Open to Public Inspection

Name of the organization

HAZON, INC. Employer identification number 13-4087102

Pai	τl	Organizations Maintaining Donor Advised	d Funds or Other Similar Fund	s or Accounts. Complete if the		
		organization answered "Yes" to Form 990, Part IV, line	6.			
			(a) Donor advised funds	(b) Funds and other accounts		
1	Total	number at end of year				
2		egate contributions to (during year)				
3	Aggre	egate grants from (during year)				
4	Aggre	egate value at end of year				
5		ne organization inform all donors and donor advisors in w	riting that the assets held in donor advi	sed funds		
	are th	ne organization's property, subject to the organization's e	exclusive legal control?	Yes No		
6	Did th	ne organization inform all grantees, donors, and donor ac	lvisors in writing that grant funds can be	e used only		
	for ch	aritable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	e conferring		
	impermissible private benefit?					
Pai	t II	Conservation Easements. Complete if the orga	anization answered "Yes" to Form 990,	Part IV, line 7.		
1	Purpo	ose(s) of conservation easements held by the organization				
	Щ	Preservation of land for public use (e.g., recreation or ed	lucation) Preservation of an hi	storically important land area		
	Ш	Protection of natural habitat	Preservation of a cer	tified historic structure		
		Preservation of open space				
2	Comp	plete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the form	of a conservation easement on the last		
	day o	f the tax year.				
				Held at the End of the Tax Year		
а		number of conservation easements				
b		acreage restricted by conservation easements				
С		per of conservation easements on a certified historic stru				
d		per of conservation easements included in (c) acquired a		ture		
		in the National Register		2d		
3	Numb	per of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax		
	year					
4		per of states where property subject to conservation eas				
5		the organization have a written policy regarding the period				
		ions, and enforcement of the conservation easements it				
6		and volunteer hours devoted to monitoring, inspecting, a				
7		ant of expenses incurred in monitoring, inspecting, and e				
8		each conservation easement reported on line 2(d) above				
_		ection 170(h)(4)(B)(ii)?				
9		rt XIII, describe how the organization reports conservation	•			
		de, if applicable, the text of the footnote to the organizati	on's financial statements that describes	s the organization's accounting for		
Dai		ervation easements. Organizations Maintaining Collections of	Art Historical Tracquires or (Other Cimilar Assets		
Pai	LIII	_		Other Similar Assets.		
	16.11	Complete if the organization answered "Yes" to Form 9				
та		organization elected, as permitted under SFAS 116 (ASC	-			
		rical treasures, or other similar assets held for public exhi		ance of public service, provide, in Part XIII,		
		ext of the footnote to its financial statements that describ				
D		organization elected, as permitted under SFAS 116 (ASC				
		ures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of pt	ublic service, provide the following amounts		
		ng to these items:		. Δ		
		evenues included in Form 990, Part VIII, line 1				
^						
2		organization received or held works of art, historical trea		ai gairi, provide		
_		ollowing amounts required to be reported under SFAS 11		•		
a		nues included in Form 990, Part VIII, line 1				
b	Asset	s included in Form 990, Part X				

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

Schedule D (Form 990) 2012

•	rt III Organizations Maintaining C	onections of A	rt, mistoricai i	reasures, c	or Othe	er Simil	ar Asse	ts (contii	nued)	
3	Using the organization's acquisition, accession	on, and other record	ds, check any of th	e following tha	t are a s	ignificant	use of its	collectio	n item	s
	(check all that apply):									
а	Public exhibition	d	l 🖳 Loan or ex	change progra	ams					
b	Scholarly research	е	e L Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explai	in how they further	the organizati	on's exe	mpt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit or	receive donations	of art, historical tre	asures, or oth	er simila	r assets		_		_
	to be sold to raise funds rather than to be ma							Yes		No
Pa	reported an amount on Form 990, Par		ete if the organizati	on answered	"Yes" to	Form 990), Part IV, I	ine 9, or		
10	Is the organization an agent, trustee, custodia	-	diany for contributio	one or other as	eate not	included				
Ia			•					Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a							J 163		J 140
b	in res, explain the arrangement in rait Ama	and complete the ic	niowing table.					Amoun	+	
С	Reginning halance					1c		Amoun		
	0 0									
e	Additions during the year Distributions during the year									
f										
	Did the organization include an amount on Fo							Yes		No
	If "Yes," explain the arrangement in Part XIII.									
	rt V Endowment Funds. Complete if									
		(a) Current year	(b) Prior year				ears back	(e) Fou	vears	back
12	Beginning of year balance	(a) Current year	(b) i noi year	(c) The year	o buon	(u) 111100)	ouro buon	(0) 1 0 0	youro	buon
b	`i.									
c										
d										
e										
·	and programs									
f	Administrative expenses									
g	[
2	Provide the estimated percentage of the curr	ent year end haland	ce (line 1 a. column	(a)) held as:						
a			%	(a)) Hold do.						
b		%								
	Temporarily restricted endowment	 /*								
Ŭ	The percentages in lines 2a, 2b, and 2c shou									
3a	Are there endowment funds not in the posses		ation that are held	and administe	ered for t	he organi:	zation			
ou	by:	solon of the organiz	ation that are noid	aria aariii iiote	700 101 1	no organi	Lation		Yes	No
	(i) unrelated organizations							3a(i)		-110
	(ii) related organizations							3a(ii)		
h	If "Yes" to 3a(ii), are the related organizations							3b		
4	Describe in Part XIII the intended uses of the									
	rt VI Land, Buildings, and Equipm									
	Description of property	(a) Cost or o		st or other	(c) A	ccumulate	ed	(d) Boo	k valu	
	Becomplian or property	basis (investr	1 ' '	s (other)		preciation		(u , 200	it valu	_
1a	Land	<u> </u>		,						
b										
	Equipment			63,962.		53,3	02.	1	0,6	60.
	Other	 								
	al. Add lines 1a through 1e. (Column (d) must ed		X, column (B), line	10(c).)			▶	1	0,6	60.

Schedule D (Form 990) 2012

Part VII Investments - Other Securities. See (a) Description of security or category (including name of security)	Form 990, Part X, line 12 (b) Book value		Cost or end-of-year market value
(1) Financial derivatives		()	•
2) Closely-held equity interests			
3) Other			
(A) 192 UNITS GLOBAL SUN			
(B) PARTNERS LP	49,920.	END-OF-YEAR M	ARKET VALUE
(C)	, , , , , , , , , , , , , , , , , , ,		
(D)			
(E)			
(F)			
(G)			
(H)			
(1)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	49,920.		
Part VIII Investments - Program Related. Se			
(a) Description of investment type	(b) Book value		Cost or end-of-year market value
(1)		1	•
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(7)			
(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		
	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, li			
1. (a) Description of liability	110 20.	(b) Book value	
(1) Federal income taxes		(2, 255), 15,155	
(2) MEMBER DEPOSITS		15,125.	
(=)		13,1230	
(3)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11) Total. (Column (b) must equal Form 990, Part X, col. (B) line	25)	15,125.	
i otali (Oolumii (o) must equal i omi 330, Fait A, coi. (D) iille			nts that reports the organization's

Scho	dule D (Form 990) 2012 HAZON, INC.			13-	4087102 _{Page}	4
	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per F	Return	1 1	<u>-</u>
1	T. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			1	3,147,261	-
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			-	· · · · · · · · · · · · · · · · · · ·	_
	Net unrealized gains on investments	2a				
	Donated services and use of facilities		14,548.			
С	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)		182,755.			
	Add lines 2a through 2d			2e	197,303	
3	Subtract line 2e from line 1			3	2,949,958	•
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	. 4a				
b	Other (Describe in Part XIII.)	. 4b				
	Add lines 4a and 4b			4c	0	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,949,958	•
Pai	t XII Reconciliation of Expenses per Audited Financial Statem	ents Wit	h Expenses per	Retu		
1	Total expenses and losses per audited financial statements			1	3,160,664	•
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	. 2a	14,548.			
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	_ 2d	182,755.		4	
	Add lines 2a through 2d			2e	197,303	
3	Subtract line 2e from line 1			3	2,963,361	•
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIII.)	4b			•	
	Add lines 4a and 4b			4c	0	
_	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,963,361	<u>.</u>
Pai	t XIII Supplemental Information					_
X, line	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part I e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to RT X, LINE 2: NOT APPLICALBE				2b; Part V, line 4; Part	
PAF	RT XI, LINE 2D - OTHER ADJUSTMENTS:					
INC	COME RELEASED FROM RESTRICTIONS				149,744	•
DIF	RECT FUNDRAISING EXPENSES NETTED AGAINST R	EVENUE	S		33,011	•
TOT	TAL TO SCHEDULE D, PART XI, LINE 2D				182,755	

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012 HAZON, INC.	13-408/102 Page 5
Part XIII Supplemental Information (continued)	
FISCAL SPONSORSHIP GRANTS OF PRIOR YEARS	149,744.
DIRECT FUNDRAISING EXPENSES NETTED AGAINST REVENUES	33,011.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	182,755.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

➤ Attach to Form 990. ➤ See separate instructions.

2012
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Employer identification number

HAZON	, INC.				13-408710)2
Part I	General Infor	mation on A	ctivities Out	tside the United States. Comple	ete if the organization answered "	Yes"
to Form 990, Part IV, line 14b.						
1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance,						
the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No						
2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the						
United States.						
				an be duplicated if additional space is r		1 (0.7
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
ISRAEL		0	0	PROGRAM SERVICES	ISRAEL BIKE RIDE	0.
3 a Sub-	total	0	0			0.
	from continuation					
	ts to Part I	0	0			0.
	ls (add lines 3a		_			
and (3b)	0	0			0.

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

Schedule F (Form 990) 2012

Schedule F (Form 990) 2012 HAZON, INC. 13-4087102 Page 2

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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)
	the grantee or counse	el has provided a section	recognized as charities by the n 501(c)(3) equivalency letter					

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.

Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (f) Amount of (e) Manner of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement non-cash non-cash assistance assistance

Page 3

Schedule F (Form 990) 2012

Part IV **Foreign Forms** 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization 2 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) 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471) Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. Yes X No. (see Instructions for Form 8621) Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"

Foreign Partnerships. (see Instructions for Form 8865)

for Form 5713)

the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions

Schedule F (Form 990) 2012

5

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 G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

Open To Public Inspection

Name of the organization						ntification number		
HAZON,					13-4087			
Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.								
Indicate whether the organization rais X Mail solicitations b X Internet and email solicitations c X Phone solicitations d X In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, F b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the	e X Solicita f Solicita g X Special or oral agreement with any individual cart VII) or entity in connection with prividuals or entities (fundraisers) purs	tion of non-g tion of gover fundraising I (including o professional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees	Yes			
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization		
		Yes No						
		4						
Total		>						
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contributions	s or has been notified	d it is	exempt from re	egistration		

Schedule G (Form 990 or 990-EZ) 2012

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedu	4087102 Page 2								
Part I	Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000								
	of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000								
		(a) Event #1 PHILADELPHIA	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))				
ق ا		(event type)	(event type)	(total number)	001. (0))				

a			(event type)	(event type)	(total number)	COI. (C))
eun						
Revenue	1	Gross receipts	43,554.			43,554.
			42 554			42 554
	2	Less: Contributions	43,554.			43,554.
	2	Gross income (line 1 minus line 2)				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
ses			4 000			4 000
ben	6	Rent/facility costs	4,290.			4,290.
Direct Expenses	_	Food and become	23,480.			23,480.
irec	7	Food and beverages	23,400.			23,400.
	8	Entertainment	800.			800.
	9	Other direct expenses	4,441.			4,441.
	10	Direct expense summary. Add lines 4 through	9 in column (d)		>	(33,011,
	11	Net income summary. Combine line 3, column	n (d), and line 10)	-33,011.
Pa	rt I		answered "Yes" to Form	990, Part IV, line 19, or r	eported more than	
_		\$15,000 on Form 990-EZ, line 6a.		#- 1 Dull tabe (instant		(A) Total manipus (and a
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				3 1 3 3		(-,
ă.	1	Gross revenue				
S	2	Cash prizes				
ense						
χΞ	3	Noncash prizes				
Direct Expenses		Deat/6-299				
Öİ	4	Rent/facility costs	*			
	5	Other direct expenses				
			Yes %	☐ Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		>	()
	_				_	
	8	Net gaming income summary. Combine line 1	, column d, and line /		<u> </u>	
a	Ent	ter the state(s) in which the organization operat	res gaming activities.			
		he organization licensed to operate gaming ac	· · · · —	states?		Yes No
		No," explain:				
		•				
		ere any of the organization's gaming licenses re	voked, suspended or te	rminated during the tax y	/ear?	. L Yes No
b	If "`	Yes," explain:				
	_					

232082 01-07-13

Schedule G (Form 990 or 990-EZ) 2012

Sch	edule G (Form 990 or 990·EZ) 2012 HAZON, INC.	<u> 13-408</u>	7102	Page 3
11	Does the organization operate gaming activities with nonmembers?	L	Yes	└── No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		Yes	□ No
13	Indicate the percentage of gaming activity operated in:			
	a The organization's facility	138	,	%
	o An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and record			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$	nt		
c	If "Yes," enter name and address of the third party:			
	Name ▶			
	Address ►			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to	_	1	
	retain the state gaming license?	L	Yes	∟ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the		
_	organization's own exempt activities during the tax year ▶ \$			
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, column lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information.			
_				

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

Open to Public Inspection

Employer identification number

HAZON, IN							13-4087102
Part I General Information on Grants a							
1 Does the organization maintain records							
criteria used to award the grants or assi	stance?						X Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to		=			anization answered "	Yes" to Form 990, Part	IV, line 21, for any
recipient that received more than	T .		· '		(f) Method of	_	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
URBAN ADAMAH							
1050 PARKER STREET			1				GRANTEE SHARES SIMILAR
BERKLEY, CA 94710	27-4349643		7,005.	0.			GOALS
ISABELLA FREEDMAN JEWISH RETREAT CENTER - 116 JOHNSON ROAD - FALLS VILLAGE, CT 06031	13-1623922		11,280.	0.			GRANTEE SHARES SIMILAR GOALS
JEWISH FARM SCHOOL 25 BROADWAY, 17TH FLOOR NEW YORK, NY 10004	13-4087102		196,844.	0.			GRANTEE SHARES SIMILAR GOALS
WILDERNESS TORAH 2150 ALLSTON WAY #210 BERKLEY, CA 94704	45-4437061		218,181.	0.			GRANTEE SHARES SIMILAR GOALS
STORAHTELLING 125 MAIDEN LANE, SUITE 8B NEW YORK, NY 10038	51-0444205		326,489.	0.			GRANTEE SHARES SIMILAR GOALS
2 Enter total number of section 501(c)(3) a	and government or	ganizations listed in th	e line 1 table				•
3 Enter total number of other organization			ic inte i table				······· <u> </u>

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

Schedule I (Form 990) (2012) HAZON, INC.					13-4087102	Page 2
Part III Grants and Other Assistance to Individuals in the U Part III can be duplicated if additional space is needed	nited States. Con	nplete if the organiz	ation answered "Yes	to Form 990, Part IV, line 22.		
(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 prov	ride the information	on required in Part I,	, line 2, Part III, colum	nn (b), and any other additional in	nformation.	
SCHEDULE I, PART I, LINE 2: GRANT	RECIPIEN	TS MUST SU	JBMIT A FIN	AL PROGRESS		
REPORT DETAILING THE PROGRESS MAD	E IN					
ACCOMPLISHING THE GOALS AND OBJEC	TIVES OF	THE GRANT.	•			
	-					

13-4087102

HAZON, INC.

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

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

➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

HAZON, INC.

Part I Questions Regarding Compensation

Employer identification number 13-4087102

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		<u> </u>
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			77
	The organization?	6a		X
b	Any related organization?	6b		X
_	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	_		v
_	not described in lines 5 and 6? If "Yes," describe in Part III	7		_X_
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		<u> </u>
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9	1	ı

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

Schedule J (Form 990) 2012

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

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

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

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

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service 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.

2012
Open to Public Inspection

Name of the organization

HAZON, INC.

Employer identification number 13-4087102

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

HAZON WORKS TO CREATE A HEALTHIER AND MORE SUSTAINABLE JEWISH COMMUNITY

AND A HEALTHIER AND MORE SUSTAINABLE WORLD FOR ALL. HAZON EFFECTS

CHANGE IN THE WORLD IN THREE WAYS; (1) TRANSFORMATIVE EXPERIENCES FOR

INDIVIDUALS AND COMMUNITIES, (2) THOUGHT LEADERSHIP IN THE FIELDS OF

JEWISH AND ENVIRONMENTAL KNOWLEDGE AND (3) SUPPORT OF THE JEWISH

ENVIRONMENTAL MOVEMENT IN NORTH AMERICA AND ISRAEL.

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

THE FIELDS OF JEWISH AND ENVIRONMENTAL KNOWLEDGE AND (3) SUPPORT OF THE

JEWISH ENVIRONMENTAL MOVEMENT IN NORTH AMERICA AND ISRAEL.

FORM 990, PART VI, SECTION B, LINE 11: THE DESIGNATED OFFICERS AND BOARD

MEMBERS REVIEW THE 990 AND COMMUNICATE WITH THE PREPARER VIA PHONE

CONFERENCE AND E-MAIL, AS NECESSARY.

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

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE DIRECTOR'S SALARY IS

RECOMMENDED AND APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD EACH YEAR.

LIKEWISE, THE EXECUTIVE DIRECTOR UNDERGOES AN ANNUAL REVIEW WHICH IS

DISCUSSED AND APPROVED BY THE BOARD.

FORM 990, PART VI, SECTION C, LINE 18: DOCUMENTS ARE AVAILABLE UPON

REQUEST AT THE ORGANIZATION'S PLACE OF BUSINESS DURING REGULAR BUSINESS

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

332211
01-04-13

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

HOURS.

FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS ARE AVAILABLE UPON

REQUEST AT THE ORGANIZATION'S PLACE OF BUSINESS DURING REGULAR BUSINESS

HOURS.

FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC: CHERYL COOK - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038 ADINA ABRAMOWITZ - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038 NIGEL SAVAGE - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038 RICHARD DALE - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038 JONATHAN DRILL - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038 RUTH MESSINGER - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038 HOWARD RODENSTEIN - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038 ELLEN GOODMAN - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038 JAY MOSES - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038 ANNA OSTROVSKY - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038 MAYA SHETREAT-KLEIN - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038 MANDY PATINKIN - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038 DAVID WOLFE - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038 CLARE GOLDWATER - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038 TRISHA MARGULIES - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038 RABBI RACHEL KAHN-TROSTER - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038 SHULAMITH PASSOW - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038 SASHA LANSKY - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038 RABBI DAVID TEUTSCH - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038 HOWARD METZENBERG - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038

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

232212 01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

HAZON, INC.	13-4087102
SHARON LESLIE - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 1	0038
SANDRA ROCKS - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10	038
RABBI MARC SOLOWAY - 125 MAIDEN LANE, SUITE 8B, NEW YORK,	NY 10038
LISA SACKS - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 1003	8
THERE HAS BEEN NO CHANGE IN THE OVERSIGHT OR SELECTION PR	OCESS SINCE
THE PRIOR YEAR.	
	_

FORM	qqn	PAGE	1 0
FURM	990	PAGE	ΤU

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

228102 05-01-12 990

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return. Business or activity to which this form relates

OMB No. 1545-0172 990

Attachment Sequence No. **179**

Identifying number

FORM 990 PAGE 10 13-4087102 HAZON, INC.

Pa	art Election To Expense Certain Propert	y Under Section 1	79 Note : <i>If yo</i>	u have any lis	sted pro	perty,	complete Part	V bef	ore y	ou complete Part I.
1	Maximum amount (see instructions)								1	500,000.
2	Total cost of section 179 property place								2	
	Threshold cost of section 179 property I								3	2,000,000.
	Reduction in limitation. Subtract line 3 fr								4	
5	Dollar limitation for tax year. Subtract line 4 from line	1. If zero or less, enter	-0 If married fili	ng separately, se	e instructio	ons		Г	5	
6	(a) Description of pro	perty		(b) Cost (busin	ness use o	nly)	(c) Elected	d cost		
7	Listed property. Enter the amount from	ine 29				7				
8	Total elected cost of section 179 proper	ty. Add amounts	s in column (d	c), lines 6 and	17				8	
	Tentative deduction. Enter the smaller of								9	
	Carryover of disallowed deduction from								10	
11	Business income limitation. Enter the sn	naller of business	s income (not	less than ze	ro) or lir	ne 5	.,	L	11	
12	Section 179 expense deduction. Add lin	es 9 and 10, but	do not ente	r more than li	ne 11 <u>.</u>		<u></u>		12	
	Carryover of disallowed deduction to 20				▶	13				
_	te: Do not use Part II or Part III below for			$\overline{}$						
	art II Special Depreciation Allowar		-		$\overline{}$		• •			<u> </u>
14	Special depreciation allowance for quali	fied property (oth	ner than liste	d property) p	laced in	servic	e during			
	the tax year								14	
	Property subject to section 168(f)(1) elec								15	
									16	
P	art III MACRS Depreciation (Do not	include listed pr		-	.)					
			Se	ction A						
										01 001
	MACRS deductions for assets placed in			~				;··	17	21,321.
	If you are electing to group any assets placed in servi	ce during the tax year	into one or more	general asset acc	counts, che	eck here	▶ □			-
		ce during the tax year	into one or more e During 20	general asset acc	Counts, che	eck here he Ge	▶ □			-
	If you are electing to group any assets placed in servi	ce during the tax year	e During 20 (c) Basis for (business/ir	general asset acc	Using t	eck here	▶ □	ation	Syst	-
	If you are electing to group any assets placed in servi Section B - Assets I (a) Classification of property	Placed in Servic (b) Month and year placed	e During 20 (c) Basis for (business/ir	general asset acc 12 Tax Year depreciation evestment use	Using t	che Ge	neral Deprecia	ation	Syst	em
18	If you are electing to group any assets placed in servi Section B - Assets I (a) Classification of property 3-year property	Placed in Servic (b) Month and year placed	e During 20 (c) Basis for (business/ir	general asset acc 12 Tax Year depreciation evestment use	Using t	che Ge	neral Deprecia	ation	Syst	em
18 19a	Section B - Assets I (a) Classification of property 3-year property 5-year property	Placed in Servic (b) Month and year placed	e During 20 (c) Basis for (business/ir	general asset acc 12 Tax Year depreciation evestment use	Using t	che Ge	neral Deprecia	ation	Syst	em
18 19a	Section B - Assets I (a) Classification of property a 3-year property 5-year property 7-year property	Placed in Servic (b) Month and year placed	e During 20 (c) Basis for (business/ir	general asset acc 12 Tax Year depreciation evestment use	Using t	che Ge	neral Deprecia	ation	Syst	em
19a	If you are electing to group any assets placed in servi Section B - Assets I (a) Classification of property a 3-year property 5-year property 7-year property 1 10-year property	Placed in Servic (b) Month and year placed	e During 20 (c) Basis for (business/ir	general asset acc 12 Tax Year depreciation evestment use	Using t	che Ge	neral Deprecia	ation	Syst	em
19a	Section B - Assets I (a) Classification of property a 3-year property 5-year property 7-year property 10-year property 15-year property	Placed in Servic (b) Month and year placed	e During 20 (c) Basis for (business/ir	general asset acc 12 Tax Year depreciation evestment use	Using t	che Ge	neral Deprecia	ation	Syst	em
19a	Section B - Assets I (a) Classification of property a 3-year property 5-year property 10-year property 15-year property 20-year property	ce during the tax year Placed in Servic (b) Month and year placed in service	e During 20 (c) Basis for (business/ir	general asset acc 12 Tax Year depreciation evestment use	Using t (d) R p	eck here the Ge ecovery eriod	neral Deprecia (e) Convention	(f) Me	Systemethod	em
18 19a b c c c	Section B - Assets I (a) Classification of property a 3-year property 5-year property 10-year property 15-year property 20-year property 20-year property 25-year property	ce during the tax year Placed in Servic (b) Month and year placed in service	e During 20 (c) Basis for (business/ir	general asset acc 12 Tax Year depreciation evestment use	Counts, check Using t	eck here the Gel eccovery eriod b yrs. yrs.	neral Deprecia (e) Convention	(f) Me	Systematical Systematics (Systematics)	em
18 19a b c c c	Section B - Assets I (a) Classification of property a 3-year property 5-year property 10-year property 15-year property 20-year property	ce during the tax year Placed in Service (b) Month and year placed in service	e During 20 (c) Basis for (business/ir	general asset acc 12 Tax Year depreciation evestment use	Counts, checulostic Counts, checulostic Counts, checulostic Counts (d) R	eck here the Gel decovery eriod 5 yrs. 5 yrs. 5 yrs.	(e) Convention MM MM	(f) Me	Systematical Systematics (Systematics) /L /L /L	em
18 19a bb cc ee f	Section B - Assets I (a) Classification of property a 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property	ce during the tax year Placed in Servic (b) Month and year placed in service	e During 20 (c) Basis for (business/ir	general asset acc 12 Tax Year depreciation evestment use	Counts, checulostic Counts, checulostic Counts, checulostic Counts (d) R	eck here the Gel eccovery eriod b yrs. yrs.	meral Deprecia (e) Convention MM MM MM	(f) Me	System //L //L //L //L //L	em
18 19a b c c c	Section B - Assets I (a) Classification of property a 3-year property 5-year property 10-year property 15-year property 20-year property 20-year property Residential rental property Nonresidential real property	ce during the tax year Placed in Service (b) Month and year placed in service / / / / /	into one or more e During 20 (c) Basis for (business/ir only - see	general asset acc 12 Tax Year depreciation westment use instructions)	25 27.	beck here the Gel decovery deriod 5 yrs. 5 yrs. 5 yrs. 9 yrs.	MM MM MM MM	S, S	Systement of the system of the	em (g) Depreciation deduction
19a b c c c c c c c c c c c c c c c c c c	Section B - Assets I (a) Classification of property a 3-year property 5-year property 10-year property 20-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Pl	ce during the tax year Placed in Service (b) Month and year placed in service / / / / /	into one or more e During 20 (c) Basis for (business/ir only - see	general asset acc 12 Tax Year depreciation westment use instructions)	25 27.	beck here the Gel decovery deriod 5 yrs. 5 yrs. 5 yrs. 9 yrs.	MM MM MM MM	stion (f) Me	System Sy	em (g) Depreciation deduction
19a b c c c c c c c c c c c c c c c c c c	Section B - Assets I (a) Classification of property a 3-year property 5-year property 10-year property 20-year property 20-year property 25-year property Nonresidential rental property Section C - Assets Plan Class life	ce during the tax year Placed in Service (b) Month and year placed in service / / / / /	into one or more e During 20 (c) Basis for (business/ir only - see	general asset acc 12 Tax Year depreciation westment use instructions)	25 27. 27.	eck here the Gel decovery eriod 5 yrs. 5 yrs. 5 yrs. 9 yrs. e Alter	MM MM MM MM	S, S	System Sy	em (g) Depreciation deduction
192 b c c c c c c c c c c c c c c c c c c	Section B - Assets I (a) Classification of property a 3-year property 5-year property 10-year property 20-year property 20-year property Residential rental property Nonresidential real property Section C - Assets Placetion B - Asse	ce during the tax year Placed in Service (b) Month and year placed in service / / / / aced in Service	into one or more e During 20 (c) Basis for (business/ir only - see	general asset acc 12 Tax Year depreciation westment use instructions)	25 27. 27. 39	eck here the Gel decovery eriod 5 yrs. 5 yrs. 5 yrs. 9 yrs. e Alter	MM	s.	Systement Systems Syst	em (g) Depreciation deduction
18 19a b c c c c c c c c c c c c c c c c c c	Section B - Assets I (a) Classification of property a 3-year property 5-year property 10-year property 20-year property 20-year property Residential rental property Nonresidential real property Section C - Assets Placeton B - Assets Plac	ce during the tax year Placed in Service (b) Month and year placed in service / / / / /	into one or more e During 20 (c) Basis for (business/ir only - see	general asset acc 12 Tax Year depreciation westment use instructions)	25 27. 27. 39	eck here the Gel decovery eriod 5 yrs. 5 yrs. 5 yrs. 9 yrs. e Alter	MM MM MM MM	s.	System Sy	em (g) Depreciation deduction
19a bb cc cc ff cc	Section B - Assets I (a) Classification of property a 3-year property 5-year property 10-year property 20-year property 20-year property A 25-year property Nonresidential rental property Nonresidential real property Class life 12-year 40-year Section C - Assets Plan Class life	ce during the tax year Placed in Service (b) Month and year placed in service / / / aced in Service	into one or more e During 20 (c) Basis for (business/ir only - see	general asset acc 12 Tax Year depreciation westment use instructions)	25 27. 27. 39	eck here the Gel decovery eriod 5 yrs. 5 yrs. 5 yrs. 9 yrs. e Alter	MM	s.	Systemed //L //L //L //L //L //L //L //L //L //	em (g) Depreciation deduction
19a de	Section B - Assets I (a) Classification of property a 3-year property 5-year property 10-year property 21-year property 22-year property A Residential rental property Nonresidential real property Class life 12-year 240-year Summary (See instructions.) Listed property.	ce during the tax year Placed in Service (b) Month and year placed in service / / / aced in Service	into one or more e During 20 (c) Basis for (business/ir only - see	general asset acc 12 Tax Year depreciation vestment use instructions)	25 27. 27. 39 sing the	eck here the Gel lecovery eriod 5 yrs. 5 yrs. 5 yrs. 9 yrs. e Alter 2 yrs. 0 yrs.	MM	s.	Systement Systems Syst	em (g) Depreciation deduction
19a de	Section B - Assets I (a) Classification of property a 3-year property 5-year property 10-year property 20-year property 20-year property Nonresidential rental property Nonresidential real property Class life 12-year 40-year Summary (See instructions.) Listed property. Enter amount from line Total. Add amounts from line 12, lines 1	ce during the tax year Placed in Service (b) Month and year placed in Service / / / acced in Service / acced in Service 4 through 17, lin	into one or more e During 20 (c) Basis for (business/ir only - see	general asset acc 12 Tax Year depreciation vestment use instructions) 2 Tax Year U 2 in column (c	25 27. 27. 39 sing the 40 a), and li	beck here the Gel decovery eriod yrs. 5 yrs. 5 yrs. 9 yrs. e Alter 2 yrs. 0 yrs.	MM	stion (f) Me	Systement Systems Syst	em (g) Depreciation deduction
192 b c c c c c c c c c c c c c c c c c c	Section B - Assets I (a) Classification of property a 3-year property 5-year property 10-year property 20-year property 20-year property Residential rental property Nonresidential real property Class life 12-year 40-year art IV Summary (See instructions.) Listed property. Enter amount from line Total. Add amounts from line 12, lines 1 Enter here and on the appropriate lines in service.	ce during the tax year Placed in Service (b) Month and year placed in service / / / acced in Service / acced in Service	into one or more e During 20 (c) Basis for (business/ir only - see During 2012 During 2012 es 19 and 20 artnerships a	general asset acc 12 Tax Year depreciation vestment use instructions) 2 Tax Year U in column (g nd S corpora	25 27. 27. 39 sing the 40 a), and li	beck here the Gel decovery eriod yrs. 5 yrs. 5 yrs. 9 yrs. e Alter 2 yrs. 0 yrs.	MM	stion (f) Me	Systemed //L //L //L //L //L //L //L //L //L //	em (g) Depreciation deduction
192 b c c c c c c c c c c c c c c c c c c	Section B - Assets I (a) Classification of property a 3-year property 5-year property 10-year property 20-year property 20-year property Nonresidential rental property Nonresidential real property Class life 12-year 40-year Summary (See instructions.) Listed property. Enter amount from line Total. Add amounts from line 12, lines 1	ce during the tax year Placed in Service (b) Month and year placed in service / / / / aced in Service / aced in Service / 28 4 through 17, lin of your return. Pagervice during the	During 2012 During 2012 During 2012 During 2012	general asset acc 12 Tax Year depreciation vestment use instructions) 2 Tax Year U 2 in column (g nd S corpora r, enter the	25 27. 27. 39 sing the 40 a), and li	beck here the Gel decovery eriod yrs. 5 yrs. 5 yrs. 9 yrs. e Alter 2 yrs. 0 yrs.	MM	stion (f) Me	Systement Systems Syst	em (g) Depreciation deduction

216251 12-28-12 LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2012)

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

						ution:	see the	nstruc	tions for lii	nits for p	asseng	<u>er auton</u>	nobiles.)		
24	a Do you have evidence to s	support the bu	siness/investme	nt use cl	aimed?	Y	es 🗀	□ No	24b If "Y	es," is th	e evider	nce writt	en?	Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentag	je o	(d) Cost or ther basis	(hus	(e) sis for depr siness/inve use only	estment	(f) Recovery period	Met	g) hod/ ention	Depre	h) ciation iction	Ele sectio	(i) ected on 179 ost
<u>25</u>	Special depreciation allo	owance for q	ualified listed	propert	y placed	in servic	ce durin	g the t	ax year an	d					
	used more than 50% in	a qualified b	usiness use								25				
26	Property used more tha														
		1 1	9/	6											
		1 1	9	6											
			9	6											
<u>27</u>	Property used 50% or le	ess in a quali	fied business	use:											
_		1 1	9	6						S/L -					
		1 1	9	6						S/L -					
_		1 1	9							S/L -					
	Add amounts in column												_		
<u>29</u>	Add amounts in column	(i), line 26. E											29		
					B - Infor										
If y	mplete this section for ve ou provided vehicles to y se vehicles.												ng this :	section f	or
				(a)	(1	b)		(c)	(c	l)	(4	e)	(1	f)
30	Total business/investment	miles driven d	uring the	Ve	hicle	Vel	nicle	V	/ehicle	Veh	icle	Veh	icle	Veh	nicle
	year (do not include comr	muting miles)													
31	Total commuting miles of	driven during	the year												
32	Total other personal (no	ncommuting) miles												
	driven														
33	Total miles driven during														
	Add lines 30 through 32	<u> </u>													
34	Was the vehicle availab	•		Yes	No	Yes	No	Yes	No No	Yes	No	Yes	No	Yes	No
	during off-duty hours?														
35	Was the vehicle used p														
	than 5% owner or relate														
36	Is another vehicle availa	•													
_	use?														
An	swer these questions to o		 Questions f you meet an e 	-	-								e not m	nore than	า 5%
_	ners or related persons.														
37	Do you maintain a writte	en policy stat	ement that pro	ohibits a	all persor	nal use d	of vehicl	es, inc	luding con	nmuting,	by you	r		Yes	No
															+
38	Do you maintain a writte		•												
	employees? See the ins													-	+
	Do you treat all use of v													-	+-
40	Do you provide more that														
	the use of the vehicles,														+
41	Do you meet the require														
Б	Note: If your answer to a art VI Amortization	37, 38, 39, 4	U, or 41 is "Yes	s, " ao n	ot compi	ete Sec	tion B to	or the c	coverea ve	nicies.					
F	(a) Description of	f costs	Date a	(b) amortization		(c) Amortizab			(d) Code		(e) Amortizat	tion	Ą	(f) mortization	
_	A	-4.b.		begins	<u> </u>	amount	[section	ļ	period or peri		fo	or this year	
	Amortization of costs th	at begins du	ring your 2012	tax ye	ar:										
42			ı		1										
<u>42</u>				<u> </u>											
	Amortization of costs th	at la a t	fa 0013	<u> </u>								43			

Form **8868**

(Rev. January 2013)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

• If you a	re filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			▶ 🗶
• If you a	re filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of	this form).		
Electroni	emplete Part II unless you have already been granted on the ciling (e-file). You can electronically file Form 8868 if you file Form 990-T), or an additional (not automatic) 3-mo	you need a	a 3-month automatic extension of tir	me to file (6	6 months for a	
	file any of the forms listed in Part I or Part II with the ex-					
	Benefit Contracts, which must be sent to the IRS in page	•	•			
	irs.gov/efile and click on e-file for Charities & Nonprofits.		(See Instructions). For more details		stroine illing o	r triio rorrii,
Part I	Automatic 3-Month Extension of Time		submit original (no conies ne	eded)		
	tion required to file Form 990-T and requesting an autor					
Part I only				•		
All other o	corporations (including 1120-C filers), partnerships, REMorme tax returns.				sion of time	× —
Type or print	Name of exempt organization or other filer, see instru	ictions.		Employe	r identification	number (EIN) or
File by the	HAZON, INC.				13-408	
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 125 MAIDEN LANE, NO. 8B	ee instruc	tions.	Social se	curity number	(SSN)
instructions.	City, town or post office, state, and ZIP code. For a following YORK, NY 10038	oreign add	dress, see instructions.			
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			01
	<u> </u>		7			Return
Applicati	on	Return	Application			
Is For	or Form 000 E7	Code 01	Is For			Code
	or Form 990-EZ	02	Form 1041 A			
Form 990		03	Form 1041-A			08
	0 (individual)		Form 4720			09
Form 990		04	Form 5227			10
	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
FOIII 990	-T (trust other than above) LISA SACKS	06	Form 8870			12
• The be	ooks are in the care of 125 MAIDEN LAN	E SII	ITE 8B - NEW YORK,	NV 1	0038	
	$\frac{123 \text{ milber Bit }}{\text{cone No.}} 212 - 644 - 2332$	d, 50.	FAX No. ► 212-644-79		0030	
-	organization does not have an office or place of business	e in the l lr				
	s for a Group Return, enter the organization's four digit					oun check this
box ▶ [If it is for part of the group, check this box					
	quest an automatic 3-month (6 months for a corporation				ord the extern	31011 10 101.
. 110			tion return for the organization nam		The extension	1
is fo	or the organization's return for:	r organiza	inon rotain for the organization nam	ou ubovo.	7710 0/10/10/01	
	X calendar year 2012 or					
) [tax year beginning	, an	d ending		<u> </u>	
2 If th	ne tax year entered in line 1 is for less than 12 months, o	check reas	on: Initial return	Final retur	'n	
	Change in accounting period					
3a If th	is application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any			
non	refundable credits. See instructions.			3a	\$	0.
b If th	is application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and			_
esti	mated tax payments made. Include any prior year overp	payment a	llowed as a credit.	3b	\$	0.
c Bal	ance due. Subtract line 3b from line 3a. Include your pa	ayment wit	th this form, if required,			
by ı	using EFTPS (Electronic Federal Tax Payment System).	See instru	ctions.	3с	\$	0.
Caution.	If you are going to make an electronic fund withdrawal v	with this Fo	orm 8868, see Form 8453-EO and F	orm 887 <u>9</u> -	EO for payme	nt instructions.
IHA F	or Privacy Act and Panerwork Reduction Act Notice	see instri	uctions		Form 88	68 (Rev. 1-2013)

223841 01-21-13

HAZON__1

***** THIS IS NOT A FILEABLE COPY *****

IRS $_{e\text{-}file}$ Signature Authorization

	IOI all Exel	lipt Organization	
or calendar vear 2012	or fiscal year beginning	2012 and ending	

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

Egg. 8879-EO

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

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

Name and title of officer

NIGEL SAVAGE

EXECUTIVE DIRECTOR

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

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

1a	Form 990 check here b X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	2949958
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2 b	
За	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5а	Form 8868 check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	
		-	

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

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

Officer's PIN: check one box only

X lauthorize BILLET, FEIT & PREIS P.C. 54321 ERO firm name do not enter all zeros

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

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

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

Certification and Authentication Part III

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

13513254321 do not enter all zeros

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

Date \triangleright 05/21/13 ERO's signature

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2012)

TAXABLE YEAR

California Exempt Organization Annual Information Return

228941 12-18-12 FORM

2012

199

Calendar Year	2012	or fiscal year beginning month day	/ear	, and	ending month		da	ny year .
Corporation/Or				-	-	California corpo	oration nun	mber
HAZON,	II	IC.				3263	949	
Address (suite,	room,	or PMB no.)				FEIN		
125 MA	IDI	EN LANE, NO. 8B				13-4	0871	02
City		Sta		P Code				
NEW YO	RK	N.		.0038				
A First Retu				empt under	R&TC Section	n 23701d, has t	the organ	nization
		rn Yes X No		•	. ,	ed in any politic		• ,
C IRC Secti	on 49	47(a)(1)trust Yes X No	,			egislation or an	•	•
D Final Retu						R&TC Section		
		ved • Surrendered (Withdrawn)						• Yes X No
	_	ed/Reorganized Enter date: •				orm FTB 3509.		
_	_	ing method:						1g? ● Yes X No
(1)		* *				ts from nonme		
F Federal re	_		sourd			D 0 TO Cookies		
(1) ● L		IT (2) •				er R&TC Section		
_		a roster. See instructions				nal, or charitab nore) by public		
		tion in a group exemption? Yes X No				uired.		· —
		the parent's name?				iability Compa		
11 103, 11	muin	The parent of name:				100 or Form 10		103 [22] 110
I Did the or	rganiz	ation have any changes in its activities, governing						• Yes X No
	-	icles of incorporation, or bylaws that have				t by the IRS or		
		ted to the Franchise Tax Board? • Yes X No						● Yes X No
		, and attach copies of revised documents.						
Part I	omp	ete Part I unless not required to file this form. See General In	structions	B and C.				
	1	Gross sales or receipts from other sources. From Side 2, Part	I, line 8			•	1	1,228,113.00
	2	Gross dues and assessments from members and affiliates				•	2	00
	3	Gross contributions, gifts, grants, and similar amounts receive	d		នា	'MT 1 •	3	1,754,856.00
Receipts	4	Total gross receipts for filing requirement test. Add line 1 throu	-					
and		This line must be completed. If the result is less than \$50,000), see Gen	eral Instruc	tion B		4	2,982,969.00
Revenues	5	Cost of goods sold				00		
	6	Cost or other basis, and sales expenses of assets sold		● 6		00		
	7	Total costs. Add line 5 and line 6					7	00
	8	Total gross income. Subtract line 7 from line 4				······	8	2,982,969.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 1					9	2,996,372. ₀₀
	10	Excess of receipts over expenses and disbursements. Subtract					10	10.00
	11 12	Filing fee \$10 or \$25. See General Instruction F Total payments					11	
Filing	13						13	00
Fee	14					_	14	00
	15	Balance due. Add line 11, line 13, and line 14. Then subtract li					15	10.00
		repenalties of perjury, I declare that I have examined this return, including a ue, correct, and complete. Declaration of preparer (other than taxpayer) is be						ledge and belief,
Sign	it is t	ue, correct, and complete. Declaration of preparer (other than taxpayer) is b	ased on all	information o		has any knowled Date	-	Telephone
Here	Signa of off	ture cer		UTIVE	DIRE	- 410		12-644-2332
			•	Date		Check if	-	PTIN
	Prepa	rer's		05/2		self-employed	· 🔲 🗗	00178538
Paid		s name						FEIN
Preparer's	(or yo	urs, RTT.T.FT FFTT & DRFTC D C	•				1	3-2839033
Use Only	empl	byed) 42 BROADWAY SUITE 1815					•	Telephone
	and a	NEW YORK, NY 10004						12-425-3300
	May	the FTB discuss this return with the preparer shown above? See	e instruction	ons		• <u>X</u>	Yes	No

For Privacy Notice, get form FTB 1131.

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

		1	Gross sales or receipts from all b	ousiness activities. See instru	ctions	•	1	00
		2	Interest				2	547. ₀₀
		3	Dividends				3	00
Recei	ipts	4	Gross rents				4	00
from		5	Gross royalties			•	5	00
Other		6	Gross amount received from sale	e of assets (See Instructions)		•	6	00
Sourc	es	7	Other income		SEE STA	TEMENT 2 •	7	1,227,566.00
		8	Total gross sales or receipts from				8	1,228,113.00
		9	Contributions, gifts, grants, and				9	798,514.00
		10	Disbursements to or for member	rs	~~~ ~~~	•	10	00
		11	Compensation of officers, direct				11	339,116.00
		12	Other salaries and wages				12	907,776.00
Exper	nses	13	Interest				13	00
and		14	Taxes				14	96,730.00
Disbu	ırse-	15	Rents			•	15	147,755.00
ments	s	16	Depreciation and depletion (See	instructions)	~~~ ~~~	•	16	21,321.00
		17	Other Expenses and Disburseme	ents	SEE STA	TEMENT 5 •	17	685,160.00
			Total expenses and disbursement				18	2,996,372.00
Sch		le L	Balance Sheets		taxable year		OT TAX	kable year
Asset				(a)	(b)	(c)		(d)
					576,412.			• 547,871.
			s receivable		42,525.			• 36,447.
			ceivable					•
								•
			state government obligations					•
			in other bonds					•
			in stock					•
	/lortga	-			40 000			40.000
9 0	ither II	nvesti	ments STMT 6	77 051	49,920.		_	• 49,920.
10 a	Depr	eciab	le assets STMT 10	77,251.	21 001	63,96		10 660
			mulated depreciation	(45,270.)	31,981.	53,302	• /	10,660.
11 L	and				116 245			206 422
			STMT 7		116,345.			• 206,433.
					817,183.			851,331.
			et worth		117 200			144 010
			yable		117,280.			• 144,212.
			s, gifts, or grants payable		33,676.			• 46,970.
			otes payable					•
			ayable COMO 9		7 900			15 125
			es STMT 8		7,800.			15,125.
			or principle fund					•
			tal surplus. Attach reconciliation		658,427.			• 645 024
			nings or income fund		817,183.			• 645,024. 851,331.
			es and net worth	nar haaka wish inaama narr				031,331.
Scn	edu	ie iv		per books with income per redule if the amount on Schedul		ss than \$50,000.		
1 N	let inc	ome į	per books	-13,4	03. 7 Income recorded	d on books this year		
			me tax		not included in t	his return.		•
			pital losses over capital gains		8 Deductions in th	is return not charged		
			recorded on books this year		against book inc	ome this year		•
			corded on books this year not		9 Total. Add line 7			
			this return		10 Net income per i			
6 T	otal. A	Add lir	ne 1 through line 5	40.4	03. Subtract line 9 fr	om line 6		-13,403.

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

FORM 199	OTHER INCOM	E	STATEMENT	2
DESCRIPTION			AMOUNT	
OTHER INCOME OUTDOOR ADVENTURE OTHER PROGRAMS FISCAL SPONSORSHI		-	10,9 453,0 187,1 576,4	50. 52.
TOTAL TO FORM 199	, PART II, LINE 7	-	1,227,5	66.
FORM 199	CASH CONTRIBUTIONS, GIFTS, AND SIMILAR AMOUNTS P		STATEMENT	3
ACTIVITY CLASSIFI	CATION: GRANTS TO ORANIZATI	ONS		
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUN	г
VARIOUS	VARIOUS	NONE	798,5	14.
	TOTAL FOR THIS ACTIVIT	Y	798,5	14.
TOTAL INCLUDED ON	FORM 199, PART II, LINE 9		798,5	14.

FORM 199	COMPENSATION	OF OFFICERS,	DIRECTORS AND TRUSTEES	STATEMENT 4
NAME AND AD	DRESS		TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
ADINA ABRAM 125 MAIDEN NEW YORK, N	LANE, SUITE 8B		TREASURER 2.00	0.
RICHARD DAL 125 MAIDEN NEW YORK, N	LANE, SUITE 8B		CHAIRMAN OF THE BOARD 4.00	0.
JONATHAN DR 125 MAIDEN NEW YORK, N	LANE, SUITE 8B		MEMBER-AT-LARGE 0.50	0.
RUTH MESSING 125 MAIDEN I NEW YORK, N	LANE, SUITE 8B		MEMBER-AT-LARGE 0.50	0.
HOWARD RODE 125 MAIDEN NEW YORK, N	LANE, SUITE 8B		MEMBER-AT-LARGE 2.00	0.
ELLEN GOODM 125 MAIDEN NEW YORK, N	LANE, SUITE 8B		MEMBER-AT-LARGE 0.50	0.
JAY MOSES 125 MAIDEN : NEW YORK, N	LANE, SUITE 8B Y 10038		MEMBER-AT-LARGE 0.50	0.
ANNA OSTROV 125 MAIDEN : NEW YORK, N	LANE, SUITE 8B		MEMBER-AT-LARGE 1.50	0.
MAYA SHETRE 125 MAIDEN NEW YORK, N	LANE, SUITE 8B		MEMBER-AT-LARGE 1.00	0.
MANDY PATIN 125 MAIDEN NEW YORK, N	LANE, SUITE 8B		MEMBER-AT-LARGE 0.20	0.
DAVID WOLFE 125 MAIDEN : NEW YORK, N	LANE, SUITE 8B		MEMBER-AT-LARGE 0.50	0.

HAZON, INC.		13-4087102
CLARE GOLDWATER 125 MAIDEN LANE, SUITE 8B NEW YORK, NY 10038	MEMBER-AT-LARGE 0.50	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 0.50	0.
SHULAMITH PASSOW 125 MAIDEN LANE, SUITE 8B NEW YORK, NY 10038	MEMBER-AT-LARGE 0.50	0.
SASHA LANSKY 125 MAIDEN LANE, SUITE 8B NEW YORK, NY 10038	MEMBER-AT-LARGE 0.50	0.
RABBI DAVID TEUTSCH 125 MAIDEN LANE, SUITE 8B NEW YORK, NY 10038	EXECUTIVE COMMITTEE MEMBER 1.00	0.
HOWARD METZENBERG 125 MAIDEN LANE, SUITE 8B NEW YORK, NY 10038	MEMBER-AT-LARGE 0.50	0.
NATASHA ARONSON 125 MAIDEN LANE, SUITE 8B NEW YORK, NY 10038	MEMBER-AT-LARGE 0.50	0.
SHARON LESLIE 125 MAIDEN LANE, SUITE 8B NEW YORK, NY 10038	MEMBER-AT-LARGE 0.50	0.
SANDRA ROCKS 125 MAIDEN LANE, SUITE 8B NEW YORK, NY 10038	MEMBER-AT-LARGE 1.00	0.
RABBI MARC SOLOWAY 125 MAIDEN LANE, SUITE 8B NEW YORK, NY 10038	MEMBER-AT-LARGE 0.50	0.
CHERYL COOK 125 MAIDEN LANE, SUITE 8B NEW YORK, NY 10038	COO 40.00	111,904.
NIGEL SAVAGE 125 MAIDEN LANE, SUITE 8B NEW YORK, NY 10038	EXECUTIVE DIRECTOR 40.00	150,000.

HAZON, INC.			13-4087102
LISA SACKS 125 MAIDEN LANE, SUITE 8B NEW YORK, NY 10038	CFO 24	.00	77,212.
TOTAL TO FORM 199, PART II, L	INE 11		339,116.
FORM 199	OTHER EXPENSES		STATEMENT 5
DESCRIPTION			AMOUNT
CONFERENES, FOOD & LODG OTHER PROGRAM EXPENSES ON-LINE PROCESSING FEES TELEPHONE DIRECT EXPENSES OF FUNDRAISIN OTHER EMPLOYEE BENEFITS MANAGEMENT FEES LEGAL FEES ACCOUNTING FEES ADVERTISING AND PROMOTION OFFICE EXPENSES INFORMATION TECHNOLOGY TRAVEL INSURANCE ALL OTHER EXPENSES TOTAL TO FORM 199, PART II, L			183,455. 63,561. 32,543. 31,182. 33,011. 73,270. 67,965. 2,671. 10,000. 16,348. 28,386. 21,858. 77,957. 21,742. 21,211.
FORM 199	OTHER INVESTMENTS		STATEMENT 6
DESCRIPTION		BEG. OF YEAR	END OF YEAR
192 UNITS GLOBAL SUN PARTNERS	LP	49,920.	49,920.

TOTAL TO FORM 199, SCHEDULE L, LINE 9

49,920.

49,920.

FORM 199	OTHER ASSETS		STATEMENT 7
DESCRIPTION		BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES		0.	0.
SECURITY DEPOSITS		10,017.	10,017.
PLEDGES AND GRANTS RECEIVABLE		90,250.	163,578.
PREPAID EXPENSES AND DEFERRED O	CHARGES	16,078.	32,838.
TOTAL TO FORM 199, SCHEDULE L,	LINE 12	116,345.	206,433.
FORM 199	OTHER LIABILITIES		STATEMENT 8
DESCRIPTION		BEG. OF YEAR	END OF YEAR
MEMBER DEPOSITS		7,800.	15,125.
TOTAL TO FORM 199, SCHEDULE L,	LINE 18	7,800.	15,125.
FORM 199	FUND BALANCES		STATEMENT 9
DESCRIPTION		BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS		268,315.	281,899.
TEMPORARILY RESTRICTED ASSETS		390,112.	363,125.
TOTAL TO FORM 199, SCHEDULE L,	LINE 21	658,427.	645,024.
FORM 199 DE	EPRECIABLE ASSETS		STATEMENT 10
	COST OR	ACCUMULATED	END OF YEAR
DESCRIPTION	OTHER BASIS	DEPRECIATION	BOOK VALUE
MAKOM HADASH F&F	63,962.	53,302.	10,660.
TOTAL TO FORM 199, SCH L, LINE	10 63,962.	53,302.	10,660.

TAXABLE YEAR

Corporation Depreciation and Amortization



HAZON, INC. Part I Election To Expanse Certain Property Under IRC Section 179 I Maximum detection under IRC Section 179 property depend in environment of the Certain Property Under IRC Section 179 I Maximum detection under IRC Section 179 property before reduction in imitation	2012	•	0,0.								30	000
HAZON, INC. Part I Election To Expanse Certain Property Under IRC Section 179 I Maximum detection under IRC Section 179 property decide in imitation I Maximum detection under IRC Section 179 property before reduction in imitation 3 SEX0,000 3 Threshold cost of IRC Section 179 property before reduction in imitation 3 SEX0,000 4 Part II Section 179 property dependent in imitation 5 Dollar initiation for taxoble years. Subtract line 4 from line 1.1 zero or less, enter -0. 6 (a) Description of property (b) (Cost (business use only)) 7 Listed property (elected IRC Section 179 cost) 8 Individual control of IRC Section 179 cost) 8 Individual control of IRC Section 179 cost) 9 Tentrative deduction. Enter the smaller of line is or line 8 10 Carryover of desidewed deduction by property. Add amounts in column (c), line 6 and line 7 9 Tentrative deduction. Enter the smaller of line is or line 8 10 Carryover of desidewed deduction. Add line 9 and line 10, but do not enter more than line 11 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11 13 Part III Depreciation and Election of Additional First Year Expense Deduction Indeed RATOS section 2456. 14 Description property 15 Add the amounts in column (c) and column (h). The total of column (n) and column (n) and column (n). The total of column (n) and column (n) and column (n). The total of column (n) and (n). The total of column (n) and (n). The total of the co		00W.			FORM	199			F			
Part I Election To Expense Certain Property Under IRC Section 179 I Maximum deviction under IRC Section 179 property above in service 2 Total cost of IRC Section 179 property placed in service 3 Threshold cost of IRC Section 179 property placed in service 3 Threshold cost of IRC Section 179 property placed in service 4 Total cost of IRC Section 179 property placed in service 5 Total cost of IRC Section 179 property placed in service 6 Total influentation to tracable year. Subtract line 4 from line 1.1 zero or less, enter-0- 5 Dollar influentation for tracable year. Subtract line 4 from line 1.1 zero or less, enter-0- 6 Total selected cost of IRC Section 179 property. 8 Total selected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 7 I Used property (elected IRC Section 179 property. Add amounts in column (c), line 6 and line 7 8 Total selected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 9 Total selected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 10 Carryover of disablewed deduction in on prior totalselve years 11 Business income limitation. Enter the smaller of line 5 or line 8 12 IRC Section 179 expense deduction. Add line 9 and line 10, lost line 17 12 IRC Section 179 expenses deduction. Add line 9 and line 10, lost line 17 13 Total elected on 17 deduction of Additional First Year Expense Deduction Under RATC Section 24556 14 Total selected in an Election of Additional First Year Expense Deduction Under RATC Section 24556 15 SEE STATEMENT 11 77, 251. 45, 270. 1 16 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. 16 Total Inter-0 property	Corporation name									Califo	rnia corporati	on number
Part I Election To Expense Certain Property Under IRC Section 179 I Maximum doubtion under IRC Section 179 property placed in service 3 Timeshold cost of IRC Section 179 property placed in service 3 Timeshold cost of IRC Section 179 property placed in service 4 Timeshold cost of IRC Section 179 property before reduction in limitation 4 Reduction in imitation. Subtract line 4 from line 1. If zero or less, enter -0- 5 Oblar imitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0- 6 (a) Description of property 6 (b) Cost (business use only) 7 I Listed property (elected IRC Section 179 cost) 8 Totale elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 9 Tentative deduction. First the smaller of line is or line 8 11 Business income limitation. First rith smaller of line is on line 8 12 IRC Section 179 expense deduction. Add line 9 and line 10, less line 12 13 Carryover of disablewed deduction from prior taxable years 14 Business income limitation. First rith smaller of line is only line 10, less line 12 13 Carryover of disablewed deduction to 2013. Add line 9 and line 10, less line 12 13 Carryover of disablewed deduction of Add line 9 and line 10, less line 12 13 Carryover of disablewed deduction of Add line 9 and line 10, less line 12 15 Carryover of disablewed deduction of Add line 9 and line 10, less line 12 16 Carryover of disablewed deduction of Add line 9 and line 10, less line 12 16 Carryover of disablewed deduction of Add line 9 and line 10, less line 12 17 Total description of property Date acquired Office 1 Agreement of Add line 1 Agreement o	HAZON, INC.										326394	9
2 Total cost of IRC Section 179 property placed in service 3 Reduction in limitation. 4 Reduction in limitation. Subtract line 3 from line 2.1 fazor or less, enter -0- 5 Dollar limitation for tixable year. Subtract line 4 from line 1.1 reto or less, enter -0- 6 (a) Description of property (b) Dose (business use only) (c) Elected cost 7 Uside property (elected IRC Section 179 cost) 8 Total elected cost of IRC Section 179 cost) 9 Total elected cost of IRC Section 179 property, Add amounts in column (c), line 6 and line 7 9 Total elected cost of IRC Section 179 property, Add amounts in column (c), line 6 and line 7 10 Carryvor of disallowed deduction from prior taxable years 11 Business income limitation. Enter the smaller of line is or line 8 12 IRC Section 179 experse deduction. Add line 9 and line 10, but do not enter more than line 11 12 IRC Section 179 experse deduction. Add line 9 and line 10, but do not enter more than line 11 12 IRC Section 179 experse deduction. Add line 9 and line 10, but do not enter more than line 11 13 Part IL Description property 10 (a) Description property 10 (a) Description property 11 Description property 12 (b) Description property 13 Part ILL Section 179 experse deduction. Add line 9 and line 10, less line 12 13 Part ILL Section 179 experse deduction of Additional First Year Expense Deduction Under RatT Section 24356 14 Using the property of the section 174 definition and Election of Additional First Year Expense Deduction Under RatT Section 24356 15 Description property 16 Total if the corporation is electing. 17 In Total depreciation and Election of Additional Part Year Expense Deduction Under RatT Section 24356, and the amounts on line 15, columns (g) and (h), or Additional first year depreciation under RatT Section 24356, and the amounts on line 15, columns (g) and (h), or Additional depreciation claimed for federal purposes from lederal From 4562, line 24 17 Total depreciation adjustment. If line 17 is practer than line 16, enter the difference here and on Form 1		Certain Prop	erty Under IRC S	ection 179								
2 Total cost of IRC Section 179 property placed in service 3 Reduction in limitation. 4 Reduction in limitation. Subtract line 3 from line 2.1 fazor or less, enter -0- 5 Dollar limitation for tixable year. Subtract line 4 from line 1.1 reto or less, enter -0- 6 (a) Description of property (b) Dose (business use only) (c) Elected cost 7 Uside property (elected IRC Section 179 cost) 8 Total elected cost of IRC Section 179 cost) 9 Total elected cost of IRC Section 179 property, Add amounts in column (c), line 6 and line 7 9 Total elected cost of IRC Section 179 property, Add amounts in column (c), line 6 and line 7 10 Carryvor of disallowed deduction from prior taxable years 11 Business income limitation. Enter the smaller of line is or line 8 12 IRC Section 179 experse deduction. Add line 9 and line 10, but do not enter more than line 11 12 IRC Section 179 experse deduction. Add line 9 and line 10, but do not enter more than line 11 12 IRC Section 179 experse deduction. Add line 9 and line 10, but do not enter more than line 11 13 Part IL Description property 10 (a) Description property 10 (a) Description property 11 Description property 12 (b) Description property 13 Part ILL Section 179 experse deduction. Add line 9 and line 10, less line 12 13 Part ILL Section 179 experse deduction of Additional First Year Expense Deduction Under RatT Section 24356 14 Using the property of the section 174 definition and Election of Additional First Year Expense Deduction Under RatT Section 24356 15 Description property 16 Total if the corporation is electing. 17 In Total depreciation and Election of Additional Part Year Expense Deduction Under RatT Section 24356, and the amounts on line 15, columns (g) and (h), or Additional first year depreciation under RatT Section 24356, and the amounts on line 15, columns (g) and (h), or Additional depreciation claimed for federal purposes from lederal From 4562, line 24 17 Total depreciation adjustment. If line 17 is practer than line 16, enter the difference here and on Form 1	1 Maximum deduction unde	r IRC Sectio	n 179 for Californ	ia						1		\$25,000
3 Treshold cost of IRG Section 179 property before reduction in limitation												
\$ Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0- (a) Description of property (b) Cost (business use only) 7 Listed groperty (elected RC Section 179 cost) 8 Total elected cost of IRG Section 179 property. Add amounts in column (c), line 6 and line 7 8 Total elected cost of IRG Section 179 property. Add amounts in column (c), line 6 and line 7 8 Total elected cost of IRG Section 179 property. Add amounts in column (c), line 6 and line 7 8 Total elected cost of IRG Section 179 property. Add amounts in column (c), line 6 and line 7 8 Total elected cost of IRG Section 179 property. Add amounts in column (c), line 6 and line 7 8 Total elected cost of IRG Section 179 property. Add amounts in column (c) business income (not less than zero) or line 5 12 IRG Section 179 expense electroic to 2013. Add line 9 and line 10, lot do not enter more than line 1 13 Carryover of disallowed deduction to 2013. Add line 9 and line 10, lot so from the 12 column (c) and line 10, lot do not enter more than line 1 14 Total Carryover of disallowed deduction to 2013. Add line 9 and line 10, lot so from 100 under RTG Section 24356 (c) Description property (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	3 Threshold cost of IRC Sec	tion 179 pro	perty before redu	ction in limitat	ion					3		\$200,000
(a) Description of property 6. 1 Listed property (elected IRC Section 179 cost) 7 Listed property (elected IRC Section 179 cost) 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 9 Tentative deduction. Enter the smaller of line 6 or line 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 Tentative deduction. Enter the smaller of business income (not less than zero) or line 5 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 12 IS Carryover of disallowed deduction. Add line 9 and line 10, less line 12 13 Carryover of disallowed deduction to 2013. Add line 9 and line 10, less line 12 15 Carryover of disallowed deduction to 2013. Add line 9 and line 10, less line 12 16 Description property (b) Description property (c) Each of 19 17	4 Reduction in limitation. Su	btract line 3	from line 2. If zer	o or less, ente	r -0					4		
7 Listed property (elected IRC Section 179 cost) 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 9 Tentative deduction. Enter the smaller of business income (not less than zero) or line 5 10 Carryover of disallowed deduction from prior taxable years 10 Carryover of disallowed deduction to 2013. Add line 9 and line 10, but do not enter more than line 11 12 IRC Section 179 expense deduction to 2013. Add line 9 and line 10, loss line 12 13 Carryover of disallowed deduction to 2013. Add line 9 and line 10, loss line 12 14 III Section 179 expense deduction and Election of Additional First Year Expense Deduction Under RAIT C Section 24356 (a) Description property	5 Dollar limitation for taxable	e year. Subtr	ract line 4 from lin	e 1. If zero or	less, enter -0-					5		
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 8 9 1 Tentative deduction. Enter the smaller of line 5 or line 8 9 1 10 1 10 10 10 10 10 10 10 10 10 10 10	(a) [escription o	of property		(b) Cost (b	usiness use o	nly)	(c) Elected	cost	_		
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	6									_		
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7							<u> </u>	_		_		
9 Included the control of the second of th			,									
10 Carryover of disallowed deduction from prior taxable years 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2013. Add line 9 and line 10, less line 12 Description property (b) Date acquired Cost or Other basis Cost or O												
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. 11 12 13 12 13 12 13 13												
12 IRIC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11 13												
13 Carryover of disallowed deduction to 2013. Add line 9 and line 10, less line 12. [13] Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356. Description property (b) Date acquired (c) Cost or other basis (d) Depreciation allowed or allowable in earlier years (e) Life or rate (f) Depreciation for this year (hardword depreciation of the first year de												
Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356 (a) (b) (b) (Cost or Other basis and Depreciation allowed or Additional First Year Expense Deduction Under R&TC Section 24356 (Cost or Other basis allowable in earlier years) Cost or Other basis Depreciation allowed or Additional First Year Expense Deduction Under R&TC Section 24356 (Cost or Other basis allowable in earlier years) Cost or Other basis Depreciation Information Depreciation for this year Depreciation for this year										12		
(a) Description property (b) Date acquired (c) Cost or Other basis Depreciation allowed or allowable in earlier years Depreciation allowed or allowable in earlier years Depreciation or this year Depreciation or this year Depreciation allowed or allowable in earlier years Depreciation or this year Depreciation of the depreciation under RRTC Section 2436, add the amounts on line 12 and line 15, column (g); or Additional first year depreciation under RRTC Section 2436, add the amounts on line 15, column (g) and (h), or Depreciation (if no election is made), enter the amount from line 15, column (g) Depreciation or this year Depreciation or this ye												
Description property Date acquired other basis allowed or other basis allowed or other basis Depreciation allowed or allowable in earlier years of the details of the second of the se			i					(f)			(a)	(h)
14 SEE STATEMENT 11 77, 251. 45, 270. 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (f). 15 Total if the corporation is electing: 16 Total: If the corporation is electing: 17 Total depreciation under RRTC Section 24356, add the amounts on line 15, column (g) or Additional first year depreciation under RRTC Section 24356, add the amounts on line 15, column (g) and (h), or Depreciation (fin or election is made), enter the amount from line 15, column (g). 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. 19 If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, no adjustment is necessary.) 10 Description of property 10 Description of property 11 Description of property 12 Description of property 13 Description of property 14 Description of property 15 Description of property 16 Description of property 17 Description of property 18 Description of property 18 Description of property 19 Description of referral purposes from federal Form 4562, line 44 20 Total. Add the amounts in column (g) 20 Total. Add the amounts in column (g) 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W,			uired Co	st or	Depreciation	allowed or	` ′	Life	or	Depre	eciation	Additional
SEE STATEMENT 11 77,251. 45,270. 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h) 16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (if no election is made), enter the amount from line 15, column (g); or IRC Section 179 expense, add the amounts on line 12 and line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (if no election is made), enter the amount from line 15, columns (g) and (h), or IRC Section 179 expense, add the amounts on line 12 and line 15, columns (g) and (h), or Additional first year depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, side 1, line 6. If line 12 (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) 18 0 - Part IV Amortization (a) Description of property Date acquired Cost or other basis Amortization allowed or al		Date acqu	othe	r basis	allowable in 6	earlier years		rate		for tr	iis year	first year depreciation
See instructions for line 14, column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h) Part III Summary IFO Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (fin o election is made), enter the amount from line 15, column (g) 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100W, no adjustment is necessary. If line 17 is less than line 16, enter the difference here and on Form 100W, no adjustment is necessary. If line 17 is less than line 16, enter the difference here and on Form 100W, no adjustment is necessary. If line 17 is less than line 16, enter the difference here and on Form 100W, no adjustment is necessary. If line 17 is less than line 16, enter the difference here and on Form 100W, no adjustment is necessary. If line 17 is less than line 16, enter the difference here and on Form 100W, no adjustment is necessary. If line 17 is less than line 16, enter the difference here and on Form 100W, no adjustment is necessary. If line 17 is less than line 16, enter the difference here and on Form 100W, no adjustment is necessary. If line 17 is less than line 18, enter the difference here and on Form 100W, no adjustment is necessary. If line 21 is greater than line 20, enter the difference here and on Form 100W,	14											
See instructions for line 14, column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h) Part III Summary IFO Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (fin o election is made), enter the amount from line 15, column (g) 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100W, no adjustment is necessary. If line 17 is less than line 16, enter the difference here and on Form 100W, no adjustment is necessary. If line 17 is less than line 16, enter the difference here and on Form 100W, no adjustment is necessary. If line 17 is less than line 16, enter the difference here and on Form 100W, no adjustment is necessary. If line 17 is less than line 16, enter the difference here and on Form 100W, no adjustment is necessary. If line 17 is less than line 16, enter the difference here and on Form 100W, no adjustment is necessary. If line 17 is less than line 16, enter the difference here and on Form 100W, no adjustment is necessary. If line 17 is less than line 16, enter the difference here and on Form 100W, no adjustment is necessary. If line 17 is less than line 18, enter the difference here and on Form 100W, no adjustment is necessary. If line 21 is greater than line 20, enter the difference here and on Form 100W,												
See instructions for line 14, column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h) Part III Summary IFO Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (fin o election is made), enter the amount from line 15, column (g) 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100W, no adjustment is necessary. If line 17 is less than line 16, enter the difference here and on Form 100W, no adjustment is necessary. If line 17 is less than line 16, enter the difference here and on Form 100W, no adjustment is necessary. If line 17 is less than line 16, enter the difference here and on Form 100W, no adjustment is necessary. If line 17 is less than line 16, enter the difference here and on Form 100W, no adjustment is necessary. If line 17 is less than line 16, enter the difference here and on Form 100W, no adjustment is necessary. If line 17 is less than line 16, enter the difference here and on Form 100W, no adjustment is necessary. If line 17 is less than line 16, enter the difference here and on Form 100W, no adjustment is necessary. If line 17 is less than line 18, enter the difference here and on Form 100W, no adjustment is necessary. If line 21 is greater than line 20, enter the difference here and on Form 100W,						V						
See instructions for line 14, column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h) Part III Summary IFO Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (fin o election is made), enter the amount from line 15, column (g) 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100W, no adjustment is necessary. If line 17 is less than line 16, enter the difference here and on Form 100W, no adjustment is necessary. If line 17 is less than line 16, enter the difference here and on Form 100W, no adjustment is necessary. If line 17 is less than line 16, enter the difference here and on Form 100W, no adjustment is necessary. If line 17 is less than line 16, enter the difference here and on Form 100W, no adjustment is necessary. If line 17 is less than line 16, enter the difference here and on Form 100W, no adjustment is necessary. If line 17 is less than line 16, enter the difference here and on Form 100W, no adjustment is necessary. If line 17 is less than line 16, enter the difference here and on Form 100W, no adjustment is necessary. If line 17 is less than line 18, enter the difference here and on Form 100W, no adjustment is necessary. If line 21 is greater than line 20, enter the difference here and on Form 100W,												
See instructions for line 14, column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h) Part III Summary IFO Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (fin o election is made), enter the amount from line 15, column (g) 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100W, no adjustment is necessary. If line 17 is less than line 16, enter the difference here and on Form 100W, no adjustment is necessary. If line 17 is less than line 16, enter the difference here and on Form 100W, no adjustment is necessary. If line 17 is less than line 16, enter the difference here and on Form 100W, no adjustment is necessary. If line 17 is less than line 16, enter the difference here and on Form 100W, no adjustment is necessary. If line 17 is less than line 16, enter the difference here and on Form 100W, no adjustment is necessary. If line 17 is less than line 16, enter the difference here and on Form 100W, no adjustment is necessary. If line 17 is less than line 16, enter the difference here and on Form 100W, no adjustment is necessary. If line 17 is less than line 18, enter the difference here and on Form 100W, no adjustment is necessary. If line 21 is greater than line 20, enter the difference here and on Form 100W,												
See instructions for line 14, column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h) Part III Summary IFO Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (fin o election is made), enter the amount from line 15, column (g) 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100W, no adjustment is necessary. If line 17 is less than line 16, enter the difference here and on Form 100W, no adjustment is necessary. If line 17 is less than line 16, enter the difference here and on Form 100W, no adjustment is necessary. If line 17 is less than line 16, enter the difference here and on Form 100W, no adjustment is necessary. If line 17 is less than line 16, enter the difference here and on Form 100W, no adjustment is necessary. If line 17 is less than line 16, enter the difference here and on Form 100W, no adjustment is necessary. If line 17 is less than line 16, enter the difference here and on Form 100W, no adjustment is necessary. If line 17 is less than line 16, enter the difference here and on Form 100W, no adjustment is necessary. If line 17 is less than line 18, enter the difference here and on Form 100W, no adjustment is necessary. If line 21 is greater than line 20, enter the difference here and on Form 100W,												
See instructions for line 14, column (h) 15												
Part III Summary 18 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (if no election is made), enter the amount from line 15, column (g) 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) 18 O • Part IV Amortization (a) Description of property (b) Date acquired (c) Cost or other basis (d) Amortization allowed or allowable in earlier years allowable in earlier years (e) R&TC Section (ge) R&TC Section (ge) Amortization percentage Amortization of this year 20 Total. Add the amounts in column (g) 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W,		(0)	` '							•		
16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (if no election is made), enter the amount from line 15, column (g) 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary. 18 Part IV Amortization (a) Description of property (b) Date acquired (c) Cost or other basis (d) Amortization allowed or allowed or allowable in earlier years (see instructions) Period or percentage (g) Amortization for this year 20 21 Total Add the amounts in column (g) 21 22 24 24 24 25 26 27 27 28 28 29 20 21 20 21 20 21 21 22 24 24 25 26 27 28 28 28 29 20 21 20 21 20 21 20 21 21 22 24 25 26 27 28 28 29 20 20 21 20 21 20 21 21 22 22		4, column (h	1)						15	2	1,321.	
IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (if no election is made), enter the amount from line 15, column (g) 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) 18 O • Part IV Amortization (a) Description of property Date acquired (b) Cost or other basis (c) Cost or other basis (d) Amortization allowed or allowable in earlier years (see instructions)) (g) Amortization for this year 20 21 Total Add the amounts in column (g) 20 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W,												
Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (if no election is made), enter the amount from line 15, columns (g) 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 1000 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) 18 Part IV Amortization (a) Description of property (a) Date acquired (b) Cost or other basis (d) Amortization allowed or allowable in earlier years section (see instructions) (e) Period or percentage (f) Period or percentage (g) Amortization allowable in earlier years (g) Amortization allowable in earlier years (g) Amortization allowable in earlier years (g) Period or percentage (g) Amortization allowable in earlier years (g) Amortization section (see instructions) (g) Amortization diamed for federal purposes from federal Form 4562, line 44 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W,	16 Total: If the corporation is IRC Section 179 expense.	electing:	ount on line 12 and	d line 15. colu	mn (a). or							
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) 18 O . Part IV Amortization (a) Description of property Date acquired (b) Date acquired Cost or other basis 19 Cost or other basis 19 20 21 Total Add the amounts in column (g) 20 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, 17 21 7, 321. 18 O . 18 O . 18 O . 19 O . 10	Additional first year depred	ciation under	r R&TC Section 24	1356, add the	amounts on lin	e 15, columns	(g) and (h),	or		۱,,	າ	1 201
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) Part IV Amortization (a) Description of property Date acquired Cost or other basis 18 0 - Period or percentage Amortization allowed or allowable in earlier years (see instructions) 19 20 Total. Add the amounts in column (g) 21 Total amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, 10 Form 100W, Side 1, line 12. (If California depreciation and percentage on Form 100W, Side 1, line 12. (If California depreciation and percentage on Form 100W, Side 1, line 12. (If California depreciation and percentage on Form 100W, Side 1, line 12. (If California depreciation and percentage on Form 100 or Form 100W, Side 1, line 12. (If California depreciation and percentage on Form 100 or Form 100W, Side 1, line 12. (If California depreciation adjustment is necessary.) 18 0 -												
If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) Part IV Amortization										''		1,341.
amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) Part IV Amortization (a)												
Part IV Amortization (a) Description of property Date acquired Cost or other basis 19 20 Total. Add the amounts in column (g) 21 Total amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100 w, (c) Cost or other basis Amortization allowed or allowable in earlier years (ge) R&TC Section (g) Period or percentage Amortization percentage Part IV Amortization allowed or allowable in earlier years (ge) R&TC Section (g) Period or percentage Amortization allowable in earlier years 20 21 22 24 25 26 26 27 28 28 27 28 28 29 20 20 21 21 22 24 25 26 26 27 28 28 29 20 20 21 21 22 21 22 23 24 25 26 26 27 28 28 28 29 20 20 21 21 22 21 22 23 24 25 26 26 27 28 28 28 28 28 28 28 28 28 29 20 20 21 21 22 21 22 21 22 22 23 24 25 26 26 27 28 28 28 28 28 28 28 28 28 28 28 28 28							•	-		18		0.
(a) Description of property Date acquired Cost or other basis 19 20 Total. Add the amounts in column (g) 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W,		mine net inc	come before state	aujustilielits t	711101111 100 01	101111 10000,11	io aujustinei	11 13 11505336	uy.)	10		•
19 20 Total. Add the amounts in column (g) 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W,		1	(b)		(c)	((<u>d)</u>	(e)		(f)	(a)
19 20 Total. Add the amounts in column (g) 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W,		rty		Co	st or	Amortization	n allowed or	l conting		riod or	Amort	ization
20 Total. Add the amounts in column (g) 20 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W,				othe	r basis	allowable in	earlier years	1	I heir	centage	for th	s year
21 Total amortization claimed for federal purposes from federal Form 4562, line 44	19											
21 Total amortization claimed for federal purposes from federal Form 4562, line 44												
21 Total amortization claimed for federal purposes from federal Form 4562, line 44												
21 Total amortization claimed for federal purposes from federal Form 4562, line 44												
21 Total amortization claimed for federal purposes from federal Form 4562, line 44												
21 Total amortization claimed for federal purposes from federal Form 4562, line 44												
21 Total amortization claimed for federal purposes from federal Form 4562, line 44										-		
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W,												
										21		
										. 22		

CA 3885 DEPRECIATION							STATEM	STATEMENT 11		
ASSET DESCR	NO./ IPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS		
1	COMPUTER	01 /01 /00		F F20	00000	2 00				
2	COMPUTER	01/01/00	5,532.	5,532.	200DB	3.00	0.			
_	00111 0 1 211	06/06/05	2,198.	2,198.	200DB	3.00	0.			
3	COMPUTER	02/09/06	1,802.	1,802.	200DB	3.00	0.			
4	COMPUTER	02/09/00	1,002.	1,002.	20006	3.00	0.			
_		05/05/06	1,257.	1,257.	200DB	3.00	0.			
5	COMPUTER	08/14/07	2,500.	2,500.	200DB	3.00	0.			
7	MAKOM HADA		2,500.	2,300.	20000	3.00	•			
		06/30/10	63,962.	31,981.	200DB	3.00	21,321.			
TOTAL	DEPR TO FO	RM 3885	77,251.	45,270.			21,321.			

Form CHAR500

This form used for

Annual Filing for Charitable Organizations

New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway

2012

(replaces forms CHAR 497, http://www.eheritienpyc.com						Inspection	
CHAR 010 and CHAR 006) Tittp://www.chantieshys.com							
a. For the fiscal year beginn	ina (mm/dd/v	(VVV) 01/01	/2012 and endi	na (mm/dd/vvvv)	12/31/20	112	
b. Check if applicable for NYS: Address change Name change Initial filing Final filing	c. Name o HAZON	of organization , INC •	box if mail not delivered		Room/suite	d. Fed. 13 e. NY S 06-6	employer ID no. (EIN) -4087102 tate registration no. 2-42 shone number
Amended filing		AIDEN LAN		,	8B		695-2700
NY registration pending		town, state or cou	untry and ZIP + 4 10038		1	g. Email	@HAZON.ORG
2. Certification - Two Sign	atures Req	uired					
We certify under penalties of true, correct and complete in a. President or Authorized Office. b. Chief Financial Officer or Tree.	cer		of the State of New You			EXE	CUTIVE ECTOR
3. Annual Report Exemption Information							
\$25,00 contrib NOTE: federat \$25,00	contribution 0 <u>and</u> the or utions durin An organizated fund, Un 0 <u>or</u> 2) it rec	is from NY State rganization did no ig this fiscal year. ation may claim the ited Way or incor	(including residents, to tengage a profession). This exemption if no Play prograted community at tantially all of its continuous control of the control of	foundations, corponal fund raiser (Pl FR or FRC was us appeal <u>and</u> contril	FR) or fund raisi sed <u>and</u> either: 1 butions from oth	ing couns i) it receiv	ved an allocation from a
b. EPTL annual report exe Check ▶ ☐ if gross				rket value) did not	t exceed \$25,00	00 at any	time during this fiscal year.
For FPTL or Article 7-A registra	ints claiming	the annual report ex	xemption under the one	law under which the	ev are registered a	nd for dua	I registrants claiming the annual

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

report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above. $\underline{\text{Do not}}$ submit a fee, $\underline{\text{do not}}$ complete the following schedules and $\underline{\text{do not}}$ submit any attachments to this form.

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

6. Attachments - For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments



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.

Article 7-A Calculate the Article 7-A filling fee using the table in part a below. The EPTL filling fee is \$0. EPTL Calculate the EPTL filling fee using the table in part b below. The Article 7-A filling fee is \$0. Dual Calculate both the Article 7-A and EPTL filling fees using the tables in parts a and b below. Add the Article 7-A and EPTL filling fees together to calculate the total fee. Submit a single check or money order for 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

Filing Fee X Single check or money order payable to "NYS Department of Law" Copies of Internal Revenue Service Forms X IRS Form 990 X All required schedules (including All required schedules (including Cohectule P) Cohectule P) Cohectule P) Cohectule P) Cohectule P) Cohectule P)	For All Filers		
Copies of Internal Revenue Service Forms X IRS Form 990 X All required schedules (including IRS Form 990-EZ IRS Form 990-PF All required schedules (including All required schedules (including			
X IRS Form 990 X All required schedules (including IRS Form 990-EZ IRS Form 990-PF All required schedules (including All required schedules (including	Single check or money order payable to "N	NYS Department of Law"	
X All required schedules (including All required schedules (including All required schedules (including	Copies of Internal Revenue Service Forms	_	_
		IRS Form 990-EZ	IRS Form 990-PF
Cahadula D\ Cahadula D\	1 (, , , , , , ,	
	Schedule B)	Schedule B)	Schedule B)
☐ IRS Form 990-T ☐ ☐ IRS Form 990-T ☐ ☐ IRS Form 990-T	☐☐ IRS Form 990-T	☐☐ IRS Form 990-T	☐☐☐ IRS Form 990-T

Additional	Article 7-A	Document	Attachment	Requirement

Independent Accountant's Report

X Audit Report (total support & 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)

1019

4 268481 01-21-13 **CHAR500 - 2012**

11480521 781772 HAZON