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CLIENT'S COPY

DRAFT

BILLET, FEIT & PREIS P.C.
42 BROADWAY, SUITE 1815
NEW YORK, N.Y. 10004
(212) 425-3300

MAY 21, 2013

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

S T A T E M E N T

PREPARATION OF 2012 EXEMPT ORGANIZATION TAX RETURN(S)

DRAFT

BILLET, FEIT & PREIS P.C.
42 BROADWAY, SUITE 1815
NEW YORK, N.Y. 10004
(212) 425-3300

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,

YUSSIE STEIER

BILLET, FEIT & PREIS P.C.
42 BROADWAY, SUITE 1815
NEW YORK, N.Y. 10004
(212) 425-3300

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,

YUSSIE STEIER

BILLET, FEIT & PREIS P.C.
42 BROADWAY, SUITE 1815
NEW YORK, N.Y. 10004
(212) 425-3300

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,

YUSSIE STEIER

BILLET, FEIT & PREIS P.C.
42 BROADWAY, SUITE 1815
NEW YORK, N.Y. 10004
(212) 425-3300

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,

YUSSIE STEIER

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.

2012 CALIFORNIA FORM 199

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.

DRAFT

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)

Department of the Treasury
 Internal Revenue Service

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

Open to Public Inspection

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HAZON, INC. Doing Business As		D Employer identification number 13-4087102
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 125 MAIDEN LANE 8B	E Telephone number 212-644-2332	
	City, town, or post office, state, and ZIP code NEW YORK, NY 10038		G Gross receipts \$ 2,982,969.
	F Name and address of principal officer: NIGEL SAVAGE 125 MAIDEN LANE, #8B, NEW YORK, NY 10038		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527
J Website: ▶ WWW.HAZON.ORG
K Form of organization: Corporation Trust Association Other ▶ **L Year of formation:** 2000 **M State of legal domicile:** NY

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

Part II Signature Block

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

Sign Here	▶ Signature of officer	Date			
	▶ NIGEL SAVAGE, EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name YUSSIE STEIER	Preparer's signature	Date 05/21/13	Check <input type="checkbox"/> if self-employed	PTIN P00178538
	Firm's name ▶ BILLET, FEIT & PREIS P.C.	Firm's address ▶ 42 BROADWAY SUITE 1815 NEW YORK, NY 10004	Firm's EIN ▶ 13-2839033	Phone no. 212-425-3300	

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

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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

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

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

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

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

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

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a 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? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
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? <i>If "Yes," complete Schedule L, Part III</i>		X
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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (25), 1b (23), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: LISA SACKS - 212-644-2332 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038

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

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

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

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

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

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

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

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

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

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

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Part VIII Statement of Revenue

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

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

Part IX Statement of Functional Expenses

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

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

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

Part 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	
Assets	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. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net		7		
	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 Less: accumulated depreciation	10b 53,302.	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.		
Liabilities	17 Accounts payable and accrued expenses	117,280.	17	144,212.	
	18 Grants payable	33,676.	18	46,970.	
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	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 X of Schedule D	7,800.	25	15,125.	
	26 Total liabilities. Add lines 17 through 25	158,756.	26	206,307.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	268,315.	27	281,899.	
	28 Temporarily restricted net assets	390,112.	28	363,125.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	658,427.	33	645,024.	
34 Total liabilities and net assets/fund balances	817,183.	34	851,331.		

Part XI Reconciliation of Net Assets

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

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

Part XII Financial Statements and Reporting

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

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

Form 990 (2012)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2012

Open to Public Inspection

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

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

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

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
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 organization'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.

Section B. Total Support

Calendar 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 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.
12 Gross receipts from related activities, etc. (see instructions)					12	3,044,896.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization'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.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

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

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

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

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

**** Do Not File ****

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

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2012

Name of the organization

HAZON, INC.

Employer identification number

13-4087102

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional 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 <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	DOUG & LISA GOLDMAN FUND 1 MONTGOMERY STREET, SUITE 3440 SAN FRANCISCO, CA 94104	\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	ROSE COMMUNITY FOUNDATION 600 SOUTH CHERRY STREET, SUITE 1200 DENVER, CO 80246	\$ 297,057.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	UJA FEDERATION OF NY 130 EAST 59TH STREET NEW YORK, NY 10022	\$ 179,536.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	HOWARD METZENBERG 4616 25TH AVENUE NE 707 SEATTLE, WA 98105	\$ 108,144.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	JOYCE & IRVING GOLDMAN FAMILY FOUNDATION 417 FIFTH AVENUE, SUITE 400 NEW YORK, NY 10016	\$ 110,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization HAZON, INC.	Employer identification number 13-4087102
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional 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 <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	FRIENDS OF THE ARAVA INSTITUTE 896 BEACON STREET BOSTON, MA 02215	\$ 51,686.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	HESCHEL CENTER 85 NACHALAT BINYAMIN ST TEL-AVIV, ISRAEL	\$ 54,278.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO 121 STEUART STREET, #7 SAN FRANCISCO, CA 94105	\$ 160,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	JIM JOSEPH FOUNDATION 343 SANSOME STREET, SUITE 550 SAN FRANCISCO, CA 94104	\$ 57,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	LIPPMAN KANFER FAMILY FOUNDATION ONE GOJO PLAZA, SUITE 350 AKRON, OH 44311	\$ 87,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

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

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

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

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
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

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

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

(a) No. 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 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	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

HAZON, INC.

Employer identification number

13-4087102

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

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

Yes No

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

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

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

Yes No

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

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

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

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

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

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

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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

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

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
- b Permanent endowment %
- c Temporarily restricted endowment %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations

	Yes	No
3a(i)		
- (ii) related organizations

	Yes	No
3a(ii)		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3b		

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

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

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

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: 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 MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	49,920.	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

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

(a) 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, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) MEMBER DEPOSITS	15,125.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	15,125.

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

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

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

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

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:		
a	Donated services and use of facilities	2a	14,548.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	182,755.
e	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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	2,963,361.

Part XIII Supplemental Information

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

PART X, LINE 2: NOT APPLICABLE

PART XI, LINE 2D - OTHER ADJUSTMENTS:

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

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2012

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.

DRAFT

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2012

Open to Public
Inspection

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

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

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

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

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

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

Part IV Foreign Forms

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

Schedule F (Form 990) 2012

DRAFT

Part V Supplemental Information

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

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

DRAFT

Multiple horizontal lines for supplemental information.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		PHILADELPHIA (event type)	(event type)	NONE (total number)		
Revenue	1	Gross receipts	43,554.			43,554.
	2	Less: Contributions	43,554.			43,554.
	3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	4,290.			4,290.
	7	Food and beverages	23,480.			23,480.
	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 (d), and line 10				-33,011.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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 7			

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

HAZON, INC.

**Employer identification number
13-4087102**

Part I General Information on Grants and Assistance

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

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

1 (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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
URBAN ADAMAH 1050 PARKER STREET BERKLEY, CA 94710	27-4349643		7,005.	0.			GRANTEE SHARES SIMILAR GOALS
ISABELLA FREEDMAN JEWISH RETREAT CENTER - 116 JOHNSON ROAD - FALLS VILLAGE, CT 06031	13-1623922		11,280.	0.			GRANTEE SHARES SIMILAR GOALS
JEWISH FARM SCHOOL 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) and government organizations listed in the line 1 table ▶ _____
- 3** Enter total number of other organizations listed in the line 1 table ▶ _____

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

Schedule I (Form 990) (2012)

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

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

DRAFT

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

SCHEDULE I, PART I, LINE 2: GRANT RECIPIENTS MUST SUBMIT A FINAL PROGRESS

REPORT DETAILING THE PROGRESS MADE IN

ACCOMPLISHING THE GOALS AND OBJECTIVES OF THE GRANT.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

HAZON, INC.

Employer identification number

13-4087102

Part I Questions Regarding Compensation

	Yes	No
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. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> 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. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> 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: a 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
c 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: a The organization?	5a	X
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: a 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 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 initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2012

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

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

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

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

HAZON, INC.

Employer identification number

13-4087102

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

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

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

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

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

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

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

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

Name of the organization 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

Name of the organization HAZON, INC.	Employer identification number 13-4087102
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SHARON LESLIE - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038

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

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

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

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

DRAFT

2012 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

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

Depreciation and Amortization 990
 (Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

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

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

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,000,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2012	17	21,321.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

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

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

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

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	21,321.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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

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

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

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with 9 columns for property details and depreciation amounts.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property details and depreciation amounts.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

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

Table for Section B with 6 main columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Includes rows 30-36 for mileage and availability questions.

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

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

Table for Section C with 2 columns: Yes, No. Includes rows 37-41 for policy and use questions.

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

Part VI Amortization

Table for Part VI with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year

42 Amortization of costs that begins during your 2012 tax year: Table with 6 columns for cost details and amortization amounts.

43 Amortization of costs that began before your 2012 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

Application for Extension of Time To File an Exempt Organization Return

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

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

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

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

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

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

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

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

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

LISA SACKS

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

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

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

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

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

Form **8879-EO**

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

OMB No. 1545-1878

For calendar year 2012, or fiscal year beginning _____, 2012, and ending _____, 20____

2012

Department of the Treasury
Internal Revenue Service

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

Name of exempt organization

Employer identification number

HAZON, INC.

13-4087102

Name and title of officer

NIGEL SAVAGE

EXECUTIVE DIRECTOR

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

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

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

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

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

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

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

Part III Certification and Authentication

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

13513254321
do not enter all zeros

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

ERO's signature ▶ _____ Date ▶ **05/21/13**

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

California Exempt Organization
Annual Information Return

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

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

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

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

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

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

Sign Here	Signature of officer EXECUTIVE DIRE	Date _____	Telephone 212-644-2332
Paid Preparer's Use Only	Preparer's signature _____	Date 05/21/13	Check if self-employed <input type="checkbox"/> PTIN P00178538
	Firm's name (or yours, if self-employed) and address BILLET, FEIT & PREIS P.C. 42 BROADWAY SUITE 1815 NEW YORK, NY 10004		FEIN 13-2839033
			Telephone 212-425-3300

May the FTB discuss this return with the preparer shown above? See instructions Yes No

FORM 199	CASH CONTRIBUTIONS OF \$5000 OR MORE INCLUDED ON PART I, LINE 3	STATEMENT	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			<u>1,499,701.</u>

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

FORM 199	CASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID	STATEMENT	3
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ACTIVITY CLASSIFICATION: GRANTS TO ORGANIZATIONS

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

 FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 4

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

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.

LISA SACKS	CFO		77,212.
125 MAIDEN LANE, SUITE 8B		24.00	
NEW YORK, NY 10038			
TOTAL TO FORM 199, PART II, LINE 11			339,116.

FORM 199	OTHER EXPENSES	STATEMENT	5
DESCRIPTION		AMOUNT	
CONFERENCES, FOOD & LODG		183,455.	
OTHER PROGRAM EXPENSES		63,561.	
ON-LINE PROCESSING FEES		32,543.	
TELEPHONE		31,182.	
DIRECT EXPENSES OF FUNDRAISING EVENTS		33,011.	
OTHER EMPLOYEE BENEFITS		73,270.	
MANAGEMENT FEES		67,965.	
LEGAL FEES		2,671.	
ACCOUNTING FEES		10,000.	
ADVERTISING AND PROMOTION		16,348.	
OFFICE EXPENSES		28,386.	
INFORMATION TECHNOLOGY		21,858.	
TRAVEL		77,957.	
INSURANCE		21,742.	
ALL OTHER EXPENSES		21,211.	
TOTAL TO FORM 199, PART II, LINE 17			685,160.

FORM 199	OTHER INVESTMENTS	STATEMENT	6
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
192 UNITS GLOBAL SUN PARTNERS LP	49,920.	49,920.	
TOTAL TO FORM 199, SCHEDULE L, LINE 9			49,920.

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

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

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

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

Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W.

FORM 199

FEIN 13-4087102

Corporation name

California corporation number

HAZON, INC.

3263949

Part I Election To Expense Certain Property Under IRC Section 179

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

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

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

Part III Summary

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)	16	21,321.
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	21,321.
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	0.

Part IV Amortization

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

CA 3885 DEPRECIATION STATEMENT 11

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

DRAFT

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

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

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

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

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

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	\$ <u>25.</u>
b. EPTL filing fee	\$ <u>100.</u>
c. Total fee	\$ <u>125.</u>
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 ▶▶▶

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.

Organization's Registration Type Fee Instructions

- **Article 7-A** Calculate the Article 7-A filing fee using the table in **part a** below. The EPTL filing fee is \$0.
- **EPTL** Calculate the EPTL filing fee using the table in **part b** below. The Article 7-A filing fee is \$0.
- **Dual** Calculate both the Article 7-A and EPTL filing fees using the tables in **parts a and b** below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. 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.

For All Filers		
<u>Filing Fee</u>		
<input checked="" type="checkbox"/> Single check or money order payable to "NYS Department of Law"		
<u>Copies of Internal Revenue Service Forms</u>		
<input checked="" type="checkbox"/> IRS Form 990	<input type="checkbox"/> IRS Form 990-EZ	<input type="checkbox"/> IRS Form 990-PF
<input checked="" type="checkbox"/> All required schedules (including Schedule B)	<input type="checkbox"/> All required schedules (including Schedule B)	<input type="checkbox"/> All required schedules (including Schedule B)
<input type="checkbox"/> IRS Form 990-T	<input type="checkbox"/> IRS Form 990-T	<input type="checkbox"/> IRS Form 990-T

Additional Article 7-A Document Attachment Requirement
<u>Independent Accountant's Report</u>
<input checked="" type="checkbox"/> Audit Report (total support & revenue more than \$250,000)
<input type="checkbox"/> Review Report (total support & revenue \$100,001 to \$250,000)
<input type="checkbox"/> No Accountant's Report Required (total support & revenue not more than \$100,000)